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

APR 28 2014

A

Permit Number
HS000896

* Repair -

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 5705 Waverly RD (no rural route) City Lincoln, NE Zip 68517

Legal Description 16 11 7 SB 35

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

PID 18-16-100-004-000 SB

B. Owner

Name Paul Marcussen Signature Paul S Marcussen

Address 5705 Waverly RD City/State/Zip Lincoln, NE 68517

Home Phone 402-465-0123 Work Phone

C. Certified Installer

Name: Haes Contracting Inc Signature Sean Haes

Address 47600 Union Hill Rd City/State/Zip Lincoln, NE 68516

Work Phone 402-499-1166

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 Whirlpool Bathtub? ☐ Yes ☑ No Total Acres 3

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 Date rec'd
Date frwd
Comments
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

* Alternative System

$200 Rec'd PH

Business Office Use Only
Date Received 4-28-14 Amount Paid 200.00
Received By SB Cash/Check No. 5526

Yellow - Engineer Pink - Building & Safety

Form A Updated: 1/10

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

D

Permit Number: HS000896

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date 4-25-14 Legal Description _____ 1/4 1/4 Section Township Range

Onsite System Location

Address (no rural route) 5705 Waverly Rd City Lincoln NE, Zip 68517

Owner Paul Marcussen Address 5705 Waverly Rd

A. Sewer Pipe

1. Material: PVC SCD #26
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: 173 ft.
4. Number of clean-outs: 3
5. Distances to: well or suction line 225 ft.
   stream _____ ft.
   pressure line _____ ft.
   property line 68 ft.

B. Septic Tank

☐ Label with Manufacturer, address and gallon capacity

1. Material: _____
   Number of compartments: _____
2. Capacity: _____ gal.
3. Factory built: ☐ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☐ above ☐ below grade _____ in.
5. Inlet: ☐ baffle ☐ tee ☐ 6" dia. inspection pipe
6. Outlet: ☐ baffle ☐ tee ☐ 6" dia. inspection pipe
7. Depth to top of tank, below unfinished grade: _____ in.
8. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. ☐ Distribution Box ☐ Drop Boxes

(≥ 12" inspection opening) (removable lid to inspect)

1. Material: _____
   Number available outlets: _____
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: _____ ft.

D. Drainfield Absorption

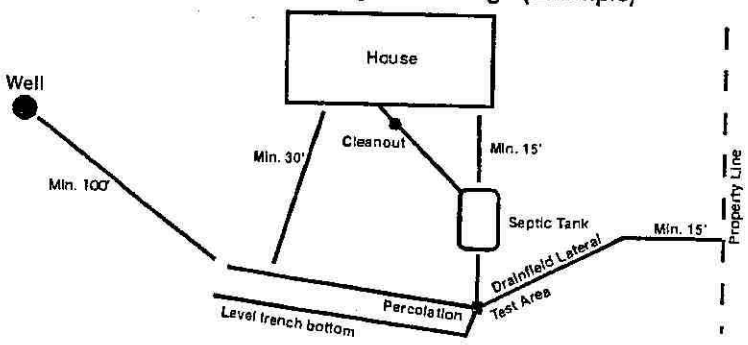
☐ Trench ☐ Bed ☐ Level Bottom

1. Type: ☐ Half rounds ☐ Perforated pipe ☐ Chambers
   Diameter or width: _____
   Number of distribution lines in bed _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other _____
2. Drainfield Laterals: Number _____
   Length of each line: _____ ft. _____ ft.
   _____ ft. _____ ft., _____ ft.
3. Drainfield dimensions: Width _____ ft.
   Distribution Pipe Slope _____ in/100 ft.
   Average depth _____ in
4. Filter material: _____
   Depth of material _____ in.
5. Distances to: Well or suction line _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.
   House or building _____ ft.
   Lake or Stream _____ ft.

Complete As-Built drawing on the back fo this form.

Indicate North with Arrow

Onsite Wastewater System Design (Example)



N
Main Entry Road
791
East Property Line
60'
Leaching Area
600 sq ft
600 sq ft
300 Gallons
168'
105'
clean outs
36'
House
325'
Well

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. HS000896

System Type: Lagoon

Situs: 5705 WAVERLY RD, RURAL, NE

Issued: 4/29/2014

Expires: 4/29/2015

Description: S16, T11, R7, 6th Principal Meridian, LOT 35 NW

Owner: MARCUSSEN, PAUL G & IRENE R
5705 WAVERLY RD
LINCOLN, NE 68517-9620

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

HAES CONTRACTING INC
4760 UNION HILL RD
LINCOLN, NE 68516

SCANNED

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

APR 28 2014

A

Permit Number
HS000896

Repair -

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 5705 Waverly RD (no rural route) City lincoln, NE Zip 68512

Legal Description 16 11 7 SB 35

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

PID 18-16-100-004-000 SB

B. Owner

Name Paul Marcussen Signature Paul S Marcussen

Address 5705 Waverly RD City/State/Zip Lincoln, NE 68517

Home Phone 402-465-0123 Work Phone

C. Certified Installer

Name: Haes Contracting Inc Signature Scott Haes

Address 47600 Union Hill Rd City/State/Zip Lincoln, NE 68516

Work Phone 402-499-1166

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 Whirlpool Bathtub? ☐ Yes ☑ No Total Acres 3

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 Vines Lagoon 4/25/14 Date rec'd 4/28/14 Date frwd 4/28/14
Comments
ACTION ☑ Approved ☐ Disapproved
Signature

$200 Rec'd 4/28/14

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 6/4/14

Business Office Use Only
Date Received 4-28-14 Amount Paid 200.00
Received By SB Cash/Check No. 5526

Yellow - Engineer Pink - Building & Safety

Form A Updated: 1/13

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

3140 "N" STREET Lincoln, NE 68510-1514 (402) 441-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE SYSTEM REPAIR

No. 95390048201

Issued 11/09/95
Expires 05/09/96
Revenue Code 18754

Establishment
J H VANCE
T11N R7E SEC 16
LOT 13
5705 WAVERLY ROAD

FEES: $50.00

TOTAL $50.00

Permittee
J H VANCE
5705 WAVERLY RD
LINCOLN NE 68517

Issued By M. Jane Ford
Health Director

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

#19

FORM HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Ave.
Lincoln, Nebraska 68502 (Phone: 471-7800)

FILE NO. _____

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: 11/6/95

The undersigned hereby applies for a permit to ALTER ☐, EXTEND ☐, or REPAIR ☐ an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. Legal description of property: Twp. 11N ; Range 7E ; Section NW 1/4 16 ;
Block _____ ; Lot 13 ; Addition _____
Street Address 5705 Waverly Rd

2. Property Use: Residential _____ ☐; Commercial _____ ☐
No. Bedrooms 2 Describe _____
Other Use ☐
Describe _____

3. Type of existing Individual Sewage Disposal System: Septic Tank ☑; Other ☐

4. Description of proposed alteration, extension or repair: Installed New 1000 gal Septic Tank / New dist. Box and 100'x 4' wide lateral

5. Work to be done by: Owner ☐ ; or Contractor ☑, John Strohmyer
Contractor's Name

6. Estimated cost of project:

a. Materials	$	
b. Labor	$	
c. Other	$	
TOTAL	$	3000 00

J. H. Vance
Signature of Applicant (owner or lessee)
5705 Waverly Rd
Address Lincoln, NE 68517

(Do not write below this line)

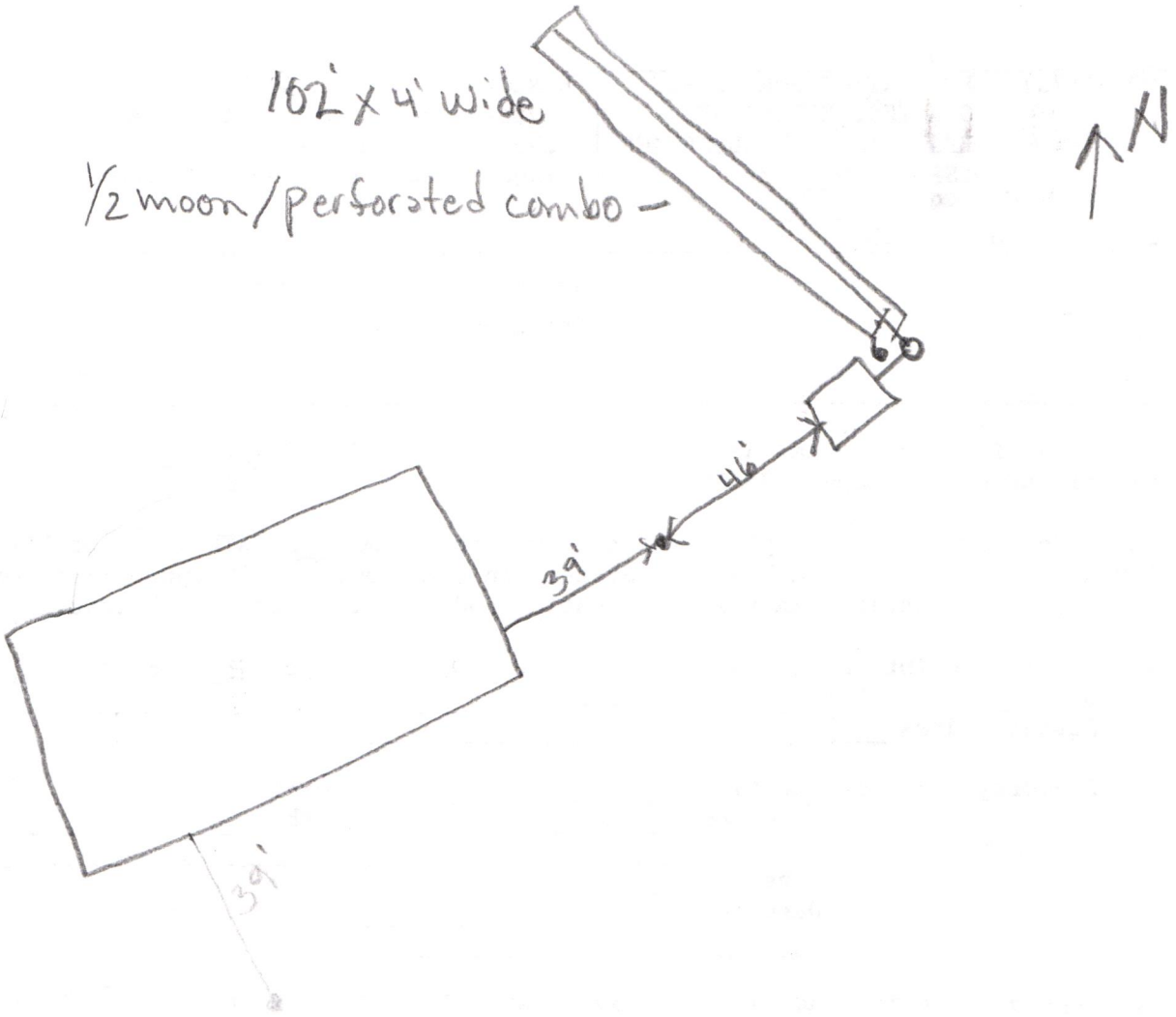
REVIEWING ACTION

1. Date Rec'd: 11-7-95
Filing Fee: $ 50.00

2. Site Visits:
Date: 11-7-95 by: MM
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved ☒; Disapproved ☐
by: Ron Magnuson

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 11-7-95 by: Ron Magnuson


102' x 4' wide
1/2 moon/perforated combo
N
46'
39'
39'


2 790 000 FEET
R. 7 E
480 000 FEET
T. 11 N.
(Joins sheet 14)
ShD2
BpF
ShD
ShC
WtD3
PaD2
PbC3
JuC
Ke
BrD
MrD
MeC2
PaC2
WtC2
Ne
No
GaD
SmD
CpK
16
15
10
9
5
4