JUL 29 2014

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

A

Permit Number
HS000942

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 9660 Waverly Rd (no rural route) City ~~Waverly~~ Lincoln, NE Zip ~~68462~~ 68517

Legal Description _____ Sundeen 1

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

PID 18-11-401-001-000

B. Owner

Name Gerald E + Sandra Ramaeker Signature _____

Address 1136 Peach St City/State/Zip Lincoln NE 68502

Home Phone _____ Work Phone _____

C. Certified Installer

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

☒ Residential Dwelling Number of Bedrooms 3 Whirlpool Bathtub? ❑ Yes ☒ No Total Acres 5

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 7-30-14 Amount Paid 365.00
Received By SB Cash/Check No. 30998

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

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. HS000942

System Type: Standard

Situs: 9660 WAVERLY RD, RURAL, NE

Issued: 8/4/2014

Expires: 8/4/2015

Description: SUNDEEN ADDITION, Lot 1

Owner: RAMAEKER, GERALD EDWARD &
SUNDEEN-RAMAEKER, SANDRA
1136 PEACH ST
LINCOLN, NE 68502

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

WAVERLY PLUMBING & WELL CO.
P O BOX 116
14150 LANCASHIRE
WAVERLY, NE 68462

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

JUL 29 2014

SCANNED

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Address 9660 Waverly Rd (no rural route) City ~~Waverly~~ Lincoln, NE Zip ~~68462~~ 68517

Legal Description 11 11 7 SB SUNDEEN 1

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

PID 18-11-401-001-000

B. Owner

Name GERALD E + SANDRA RAMAEKER Signature

Address 1136 PEACH ST City/State/Zip LINCOLN NE 68502

Home Phone Work Phone

C. Certified Installer

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

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1. Health Department
Site visits
Comments
Date rec'd 8/4/14
Date frwd 8/4/14
ACTION ☒ Approved ❑ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd 8/4/14
Date frwd 8/4/14
ACTION ☒ Approved ❑ Disapproved
Signature

3. City or County Engineer
Comments
Date rec'd 8-4-2014
Date frwd 8-4-2014
ACTION ❑ Approved ❑ Disapproved
Signature

Installation ~~and~~ Written Approval
By
Date 11/19/14

7206
1207

Business Office Use Only
Date Received 7-30-14 Amount Paid 365.00
Received By SB Cash/Check No. 30998

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

Form A Updated: 1/13

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

JUL 29 2014

SCANNED

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Permit Number
HS000942

Onsite Wastewater Treatment System
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PLEASE PRINT OR TYPE

A. Onsite System Location

Address 9660 WAVERLY Rd (no rural route) City ~~Waverly~~ LINCOLN, NE Zip ~~68462~~ 68517

Legal Description 11 11 7 SB SUNDEEN 1
(1/4 | 1/4 | Section | Township | Range | Subdivison | Addition | Block | Lot)

PID 18-11-401-001-000

B. Owner

Name GERALD E + SANDRA RAMAEKER Signature

Address 1136 PEACH ST City/State/Zip LINCOLN NE 68502

Home Phone Work Phone

C. Certified Installer

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

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Signature

3. City or County Engineer
Comments
Date rec'd 8-4-2014
Date frwd 8-4-2014
ACTION ☒ Approved ❑ Disapproved
Signature

Installation Final Written Approval
By
Date 11/19/14

7206
7207

Business Office Use Only
Date Received 7-30-14 Amount Paid 365.00
Received By SB Cash/Check No. 30998

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:

Onsite Wastewater Treatment System

Soil Evaluation Report

3 1/2' no water 5 ages

PLEASE PRINT OR TYPE

Onsite System Location

Address 9814 S. Waverly (no rural route) City Waverly NE, Zip

Owner Jerry Ramaeker Address

Date of Tests 5/16 2014 to 5/17 Weather: Precipitation None Temperature 65

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		Initial	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 Interval	Water Level Drop (in)	Percolation Rates (Min/in = mpi)
1	36	5/16	5:00	5/17	8:30	5/17	12:00	6	5/17	12:30	30	1/2	60
2	36	5/16	5:00	5/17	8:30	5/17	12:00	6	5/17	12:30	30	1/2	60
3	36	5/16	5:00	5/17	8:30	5/17	12:00	6	5/17	12:30	30	3/4	40
4	36	5/16	5:00	5/17	8:30	5/17	12:00	6	5/17	12:30	30	3/4	40
5	36	5/16	5:00	5/17	8:30	5/17	12:00	6	5/17	12:30	30	3/4	40
6	36	5/16	5:00	5/17	8:30	5/17	12:00	6	5/17	12:30	30	1/2	60
								6					
								6					

Person Conducting Percolation Test

Name: Claude R. Ore PE-3939
Phone: 402-486-4444
Address 6645 S. 66 St.
Lincoln, Ne. 68516
Soil type (NRCS Maps/Other) Silty Clay
Groundwater Depth N.A.

Sum of Percolation Rates: 300
Average of Rates: 50
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

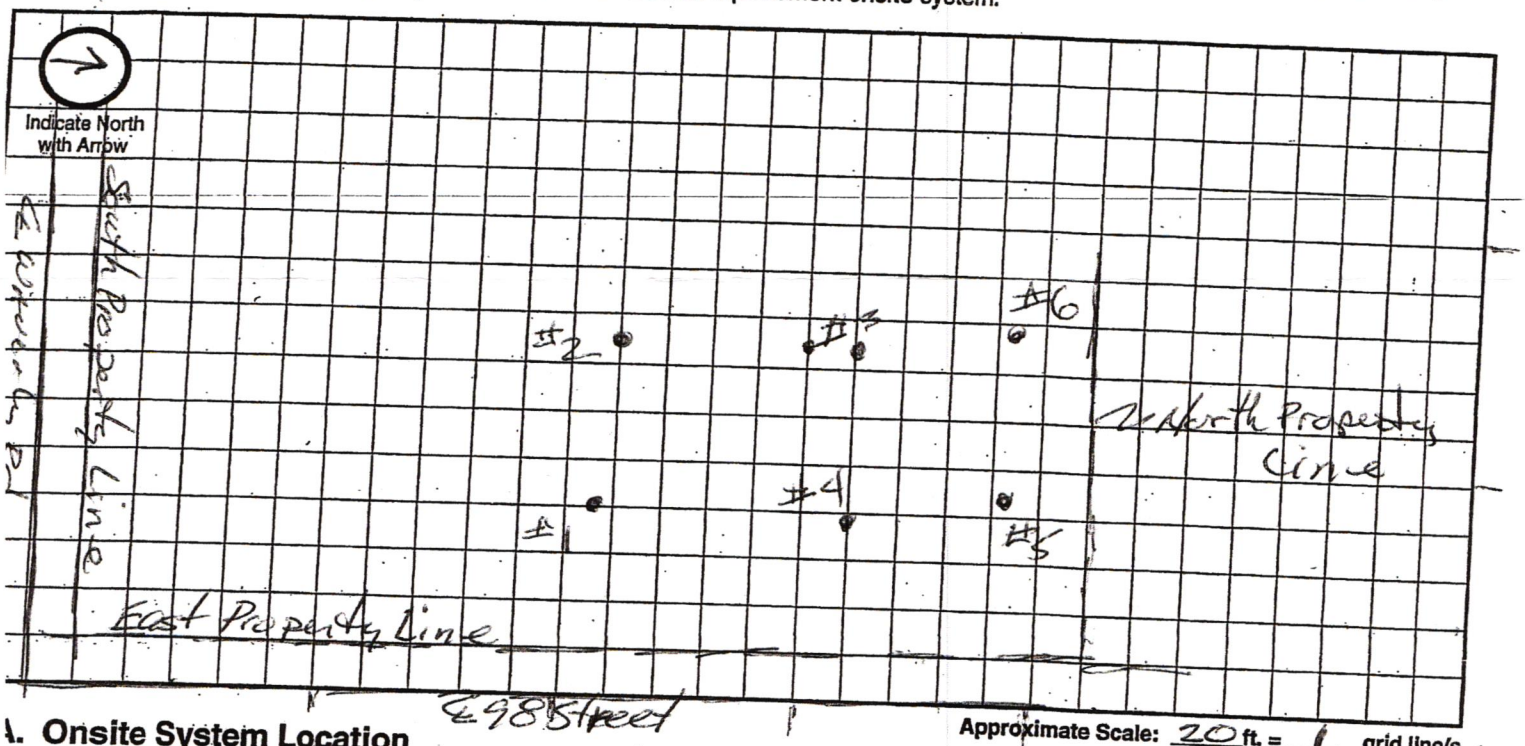
C

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) 98th N Ave Lot 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 (percolation 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 _____

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 ☐	☐
Bed (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

Required Signatures

Building Contractor _____ Date _____

Owner _____ Date _____

Form C 12_06