Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

003227

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Permit # 03380274901

Issued 11/20/03
Expires 05/20/04
Revenue Code 3157

Establishment:
PHILLIP R HYNES
T10N R8E SEC 31 QTR NW
WINDHOEK-5TH ADDN LOT 1
1900 S 112 ST-WALTON

FEES: $200.00

Permittee:
PHILLIP R HYNES
8800 S 56 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: 033802749O1

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 1900 S 112 (no rural route) City Walton NE, Zip 68461

Legal Description 31 10N 8E WINDHOECKS 5TH ADD 1
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 Phil Hynes Signature _____

Address _____ City/State/Zip _____

☐ Check if owner designed system Home Phone _____ Work Phone _____

C. Contractor

Name Brad Southwick Company Name Southwick Sewer & Drain

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

☐ Check if contractor designed system Work Phone 430-7606

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 5 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 11/20/03 Date frwd 11/20/03 ACTION ☒ Approved ☐ Disapproved Signature Jerold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 11-20-03 Date frwd 11-20-03 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 11-21-03 Date frwd 11-21-03 ACTION ☒ Approved ☐ Disapproved Signature Chase Bak

Installation Final Written Approval

By _____

Date 5/2/07

Business Office Use Only

Date Rec'd 11-20-03
Amt Paid 200.00
Rec'd By TW Cash/Check No. 5294

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

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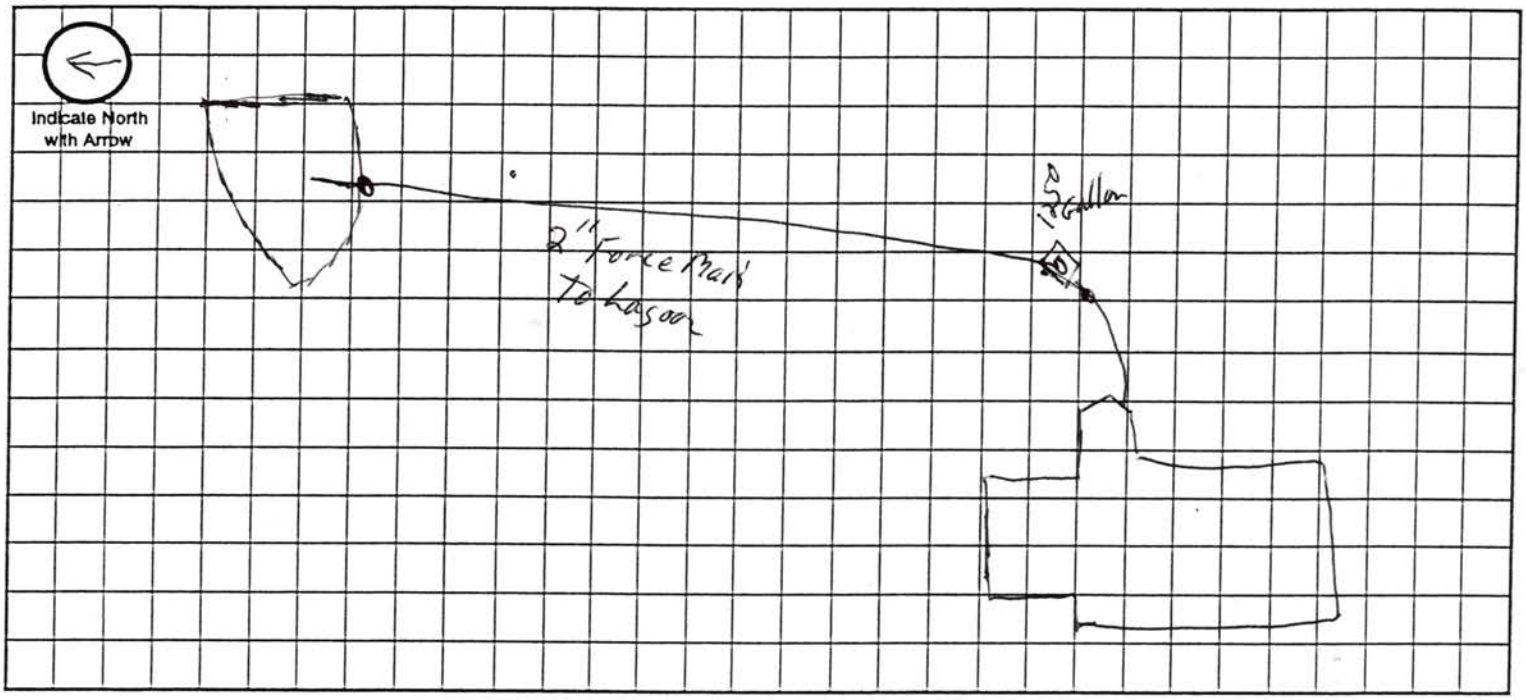
C

Permit Number: 03380749

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) 1900 So 112 City Walton NE, Zip 68461

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other Lift Station

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 1250 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 _____

Installer Brad Smith Date 11/20/03

FORM 23-102 10-96



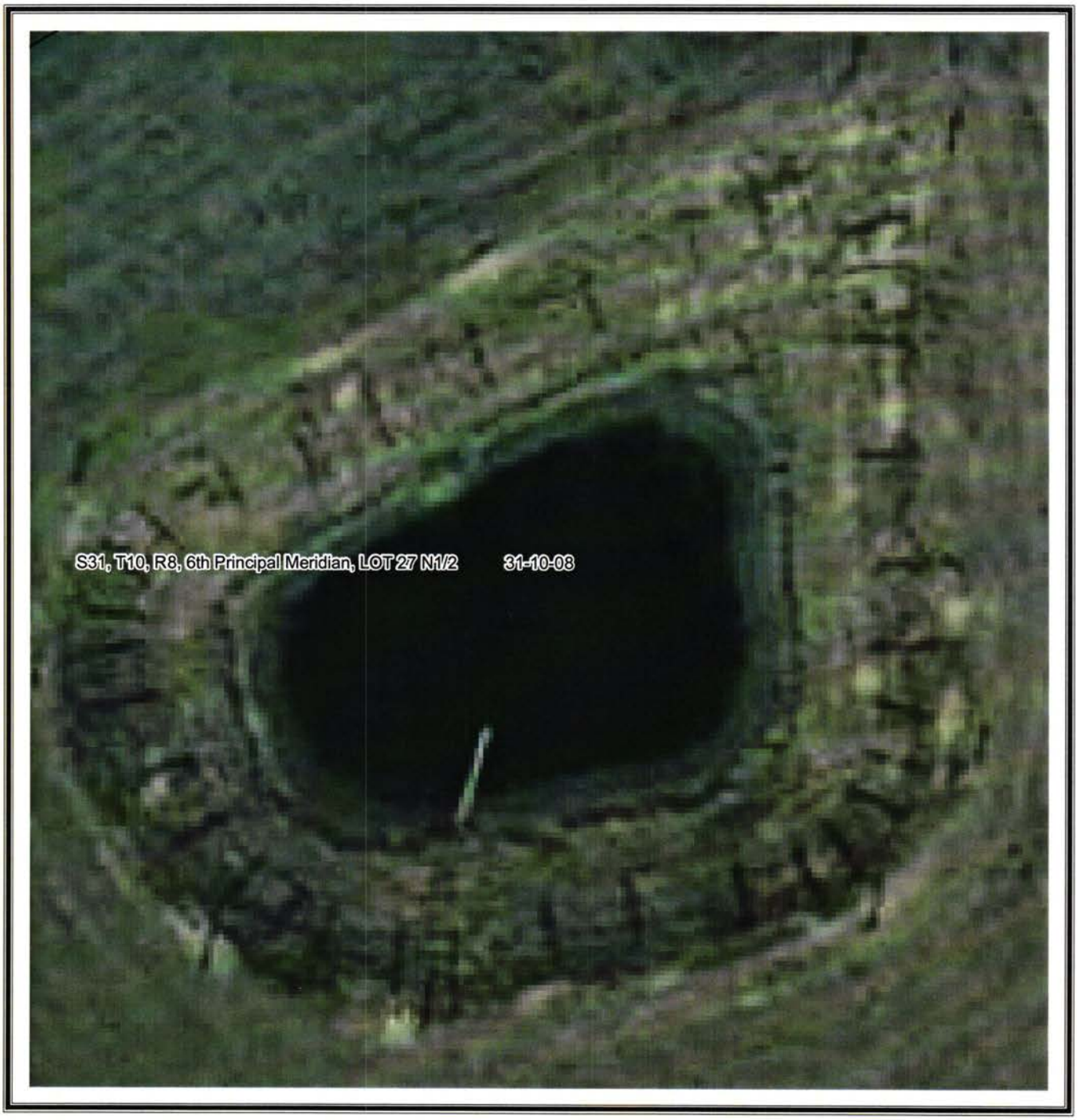
Phillip or Diane Hynes 1900 S112th St Walton, NE Sec31 T10N R8E

House, Lagoon & Well Installed 2004 Windhoek 5th Add Lot #1

SITE PLAN

NO SCALE

1900 S 112th Street Lagoon



0 20 40 80 Feet

Source M:\records
February 24, 2009

Legend

RASTER.AERIAL07

RGB

- Red: Band_1
- Green: Band_2
- Blue: Band_3
- Sec T R
- Parcels

N W E S

LINCOLN LANCASTER COUNTY HEALTH DEPARTMENT