Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

008827

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Permit # 06380318501

Issued 04/18/06
Expires 04/18/07
Revenue Code 3157

Establishment:
CANDICE SMITH
T9N R8E SEC 24 QTR SE
NW 1/4 OF SE 1/4 LOT 35
18633 MIDWAY RD-WALTON

FEES: $275.00

Permittee:
CANDICE SMITH
19909 SW 2 ST
ROCA NE 68430

TOTAL: $275.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

LINCOLN LANCASTER COUNTY HEALTH DEPARTMENT

RECEIVED
APR 18 2006

A

Permit Number: 06380318501

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

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 18633 Midway Rd (no rural route) City Walton NE, Zip 68461

Legal Description NW SE 24 9N 8E 35
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 ~~Brad~~ Candi Smith Signature Candi Smith

Address 19909 SW 2nd St City/State/Zip Roca NE 68430

☐ Check if owner designed system Home Phone (402) 794-9286 Work Phone (402) 472-4432

C. Contractor

Name STAN KROESE Company Name DIRTWORKS PLUS INC

Address 66667 NW 48TH City/State/Zip LINCOLN NE 68521

☑ Check if contractor designed system Work Phone 325 0529

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

Designer Name _____ Firm _____ Work Phone _____

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 4/18/06 Date frwd 4/24/06 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 4/24/06 Date frwd 4/24/06 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 4-24-06 Date frwd 4-24-06 ACTION ☐ Approved ☐ Disapproved Signature _____

NOTE: LOT #35

Line tank, lateral

Installation Final Written Approval

By _____

Date 8/2/06

Business Office Use Only
Date Rec'd 04/18/06
Amt Paid 275.00
Rec'd By _____ ~~Cash~~/Check No. 8616

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:

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 18633 Midway Rd (no rural route) City Walton NE, Zip 68461

Owner Russ/Candi Smith Address 19909 SW 2nd St Rock NE 68430

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

Date of Tests 7/28/06 to 7/29/06 Weather: Precipitation none Temperature 90°

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	7/28	8A	7/29	8A	7/29	noon	6	7/29	1230P	30	1 1/4	24
2	30	7/28	8A	7/29	8A	7/29	noon	6	7/29	1230P	30	1 1/2	20
3	27	7/28	8A	7/29	8A	7/29	noon	6	7/29	1230P	30	3/4	40
4	30	7/28	8A	7/29	8A	7/29	noon	6	7/29	1230P	30	1 1/2	20
5	30	7/28	8A	7/29	8A	7/29	noon	6	7/29	1230P	30	1 1/2	20
6	27	7/28	8A	7/29	8A	7/29	noon	6	7/29	1230P	30	3/4	40

Sum of Percolation Rates: 164

Average of Rates: 27.33

Rate Used for Calculation: 28

Person Conducting Percolation Tests

Name: Steve Donkersgoed

Phone: 325-0529

Address 6667 Nebraska 48th St. Suite 1 Lincoln NE 68524

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official: Jerrold C. Hood R.E.H.S. Date: AUGUST 1, 2006

DIRT WORKS PLUS, INC 402 325 0530 08/01/06 07:39A P.003

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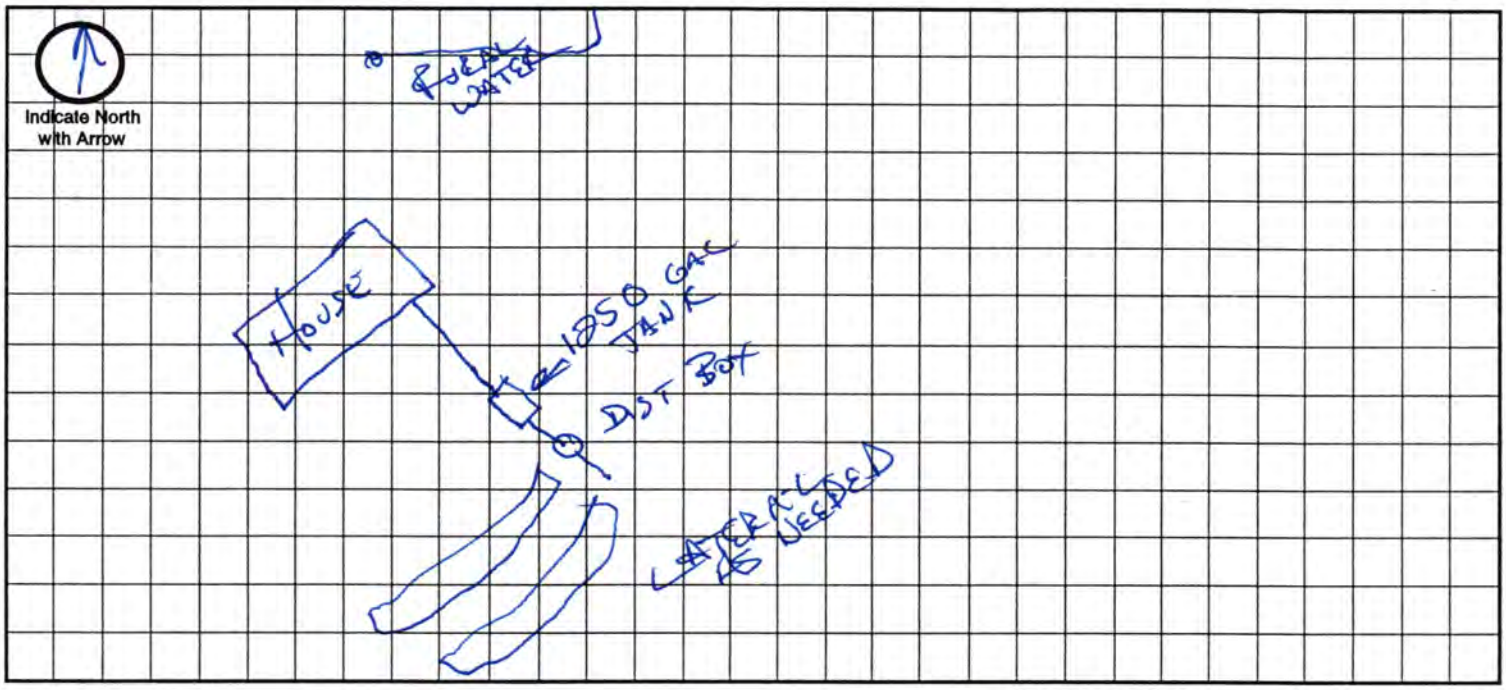
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C

Permit Number:

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) 18633 MIDWAY RD City WALTON NE, Zip 68461

B. Proposed Septic Tank/s

Tank Material: ☑ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 28 (min. per inch) Soil Type: _____ Land Slope: _____ %

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

Total Square Feet of Field Required: 1000 sq. ft.

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

Capacity of Septic Tank 1250 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 250 ft. Number of Trenches _____ Trench Width 4

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 4/18/06

Installer _____ Date 4/15/06

FORM 23-102 10-96