Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3140 N Street Lincoln, Nebraska 68510-1514

ON-SITE WASTE WATER SYSTEM REPAIR PERMIT
No. HS000745

System Type: Standard

Situs: 4000 N 134 ST, RURAL, NE

Issued: 5/7/2013

Expires: 5/7/2014

Description: S9, T10, R8, 6th Principal Meridian, S1/2 NW

Owner: LEAVITT, MARK D
4000 N 134 ST
LINCOLN, NE 68527

Judith A Halstead
Judith A. Halstead, MS, Health Director

Dear Applicant:

The above document is your permit to repair an existing On-site Waste Water System at the location listed. Please contact this office once repair is complete to obtain final approval before use.

Judith A Halstead

Judith A. Halstead, MS
Health Director

WAVERLY PLUMBING
P.O. BOX 116
WAVERLY, NE 68462

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

APR 26 2013

A

Permit Number
HS000745

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 4000 N 134th (no rural route) City LINCOLN, NE Zip 68527

Legal Description S NW 9 10 8
1/2 1/4 Section Township Range Subdivison Addition Block Lot

PID

B. Owner

Name MARK LEAVITT Signature

Address 4000 N 134th City/State/Zip LINCOLN NE 68527

Home Phone Work Phone

C. Certified Installer Waverly

Name: Michael P. Dietze Signature Michael P. Dietze

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

Work Phone 402 786 5620

D. Engineer

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

Designer Name Firm Work Phone

E. This system will serve a INSTALL NEW LATERAL

☒ Residential Dwelling Number of Bedrooms 3 Whirlpool Bathtub? ❑ Yes ☒ No Total Acres 78.87
Garbage Grinder? ❑ 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. 02-30

1. Health Department
Site visits
Comments
Date rec'd 5/2/13
Date frwd 5/2/13
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 5-9-13 Amount Paid 195.-
Received By B Hall Cash/Check No 29957

1207
1204

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

Form A Updated: 1/13

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

B

Permit Number:

Onsite Wastewater Treatment System

Soil Evaluation Report

PLEASE PRINT OR TYPE

12-4-2012

Onsite System Location

Address 4000 N 134 St (no rural route) City Lincoln NE, Zip

Owner MARK Leavitt. Address Same

Date of Tests 12-3 to 12-4 Weather: Precipitation None Temperature 45°

Percolation Test Data Table

A.	B.	C. D. E. F. Saturation/Swelling Time				G. H. I. J. K. Water Level Drop Last 30 mins of 4 hr or last 10 mins of 1 hr					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)	Initial Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time Interval	Water Level Drop (in)	Percolation Rates (Min/in = mpi)
1	36	12/3	12:30	12/4	8:30	12/4	12:00	6	12/4	12:30	30	1 1/8	26.7
2	36	12/3	12:30	12/4	8:30	12/4	12:00	6	12/4	12:30	30	1	30
3	36	12/3	12:30	12/4	8:30	12/4	12:00	6	12/4	12:30	30	1 1/8	26.7
4	36	12/3	12:30	12/4	8:30	12/4	12:00	6	12/4	12:30	30	1 1/4	25
5	36	12/3	12:30	12/4	8:30	12/4	12:00	6	12/4	12:30	30	1	30
6	36	12/3	12:30	12/4	8:30	12/4	12:00	6	12/4	12:30	30	1 1/8	26.7
								6					
								6					

Person Conducting Percolation Test

Name: Claude Oie PE-3939

Phone: 402-486-4444

Address 6645 S. 66

Lincoln 68516

Soil type (NRCS Maps/Other)

Groundwater Depth N.A

Sum of Percolation Rates: 165.1

Average of Rates: 27.5

Rate Used for Calculation:

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Comments (Soil type, groundwater, floodplain, etc.)

Signature of Reviewing Official Date

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

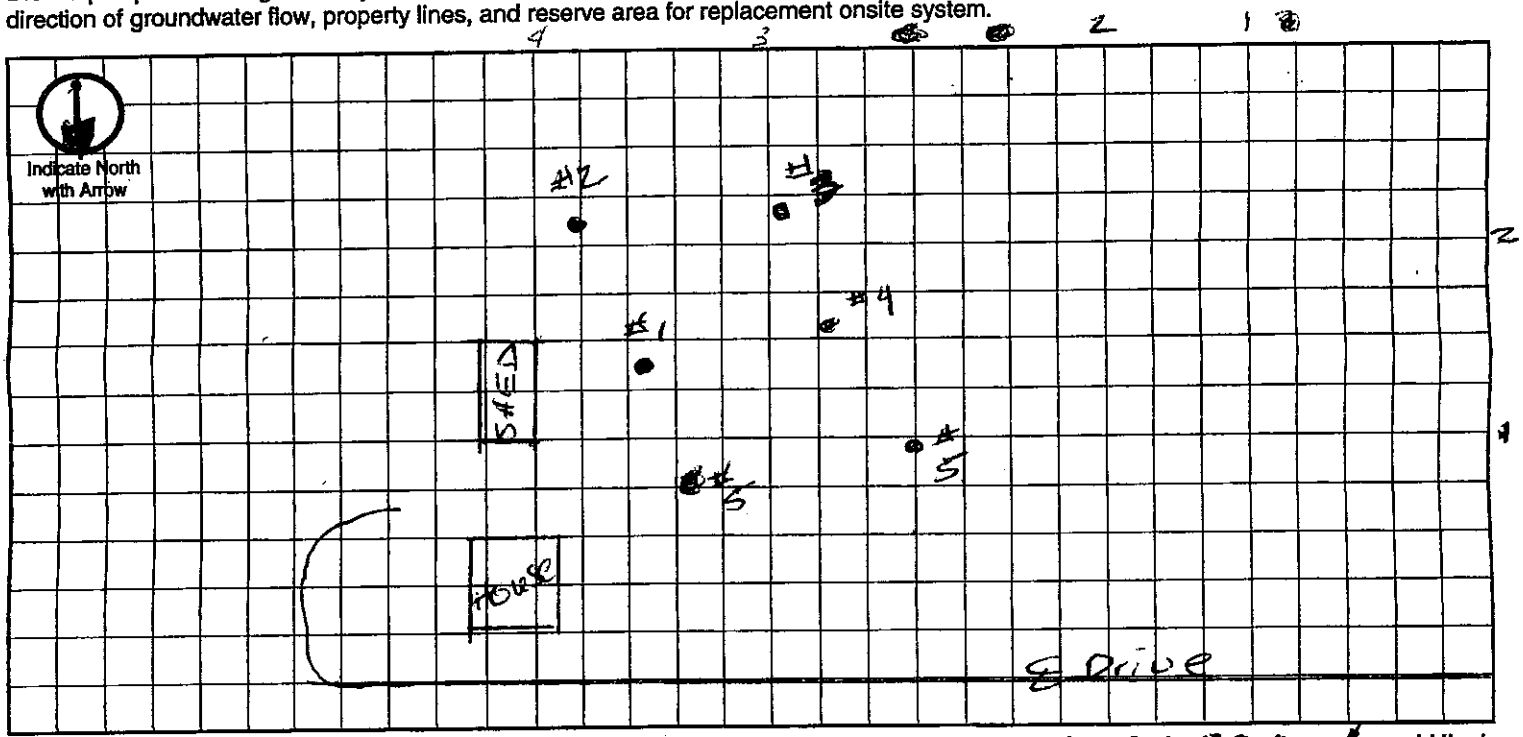
C

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.



Approximate Scale: 20 ft. = 1 grid line/s

A. Onsite System Location

Address (no rural route) 4000 N. 134. City Lincoln 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 _____