Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

A

Permit Number
#S002443

Onsite Wastewater Treatment System Permit Application

Include Form B and C. Submit correct fee with this Application

☑ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

PLEASE PRINT OR TYPE

A. Onsite System Location

Address* 11200 Pine Lake Rd (no rural route) City Walton, NE Zip 68461

Legal Description SW (1/4) SW (1/4) 18 (Section) 9N (Township) 8E (Range) (Subdivison) (Addition) (Block) 35 (Lot)

PID 22-18-400-009-000 *Approx. Address (If to be determined)

B. Owner

Name James A & Mary Jo Fosnaugh Signature Mary Jo Fosnaugh

Address 11200 Pine Lake Rd City/State/Zip Walton, NE 68461

Home Phone 402-450-3602 Work Phone

C. Certified Installer

Name: Terri Jakoubek Signature Terri L. Jakoubek

Address 13800 NW 70th St City/State/Zip Raymond, NE 68428

Work Phone 402-783-2663

D. Engineer

☐ Check and complete if engineer designed system P.E. License Number:

Designer Name Firm Work Phone

E. This system will serve a

☑ Residential Dwelling Number of Bedrooms 6 Whirlpool Bathtub? ☐ Yes ☑ No Total Acres 16.39
Garbage Grinder? ☑ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day

Type of Wastewater ☐ Domestic ☐ Non-Domestic

DO NOT WRITE BELOW THIS LINE

Approval Process

. Health Department
ite visits Date rec'd
Date frwd
omments
ACTION ☐ Approved ☐ Disapproved
Signature

. Supt. Bldg. Insp. or Village Clerk
omments Date rec'd
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature

. City or County Engineer
omments Date rec'd
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature

istallation Final Written Approval
y
ate

Business Office Use Only
Date Received 7-25-22 Amount Paid $450.00
Received By JAD Cash/Check No. 5040

White - Health Department Yellow - Engineer Pink - Building & Safety

Form A Updated: 2/18

LOT DALE RHINEHART 112th & PINE LAKE ROAD

FORM 20105-0477 Reinhardt
SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No: 2832)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township _____; Range _____; Section & ¼ Section _____.
Property Dimensions: _____ ft. x _____ ft. Area: _____ acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐; Silty Clay Loam ☐; Sandy Loam ☒; Silt Loam ☒; Clay Loam ☐.
Dates of Tests: 9-20-80 to 9-21-80. Weather: Precip. 0 Temp. 80

OWNER: _____

Address: _____

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
		Pre-Saturation Period				Percolation Readings						Results	
		Start		End		Start			End				
Hold No.	Hole Depth (in.)	Date (Mo./Day)	Time (Hr./Min.)	Date (Mo./Day)	Time (Hr./Min.)	Date (Mo./Day)	Time (Hr./Min.)	Water Level (in.)	Time (Hr./Day)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1	32"	9/20	9 00 am	9/21	9 15 am	9/21	9 15 am	12"	1 00 pm	4 7/8"	30 m	1 3/8"	16
2										4 5/8"		2 1/8"	14
3										4 3/4"		2"	15
4										5"		2 1/4"	13
5										4 3/4"		2"	15
6										3 1/2"		2 3/4"	11
			All	Holes	Refilled		11 00 am						

Dennis L Lore
Signature of Person Conducting Test

Address Rte Crst Stop Phone 464-0638

Sum of Percolation Rates: 84
Average of Rates: 14
Mean of Rates: _____

(Do not write below this line)

REVIEWING ACTION

Remarks: Rechecks
Soil Type (SCS) Gounee Clay Loam?
Date: September 29, 1980

Approved Percolation Rate (a)
A. 14 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
Signature of Reviewing Official

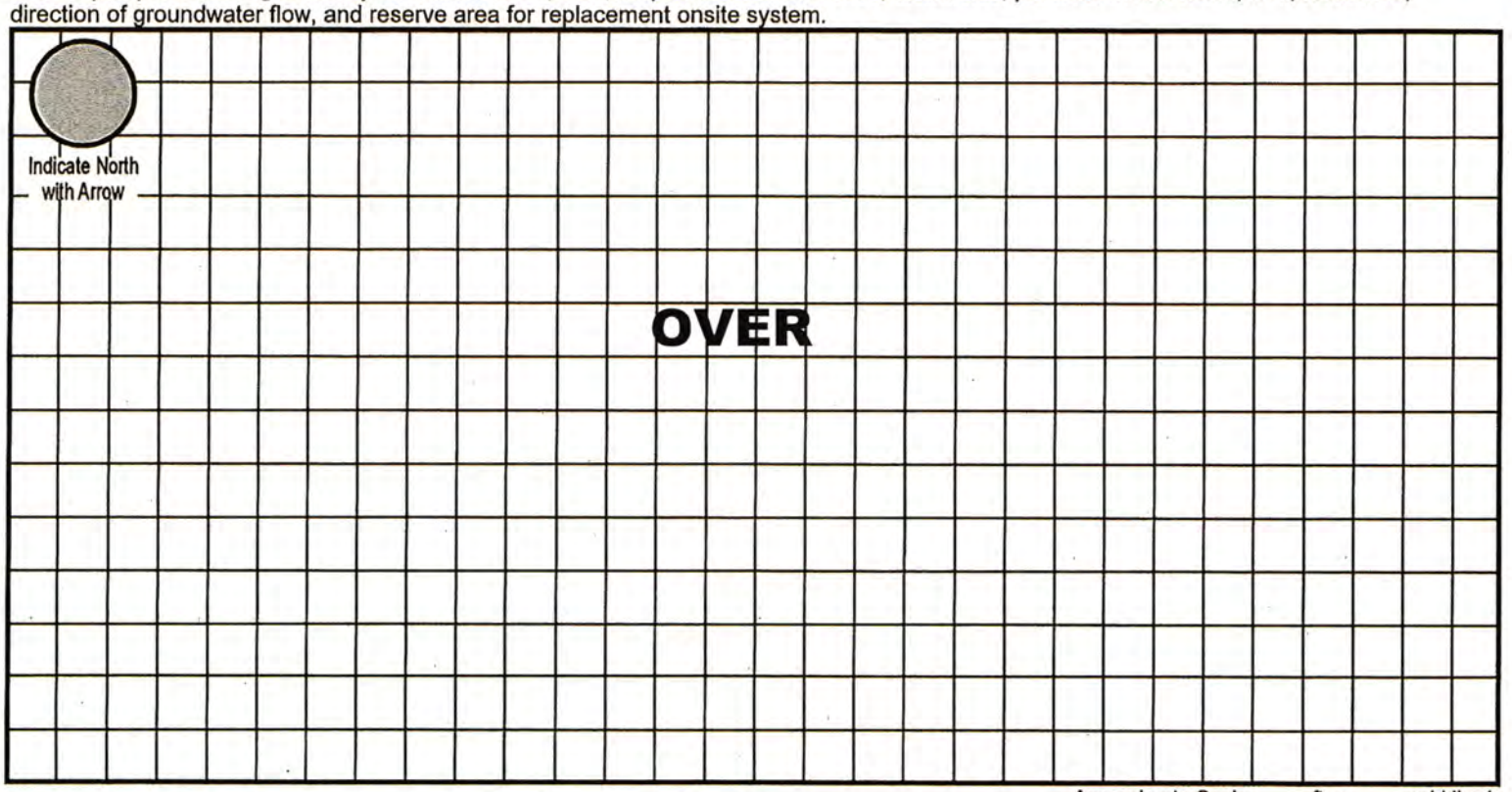
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

C

Permit Number

Onsite Wastewater Treatment System
Preliminary Plan Specification

Draw a plot plan showing onsite system sewer lines, tank, drop or distribution boxes, drainfields, percolation test holes, well, residence, direction of groundwater flow, and reserve area for replacement onsite system.



Approximate Scale: ____ ft. = ____ grid line/s

A. Onsite System Location

Address (no rural route) 11200 Pine Lake Rd City Walton NE, Zip 68461

B. Proposed Septic Tank/s

Septic Tank Cap. 2000 gals Tank Material: ☑ Concrete ☐ Plastic ☐ Other _____ ☐ Lagoon (Max. Seepage 1/8"/day)

C. Reserve Area for Replacement Onsite System

☐ Drainfield Absorption Area (percolation test required) ☑ Lagoon

D. Drainfield Absorption System

Percolation Rate 14 (min/inch = mpi) No. of Bedrooms 6 Soil Type Nodaway Land Slope ____ %

☑ Trench ☐ Bed ☐ Non-standard (engineer-designed and NDEQ approved) Total square feet of drainfield 1,530 Sq. Ft.

Total length of laterals 340' Type of Distribution: ☐ Perforated Pipe ☐ Half-Round ☐ Chambers ☑ Other EZFlow 1203H

No. of Absorption Trenches 4 Width 38" No. of Drop Boxes 1 Distribution Box _____

No. of Absorption Beds _____ Width _____ No. of Distribution Lines per Bed _____

Installer Kevin L. Jakowski Date: 7/22/22

Updated 2/18

11200 Pine Lake Rd, Walton, NE 68461

GIS Viewer
CITY OF LINCOLN - LANCASTER COUNTY, NE

City of Lincoln\Lancaster County GIS Map



DISCLAIMER: The information is presented on a best-efforts basis, and should not be relied upon for making financial, survey, legal or other commitments. If you have questions or comments regarding the data displayed on this map, please email assessor@lancaster.ne.gov and you will be directed to the appropriate department.

Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3131 O Street Lincoln, Nebraska 68510-1514

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT
No. HS002443

System Type: Standard

Situs: No Site Address Specified

Issued: 7/27/2022

Expires: 7/27/2023

Description: S18, T9, R8, 6th Principal Meridian, LOT 35 S1/2

Owner: FOSNAUGH, JAMES A REVOCABLE TRUST
11200 PINE LAKE RD
LINCOLN, NE 68461

Patricia D. Lopez

Patricia D. Lopez, RN, MSN, Health Director

Dear Applicant:

The above document is your permit to construct a new On-site Waste Water System at the location listed. Please contact this office once the sytem is complete in order to schedule a final inspection before use.

Patricia D. Lopez

Patricia D. Lopez, RN, MSN
Health Director

TERRI JAKOUBEK
13800 NW 70TH ST
RAYMOND, NE 68428

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

A

SCANNED

Permit Number
#S002443

Onsite Wastewater Treatment System Permit Application

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☑ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

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Legal Description SW 1/4 SW 1/4 Section 18 Township 9N Range 8E Subdivison ____ Addition ____ Block ____ Lot 35

PID 22-18-400-009-000 *Approx. Address (If to be determined) ____

B. Owner

Name James A & Mary Jo Fosnaugh Signature Mary Jo Fosnaugh

Address 11200 Pine Lake Rd City/State/Zip Walton, NE 68461

Home Phone 402-450-3602 Work Phone ____

C. Certified Installer

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Designer Name ____ Firm ____ Work Phone ____

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☐ Commercial Establishment/Other Facility Specify ____ Design flow in gallons per day ____

Type of Wastewater ☐ Domestic ☐ Non-Domestic

DO NOT WRITE BELOW THIS LINE

Approval Process

. Health Department
ite visits ____
omments ____
Date rec'd 7/27/22
Date frwd 7/27/22
ACTION ☐ Approved ☐ Disapproved
Signature ____

. Supt. Bldg. Insp. or Village Clerk
omments ____
Date rec'd ____
Date frwd ____
ACTION ☐ Approved ☐ Disapproved
Signature ____

. City or County Engineer
omments ____
Date rec'd ____
Date frwd ____
ACTION ☐ Approved ☐ Disapproved
Signature ____

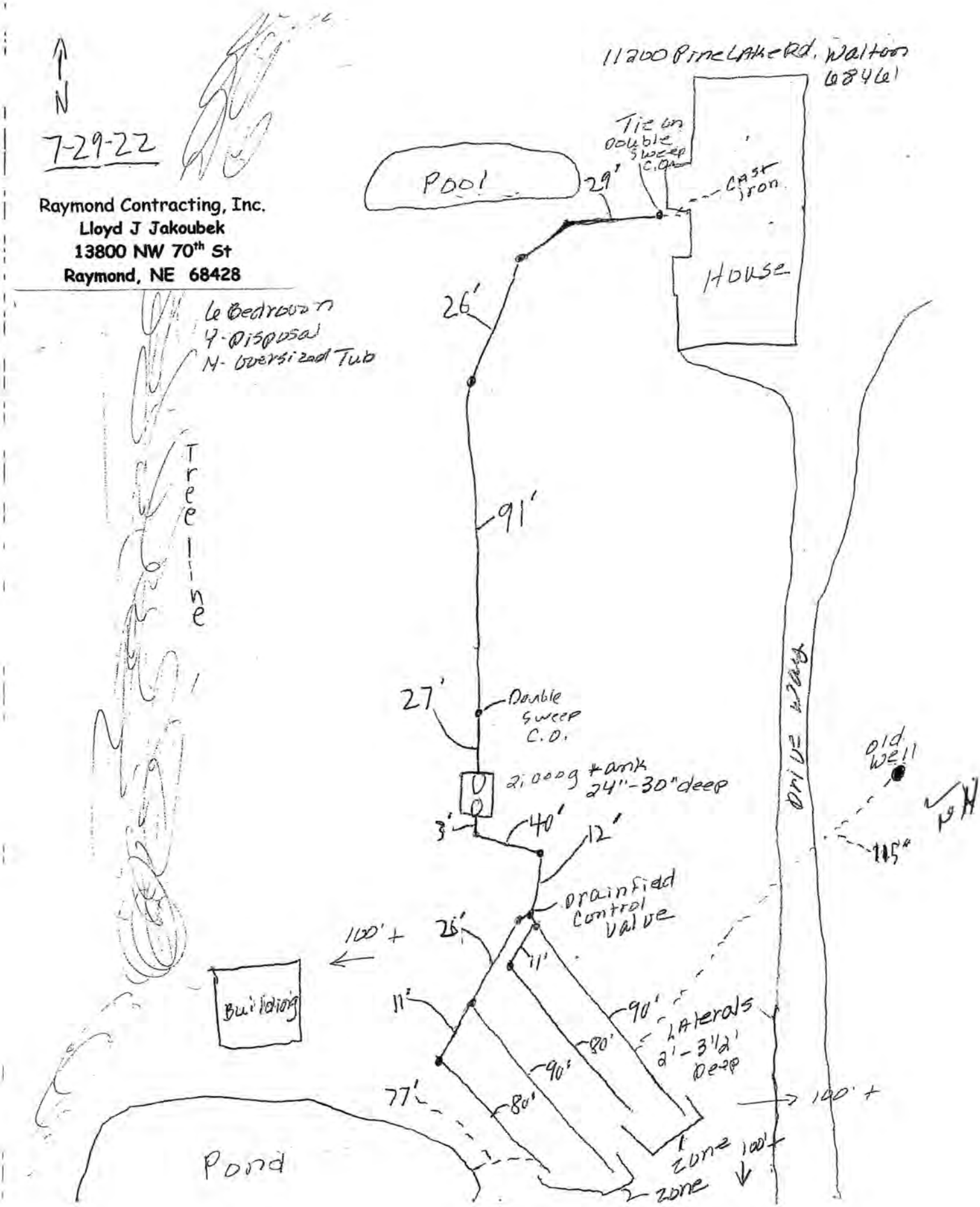
nstallation Final Written Approval
y ____
ate 8/2/22

Business Office Use Only
Date Received 7-25-22 Amount Paid $450.00
Received By JAD Cash/Check No. 5040

White - Health Department Yellow - Engineer Pink - Building & Safety

Form A Updated: 2/18

* System Replacement


N
7-29-22
Raymond Contracting, Inc.
Lloyd J Jakoubek
13800 NW 70th St
Raymond, NE 68428
11200 Pine Lake Rd. Walton 68461
Tie on double sweep C.O.
Pool
29'
Cast iron
House
26'
4 Bedroom
4-Disposal
M-Oversized Tub
Tree line
91'
27'
Double sweep C.O.
2,000g tank 24"-30" deep
3'
40'
12'
Drainfield control valve
100'+
26'
11'
11'
90'
Laterals 2'-3½' Deep
80'
90'
77'
80'
100'+
Zone 1
Zone 2
100'
Building
Pond
Drive way
old well
115'

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

D

Permit Number: HS002443

Onsite Wastewater Treatment System
As-Built Description and Drawing

Type of Onsite Wastewater System: ☐ Lagoon (Skip to Back Page) ☑ Subsurface Septic ☐ Mound

Onsite Wastewater System Location PID = 22-18-400-009-000

Address or Legal Description or Parcel Identification Number (PID) 11200 Pine Lake Rd, Walton, NE 68461

Owner: James A & Mary Jo Fosnaugh Address 11200 Pine Lake Rd, Walton, NE 68461

A. Wastewater Piping

1. Material: SDR26 Diameter: 4 in.
2. Distance between dwelling and septic tank: 173 ft.

B. Septic Tank

1. Material Concrete
2. Capacity: 2000
3. Depth to top of tank, below unfinished grade: 30 in.
4. Distance to:
   Well 100 ft. +
   Pressure line N/A ft +
   Property Line 100 ft. +
   Foundation 100 ft. +

C Distribution Box or Drop Box

Distance **and** Direction from septic tank: SE ft. 55

D. Drainfield/Absorption Field

☑ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☑ Other
   Material brand and inside width of Chamberless:
   EZFlow 1203H Bundles
2. Number of Laterals: 4 Depth: 2' - 3-1/2'
3. Length of each lateral (linear): ft. 90 ft. 80
   ft. 90 ft. 80
4. Drainfield size: 1,530 sq. ft.
5. Distance to:
   Well 100 ft. +
   Pressure line N/A ft. +
   Property line 100 ft. +
   Depth of Groundwater >8'

1260 Req'd inspect cover NH

unable to inspect prior

Was the Onsite Wastewater System covered prior to LLCHD inspection? ☑ Yes ☐ No
~~(Partially)~~

If Yes, the Certified Professional must sign below for final approval:

I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: Rene L Jahnke Date: 7/29/22

Complete As-Built drawing on the back of this form.