LLCHD HS000640

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

A

Permit Number HS000640

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 7100 N. 176 (no rural route) City Waverly, NE Zip 68462

Legal Description: 1/4 1/4 Section 36 Township 11 Range 8 Subdivison Addition Block Lot 1

Geographical Location (if known): Lat/Long: PID

B. Owner

Name Mary Bruning Signature

Address 7100 N. 176 City/State/Zip Waverly, Ne 68462

Home Phone Work Phone

C. Certified Installer

Name: Brad Southwick Signature Brad Southwick

Address 105 Locust st P.O. Box 191 City/State/Zip Hickman, Ne 68372

Work Phone 430-7606

D. Engineer

☐ **Check and complete if engineer designed system** P.E. License Number:

Designer Name Firm Work Phone

E. This system will serve a

☒ Residential Dwelling Number of Bedrooms 3 Is there a Whirlpool Bathtub? ☐ Yes ☒ No Total Acres

☐ 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. 02-30

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 1-9-12 Amount Paid #345.00
Received By bd Cash/Check No. 1381

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

Form A Updated: 5/10

7-11-2012 9: 3:20

LLCHD HS000640

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

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PLEASE PRINT OR TYPE

A. Onsite System Location

Address 7100 N 176 (no rural route) City Waverly, NE Zip 68462

Legal Description ____ 36 11 8 ____ | ____

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

Geographical Location (if known): Lat/Long:_____ PID_____

B. Owner

Name Mary Bruning Signature_____

Address 7100 N. 176 City/State/Zip Waverly, Ne 68462

Home Phone_____ Work Phone_____

C. Certified Installer

Name: Brad Southwick Signature Brad Southwick

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Approval Process ☐ Municipal Code 24.38 ☐ County Resolution No. 02-30

1. Health Department
Site visits_____
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_____
Date_____

Business Office Use Only
Date Received_____ Amount Paid_____
Received By_____ Cash/Check No._____

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

7-11-2012 9: 3:22

Form A Updated: 5/10

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 7100 N 176 (no rural route) City Waverly NE, Zip 68462

Owner Mary Bruning Addresss 7100 N 176

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

Date of Tests 5/17/12 to _____ Weather: Precipitation _____ Temperature _____

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	5/17	7:00	5/17	2:30	5/17	4:55	11½	5/17	5:05	10	3/8	24
2			AM		PM		PM	12¾		PM		5/8	16
3								14⅝				5/8	16
4								23				3/8	24
5								19⅝				½	20
6	↓							18				5/8	16

Sum of Percolation Rates: 116

Average of Rates: 19

Rate Used for Calculation: 20

Person Conducting Percolation Tests

Name: Brad Southern

Phone: 430-7606

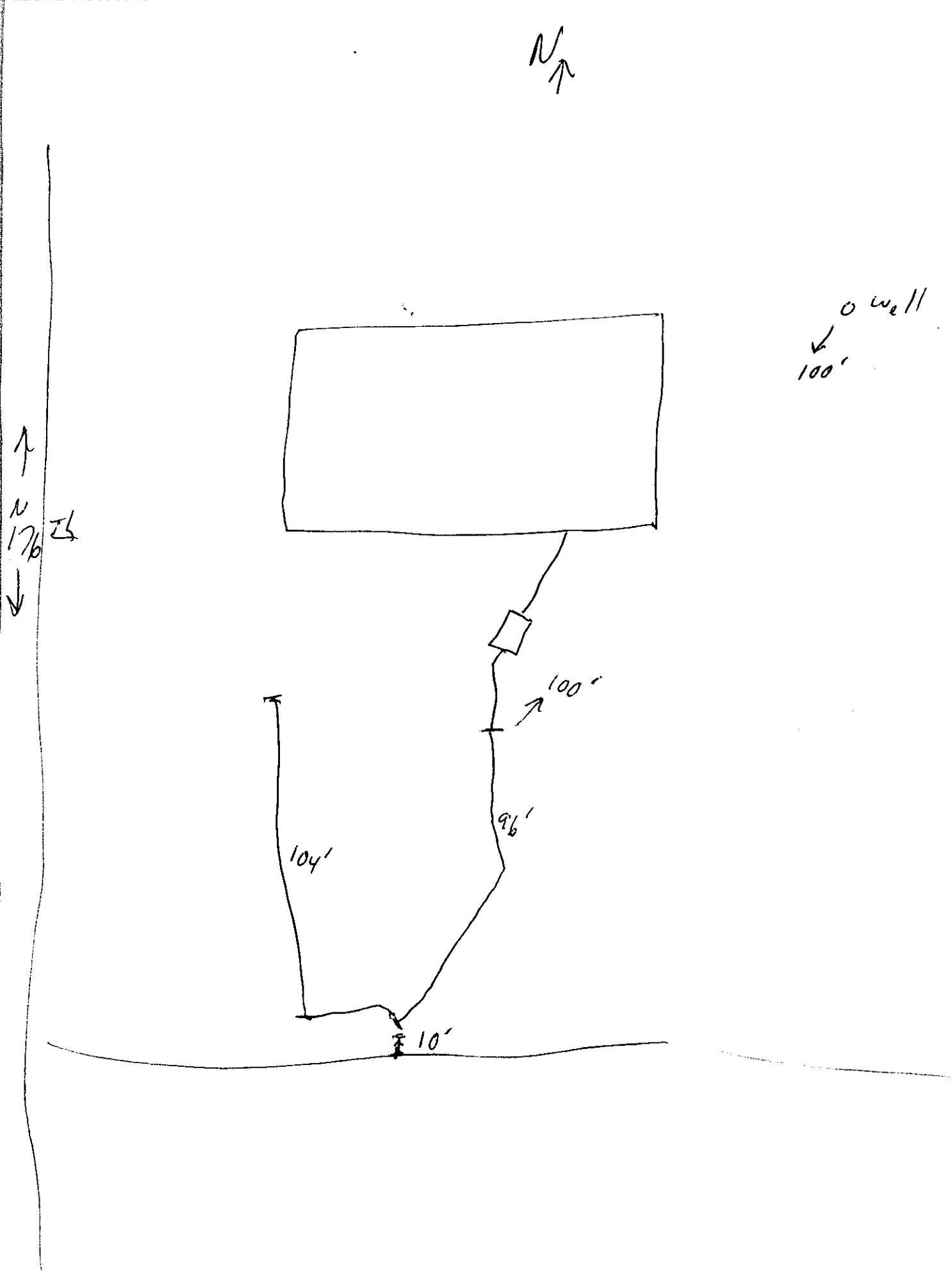
Address 105 Locust P.O. 191
Hickman, Ne 68372

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____


N
o well
100'
N
176
100'
96'
104'
10'

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. HS000640

System Type: STANDARD

Situs: 7100 N 176 ST

Legal Description: T11N-R08E-S36-Lot 1

Owner: BRUNING, MARY K REVOCABLE TRUS
7100 N 176 ST
WAVERLY NE
68462

Permit Fee:	$345.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$345.00
Issued:	07/09/2012
Expires:	07/09/2013

Judith A Halstead

Judith A. Halstead, MS, Health Director

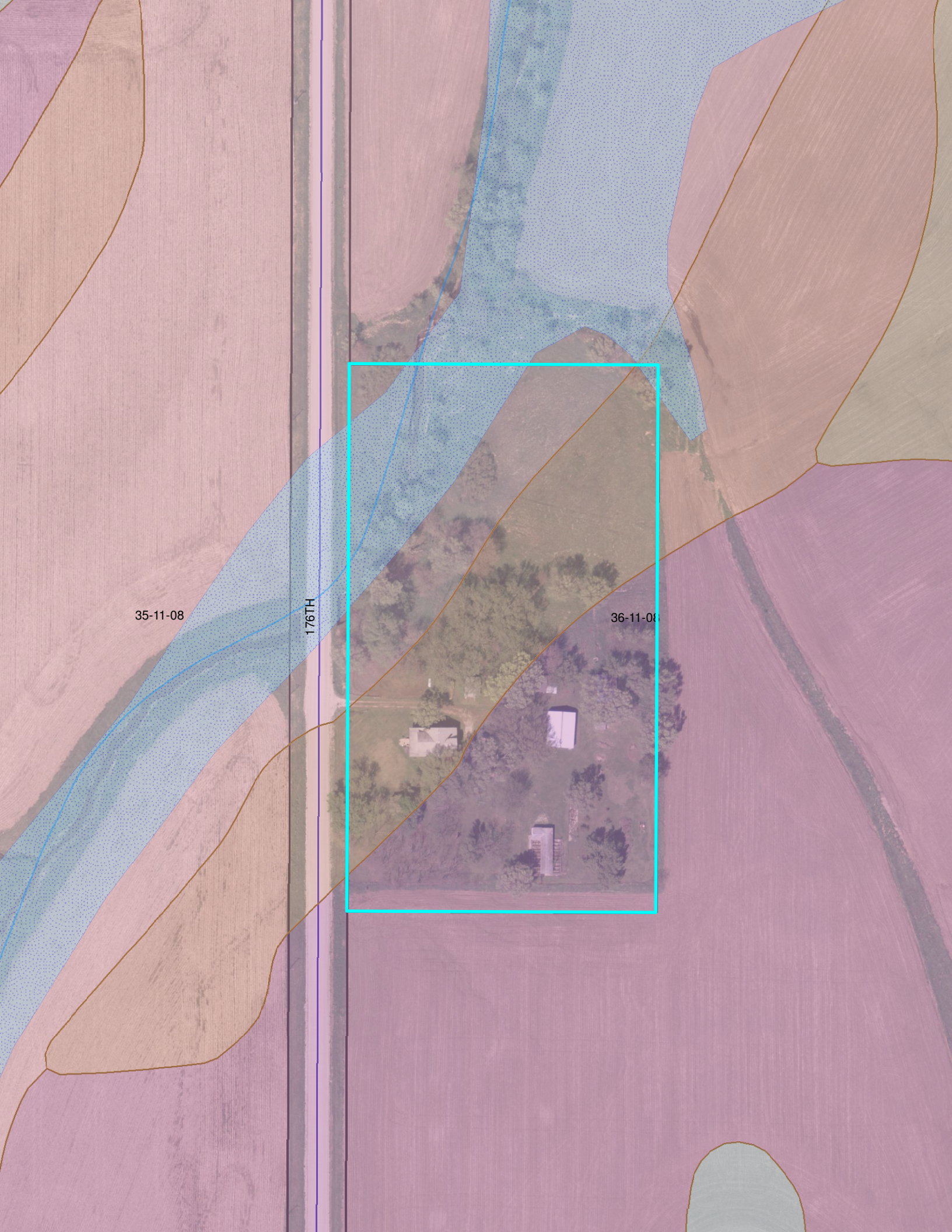
On-site Waste System Permit Holder:

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

SOUTHWICK SERVICES
PO BOX 191
HICKMAN NE 68372


35-11-08
176TH
36-11-08

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

A

Permit Number H5000640

Onsite Wastewater Treatment System
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1/4 1/4 Section Township Range Subdivison Addition Block Lot

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Name Mary Bruning Signature_____

Address 7100 N. 176 City/State/Zip Waverly, Ne 68462

Home Phone_____ Work Phone_____

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Site visits_____
Date rec'd 7/9/10
Date frwd 7/9/10
ACTION ☒ Approved ☐ Disapproved
Signature_____

2. Supt. Bldg. Insp. or Village Clerk
Comments_____
Date rec'd_____
Date frwd_____
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Signature_____

3. City or County Engineer
Comments_____
Date rec'd_____
Date frwd_____
ACTION ☐ Approved ☐ Disapproved
Signature_____

Installation Final Written Approval
By_____
Date 7/19/12

Business Office Use Only
Date Received_____ Amount Paid_____
Received By_____ Cash/Check No._____

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

Form A Updated: 5/10