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. HS000303

System Type: LAGOON

Situs: 8500 N 148 ST

Legal Description: T11N-R08E-S27

Owner: SUTTON, RONNIE R
8447 S TULAROSA CT
LINCOLN NE
68516

Permit Fee:	$325.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$325.00
Issued:	11/04/2009
Expires:	11/04/2010

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

SOUTHWICK SERVICES
PO BOX 191
HICKMAN NE 68372

LLCHD HS000303

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

A

Permit Number HS000303

Onsite Wastewater Treatment System Request for Site Clearance and Permit

Include Form B and C. Submit correct fee with this Application

3 acres or more required for: ☐ Septic System ☒ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Wastewater Treatment System in conformance with appropriate regulations.

PLEASE PRINT OR TYPE

A. Onsite System Location

Address 8500 N. 148 (no rural route) City Waverly, NE Zip 68462

Legal Description ____ 27 11N 8E ____ 9

1/4 | 1/4 | Section | Township | Range | Subdivison | Addition | Block | Lot

Geographical Location (if known): Longitude:____ Latitude:____

☐ Check if system mail address is not the same as the owner's address Total Acres:____

B. Owner

Name Ron Sutton Signature____

Address 8500 N 148 City/State/Zip Waverly, Ne 68462

☐ Check if owner designed system Home Phone____ Work Phone____

C. Contractor

Name: Brad Southwick Company Name Southwick Sewer + Drain

Address 105 Locust P.O. Box 191 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 2 Is there a Whirlpool Bathtub? ☐ Yes ☒ No

☐ Commercial Establishment/Other Facility Specify____ Design flow in gallons per day____

Type of Wastewater ☐ Domestic ☐ Non-Domestic Well Permit Applied for ☐ Yes ☐ No ☐ Not Applicable

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ~~☐~~ County Resolution No. 02-38

1. Health Department Date rec'd____ **ACTION** ☒ Approved ☐ Disapproved
Site visits____ Date frwd____ Signature____

2. Supt. Bldg. Insp. or Village Clerk Date rec'd____ **ACTION** ☐ Approved ☐ Disapproved
Comments____ Date frwd____ Signature____

3. City or County Engineer Date rec'd____ **ACTION** ☐ Approved ☐ Disapproved
Comments____ Date frwd____ Signature____

Installation Final Written Approval
By____
Date____

Business Office Use Only
Date Received____ Amount Paid____
Received By____ Cash/Check No.____

White - Health Department Yellow - Engineer Pink - Building & Safety

11-4-2009 14:55:15 Ex.5 7 property / system #1267 $37.50 11-3-09 CA

Form A Updated: 5-07

LLCHD HS000303

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

D

Permit Number: HS000303

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date 10/27/09 Legal Description 1/4 1/4 27 11N 8E Section Township Range

Onsite System Location

Address (no rural route) 8500 N 148 City Waverly NE, Zip 68462

Owner Ron Sutton Address 8500 N 148

A. Sewer Pipe

1. Material: Clay Tile & PVC
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 24 in.
3. Distance between dwelling and ~~septic tank~~ Lagoon: 200 ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line NA >100 ft.
   stream NA ft.
   pressure line NA ft.
   property line 50 ft.

B. Septic Tank

☐ Label with Manufacturer, address and gallon capacity

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" dia. inspection pipe
6. Outlet: ☐ baffle ☐ tee ☐ 6" dia. inspection pipe
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 ☐ Drop Boxes

(≥ 12" inspection opening) (removable lid to inspect)

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

D. Drainfield Absorption

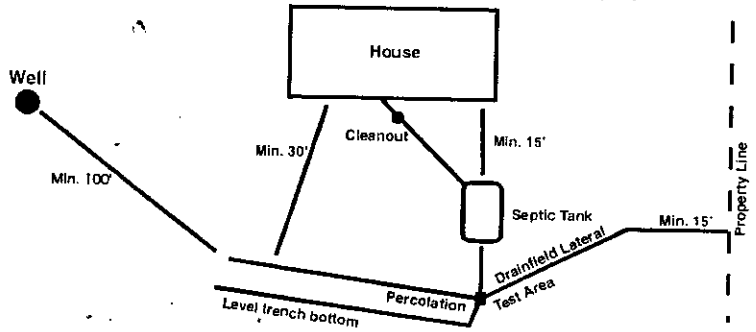
☐ Trench ☐ Bed ☐ Level Bottom

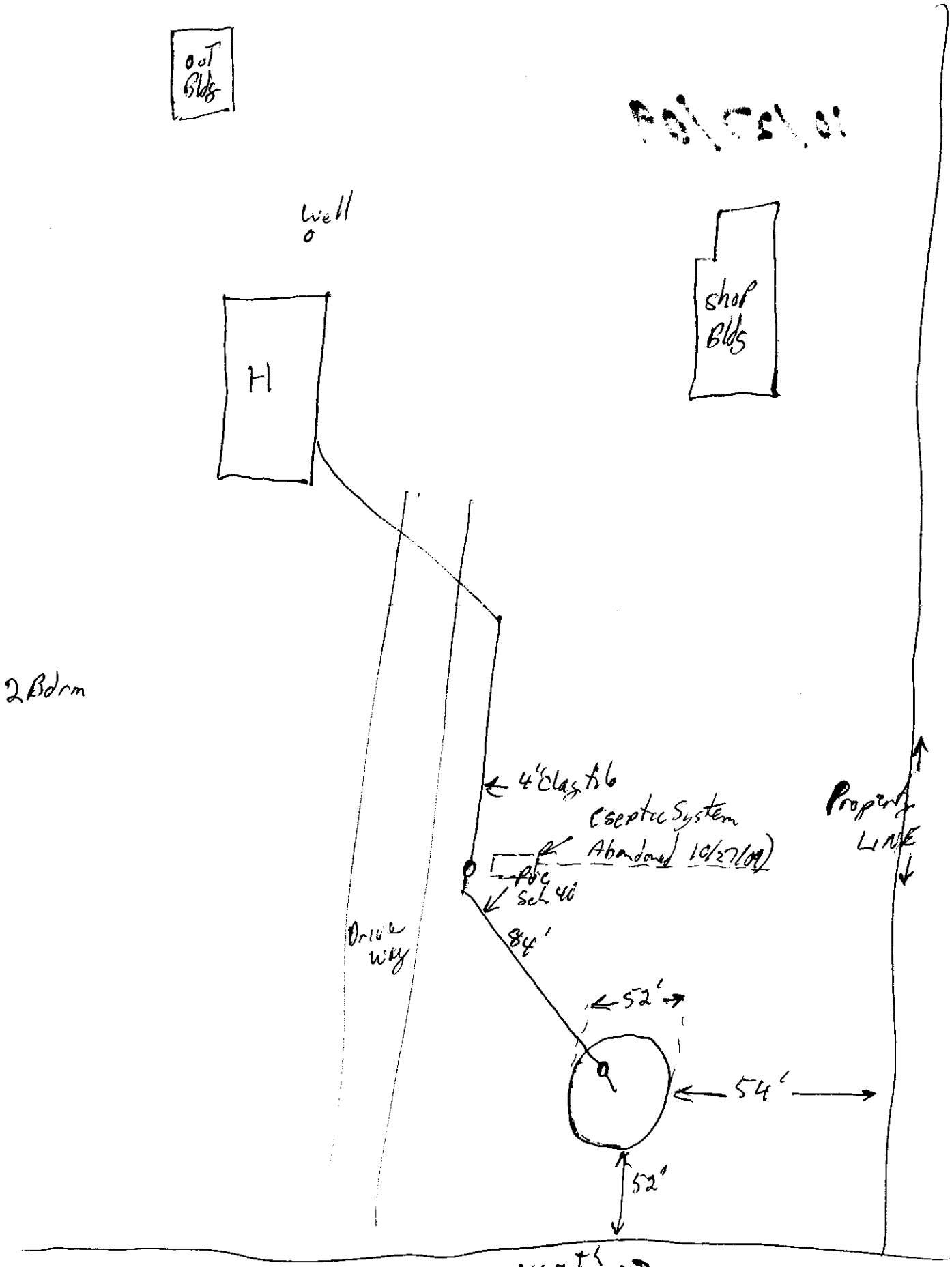
1. Type: ☐ Half rounds ☐ Perforated pipe ☐ Chambers
   Diameter or width: _____
   Number of distribution lines in bed _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other _____
2. Drainfield Laterals: Number _____
   Length of each line: _____ ft. _____ ft.
   _____ ft. _____ ft., _____ ft.
3. Drainfield dimensions: Width _____ ft.
   Distribution Pipe Slope _____ in/100 ft.
   Average depth _____ in
4. Filter material: _____
   Depth of material _____ in.
5. Distances to: Well or suction line _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.
   House or building _____ ft.
   Lake or Stream _____ ft.

Complete As-Built drawing on the back fo this form.

Indicate North with Arrow

Onsite Wastewater System Design (Example)




out Bldg
well
H
shop Bldg
2 Bdrm
4" Class 160
Septic System
Abandoned 10/27/09
PVC sch 40
84'
Drive way
Property Line
52'
54'
52'
N 148 E


28-11-08
148TH
27-11-08

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

SCANNED

A

Permit Number
HS000303

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Date rec'd _____ Date frwd _____
ACTION ☒ Approved ❑ Disapproved
Signature _____

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

3. City or County Engineer
Comments _____
Date rec'd _____ Date frwd _____
ACTION ❑ Approved ❑ Disapproved
Signature _____

Installation Final Written Approval
By Doug Ince
Date 9/8/10

SCANNED

Business Office Use Only
Date Received _____ Amount Paid _____
Received By _____ Cash/Check No. _____

White - Health Department Yellow - Engineer Pink - Building & Safety

Form A Updated: 5-07

* Per existing property / system Replacement
#1267 #32500 11-3-09 KC