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

A

Permit Number
HS001143

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 14530 S. 46th (no rural route) City LINCOLN, NE Zip _____

Legal Description _____ 8 8 7 6th Principal Meredian _____ 10SE

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

PID 15-08-400-003-000

B. Owner

Name Henry Cerny Signature _____

Address 2624 W South City/State/Zip LINCOLN NE 68522

Home Phone _____ Work Phone _____

C. Certified Installer

Waverly Plumbing + Well Co

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 5 Whirlpool Bathtub? ☒ Yes ☐ No Total Acres 9

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 8-6-15 Amount Paid $375.00

Received By SB Cash/Check No. 31788

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

AUG 06 2015

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

B

Permit Number: HS001113

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 14530 S 46th (no rural route) City _____ NE, Zip _____

Owner Henry Cerny Address 2624 W South Lincoln NE 68522

Date of Tests 4/24/15 to 4/25/15 Weather: Precipitation 0 Temperature 50°

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	38	4/24	1830	4/25	0800	4/25	0830	6	4/25	0900	30	1/2	60
2	36	4/24	1830	4/25	0800	4/25	0830	6	4/25	0900	30	1/2	60
3	36	4/24	1830	4/25	0800	4/25	0830	6	4/25	0900	30	3/4	40
4	37	4/24	1830	4/25	0800	4/25	0830	6	4/25	0900	30	3/4	40
5	36	4/24	1830	4/25	0800	4/25	0830	6	4/25	0900	30	1/2	60
6	36	4/24	1830	4/25	0800	4/25	0830	6	4/25	0900	30	3/4	40
								6					
								6					

Person Conducting Percolation Test

Name: Suzette Buls
Phone: 402 786 5620
Address PO Box 308
Waverly NE 68462

Sum of Percolation Rates: 248
Average of Rates: 50
Rate Used for Calculation: 60

Soil type (NRCS Maps/Other) WYMORE SILTY CLAY LOAM
Groundwater Depth 32ft

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 (402) 441-8027
3140 N Street Lincoln, Nebraska 68510-1514

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT
No. HS001113

System Type: Standard

Situs: No Site Address Specified

Issued: 8/12/2015

Expires: 8/12/2016

Description: S8, T8, R7, 6th Principal Meridian, LOT 10 SE

Owner: CERNY, HENRY E & SABRINA A
2624 W SOUTH ST
LINCOLN, NE 68522

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

Exhibit 5

Permit Number: H80 0113

Onsite Wastewater Treatment System

Inspection Sheet

Date 4/15/16 4/21/16 Lot 10SE

Legal Description ____ ____ 8 8 7
¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 14530 S. 46th City ____

Owner Henry Cerny Address ____

Mark One: ☐ Dwelling ☐ Non-dwelling

☒ New System ☐ Alteration [☐ Tank Only ☐ Trench Only] ☐ Lateral Only

☐ Temporary modification (Describe problem causing discharge and reason for temporary modification): ____

Drainfield Absorption System:

☑ Lateral ☐ Bed ☐ Non-standard (engineer-designed and NDEQ approved) ☐ Holding Tank ☐ Trench

Total square feet of drainfield 1,750 Sq. Ft. Tank Size 2,000 gals

Total length of laterals 482' Type of Distribution: ☒ Chamber ☐ Perforated Pipe ☐ Other (describe) ____

No. of Absorption Laterals ____ Width 3.625 Face No. of Drop Boxes 3 Distribution Box ____

Leveling Method Used Laser

Setbacks (Check the Boxes Below if the Required Setback has been Satisfied):

Distance From	Private Well	Public Well	Surface Water	Ground water	Pressure Water Lines	Property Lines
Tank (ft)	50 ☑	500 ☑	50 ☑	NA ☑	10 ☑	5 ☑
Field (ft)	100 ☑	500 ☑	50 ☑	4 ☑	25 ☑	5 ☑

Geographical Coordinates to 6 Decimals:

Tank ____

Lateral #1 NA

Lateral #2 ____

Lateral #3 ____

Lateral #4 ____

Comments:

Inspections prior to Final Approval
Initial [redacted] Date 3/22/16

Follow-Up ____ Date ____ Line + One lateral

Follow-Up ____ Date ____

Installation Final Written Approval
By Doug Smock

Date 4/5/16

Field Note Drawing (See Reverse Side):