Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

005719

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 04380289601

Issued 09/15/04
Expires 03/15/05
Revenue Code 3157

Establishment

RUSS PESTER
T9N R8E SEC 12 QTR NE
NW1/4 OF NE 1/4 LOT 10
18383 PIONEERS BLVD-WALTON

FEES: $200.00

Permittee

RUSS PESTER
6610 S 84 ST
LINCOLN NE 68516

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

A

Permit Number: 04380289601

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

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

The undersigned hereby requests site clearance and permit to construct a Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address 18383 Pioneers Blvd. (no rural route) City Walton NE, Zip 68461

Legal Description NW & NE. 12 9N 8E ____ ____ 10 IT
1/4 1/4 Section Township Range Subdivision Addition Block Lot

Geographical Location (if known): Longitude _____ Latitude _____

☐ Check if system mail address is not the same as the owner's address

B. Owner

Name Russ Peeler Signature Russ Peeler

Address 6610 So. 84 City/State/Zip Lincoln, Ne. 68516

☐ Check if owner designed system Home Phone 483-5707 Work Phone 483-4055

C. Contractor

Name Brad Southwick Company Name _____

Address 17201 So. 72nd St City/State/Zip Hickman, Ne. 68372

☐ Check if contractor designed system Work Phone 475-2462

D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name Brad Southwick Firm _____ Work Phone 475-2462

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 3 Is there a Whirlpool Bathtub 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 ☐ Municipal Code 24.38 ☒ County Resolution No. 2832

1. **Health Department** Date rec'd 9/15/04 Date frwd 9/16/04 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 9/16/04 Date frwd 9/16/04 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 9/16/04 Date frwd 9/16/04 ACTION ☒ Approved ☐ Disapproved Signature _____

3/18/05 Need drawing. J.C.H

Installation Final Written Approval

By Jerrold C. Hood R.E.H.S.

Date SEPTEMBER 26, 2005

Business Office Use Only
Date Rec'd 09/15/04
Amt Paid 200.00
Rec'd By _____ Cash/Check No. 8482

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

B

Permit Number: 04380289G

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address E. Pioneers Blvd (no rural route) City Walton NE, Zip 68461

Owner Russ Pesta Addresss 6610 S. 84 Lincoln, Ne 68516

Soil Type (SCS): JUC Percolation Rate: _____ min./inch

Date of Tests 8/5 to 8/6 Weather: Precipitation — Temperature 80

Percolation Test Data Table

A.	B.	C. D. E. F. Pre-Saturation Period				G. H. I. J. K. Percolation Readings					L. M. N. Results		
		Start		End		Start			End				
Hole No.	Hole Depth (in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time (Min)	Water Level Drop (in)	Percolation Rates (Min/in)
1	28	8/5	5:30	8/6	7:45	8/6	9:30	25 1/2	8/6	10:00	30	1 1/2	20
2	28		PM		AM		AM	26 5/8		AM		1 5/8	19
3	24							23 1/8				1 1/8	27
4	24							22 5/8				7/8	34
5	28							23 7/8				1 1/4	24
6	26							24				1	30
7	24							24 5/8				1 3/8	22
8	28							26 1/8				1 3/8	22

Sum of Percolation Rates: 196
Average of Rates: 25
Rate Used for Calculation: 30

Person Conducting Percolation Tests

Name: Brad Southwick
Phone: 435-2462
Address 17201 S. 72nd St.
Hickman, Ne 68372

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

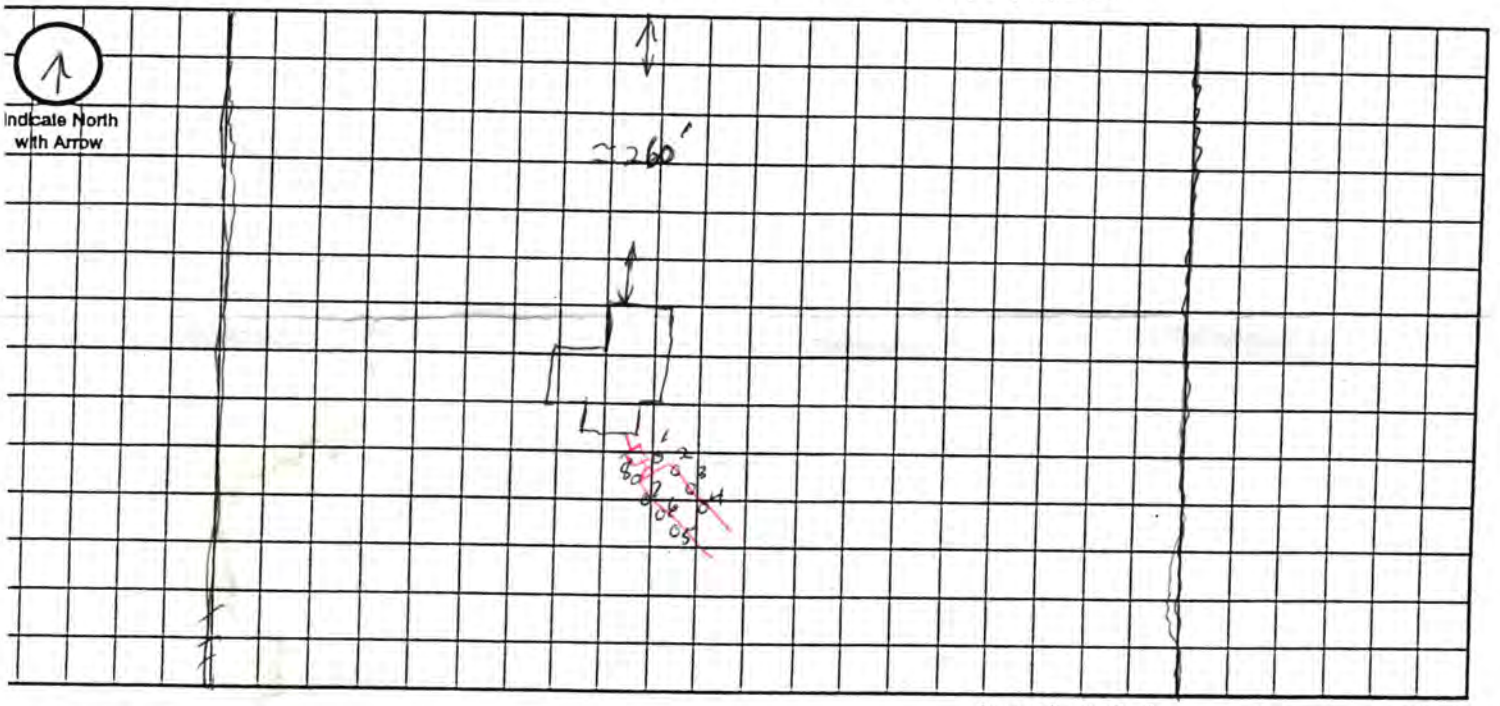
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 043802-896

Sewage Disposal System
Preliminary Plan Specifications

raw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, ompass direction and property lines. Indicate on drawing if residence and well are existing or proposed.



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

. System Location (Indicate correct number and street)

ddress (no rural route) _____ City Walton NE, Zip 68461

. Proposed Septic Tank/s

ank Material: ☐ Concrete ☒ Plastic ☐ Other Snyder Fiberglass

. Proposed Absorption System (See Form B for Percolation Information)

rcolation Rate 30 (min. per inch) Soil Type: JUC Land Slope: _____ %

pe of Absorption System: ☒ Trench ☐ Bed ☐ Other _____

tal Square Feet of Field Required: 757 sq. ft.

pe of Lateral: ☒ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: ADS BIODIFFUSER

pacity of Septic Tank 1,000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

al Length of Laterals 190 ft. Number of Trenches 2 Trench Width 4

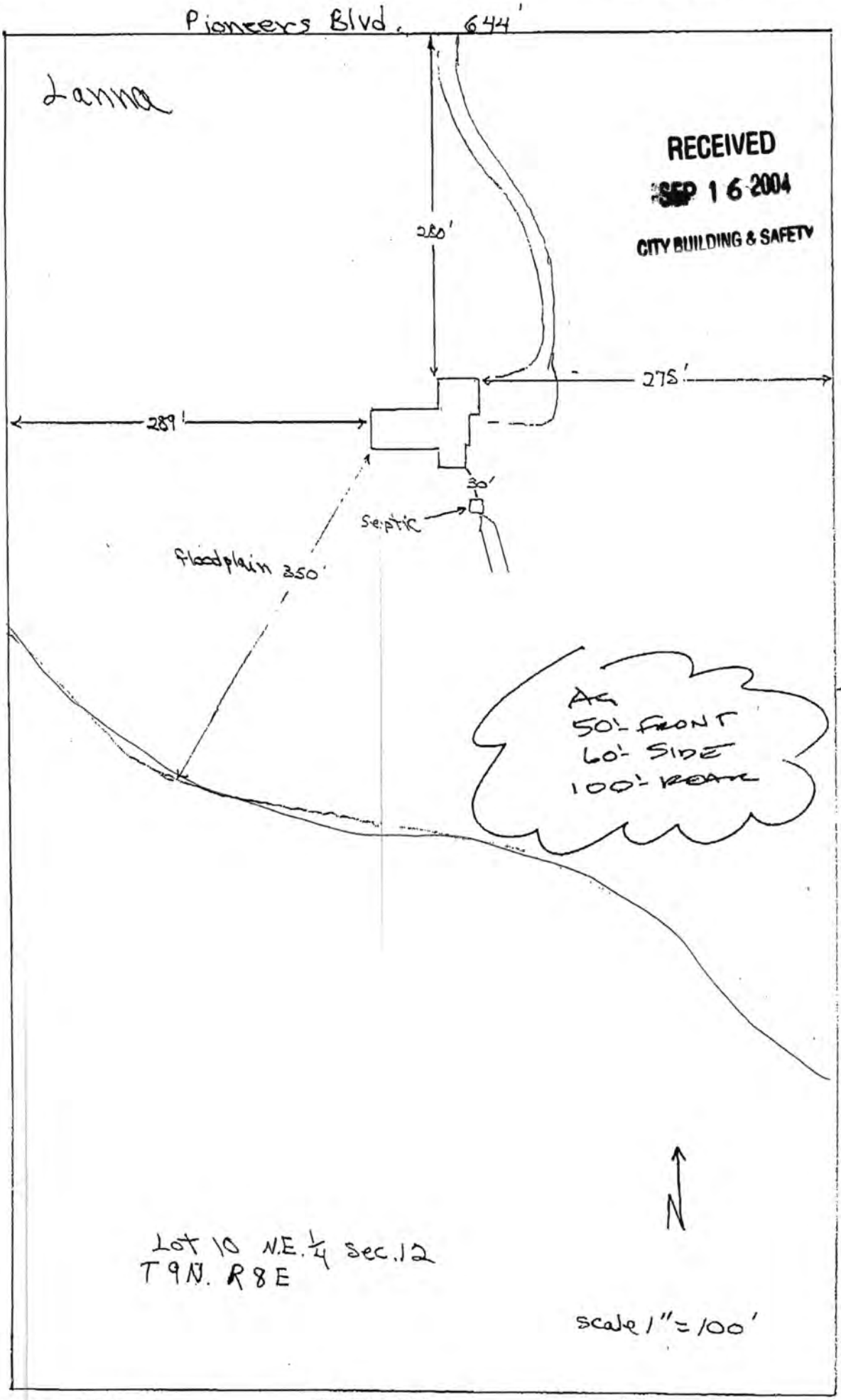
Setbacks Check the Boxes Below if the Required Setback has been Satisfied

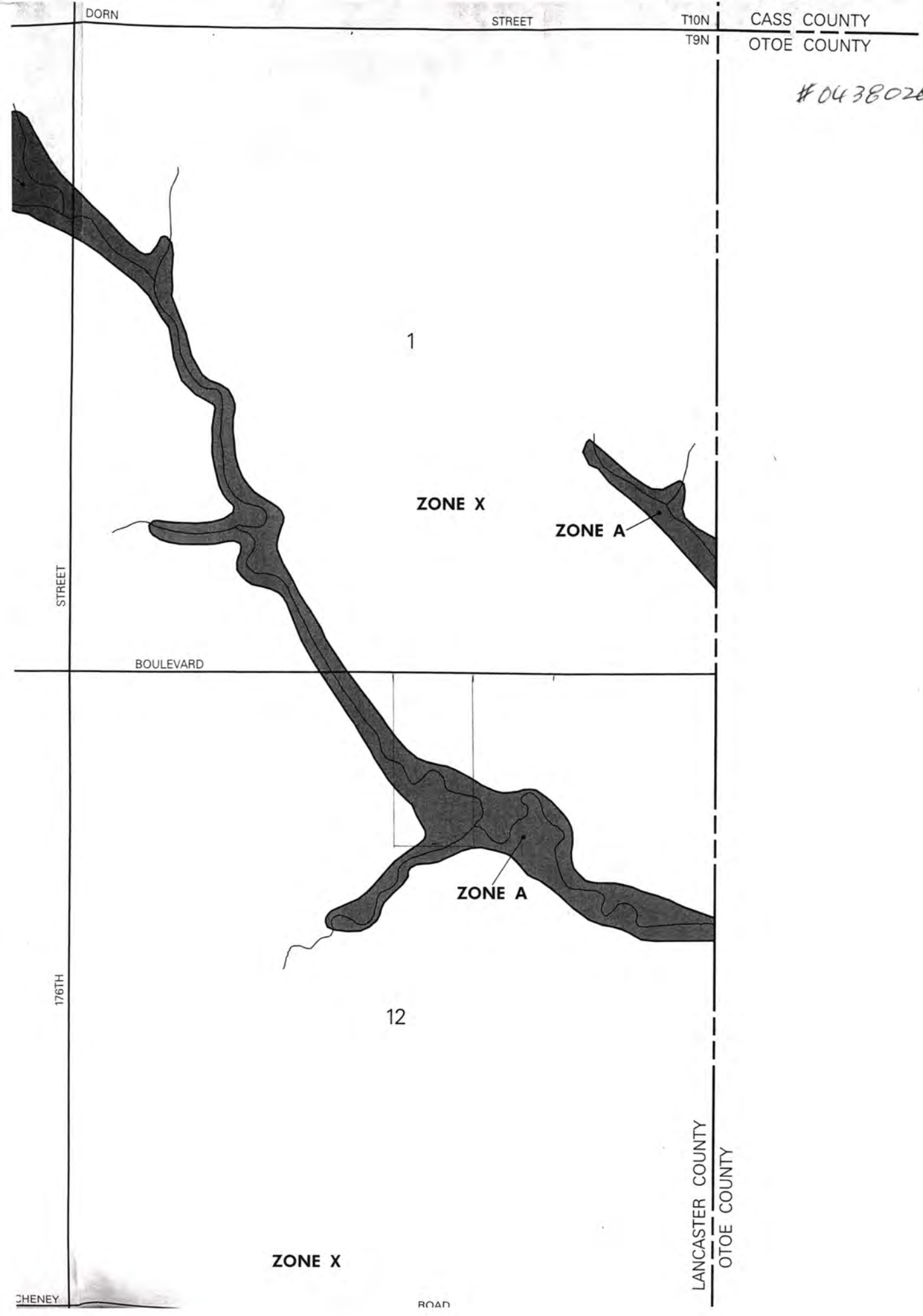
istance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
ank (ft)	50 ☒	500 ☒	50 ☒	NA ☐	25 ☒	20 ☒	15 ☒	25 ☒	☒
ield (ft)	100 ☒	500 ☒	50 ☒	4 ☒	30 ☒	20 ☒	30 ☒	40 ☒	☒
goon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

Required Signatures

ne Building Contractor Ryan Rader Date 9-15-04

aller Brad Southwick Date 8/6/04


Pioneers Blvd.
644'
Lanna
RECEIVED
SEP 16 2004
CITY BUILDING & SAFETY
280'
275'
289'
30'
Septic
floodplain 350'
AG
50'- FRONT
60'- SIDE
100'- REAR
1353'
N
Lot 10 N.E. 1/4 Sec. 12
T9N. R8E
scale 1" = 100'


DORN
STREET
T10N
T9N
CASS COUNTY
OTOE COUNTY
#043802896
1
ZONE X
ZONE A
STREET
BOULEVARD
ZONE A
176TH
12
ZONE X
LANCASTER COUNTY
OTOE COUNTY
CHENEY
ROAD