6-19-2012 9:35:54

LLCHD HS000626

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

RETURN SERVICE REQUESTED

PRESORTED
FIRST CLASS

047J82005126

$00.424
06/12/2012
Mailed From 68510
US POSTAGE

CITY OF LINCOLN
NEBRASKA
MAYOR CHRIS BEUTLER
lincoln.ne.gov

JUN 18 2012

p.o. BOX 119 WAVERLY

WAVERLY PLUMBING
PO BOX 119
WAVERLY, NE 68462

NIXIE 681 DE 1 00 06/14/12
RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD
BC: 68510151499 *1095-04872-14-38

UBBBSMFO 68462

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

A

Permit Number: HS000626

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 10260 Waverly Rd (no rural route) City _____ NE, Zip _____

Legal Description SW 12 11 7 6th Principal Meridian 20
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 Lucas C. Burbach + Jordan Larson Signature _____

Address _____ City/State/Zip _____

☐ Check if owner designed system Home Phone _____ Work Phone _____

C. Contractor Michael P Dietze

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 _____

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 5 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 6/8/12 Date frwd 6/8/12 ACTION ☒ Approved ☐ Disapproved Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 6-7-12 Date frwd 6-7-12 ACTION ☒ Approved ☐ Disapproved Signature _____
   cannot be located in flood plain
3. **City or County Engineer** Date rec'd 6-7-12 Date frwd 6-7-12 ACTION ☒ Approved ☐ Disapproved Signature _____
   Verify system is out of flood plain

Installation Final Written Approval

By _____

Date _____

Business Office Use Only
Date Rec'd 6-11-12
Amt Paid 345.00
Rec'd By BA Cash/Check No. 29170

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

LLCHD HS000626

B

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

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 10200 Waverly Rd (no rural route) City Waverly NE, Zip

Owner Addresss

Soil Type (SCS): Silty Clay Percolation Rate: 60 min./inch

Date of Tests 6/2/12 to 6/3/12 Weather: Precipitation None Temperature 85

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	36	6/2	7:30A	6/3	8:30	6/3	12:00	31 1/4	6/3	12:30	30	1/2	60
2	38	6/2	7:30A	6/3	8:30	6/3	12:00	33 1/4	6/3	12:30	30	5/8	48
3	36	6/2	7:30A	6/3	8:30	6/3	12:00	29 1/2	6/3	12:30	30	5/8	48
4	40	6/2	7:30	6/3	8:30	6/3	12:00	35 1/8	6/3	12:30	30	1/2	60
5	36	6/2	7:30	6/3	8:30	6/3	12:00	32 3/8	6/3	12:30	30	1/2	60
6	40	6/2	7:30	6/3	8:30	6/3	12:00	36	6/3	12:30	30	1/2	60

Sum of Percolation Rates: 336
Average of Rates: 56
Rate Used for Calculation: 60

Person Conducting Percolation Tests

Name: Claude Oie
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 10-95

6-12-2012 10: 4: 0

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

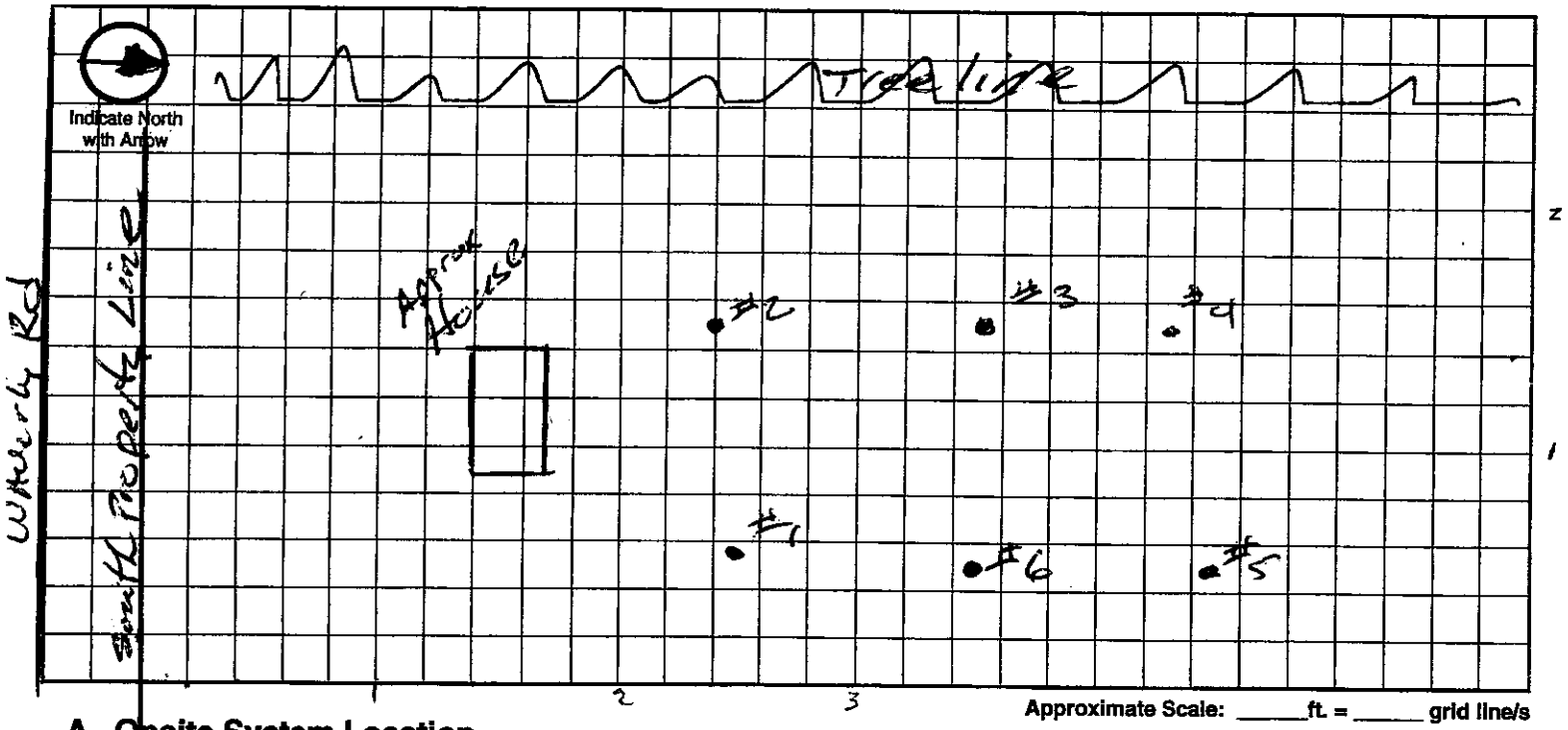
C

Permit Number:

Onsite Wastewater Treatment System

Preliminary Plan Specifications

Draw a plot plan showing onsite system sewer lines, drop of distribution boxes, tank, drainfields, percolation test holes, well, residence, direction of groundwater flow, property lines, and reserve area for replacement onsite system.



A. Onsite System Location

Address (no rural route) 10260 City Waverly NE, Zip _____

B. Proposed Septic Tank/s

Septic Tank Cap._____ gals Tank Material: ☐ Concrete ☐ Plastic ☐ Other_____ ☐ Lagoon(Max. seepage 1/8" per day)

C. Reserve Area for Replacement Onsite System

☐ Drainfield Absorption Area (percoloation test required) ☐ Lagoon

D. Drainfield Absorption System

Percolation Rate_____ (min/inch = mpi) No. of Bedrooms_____ Soil Type_____ Land Slope_____%

☐ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield_____sq.ft.

Total length of laterals_____ Type of distribution: ☐ Perforated pipe ☐ Half-Round ☐ Chamber ☐ Other

No. of absorption trenches_____ Width_____ No. of drop boxes_____ Distrubtion Box_____

No. of absorption beds_____ Width_____ No of Distribution lines per bed_____

E. 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 ☐	☐

F. 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. HS000626

System Type: STANDARD

Situs: 10260 Waverly Rd.

Legal Description: T11N-R07E-S02-Lot 20

Owner:

Permit Fee:	$345.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$345.00

Issued: 06/11/2012
Expires: 06/11/2013

Judith A Halstead

Judith A. Halstead, MS, Health Director

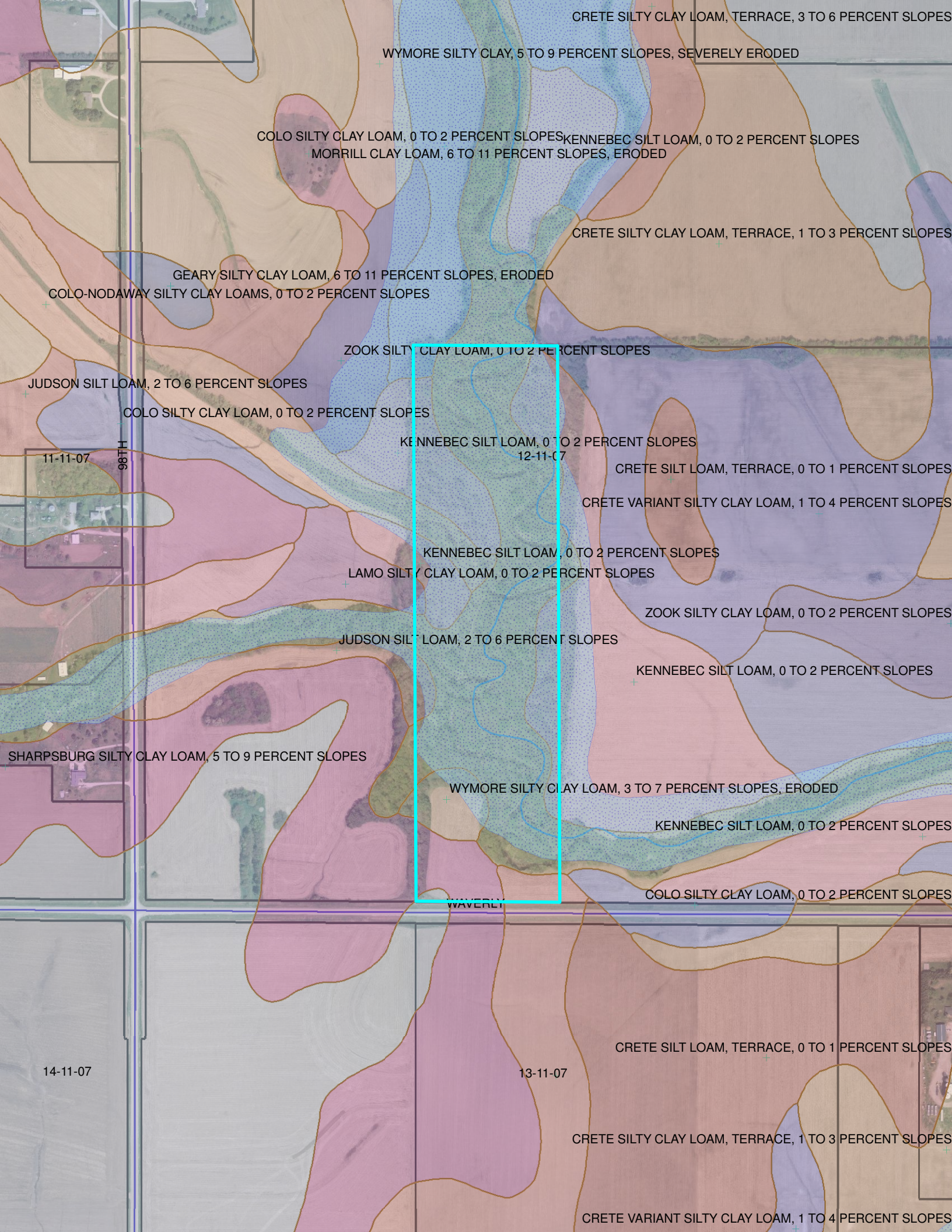
On-site Waste System Permit Holder:

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 119
WAVERLY, NE 68462


CRETE SILTY CLAY LOAM, TERRACE, 3 TO 6 PERCENT SLOPES
WYMORE SILTY CLAY, 5 TO 9 PERCENT SLOPES, SEVERELY ERODED
COLO SILTY CLAY LOAM, 0 TO 2 PERCENT SLOPES
KENNEBEC SILT LOAM, 0 TO 2 PERCENT SLOPES
MORRILL CLAY LOAM, 6 TO 11 PERCENT SLOPES, ERODED
CRETE SILTY CLAY LOAM, TERRACE, 1 TO 3 PERCENT SLOPES
GEARY SILTY CLAY LOAM, 6 TO 11 PERCENT SLOPES, ERODED
COLO-NODAWAY SILTY CLAY LOAMS, 0 TO 2 PERCENT SLOPES
ZOOK SILTY CLAY LOAM, 0 TO 2 PERCENT SLOPES
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
COLO SILTY CLAY LOAM, 0 TO 2 PERCENT SLOPES
KENNEBEC SILT LOAM, 0 TO 2 PERCENT SLOPES
11-11-07
98TH
12-11-07
CRETE SILT LOAM, TERRACE, 0 TO 1 PERCENT SLOPES
CRETE VARIANT SILTY CLAY LOAM, 1 TO 4 PERCENT SLOPES
KENNEBEC SILT LOAM, 0 TO 2 PERCENT SLOPES
LAMO SILTY CLAY LOAM, 0 TO 2 PERCENT SLOPES
ZOOK SILTY CLAY LOAM, 0 TO 2 PERCENT SLOPES
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
KENNEBEC SILT LOAM, 0 TO 2 PERCENT SLOPES
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPES
WYMORE SILTY CLAY LOAM, 3 TO 7 PERCENT SLOPES, ERODED
KENNEBEC SILT LOAM, 0 TO 2 PERCENT SLOPES
COLO SILTY CLAY LOAM, 0 TO 2 PERCENT SLOPES
WAVERLY
CRETE SILT LOAM, TERRACE, 0 TO 1 PERCENT SLOPES
14-11-07
13-11-07
CRETE SILTY CLAY LOAM, TERRACE, 1 TO 3 PERCENT SLOPES
CRETE VARIANT SILTY CLAY LOAM, 1 TO 4 PERCENT SLOPES

SCANNED

A

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

Permit Number: HS000626

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Name Lucas C. Burbach + Jordan Larson Signature _____

Address _____ City/State/Zip _____

☐ Check if owner designed system Home Phone _____ Work Phone _____

C. Contractor Michael P Dietze

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 _____

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

Designer Name _____ Firm _____ Work Phone _____

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☒ Residential Dwelling Number of Bedrooms 5 Is there a Whirlpool Bathtub YES (NO)

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3. **City or County Engineer** Verify system is out of flood plain Date rec'd 6-7-12 Date frwd 6-7-12 **ACTION** ☒ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By _____

Date 11/8/12

Business Office Use Only

Date Rec'd 6-11-12
Amt Paid 345.00
Rec'd By BA Cash/Check No. 29170

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