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. HS000680

System Type: LAGOON

Situs: 11600 ALVO RD

Legal Description: T11N-R08E-S30-Lot 38-39

Owner: NEBRASKA WESLEYAN UNIVERSITY

LINCOLN NE
68501-3009

Permit Fee:	$345.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$345.00
Issued:	10/23/2012
Expires:	10/23/2013

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 68462

LLCHD HS000680

OCT 22 2012

A

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

Permit Number: HS000680

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 11600 Alvo Rd (no rural route) City Waverly NE, Zip 68462

Legal Description SE 30 11N 8E 38439
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 Wesleyan University Signature _____

Address _____ City/State/Zip _____

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

C. Contractor

Name Michael 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 4 Is there a Whirlpool Bathtub YES (NO)

☐ Commercial Establishment/Other Facility Specify _____

Design flow in gallons per day 375 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 10/23/12 Date frwd 10/23/12 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 _____

Amt Paid _____

Rec'd By _____ Cash/Check No. _____

FORM 23-100 10-96
10-24-2012 8:40:51

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

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

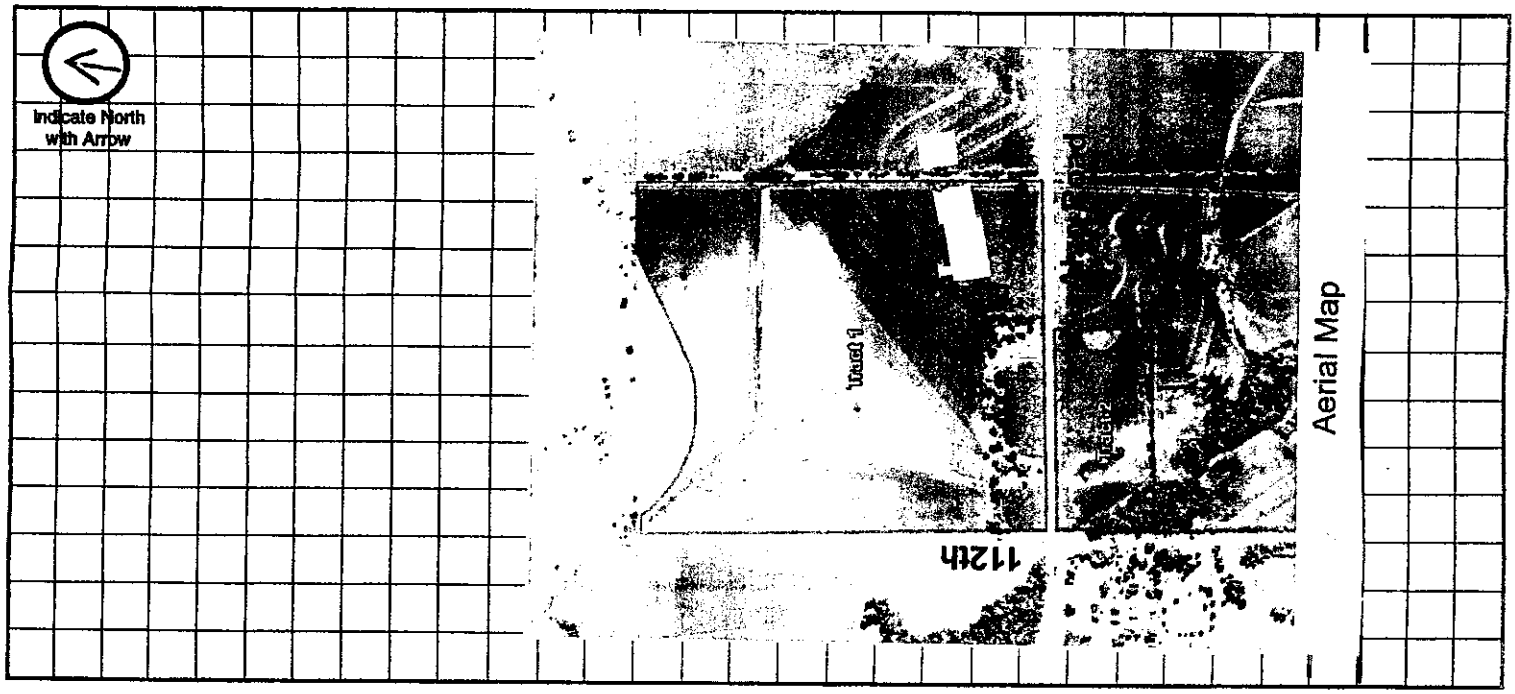
OCT 22 2012

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: _____ ft. = _____ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 11600 Alvo Rd City Waverly NE, Zip 68462

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other _____

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate NA (min. per inch) Soil Type: _____ Land Slope: _____ %

Type of Absorption System: ☐ Trench ☐ Bed ☒ Other Lagoon

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 Michael A Dietze Date 10-19-2012

FORM 23-102 10-96

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

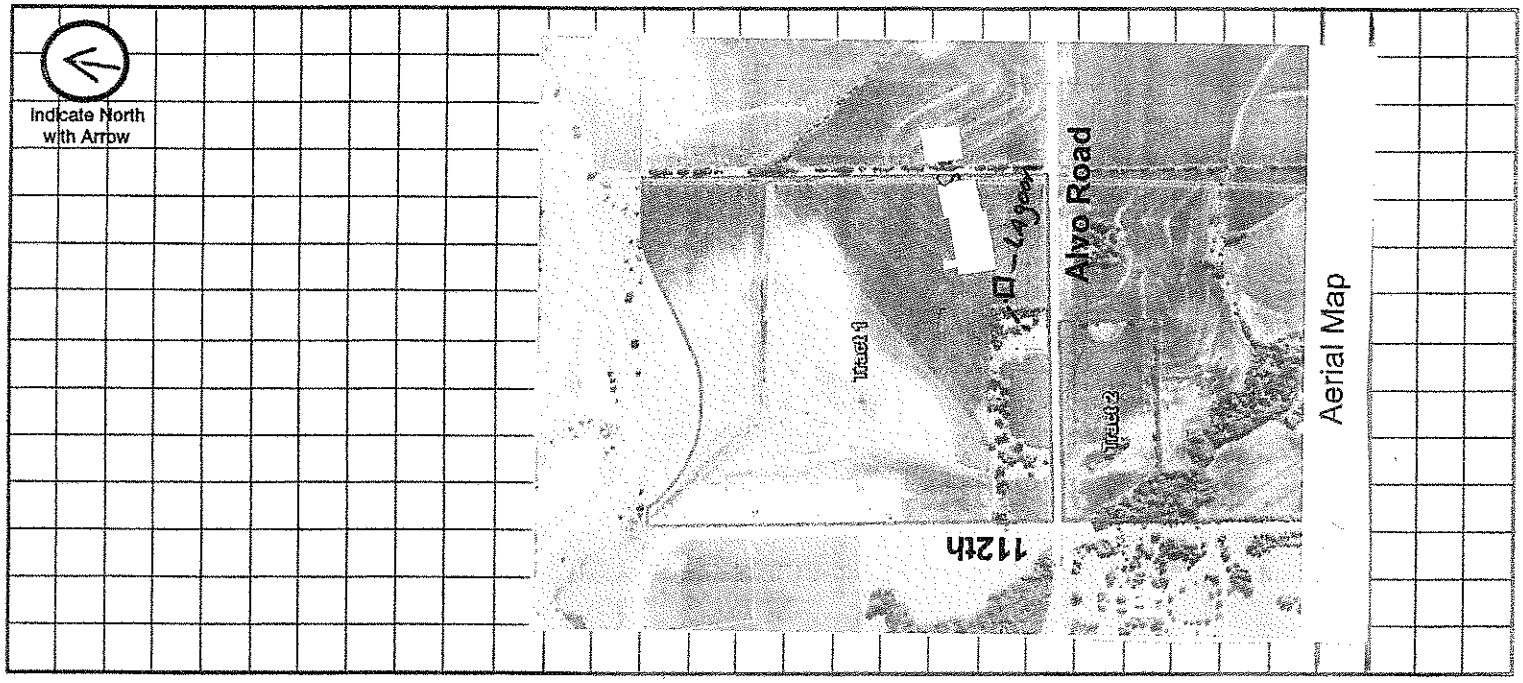
OCT 22 2012

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.



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Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: _____

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Total Length of Laterals _____ ft. Number of Trenches _____ Trench Width _____

D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

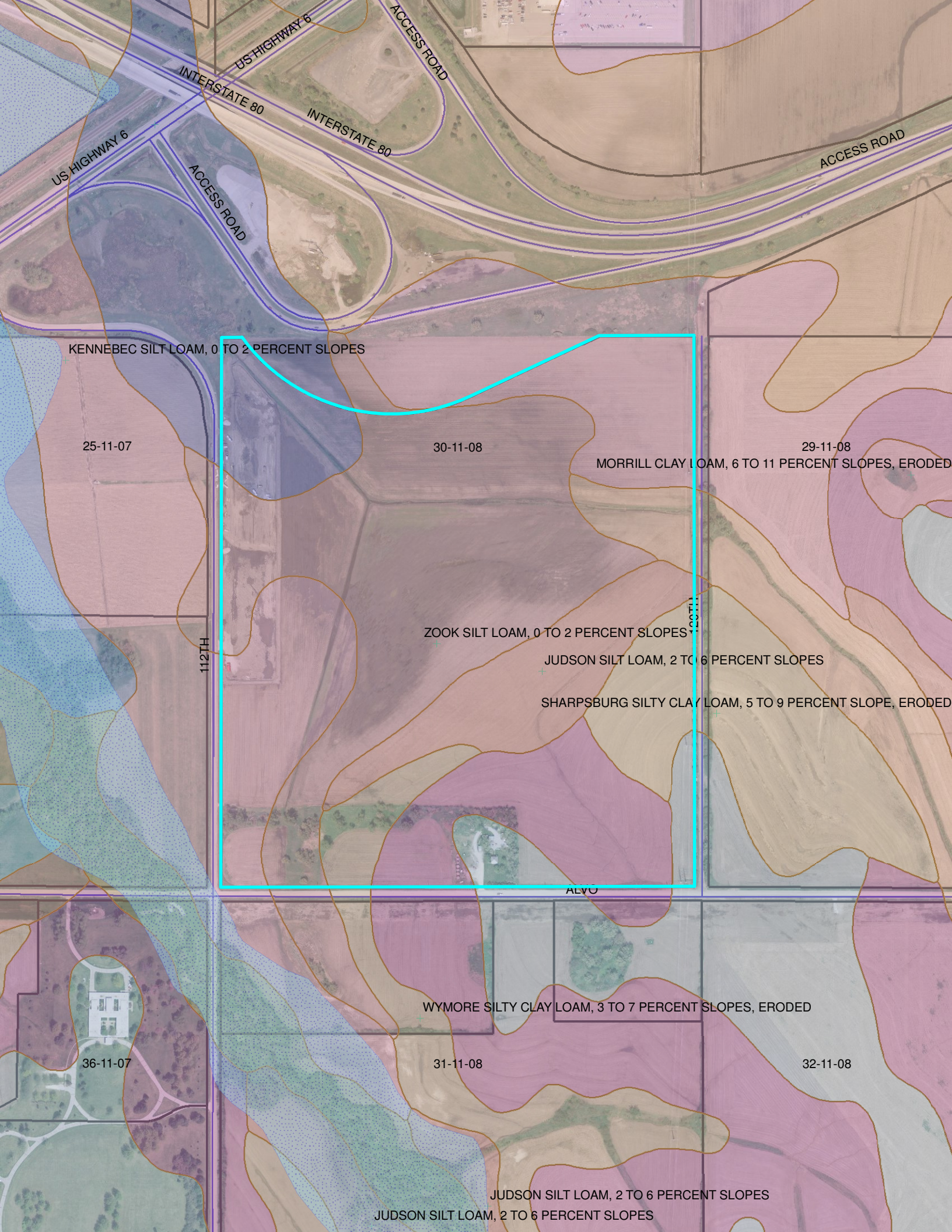
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Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

E. Required Signatures

Home Building Contractor _____ Date _____

Installer Michael Dietze Date 10-19-2012

FORM 23-102 10-96


US HIGHWAY 6
INTERSTATE 80
INTERSTATE 80
US HIGHWAY 6
ACCESS ROAD
ACCESS ROAD
ACCESS ROAD
KENNEBEC SILT LOAM, 0 TO 2 PERCENT SLOPES
25-11-07
30-11-08
29-11-08
MORRILL CLAY LOAM, 6 TO 11 PERCENT SLOPES, ERODED
112TH
ZOOK SILT LOAM, 0 TO 2 PERCENT SLOPES
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPE, ERODED
ALVO
WYMORE SILTY CLAY LOAM, 3 TO 7 PERCENT SLOPES, ERODED
36-11-07
31-11-08
32-11-08
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES

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

OCT 22 2012

A

Permit Number: H5000680

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

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Legal Description SE 30 11N 8E 38439
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 Wesleyan University Signature _____

Address _____ City/State/Zip _____

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

C. Contractor

Name Michael 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 4 Is there a Whirlpool Bathtub YES (NO)

☐ Commercial Establishment/Other Facility Specify _____

Design flow in gallons per day 375 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 _____ 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 10-23-12

Amt Paid 345.00

Rec'd By KH Cash/Check No. 29487

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

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

OCT 22 2012

A

Permit Number: H5000680

Sewage Disposal System

Request for Site Clearance and Permit

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A. System Location (Indicate correct number and street)

Address 11600 Alvo Rd (no rural route) City Waverly NE, Zip 68462

Legal Description SE (1/4) 30 (Section) 11N (Township) 8E (Range) ____ (Subdivision) ____ (Addition) 38439 (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 Wesleyan University Signature ____

Address ____ City/State/Zip ____

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

C. Contractor

Name Michael Dietze Company Name Waverly Plumbing + Well Co

Address PO Box 116 City/State/Zip Waverly, NE 68462

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

Designer Name ____ Firm ____ Work Phone ____

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Design flow in gallons per day 375 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 10/23/12 Date frwd 10/23/12 **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 Doug Smith

Date 11/15/12

Business Office Use Only

Date Rec'd ____

Amt Paid ____

Rec'd By ____ Cash/Check No. ____

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

SCANNED

A

OCT 22 2012

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

Permit Number: H5000680

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Design flow in gallons per day 375 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** Line + Lagoon – 10/31/12 Need fence
   Date rec'd ____ Date frwd ____ 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 10-23-12

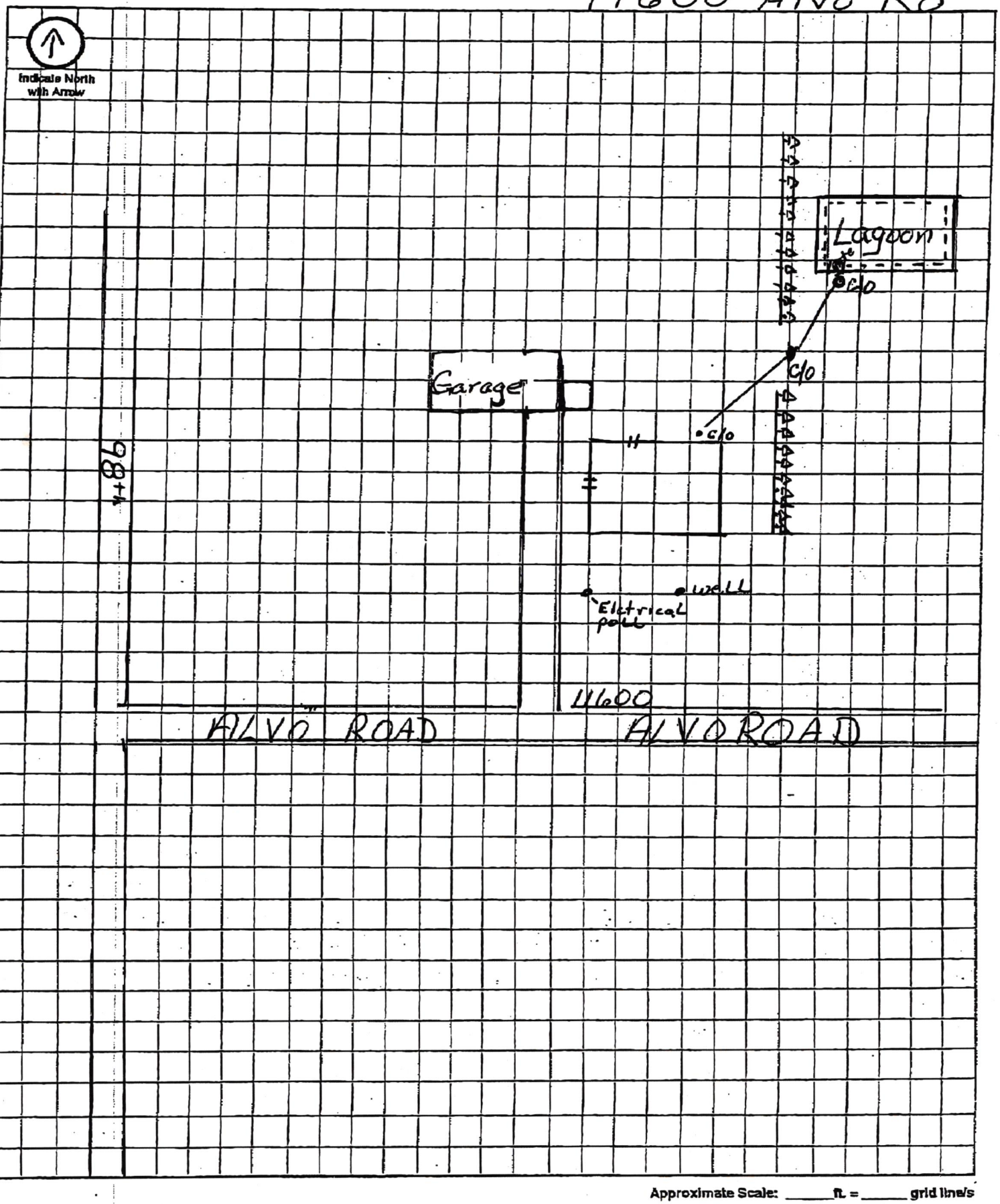
Amt Paid 345.00

Rec'd By KH Cash/Check No. 29487

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

As Built Drawing

11600 Alvo Rd



Approximate Scale: _____ ft. = _____ grid line/s