Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

008685

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 06380316801

Issued 03/16/06
Expires 03/16/07
Revenue Code 3157

Establishment

CHRISTIAN HERITAGE CHILDREN'S HOME
T9N R8E SEC 10 QTR SW
LOT 23
14830 OLD CHENEY RD-WALTON

FEES: $275.00

Permittee

CHRISTIAN HERITAGE CHILDREN'S HOME
14880 OLD CHENEY RD
WALTON NE 68461

TOTAL: $275.00

EPH COPY

Bruce D. Dart

Bruce D. Dart, Health Director

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

A

Permit Number: 06380316801

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 14830 Old Cheney Road City Walton NE, Zip 68461
(no rural route)

Legal Description SW 10 9N 8E 23
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 Christian Heritage Childrens Homes Signature X [signature]

Address ~~2930 Ridge Ins. Rd; Ste. 110~~ 14830 Old Cheney Rd. City/State/Zip ~~Lincoln NE 68516~~ Walton, NE. 68461

☐ Check if owner designed system Home Phone 792-2479 Work Phone 450-7690

C. Contractor

Name Scott Prange Company Name Prange Construction Inc.

Address 22500 So 176th City/State/Zip Adams NE 68301

☐ Check if contractor designed system Work Phone 540-1875

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 8 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 3/16/06 Date frwd 3/16/06 **ACTION** ☒ Approved ☐ Disapproved Signature Jerrold E. Wood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 3/16/06 Date frwd 3/16/06 **ACTION** ☒ Approved ☐ Disapproved Signature [signature]
3. **City or County Engineer** Date rec'd 3-16-06 Date frwd 3-16-06 **ACTION** ☒ Approved ☐ Disapproved Signature Jim Plouzek

7/3/06 Lot grading drawing - J.C.H.
7/2/06 Landscaping & sewer - J.C.H.

Installation Final Written Approval

By [signature]

Date 3/16/07

Business Office Use Only
Date Rec'd 3/16/06
Amt Paid #275.00
Rec'd By LS Cash/Check No. 7003

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

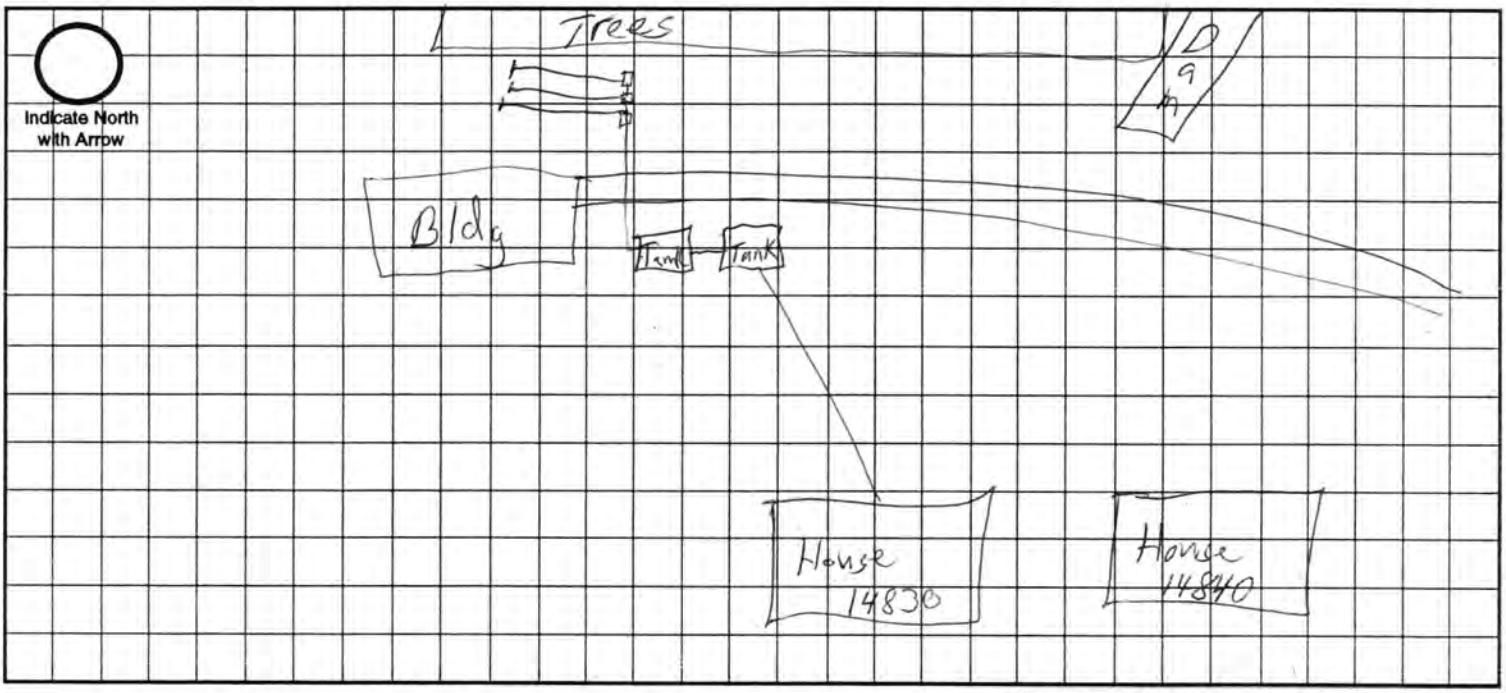
Lincoln-Lancaster County Health Department
Environmental Health Division
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C

Permit Number: 063803/68

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) _____ City _____ NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 40 (min. per inch) Soil Type: JUC Land Slope: 4 %

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

Total Square Feet of Field Required: 2200 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☒ Other Lateral Material: ~~Eq 44~~ H-10 - Infiltrator

Capacity of Septic Tank 2000 gals Number of Absorption Beds: 3 Number of Distribution Laterals per Bed _____

Total Length of Laterals 150 ft. Number of Trenches 3 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 3-15-6

Installer _____ Date 3-14-06

FORM 23-102 10-96