**Lincoln-Lancaster County Health Department**
**Environmental Public Health Division (402) 441-8027**
**3140 N Street Lincoln, NE 68510-1514**

**ON-SITE WASTE WATER SYSTEM**
**CONSTRUCTION - INSTALLATION PERMIT**

**No. HS000074**

**System Type:** STANDARD

**Situs:** 17801 N 162 ST RUR

**Legal Description:** T12N-R08E-S27-Lot 34

**Owner:** CORLISS, TODD J & ALLISON M
17801 N 162 ST
WAVERLY NE
68462

| | |
|---|---|
| Permit Fee: | $305.00 |
| Variance Fee: | $0.00 |
| Extension Fee: | $0.00 |
| Total Fees: | $305.00 |
| Issued: | 03/26/2008 |
| Expires: | 03/26/2009 |

Bruce D. Dart, PhD, Health Director

On-site Waste System Permit Holder:

The above document is your permit to construct a new On-site Waste Water System at the location listed. Please contact this office once the sytem is complete in order to schedule a final inspection before use.

Bruce D. Dart, PhD
Health Director

WAVERLY PLUMBING
PO BOX 116
WAVERLY NE 68462

LLCHD HS000074

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

**A**

Permit Number: HS000074

# 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 17801 N 162nd ST (no rural route) City Waverly NE, Zip 68462

Legal Description NE 27 12 8 34 ET
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 Todd Carliss Signature _____

Address 17801 N 162nd ST City/State/Zip Waverly NE 68462

☐ Check if owner designed system Home Phone 402 789 2379 Work Phone _____

### C. Contractor

Name Michael P Dietze Company Name Waverly Plumbing + Well Co

Address PO Box 116 City/State/Zip Waverly NE 68462

☒ Check if contractor designed system Work Phone 402 786 5620

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

Designer Name _____ Firm _____ Work Phone _____

### E. This System Will Serve a request to cut drainfield specs in half as facility is

☐ Residential Dwelling Number of Bedrooms _____ Is there a Whirlpool Bathtub YES (NO)

☒ Commercial Establishment/(Other Facility) Specify is located in garage no one living in facility

Design flow in gallons per day 100 or less 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 3/25/08 Date frwd 3/25/08 ACTION ☑ Approved ☐ Disapproved Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 3/26/08 Date frwd 3/26/08 ACTION ☑ Approved ☐ Disapproved Signature per Dale Stetz
3. **City or County Engineer** Date rec'd 03/26/2008 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature _____

### Installation Final Written Approval

By _____

Date _____

***Business Office Use Only***

Date Rec'd _____

Amt Paid _____

Rec'd By _____ Cash/Check No. _____

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

3-26-2008 10: 1:16

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

B

Permit Number: HS000074

# Sewage Disposal System

## Soil Absorption Test Data Report

## Annex to Application

PLEASE PRINT OR TYPE

**System Location (Indicate correct number and street)** Lot-3 4 NE ¼ sec 27, 12 &

Address 12801 N 162nd St. (no rural route) City _____ NE, Zip _____

Owner Todd Carliss Addresss _____

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

Date of Tests 7/7 to 7/8 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 | 36 | 7/7 | 6:00 | 7/8 | 5:30 | 7/8 | 9:00 | 30 1/8 | 7/8 | 9:30 | 30 | 1/2 | 60 |
| 2 | 38 | 7/7 | 6:00 | 7/8 | 5:30 | 7/8 | 9:00 | 32 1/4 | 7/8 | 9:30 | 30 | 1/2 | 60 |
| 3 | 38 | 7/7 | 6:00 | 7/8 | 5:30 | 7/8 | 9:00 | 34 3/8 | 7/8 | 9:30 | 30 | 1 1/2 | 20 |
| 4 | 40 | 7/7 | 6:00 | 7/8 | 5:30 | 7/8 | 9:00 | 33 5/16 | 7/8 | 9:30 | 30 | 1 1/2 | 20 |
| 5 | 36 | 7/7 | 6:00 | 7/8 | 5:30 | 7/8 | 9:00 | 32 3/8 | 7/8 | 9:30 | 30 | 1 | 30 |
| 6 | 38 | 7/7 | 6:00 | 7/8 | 5:30 | 7/8 | 9:00 | 30 3/4 | 7/8 | 9:30 | 30 | 1 | 30 |
| | | | | | | | | | | | | | |
| | | Recommendation Based on use for Bath Room in Garage only. | | | | | | | | | | | |
| | | Note - System should be located west of Hole #1 Soil is in | | | | | | | | | | | |
| | | Holes #3 thru 6 much lighter than Holes Number 1 & 2 | | | | | | | | | | | |

**Person Conducting Percolation Tests**

Name: Claude Oie PE-3939

Phone: 402-423-0614

Address 5920 So 52nd St. Ct.
Lincoln NE.

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: _____

DO NOT WRITE BELOW THIS LINE

**Reviewing Action**

Remarks System must be installed for 60 min

3/20/08

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

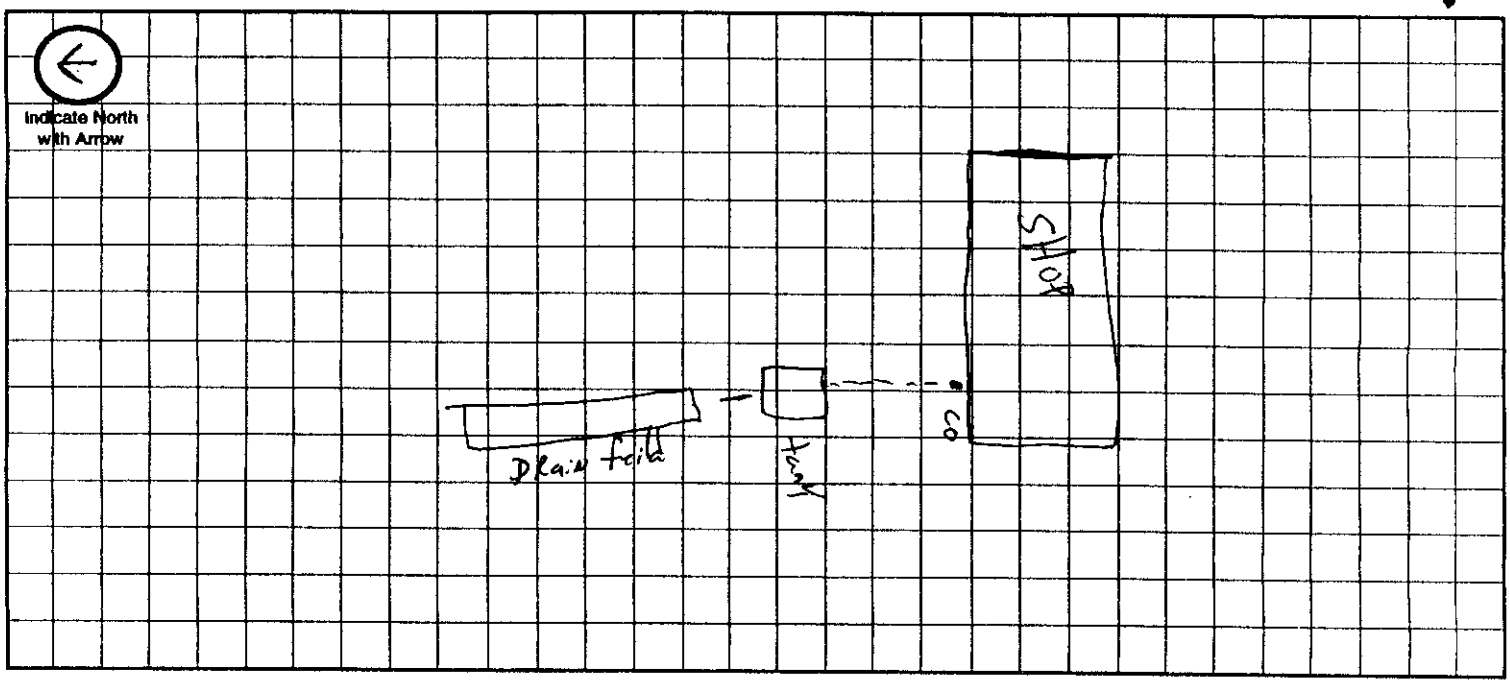
C

Permit Number: HS000074

# 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.

well




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

## A. System Location (Indicate correct number and street)

Address (no rural route) 17801 N 162nd ST City Waverly NE, Zip 68462

## B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 60 (min. per inch) Soil Type: silty clay Land Slope: _____ %

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

Total Square Feet of Field Required: ~~300~~ 350 sq. ft.

Type of Lateral: ☒ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: 9" Hi CAP Infiltr.

Capacity of Septic Tank 1000 gals Number of Absorption Beds: 1 Number of Distribution Laterals per Bed _____

Total Length of Laterals _____ ft. Number of Trenches _____ Trench Width 3'

## 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 3-6-08

Installer Michael P Dietze Date _____

FORM 23-102 10-96

LLCHD HS000074

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

SCANNED

A

Permit Number: HS000074

# Sewage Disposal System

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☐ Check if owner designed system Home Phone 402 789 2379 Work Phone _____

## C. Contractor

Name Michael P. Dietze Company Name Waverly Plumbing + Well Co

Address PO Box 116 City/State/Zip Waverly NE 68462

☒ Check if contractor designed system Work Phone 402 786 5620

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

Designer Name _____ Firm _____ Work Phone _____

## E. This System Will Serve a request to cut drainfield specs in half as facility

☐ Residential Dwelling Number of Bedrooms _____ Is there a Whirlpool Bathtub YES (NO)

☒ Commercial Establishment/(Other Facility) Specify 15 located in garage no one living in facility

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***DO NOT WRITE BELOW THIS LINE***

## Approval Process ☐ Municipal Code 24.38 ☐ County Resolution No. 2832

1. **Health Department** Date rec'd _____ Date frwd _____ **ACTION** ☐ Approved ☐ Disapproved Signature _____

2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd _____ Date frwd _____ **ACTION** ☐ Approved ☐ Disapproved Signature _____

3. **City or County Engineer** Date rec'd _____ Date frwd 03/25/2008 **ACTION** ☒ Approved ☐ Disapproved Signature _____

## Installation Final Written Approval

By _____

Date _____

***Business Office Use Only***

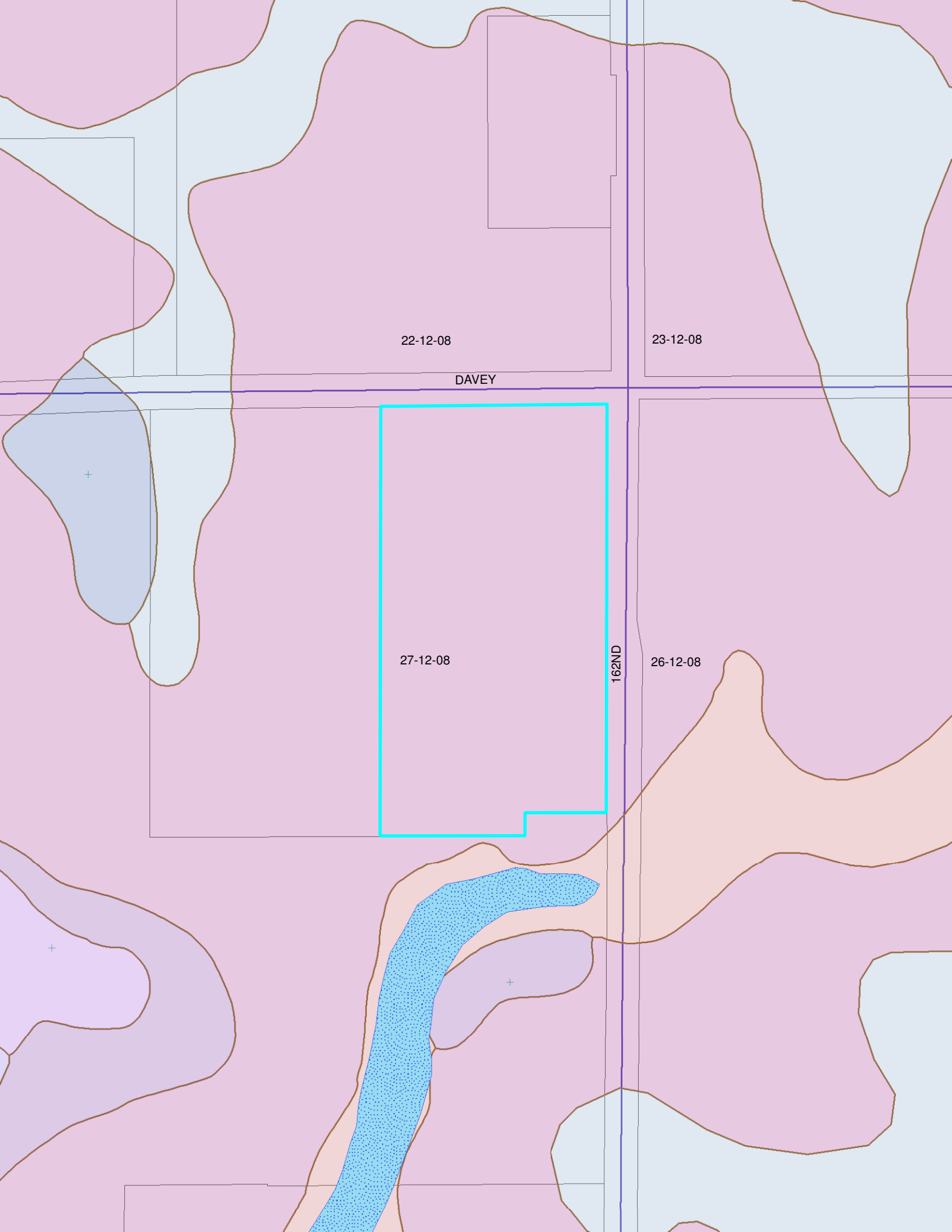
Date Rec'd 3-20-08

Amt Paid 305.00

Rec'd By _____ Cash/Check No. 25395

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

3-26-2008 10: 3:44


22-12-08
23-12-08
DAVEY
27-12-08
162ND
26-12-08

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

SCANNED

A

Permit Number: H5000074

# Sewage Disposal System

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3. **City or County Engineer** Date rec'd _____ Date frwd 03/25/2008 ACTION ☒ Approved ☐ Disapproved Signature _____

### Installation Final Written Approval

By _____

Date 4/18/08

**Business Office Use Only**

Date Rec'd 3-20-08
Amt Paid 305.00
Rec'd By _____ Cash/Check No. 25395

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