9-17-2010 14:6:53

LLCHD HS000399

Lincoln-Lancaster County
Health Department
3140 "N" Street
Lincoln, NE 68510-1514

CITY OF LINCOLN
NEBRASKA

lincoln.ne.gov

RETURN SERVICE REQUESTED

P.O. Box 1148 Waverly

LINCOLN

NIXIE

**WAVERLY PLUMBING**
**14150 LANCASHIRE ST**
**WAVERLY NE 68462**

SEP 17 2010

NIXIE 681 DE 1 00 09/15/10

RETURN TO SENDER
NO MAIL RECEPTACLE
UNABLE TO FORWARD

BC: 68510151499 *2295-05062 14-46

GBBHF11 68510@1514

P.O. Box 114 Waverly

CITY OF LINCOLN
NEBRASKA

VAC

SEP 13 2010

NIXIE 681 DE 1 00 09/10/10
RETURN TO SENDER
VACANT
UNABLE TO FORWARD
BC: 68510151499 *0693-00074-10-24

LLCHD HS000399

AUG 27 2010 SCANNED **A**

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

Permit Number: HS000399

# 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 13350 Branched Oak Rd City _____ NE, Zip _____
(no rural route)

Legal Description Tract in SE¼ of S½ T12 R8 Sec. 29 (10 acres) LOT 13
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 Harlan Ackerman Signature _____

Address 13350 BRANCHED OAK Rd City/State/Zip Waverly NE 68462

☐ Check if owner designed system Home Phone _____ 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 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.

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

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

1. **Health Department** Date rec'd 8/31/10 Date frwd 8/31/10 **ACTION** ☒ Approved ☐ Disapproved Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 8-30-10 Date frwd 8-30-10 **ACTION** ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 8-30-10 Date frwd 8-30-10 **ACTION** ☒ Approved ☐ Disapproved Signature Jim Rounds

## Installation Final Written Approval

By _____

Date _____

***Business Office Use Only***
Date Rec'd 9-2-10
Amt Paid 325.00
Rec'd By S. Hall Cash/Check No. 27594

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

9-8-2010 11:32:39

**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. HS000399**

**System Type:** STANDARD

**Situs:** 13350 BRANCHED OAK RD

**Legal Description:** T12N-R08E-S29

**Owner:** ACKERMAN, HARLAN & MORROW, KRI
13350 BRANCHED OAK RD
WAVERLY NE
68462

| | |
|---|---|
| Permit Fee: | $325.00 |
| Variance Fee: | $0.00 |
| Extension Fee: | $0.00 |
| Total Fees: | $325.00 |
| Issued: | 09/07/2010 |
| Expires: | 09/07/2011 |

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 115
WAVERLY NE 68462

LLCHD HS000399

AUG 27 2010

**A**

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

Permit Number: HS000399

# Sewage Disposal System

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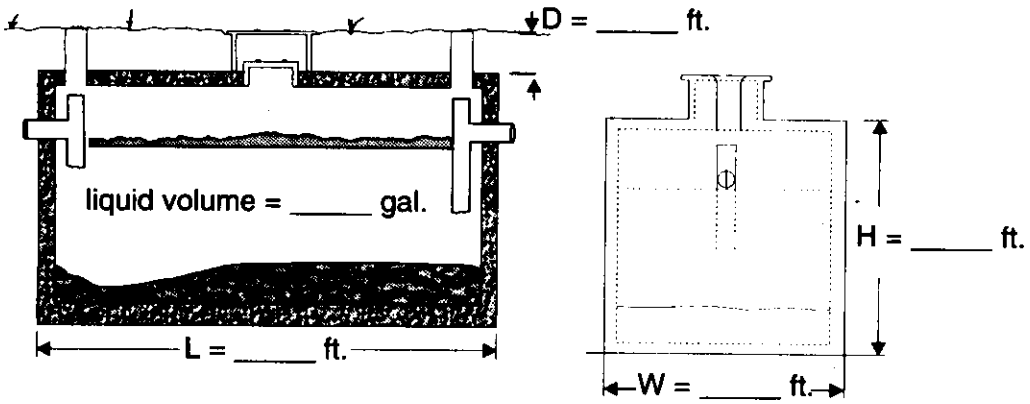
FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

9-2-2010 15: 5:44

**KEY**

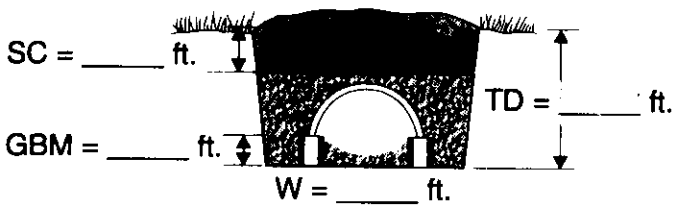
SC = Soil Cover
TD = Trench Depth
W = Width
GBM = Gravel Below Half Moon
L = Tank Length
GBP = Gravel Pipe Below
H = Tank Height
D = Depth of Cover

## F. SEPTIC TANK DIMENSIONS

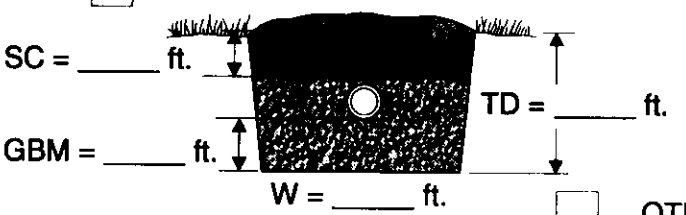



## G. Check the Box for the Appropriate Absorbtion Field and Complete the Blanks

☐ HALF-MOON IN GRAVEL




☐ PIPE IN GRAVEL




☐ OTHER: Include Drawing

## H. Complete ADJACENT Lot Worksheet for All Wells and Water Lines

| | | |
|---|---|---|
| NORTHWEST Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____ | NORTH Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____ | NORTHEAST Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____ |
| WEST Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____ | PROPOSED SEPTIC SYSTEM INSTALLATION | EAST Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____ |
| SOUTHWEST Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____ | SOUTH Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____ | SOUTHEAST Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____ |

# Procedures

**Forms A, B and C must be completed and submitted to the Lincoln-Lancaster County Health Department (LLCHD) to obtain an individual sewage disposal permit as required by LMC 24.38 or Lancaster County Resolution No. 2832.**

The following steps should be followed in sequence.

1. Determine the soil absorption capacity of the site. (Complete Form B).
2. Have your sewage disposal system engineer/installer survey the site to determine the proper location of the system. The location of building/s, well/s, property lines, percolation test holes, proposed system and laterals must be considered. (Complete Form C) Remember to include a plot plan and that ***both your installer and your home building contractor must sign Form C.***
3. Obtain site clearance. (Complete Form A) If the building site is (a) within the 3-mile jurisdiction of Lincoln, or (b) in the county, but not within the 1-mile jurisdiction of an incorporated city or village, then submit your completed forms to LLCHD. If the building site is within the 1-mile jurisdiction of Hickman or Waverly, or an incorporated village, then you will need to first take Form A to the City of Village Clerk for approval. The clerk will return Form A to you, and you can then submit your completed Form A to LLCHD.
4. Submit completed Forms A, B and C to the LLCHD, Environmental Health Division. A filing (permit) fee of $150 must be submitted at the same time. Make checks payable to the Lincoln-Lancaster County Health Department.
5. When the application for a permit has been approved and the permit issued by LLCHD, construction of the system may begin. The system must be constructed in accordance with the approved plans and specifications, and with the appropriate ordinance or resolution.
6. The installed system requires a final approval. The LLCHD must be notified when the installation is ready for final inspection.

**No part of the system may be covered until inspected and approved by the LLCHD.**

**Inspection Phone No.**

**441-8022**

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

**B**

Permit Number:

# Sewage Disposal System
## Soil Absorption Test Data Report
## Annex to Application

PLEASE PRINT OR TYPE

**System Location (Indicate correct number and street)**

Address 13350 Branched Oak Rd (no rural route) City Lincoln NE, Zip _____

Owner _____ Addresss _____

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

Date of Tests 10/4 to 10/5 Weather: Precipitation None Temperature 70

## Percolation Test Data Table

| A. | B. | C. | D. | E. | F. | G. | H. | I. | J. | K. | L. | M. | N. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Pre-Saturation Period | | | | Percolation Readings | | | | | 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 | 10/4 | 10:00 | 10/5 | 1:00 | 10/5 | 4:30 | 32 1/4 | 10/5 | 5:00 | 30 | 3/4 | 40 |
| 2 | 36 | 10/4 | 10:00 | 10/5 | 1:00 | 10/5 | 4:30 | 33 | 10/5 | 5:00 | 30 | 1/2 | 60 |
| 3 | 37 | 10/4 | 10:00 | 10/5 | 1:00 | 10/5 | 4:30 | 33 1/4 | 10/5 | 5:00 | 30 | 1/2 | 60 |
| 4 | 38 | 10/4 | 10:00 | 10/5 | 1:00 | 10/5 | 4:30 | 32 1/2 | 10/5 | 5:00 | 30 | 1 | 30 |
| 5 | 36 | 10/4 | 10:00 | 10/5 | 1:00 | 10/5 | 4:30 | 31 5/8 | 10/5 | 5:00 | 30 | 1/2 | 60 |
| 6 | 38 | 10/4 | 10:00 | 10/5 | 1:00 | 10/5 | 4:30 | 32 1/4 | 10/5 | 5:00 | 30 | 3/4 | 40 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

Sum of Percolation Rates: 290
Average of Rates: 48.33
Rate Used for Calculation: 48

**Person Conducting Percolation Tests**

Name: Claude Oie PE 3939
Phone: 423-0614
Address: 5910 So 52nd St. Ct.
Lincoln Ne. 68516

DO NOT WRITE BELOW THIS LINE

**Reviewing Action**

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

AUG 27 2010 SCANNED **A**

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

Permit Number: HS000399

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By _____

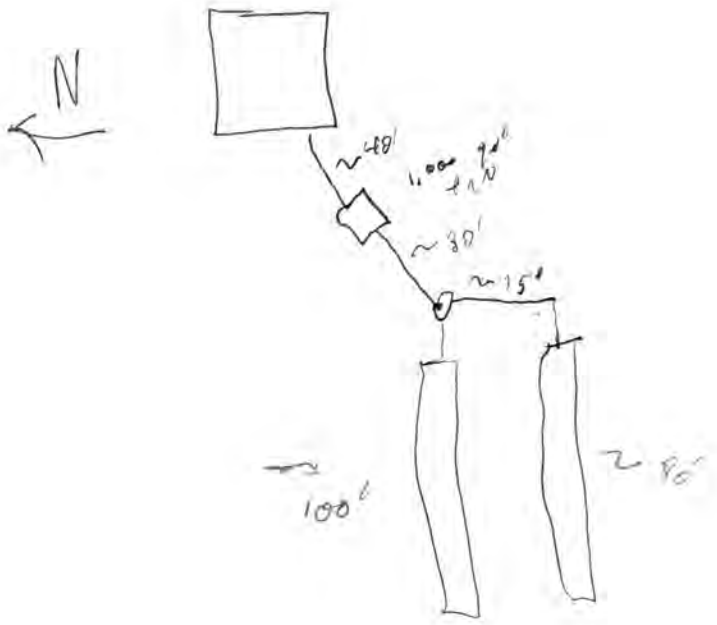
Date 10/01/10

***Business Office Use Only***

Date Rec'd 9-2-10
Amt Paid 325.00
Rec'd By S. Hall Cash/Check No. 27594

SCANNED SCANNED

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


N
~40'
~30'
~15'
100'