LLCHD HS000494

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

MAY 18 2011

A

Permit Number: HS000494

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 15001 Mill Rd (no rural route) City WAVERLY NE, Zip 68462

Legal Description Bevans North Sub Division 1
1/4 1/4 Section Township Range Subdivision Addition Block Lot

Geographical Location (if known): Longitude 11,8, Sec 10 Latitude

— Check if system mail address is not the same as the owner's address Parcel ID 24-10-101-001-000

B. Owner

Name William Bevans Signature

Address PO Box 250 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 1 Is there a Whirlpool Bathtub YES (NO)

☒ Commercial Establishment/Other Facility Specify Field OFFICE

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 5/23/11 Date frwd 5/23/11	**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 5-24-11
Amt Paid 335.—
Rec'd By B. Hull Cash/Check No. 28255

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

5-25-2011 12:36:25

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 _____ City _____ NE, Zip _____

(no rural route)

Owner Bill & Bevans Addresss _____

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

Date of Tests 4-11-11 to 4-12-11 Weather: Precipitation None Temperature 60

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	4/11	1:00	4/12	2:00	4/12	5:30	32	4/12	6:00	30	½	60
2	36	4/11	1:00	4/12	2:00	4/12	5:30	33¼	4/12	6:00	30	½	60
3	35	4/11	1:00	4/12	2:00	4/12	5:30	33¾	4/12	6:00	30	½	60
4	37	4/11	1:00	4/12	2:00	4/12	5:30	34¼	4/12	6:00	30	⅝	48
5	36	4/11	1:00	4/12	2:00	4/12	5:30	31½	4/12	6:00	30	⅝	48
6	36	4/11	1:00	4/12	2:00	4/12	5:30	32¼	4/12	6:00	30	½	60

Sum of Percolation Rates: 336

Average of Rates: 56

Rate Used for Calculation: 60

Person Conducting Percolation Tests

Name: Claude Orr PE-3936

Phone: 402-486-4444

Address 6645 S. 66th St.
Lincoln, NE. 68516

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

5-25-2011 12:36:26

LLCHD HS000494

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Environmental Health Division
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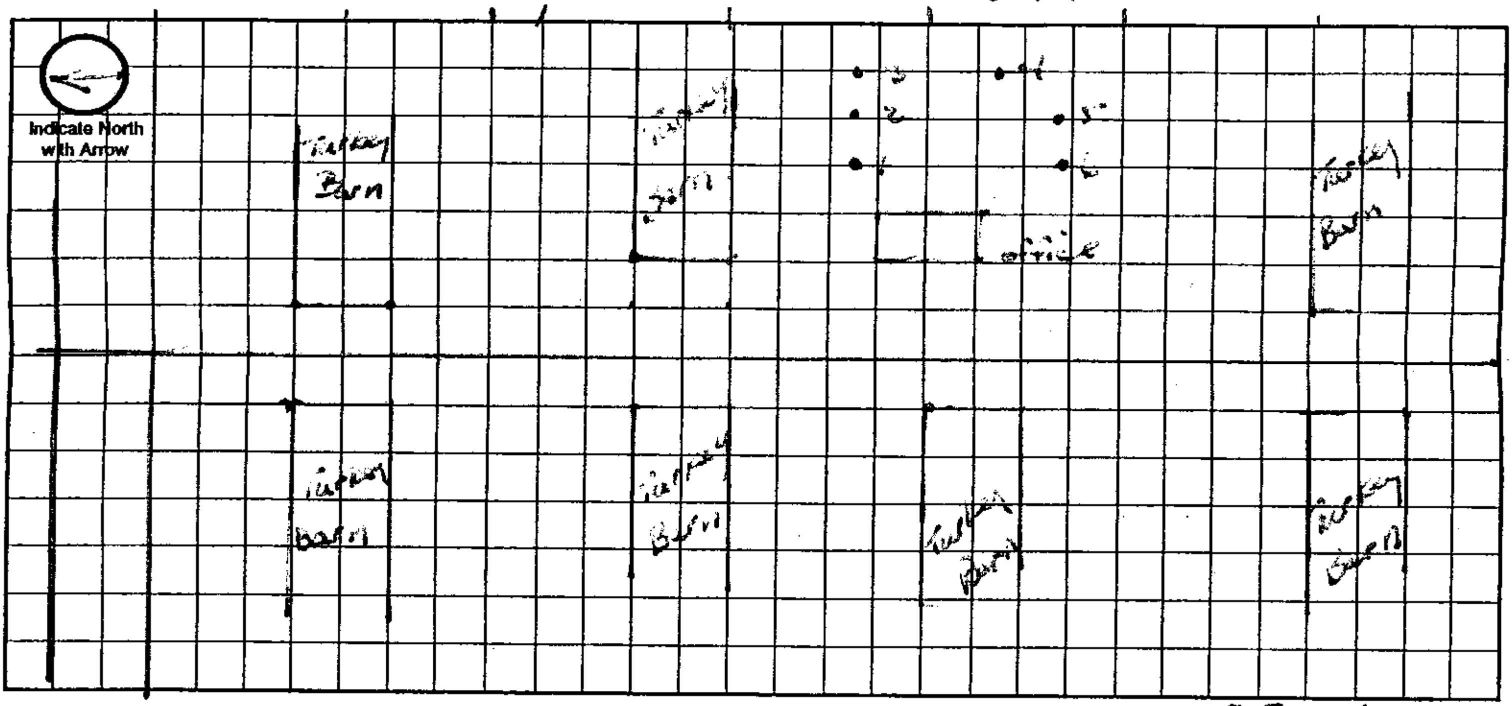
C

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: 25 ft. = 1 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 ________

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. HS000494

System Type: STANDARD

Situs: 15001 Mill Rd.

Legal Description: T11N-R08E-S10-Lot 1

Owner:

Permit Fee:	$335.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$335.00

Issued:	05/24/2011
Expires:	05/23/2012

Judith A Halstead

Judith A. Halstead, MS, Health Director

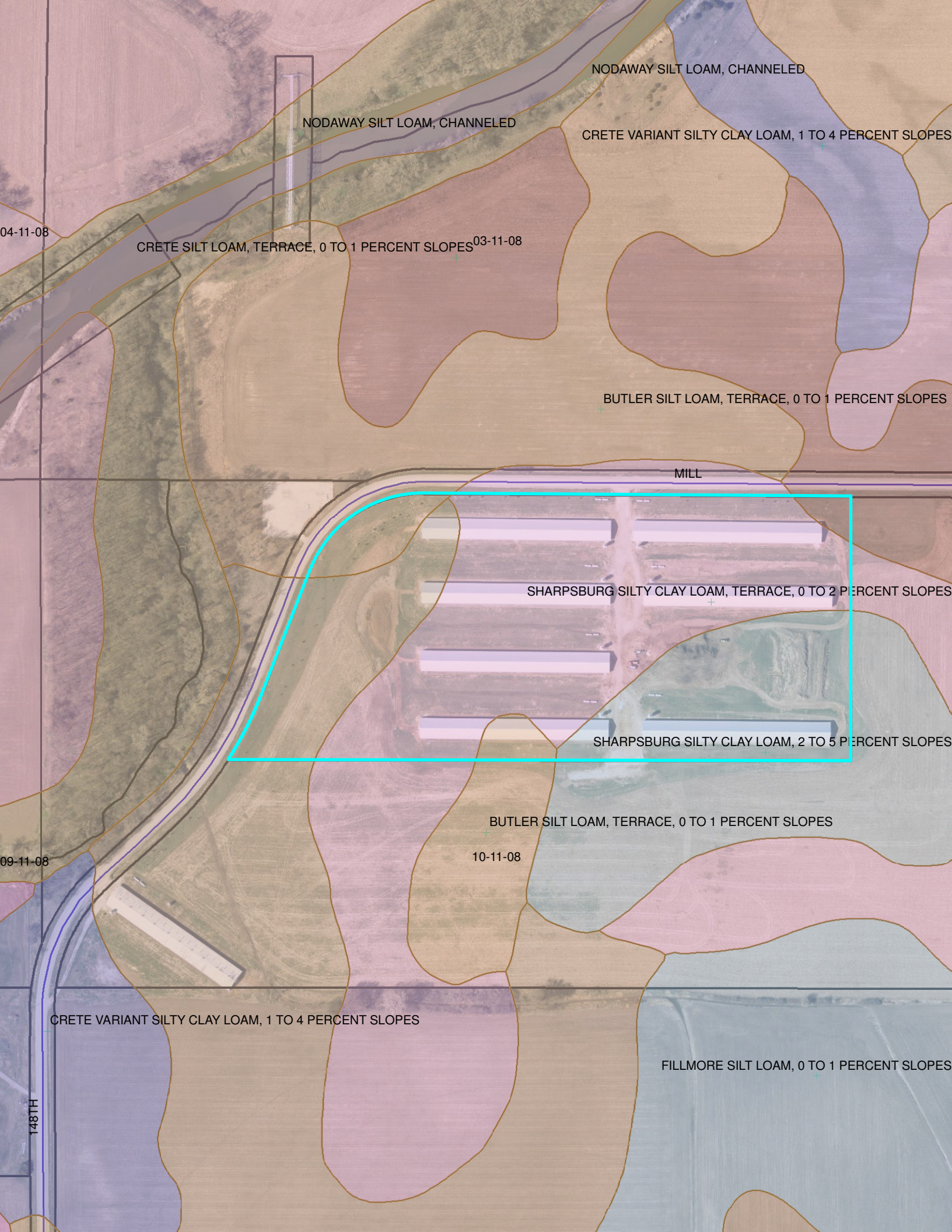
On-site Waste System Permit Holder:

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.

Judith A Halstead

Judith A. Halstead, MS
Health Director

WAVERLY PLUMBING`
PO BOX 116
WAVERLY NE 68462


NODAWAY SILT LOAM, CHANNELED
NODAWAY SILT LOAM, CHANNELED
CRETE VARIANT SILTY CLAY LOAM, 1 TO 4 PERCENT SLOPES
04-11-08
CRETE SILT LOAM, TERRACE, 0 TO 1 PERCENT SLOPES
03-11-08
BUTLER SILT LOAM, TERRACE, 0 TO 1 PERCENT SLOPES
MILL
SHARPSBURG SILTY CLAY LOAM, TERRACE, 0 TO 2 PERCENT SLOPES
SHARPSBURG SILTY CLAY LOAM, 2 TO 5 PERCENT SLOPES
BUTLER SILT LOAM, TERRACE, 0 TO 1 PERCENT SLOPES
10-11-08
09-11-08
CRETE VARIANT SILTY CLAY LOAM, 1 TO 4 PERCENT SLOPES
FILLMORE SILT LOAM, 0 TO 1 PERCENT SLOPES
148TH

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
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SCANNED MAY 18 2011

A

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Installation Final Written Approval

By

Date 6/8/11

Business Office Use Only

Date Rec'd 5-24-11
Amt Paid 335.—
Rec'd By B. Hall Cash/Check No. 28255

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