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. HS000311

System Type: STANDARD

Situs: T10N, R8E, SEC 11, LOT 17

Legal Description: T10N-R08E-S11

Owner:

Permit Fee:	$325.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$325.00

Issued:	11/13/2009
Expires:	11/13/2010

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

WAVERLY PLUMBING
PO BOX 116
WAVERLY NE 68462

LLCHD HS000311 NOV 09 2009

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

A

Permit Number: HS000311

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 _____ (no rural route) City _____ NE, Zip _____

Legal Description SE 11 10 8 _____ 17
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 Jerry Haertel Signature _____

Address 10215 No 214th City/State/Zip Greenwood, NE 68366

☐ Check if owner designed system Home Phone 402 789 5135 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

☒ Residential Dwelling Number of Bedrooms 3 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 11/13/09 Date frwd 11/13/09 ACTION ☒ Approved ☐ Disapproved Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 11/13/09 Date frwd 11/13/09 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 11-13-09 Date frwd 11-13-09 ACTION ☒ Approved ☐ Disapproved Signature Jim Blazek

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

11-13-2009 15:28:49

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

B

Permit Number: HS000311

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address _____ (no rural route) City _____ NE, Zip _____

Owner _____ Address _____

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

Date of Tests 9/18 to 9/20 Weather: Precipitation None Temperature 80±

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	38	9/18	4:30	9/20	2:00	9/20	5:30	30 1/4	9/20	6:00	30	1	30
2	39	9/19	4:30	9/20	2:00	9/20	5:30	32 1/2	9/20	6:00	30	1 1/8	27
3	36	9/16	4:30	9/20	2:00	9/20	5:30	30 3/4	9/20	6:00	30	7/8	34
4	36	9/16	4:30	9/20	2:00	9/20	5:30	29 1/4	9/20	6:00	30	7/8	34
5	37	9/16	4:30	9/20	2:00	9/20	5:30	31 5/8	9/20	6:00	30	1	30
6	36	9/16	4:30	9/20	2:00	9/20	5:30	28 1/4	9/20	6:00	30	7/8	34

Sum of Percolation Rates: 189
Average of Rates: 31.5
Rate Used for Calculation: _____

Person Conducting Percolation Tests

Name: CLAUDE OIE PE-3939
Phone: 402-486-4444
Address 6645 So. 66th St.
Lincoln, Ne. 68516

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96
11-13-2009 15:28:51

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

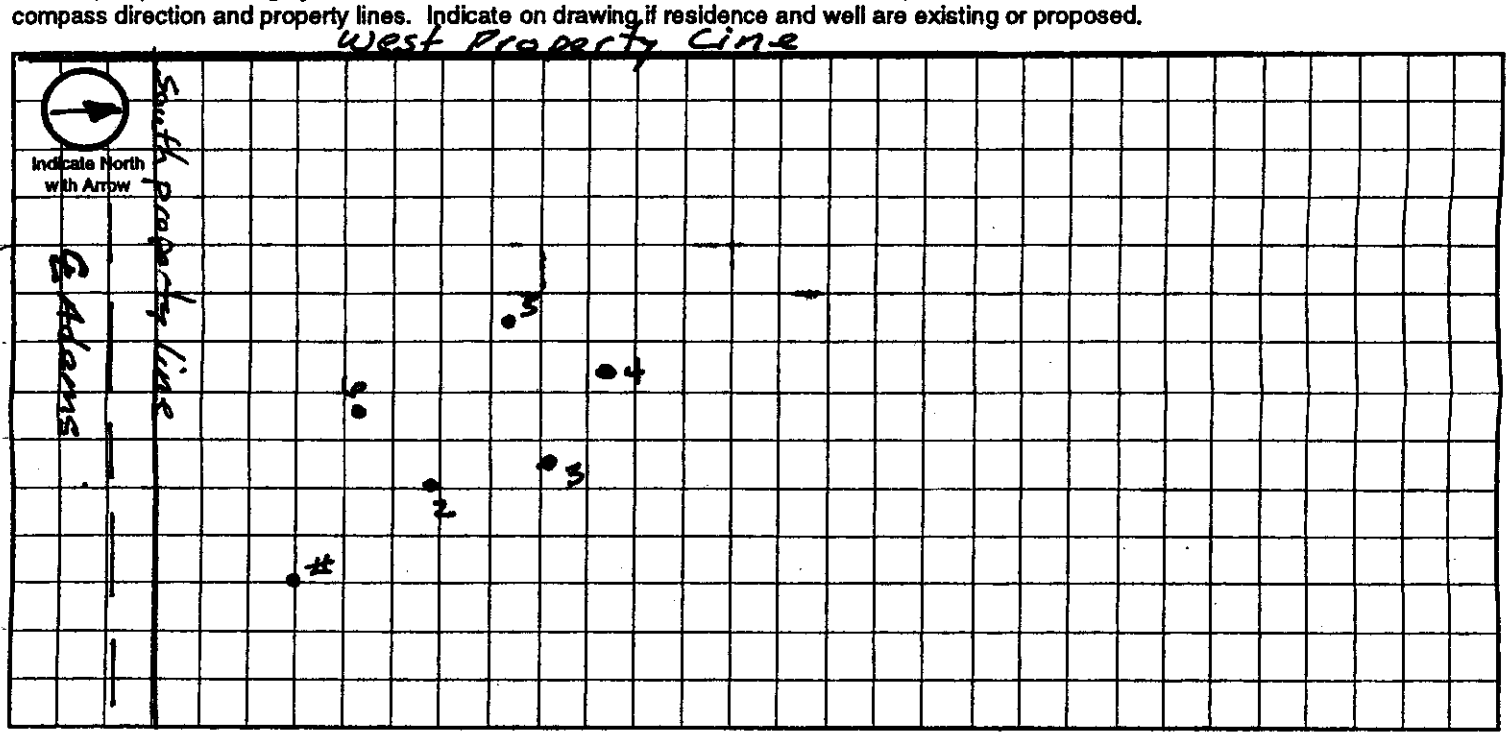
C

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) _____ 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 _____ (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 _____ 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 _____ Date _____

FORM 23-102 10-96

11-13-2009 15:28:52

LLCHD HS000311

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

SCANNED

A

Permit Number: HS000311

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)

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PLEASE PRINT OR TYPE

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Address _____ (no rural route) City _____ NE, Zip _____

Legal Description SE 11 10 8 _____ 17
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 Jerry Haertel Signature _____

Address 10215 No 214th City/State/Zip Greenwood, NE 68366

☐ Check if owner designed system Home Phone 4027895135 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

☒ Residential Dwelling Number of Bedrooms 3 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 _____ 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 _____ **ACTION** ☐ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By _____

Date _____

Business Office Use Only

Date Rec'd 11-12-09 SCANNED

Amt Paid $325.00

Rec'd By BH Cash/Check No. 26874

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

11-13-2009 15:28:54

LLCHD HS000311

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

SCANNED

A

Permit Number: HS000311

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By _____

Date _____

Business Office Use Only
Date Rec'd 11-12-09
Amt Paid $325.00
Rec'd By BH Cash/Check No. 26874

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

11-13-2009 15: 5:51

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

A

Permit Number: HS000311

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Address _____ (no rural route) City _____ NE, Zip _____

Legal Description SE (1/4) 1/4 11 Section 10 Township 8 Range

Geographical Location (if known): Longitude _____ Latitude _____ Subdivision _____ Addition _____ Block _____ Lot 17

☒ Check if system mail address is not the same as the owner's address

B. Owner

Name Jerry Haertel Signature _____

Address 10215 No. 214th City/State/Zip Greenwood, NE 68366

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Installation Final Written Approval

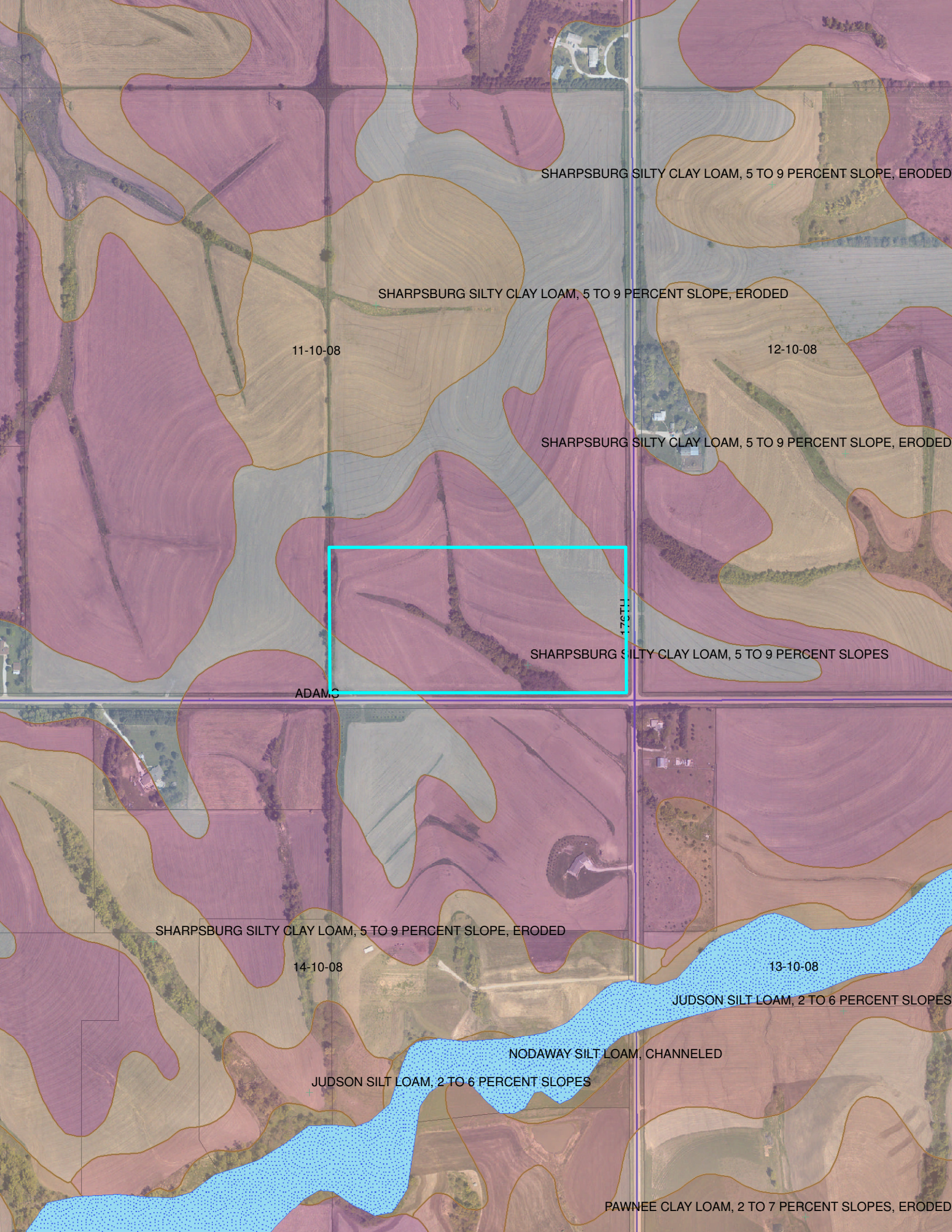
By _____

Date _____

Business Office Use Only
Date Rec'd _____
Amt Paid _____
Rec'd By _____ Cash/Check No. _____

RM 23-100 10-96

White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector


SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPE, ERODED
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPE, ERODED
11-10-08
12-10-08
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPE, ERODED
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPES
ADAMS
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPE, ERODED
14-10-08
13-10-08
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
NODAWAY SILT LOAM, CHANNELED
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED