LLCHD HS000644

JUL 20 2012

A

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

Permit Number: HS000644

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

X Proceed as a lagoon until perc's passed

A. System Location (Indicate correct number and street)

Address 16885 N. 190th St (no rural route) City Waverly NE, Zip 68462

Legal Description 25 12 8 6th Principal Meridian 11 SE
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 Nicholas + Christina Mello Signature _____

Address 10631 N 136th St 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 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 7/25/12 Date frwd 7/25/12 ACTION ☑ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 7-25-12 Date frwd 7-25-12 ACTION ☒ Approved ☐ Disapproved Signature Jim Blough

Installation Final Written Approval

By _____

Date _____

Business Office Use Only

Date Rec'd 7-25-12

Amt Paid #345.00

Rec'd By B. Hall Cash/Check No. 29282

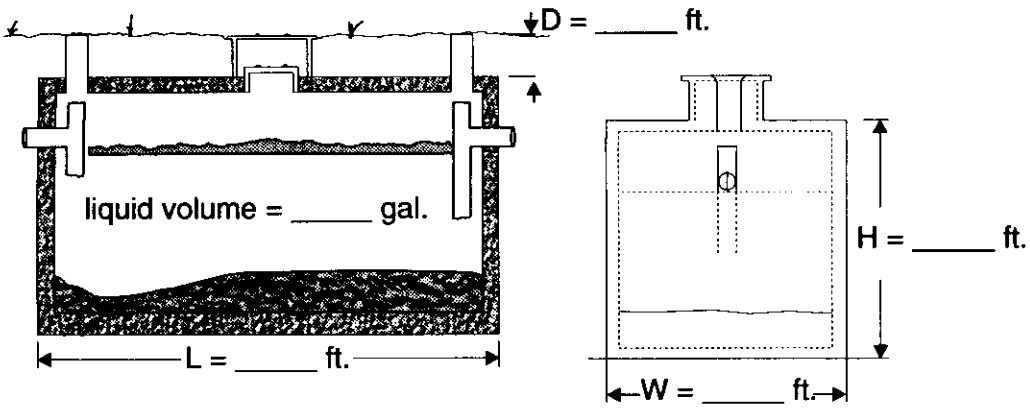
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White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

KEY

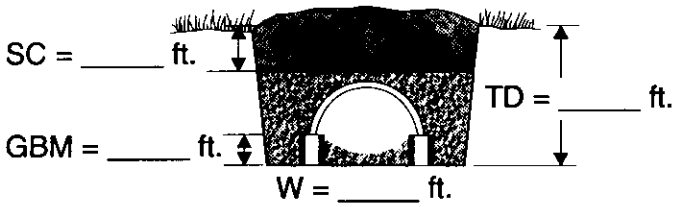
SC = Soil Cover
TD = Trench Depth
W = Width
GBM = Gravel Below Half Moon
L = Tank Length
GBP = Gravel Pipe Below
H = Tank Height
D = Depth of Cover

F. SEPTIC TANK DIMENSIONS

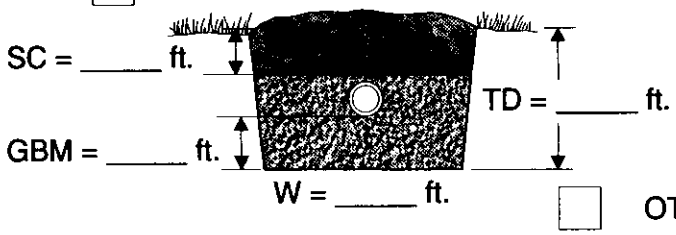


G. Check the Box for the Appropriate Absorbtion Field and Complete the Blanks

☐ 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 16885 N. 190th St. (no rural route) City NE, Zip

Owner Nick Mollo Addresss

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

Date of Tests 8/22 to 8/23 Weather: Precipitation clear Temperature 85 f

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	8/22	1:00	8/23	3:00	8/23	6:30	32 3/4	8/23	7:00	30	5/8	48
2	36	8/22	1:00	8/23	3:00	8/23	6:30	30 1/4	8/23	7:00	30	3/4	40
3	36	8/22	1:00	8/23	3:00	8/23	6:30	30 3/4	8/23	7:00	30	3/4	40
4	36	8/23	1:00	8/23	3:00	8/23	6:30	31 5/8	8/23	7:00	30	5/8	48
5	36	8/23	1:00	8/23	3:00	8/23	6:30	33 1/4	8/23	7:00	30	5/8	48
6	39	8/23	1:00	8/23	3:10	8/23	6:30	33 1/2	8/23	7:00	30	5/8	48

Person Conducting Percolation Tests

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

Sum of Percolation Rates: 272
Average of Rates: 45.3
Rate Used for Calculation:

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

ORM 23-101 10-96

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. HS000644

System Type: LAGOON

Situs: 16885 N 190 ST

Legal Description: T12N-R08E-S25-Lot 11

Owner: MOLLO, NICHOLAS & CHRISTINA L
10631 N 136 ST
WAVERLY NE
68462

Permit Fee:	$345.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$345.00
Issued:	07/25/2012
Expires:	07/25/2013

Judith A Halstead

Judith A. Halstead, MS, Health Director

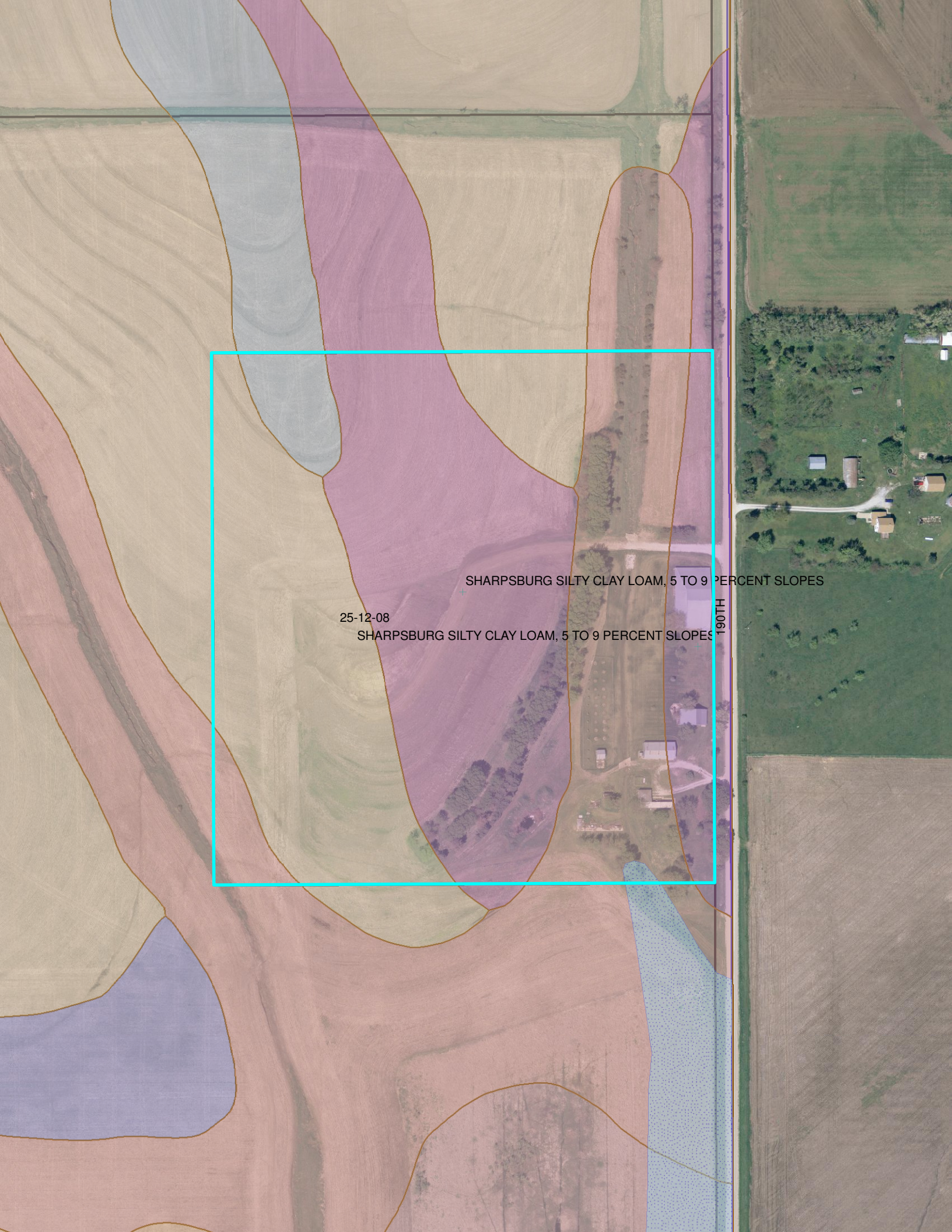
On-site Waste System Permit Holder:

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 116
WAVERLY NE 68426


SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPES
25-12-08
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPES
190TH

SCANNED

JUL 20 2012

A

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3140 "N" Street • Lincoln, NE 68510-1514
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Permit Number: H50006644

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3. City or County Engineer	Date rec'd 7-25-12 Date frwd 7-25-12	ACTION ☒ Approved ☐ Disapproved	Signature Jim Blouzek

Installation Final Written Approval

By Doug Anson

Date 4/16/12

Business Office Use Only

Date Rec'd 7-25-12

Amt Paid $345.00

Rec'd By B. Hall Cash/Check No. 29282

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