Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

006456

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Permit # 05380298401

Issued 03/18/05
Expires 09/18/05
Revenue Code 3157

Establishment:
TIM T HEPBURN
T9N R8E SEC 12
CEDAR ESTS-1ST ADD LOT 7
18130 SHASTA LN-WALTON

FEES: $200.00

Permittee:
TIM T HEPBURN
2100 S 120 ST
WALTON NE 68461

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

RECEIVED MAR 18 2005

A

Permit Number: 05380298401

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 18130 Shasta Lane (no rural route) City Walton NE, Zip

Legal Description ~~12~~ 9N 8E Cedar ~~CREEK~~ GROVE ESTATES Addition lot 7
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 Tim Hepburn Signature

Address 2100 So. 120 City/State/Zip Walton, Ne

☐ Check if owner designed system Home Phone 483-6134 Work Phone 540-0134

C. Contractor

Name Stan Kroese Company Name Dirtworks Plus Inc

Address 7801 Leighton City/State/Zip Lincoln NE 68507

☒ Check if contractor designed system Work Phone 560 1208

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

Designer Name Stan Kroese Firm Dirt Works Plus Work Phone 402-560-1208

E. This System Will Serve a

☑ Residential Dwelling Number of Bedrooms 4 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 3/18/05 Date frwd 3/18/05 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Wood

2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 3/18/05 Date frwd ACTION ☑ Approved ☐ Disapproved Signature

3. **City or County Engineer** Date rec'd 3/18/05 Date frwd 3/18/05 ACTION ☒ Approved ☐ Disapproved Signature

~~6/22/06 Need signed + locked~~
5/25/05 Need ~~trucking~~, fence, etc. J.C.H.

Installation Final Written Approval

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

Date JUNE 27, 2006

Business Office Use Only

Date Rec'd 3-18-05
Amt Paid 200.00
Rec'd By TW Cash/Check No. 7676

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

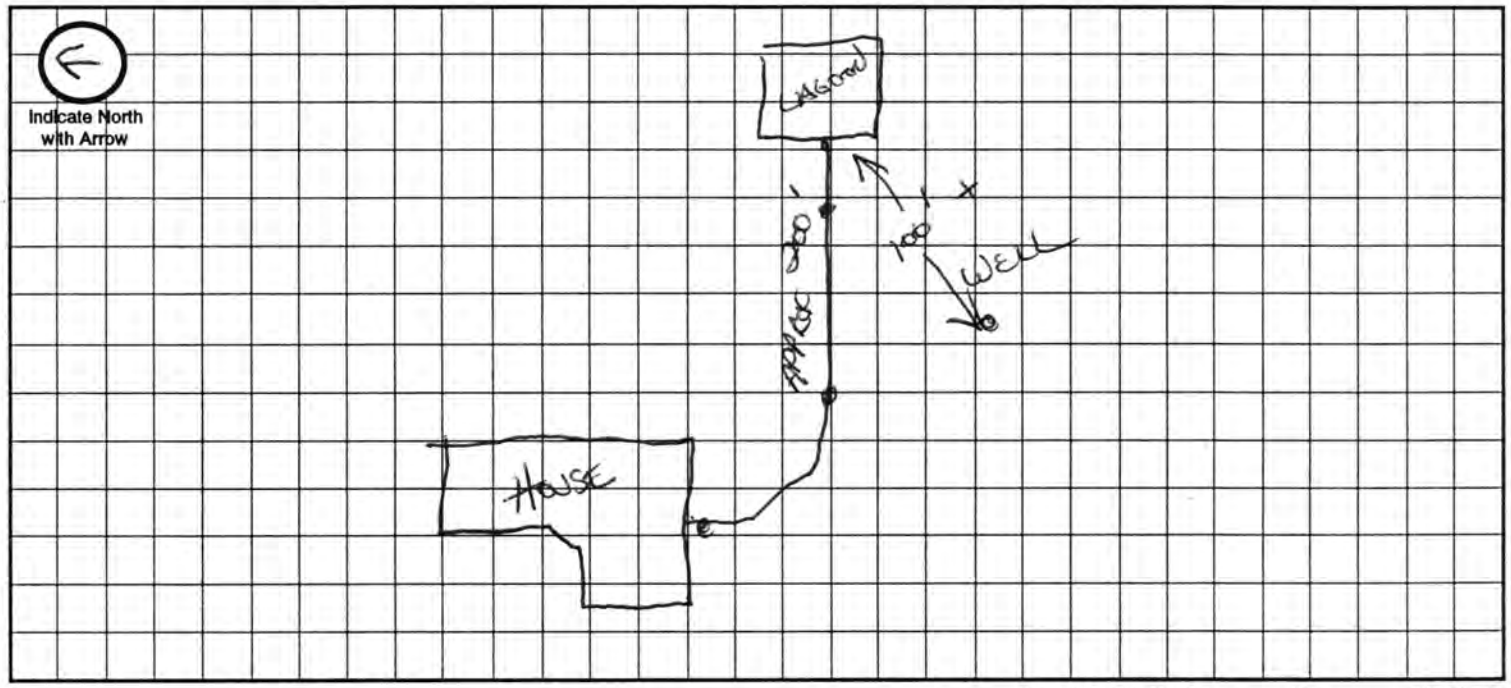
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 0538029847

Sewage Disposal System
Preliminary Plan Specifications

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



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

A. System Location (Indicate correct number and street)

Address (no rural route) 18130 SHASTA City WALTON NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other NA

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

Percolation Rate _____ (min. per inch) Soil Type: _____ Land Slope: _____ %

Type of Absorption System: ☐ Trench ☐ Bed ☐ Other _____

Total Square Feet of Field Required: _____ sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: _____

Capacity of Septic Tank _____ gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals _____ ft. Number of Trenches _____ Trench Width _____

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

Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
Lagoon (ft)	100 ☑	500 ☑	50 ☑	N/A ☑	30 ☑	50 ☑	100 ☑	200 ☑	☑

E. Required Signatures

Home Building Contractor _____ Date 3-16-05

Installer _____ Date 3/16/05

FORM 23-102 10-96

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D

Permit Number:

Sewage Disposal System
As Built Plans & Specifications

Date 5/25/05 TIM HEPBURN

System Location (Indicate correct number and street)
Address 18130 SHASTA LN (no rural route) City WALTON NE, Zip

A. Building Sewer

1. Material: CLS 160
   Diameter: 4 in.
2. Distance above basement floor: ____ in,
   or distance below basement floor: 24 in.
3. Distance between dwelling and septic tank: 222 ft.
4. Number of clean-outs: ~~1 BOOM~~ 4 60
5. Distances to: well or suction line 100+ ft.
   stream 70 ft.
   pressure line 100+ ft.
   property line 100+ ft.

B. Septic Tank

1. Material: ____
   Number of compartments: ____
2. Capacity: ____ gal.
3. Factory built: ☐ Yes ☐ No
4. Manholes: Over inlet, diameter ____ in.
   Over outlet, diameter ____ in.
   Riser: ☐ above ☐ below grade ____ in.
5. Inlet: ☐ baffle ☐ tee
6. Outlet: ☐ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: ____ in.
8. Distances to: Well or suction line ____ ft.
   Stream ____ ft.
   Pressure line ____ ft.
   Property line ____ ft.

C. Distribution Box

1. Material: ____
   Number available outlets: ____
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: ____ ft.

D. Absorption Field

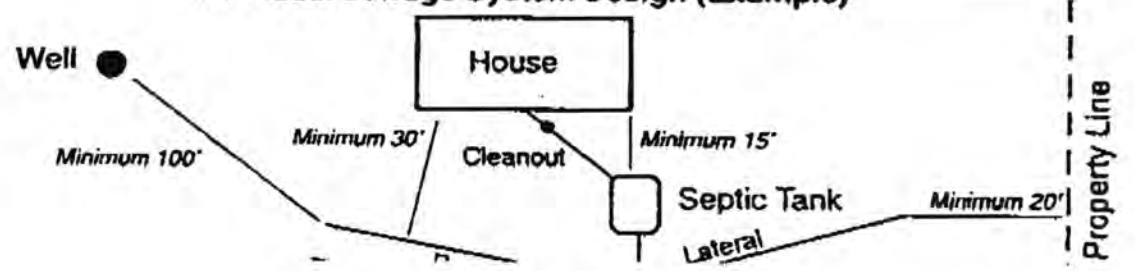
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: ____
   or perforated pipe: ____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other ____
2. Lateral lines: Number ____
   Length of each line: ____ ft. ____ ft.
   ____ ft. ____ ft., ____ ft.
3. Trench dimensions: Width ____ ft.
   Slope ____ in/100 ft.
   Average depth ____ in
4. Filter material: ____
   Depth of material ____ in,
5. Distances to: Well or suction line ____ ft.
   Stream ____ ft.
   Pressure line ____ ft.
   Property line ____ ft.

Indicate North with Arrow

Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



As Built Drawing

