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

A

Permit Number
HS000937

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 5845 WAVERLY RD (no rural route) City LINCOLN, NE Zip 68517

Legal Description 16 T11 R7 15+16
(1/4 1/4 Section Township Range Subdivison Addition Block Lot)

PID 18-16-100-012-000 SB

B. Owner

Name Peggy London Signature

Address City/State/Zip

Home Phone Work Phone

C. Certified Installer

Name: Jason Kubik Signature

Address City/State/Zip

Work Phone

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 2.65
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

Business Office Use Only
Date Received Amount Paid
Received By Cash/Check No.

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

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

B

Permit Number: HS000937

Onsite Wastewater Treatment System

Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 5845 Waverly Rd (no rural route) City Lincoln NE, Zip 68517

Owner Peggy London Address

Date of Tests 7/3/14 to 7/3/14 Weather: Precipitation 0 Temperature 80

Percolation Test Data Table

A.	B.	C.	D.	E.	F.	G.	H.	I.	J.	K.	L.	M.	N.
		Saturation/Swelling Time				Water Level Drop: Last 30 mins of 4 hr or last 10 mins of 1 hr					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	28	7/3	9:45	7/3	2:30	7/3	6:00	6	7/3	6:30	30	5/8	48
2	28	7/3	9:45	7/3	2:30	7/3	6:00	6	7/3	6:30	30	3/4	40
3	28	7/3	9:45	7/3	2:30	7/3	6:00	6	7/3	6:30	30	3/4	40
4	28	7/3	9:45	7/3	2:30	7/3	6:00	6	7/3	6:30	30	5/8	48
5	28	7/3	9:45	7/3	2:30	7/3	6:00	6	7/3	6:30	30	1/2	60
6	28	7/3	9:45	7/3	2:30	7/3	6:00	6	7/3	6:30	30	5/8	48
								6					
								6					

Person Conducting Percolation Test

Name: Jason Kwbik
Phone: 402 - 440 - 7606
Address: 105 Locust St
Hickman NE 68372
Soil type (NRCS Maps/Other): 7406 Morrill
Groundwater Depth: >12

Sum of Percolation Rates: 284
Average of Rates: 48
Rate Used for Calculation: 49

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official Date

Onsite Form B 12_06

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

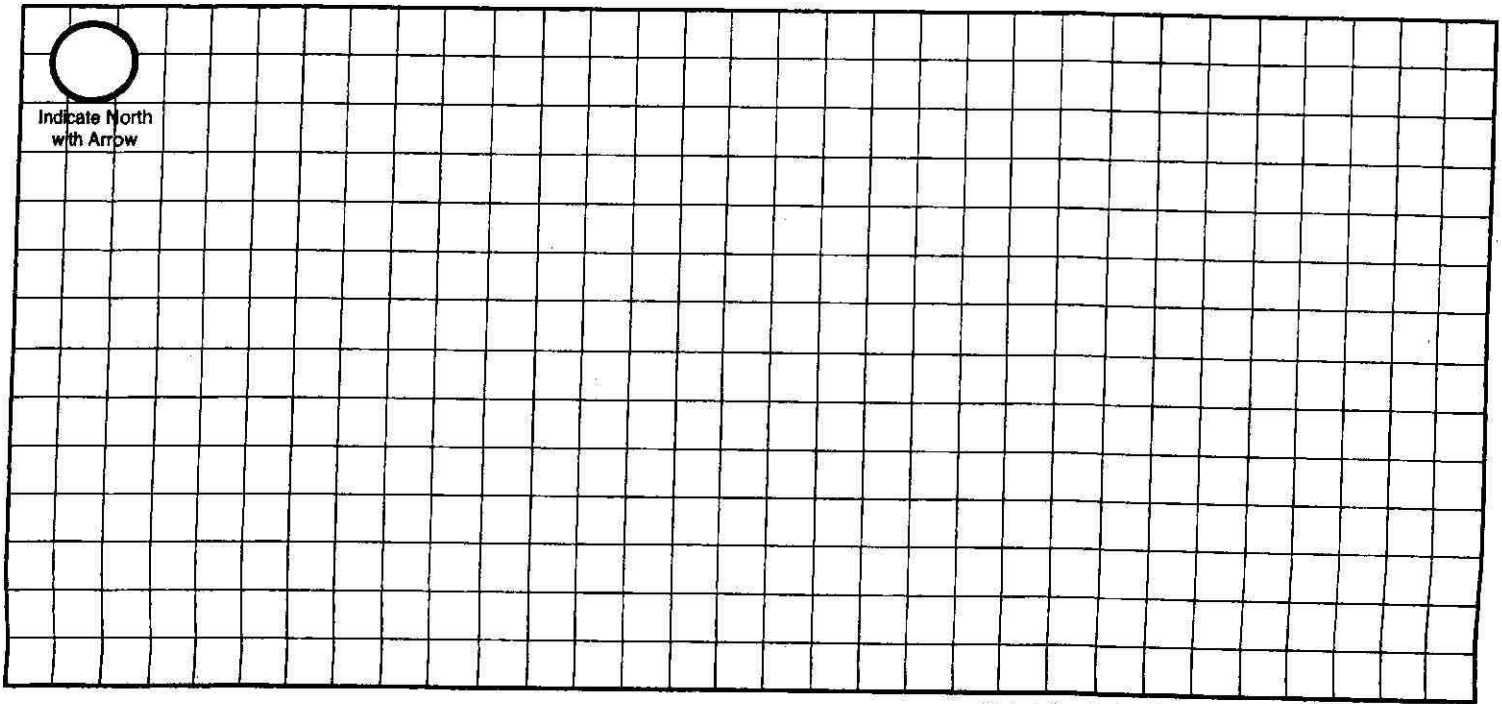
C

Permit Number: HS000937

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: _____ft. = _____ grid line/s

A. Onsite System Location

Address (no rural route) _____ City _____ 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

L Johnson SIGNS

Home Building Contractor _____ Date _____

Installer _____ Date _____

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

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT
No. HS000937

System Type: Standard

Situs: 5845 WAVERLY RD, RURAL, NE

Issued: 7/24/2014

Expires: 7/24/2015

Description: S16, T11, R7, 6th Principal Meridian, LOTS 15 & 16 NW

Owner: LONDON, PEGGY J
5805 WAVERLY RD
LINCOLN, NE 68517

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

Dear Applicant:

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

HARPER WELL & PLUMBING INC
P O BOX 15
ADAMS, NE 68301

SCANNED

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

A

Permit Number
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Home Phone Work Phone

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Work Phone

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 X 2 Bedrooms per Lancaster Co. assessor W/H Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 2.65

Garbage Grinder? ☐ Yes ☒ No

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day

Type of Wastewater ☐ Domestic ☐ Non-Domestic

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Approval Process ☐ Municipal Code 24.38 ☐ County Resolution No. 02-26

1. Health Department
Site visits
Comments
Date rec'd 7/24/14
Date frwd 7/24/14
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 7/24/14

HE OK by Phone.

Business Office Use Only
Date Received 7-21-14 Amount Paid 365.00
Received By SB Cash/Check No. 4511

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

Form A Updated: 1/13

SCANNED

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

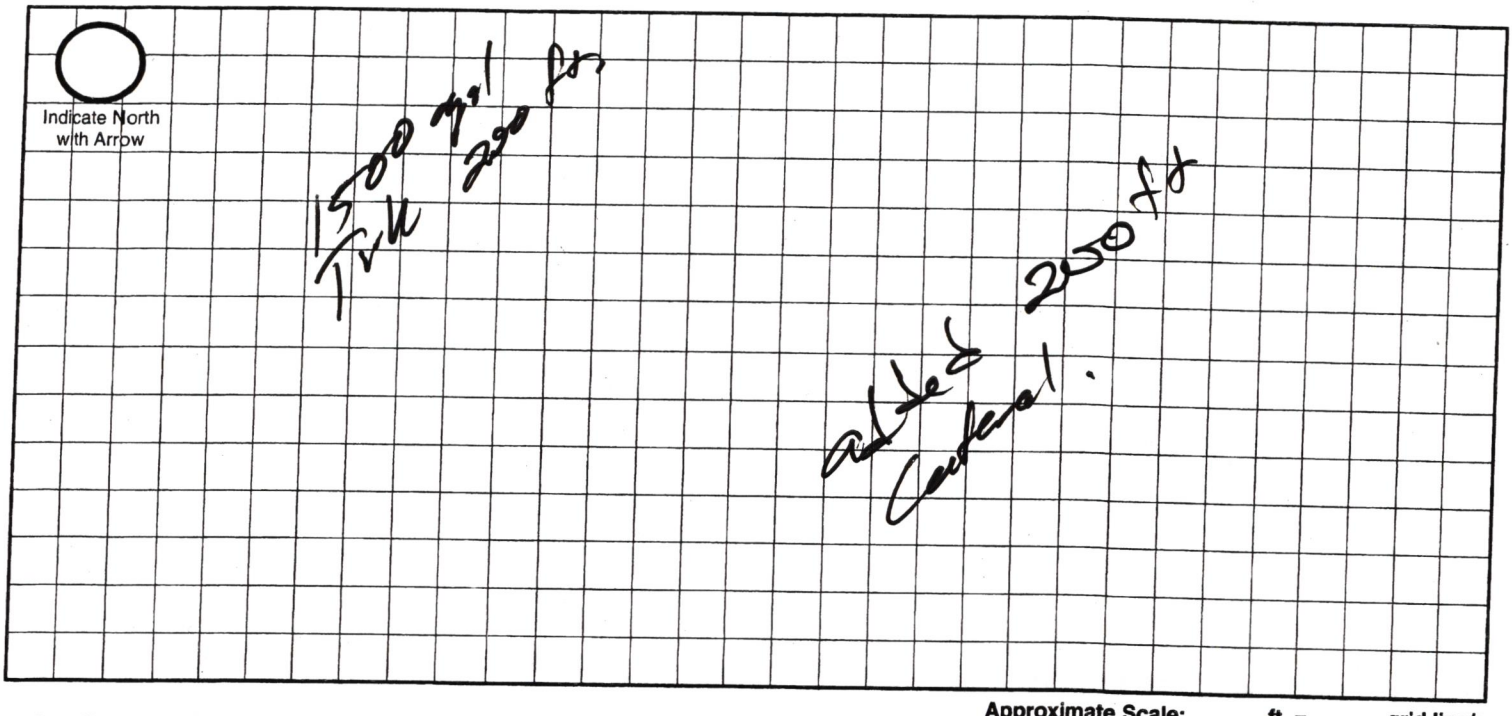
C

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F. Required Signatures

Home Building Contractor _____ Date _____

Installer _____ Date _____

Onsite Form 6-10-06

Jason signs