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

A

Permit Number
HS001194

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 14005 N 162 City Waverly, NE Zip 68462
(no rural route)

Legal Description SE 3 T-11-N R-8-E 9
1/4 | 1/4 | Section | Township | Range | Subdivison | Addition | Block | Lot

PID 24-03-400-001-000 SB

B. Owner

Name Lonnie Johnson Signature
Address 14005 N. 162 City/State/Zip Waverly Ne. 68462
Home Phone 402-560-1792 Work Phone 402-560-1792

C. Certified Installer

Name: H.L. Muhlbach Constr. Signature Harry T. Muhlbach
Address 5701 Vine St. City/State/Zip Lincoln, Ne 68505
Work Phone 402-430-7304

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 4 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 3+
Garbage Grinder? ☐ Yes ☒ No

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day 500

Type of Wastewater ☐ Domestic ☐ Non-Domestic

DO NOT WRITE BELOW THIS LINE

1500 gpd

Approval Process ☐ Municipal Code 24.38 ☐ County Resolution No. 02-30

1. Health Department
Site visits
Comments
Date rec'd
Date frwd
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 2-3-16 Amount Paid $385.00
Received By SB Cash/Check No. 7777

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: HS001194

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 14005 N 162 (no rural route) City Waverly NE, Zip 68462

Owner Lonnie Johnson Address 14005 N 162 Waverly NE 68462

Date of Tests 12-21-15 to 12-21-15 Weather: Precipitation we 1 Temperature 45°

Percolation Test Data Table

A.	B.	C. Wet Dec D. E. F. Saturation/Swelling Time				Water Level Drop G. H. I. J. K. Last 30 mins of 4 hr or last 10 mins of 1 hr					L.	M.	N. Results
		Start		End		Start AM			End PM				
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	Ground	Wet	Pre		12/21	8:30	6	12/21	12:30	30 min	1	30
2	36	Wet	Saturation			12/21	9:35	6	12/21	12:35	30 min	.85	35
3	36					12/21	8:40	6	12/21	12:40	30 min	.85	35
4	36					12/21	8:45	6	12/21	12:45	30 min	.75	40
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Harry Mahlbach
Phone: 402-430-7304
Address 5901 Vine St
Lincoln, NE 68505
Soil type (NRCS Maps/Other) Crete-Hastings silty clay loams, 0 to 1 percent slopes
Groundwater Depth 60 ft

Sum of Percolation Rates: 140 min
Average of Rates: 35 min/in
Rate Used for Calculation: 30 to 40 min/in
With deep installation 35 to 40 min/in

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

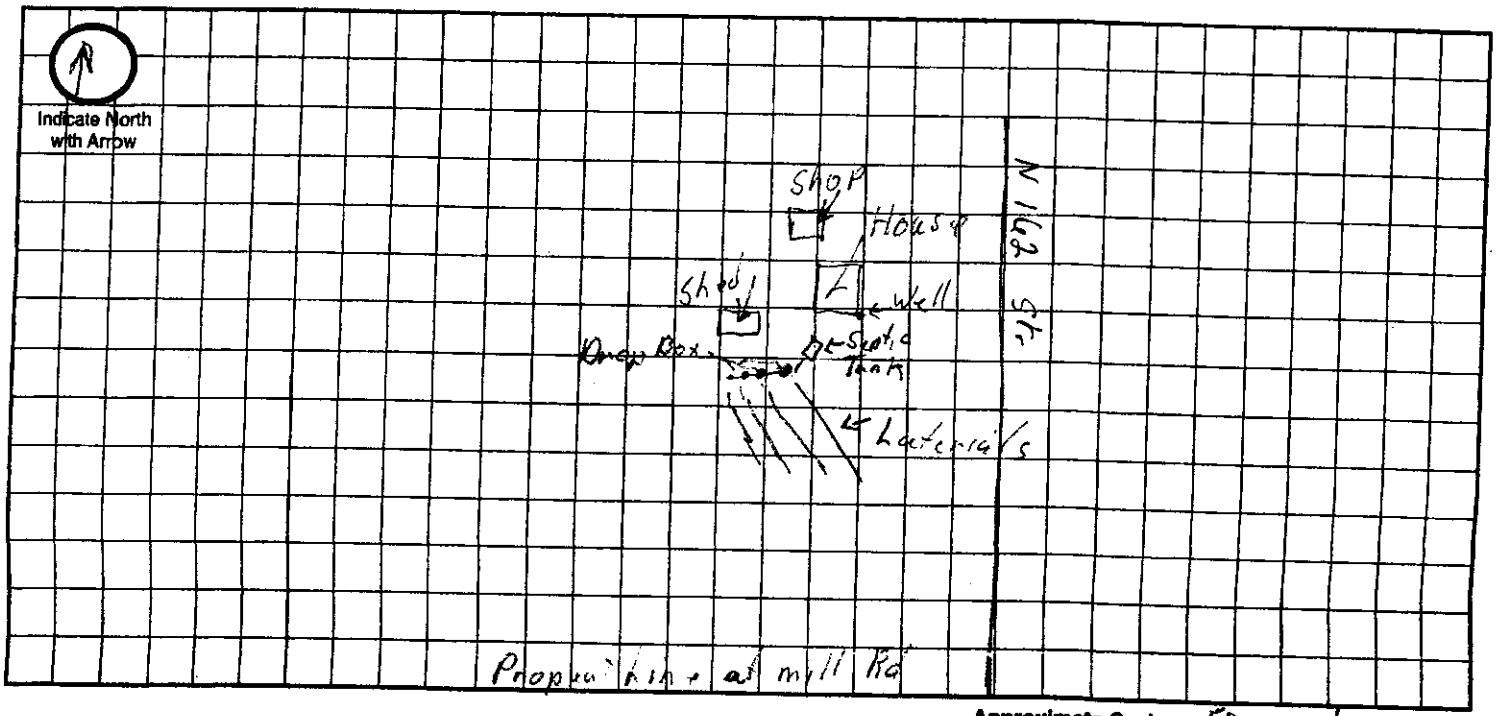
C

Permit Number: 1+S001194

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: 50 ft. = 1 grid line/s

A. Onsite System Location

Address (no rural route) 14005 N 162 City Waverly NE, Zip 68462

B. Proposed Septic Tank/s

Septic Tank Cap. 1500 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 37 (min/inch = mpi) 36.9 round up No. of Bedrooms 4 Soil Type Crete-Shambang silty clay loam Land Slope 1-3 %

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 1200 sq.ft.

Total length of laterals 300' Type of distribution: ☐ Perforated pipe ☐ Half-Round ☒ Chamber ☐ Other

No. of absorption trenches 4 Width 4' No. of drop boxes 3 Distrubtion Box 0

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 Harry T. Middlecoff Date 1-11-16

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

D

Permit Number: HS001194

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date _____ Legal Description _____ 1/4 1/4 Section Township Range

Onsite System Location

Address (no rural route) 14005 City Waverly NE, Zip 68462

Owner Lonnie Johnson Address 18805 N. 176 Greenwood 68366

A. Sewer Pipe

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

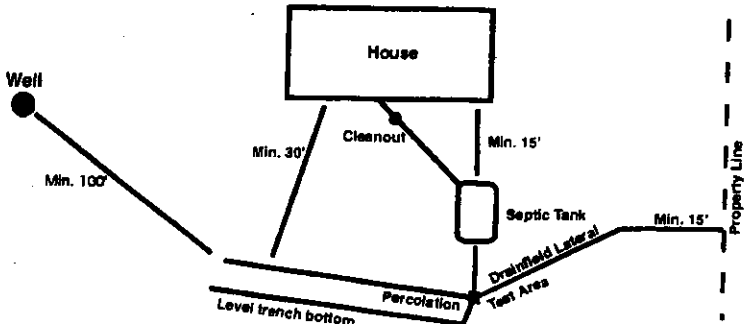
D. Drainfield Absorption

☐ 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.

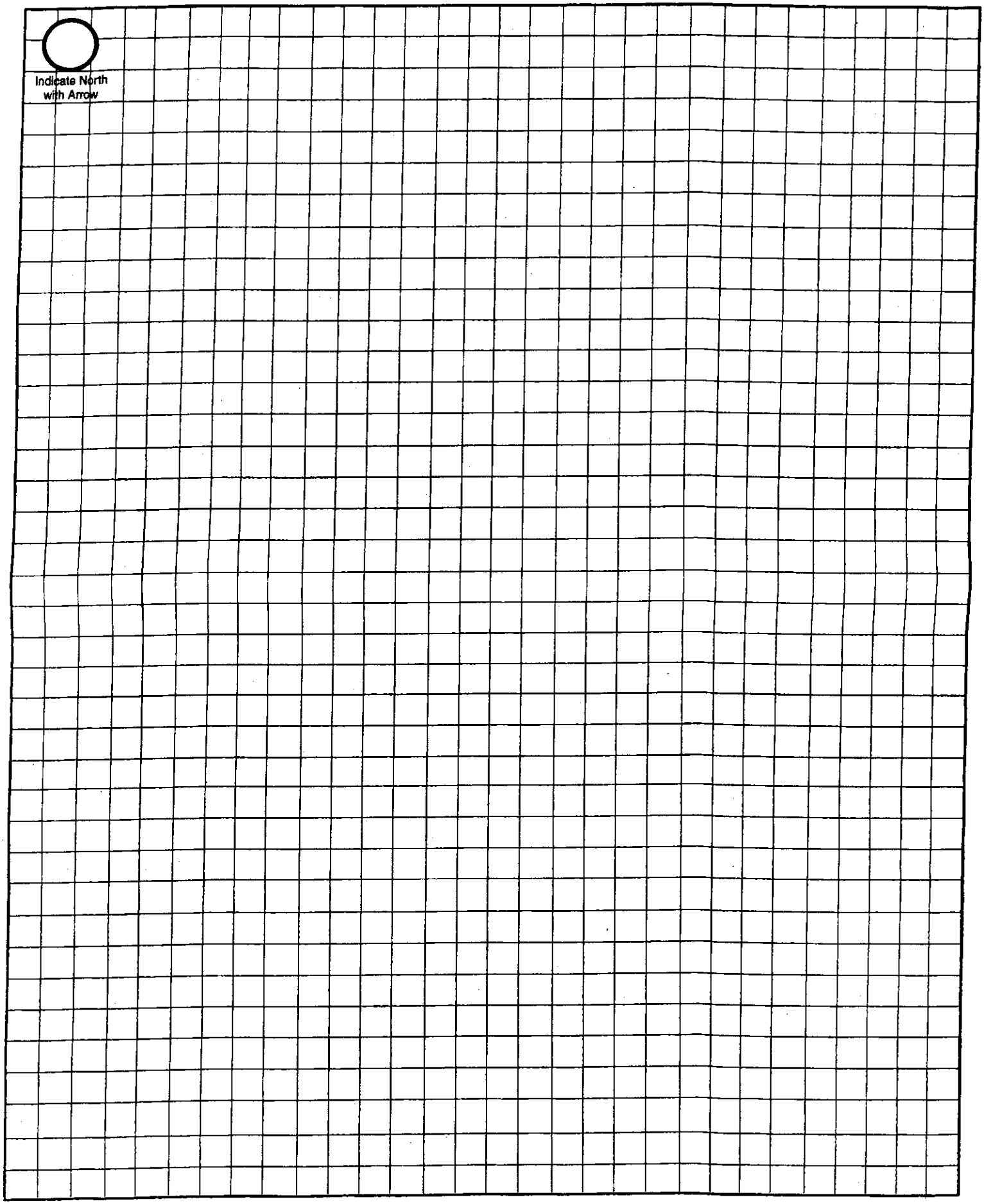
Complete As-Built drawing on the back fo this form.

Onsite Wastewater System Design (Example)



ıdicate North with Arrow

As Built Drawing



Approximate Scale: _____ft. = _____ grid line/s

HARRY

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

D Exhibit 4

Permit Number: HS001194

Onsite Wastewater Treatment System
As-Built Description and Drawing

Type of Onsite Wastewater System: ☐ Lagoon (Skip to Back Page) ☐ Subsurface Septic ☐ Mound

Onsite Wastewater System Location

Address or Legal Description or Parcel Identification Number (PID) 14005 N 162 St

Owner Lonnie Johnson Address Same

A. Wastewater Piping

1. Material: Sch 40 Diameter: 4 in.
2. Distance between dwelling and septic tank: 70 ft.

B. Septic Tank

1. Material Concrete
2. Capacity: 1500 gal
3. Depth to top of tank, below unfinished grade: 18 in.
4. Distance to:
   Well 100 + ft.
   Pressure line 100 + ft
   Property Line 150 + ft.
   Foundation 70 + ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: ~~SW~~ 28 SW ft. ~~28~~ W?M

D. Drainfield/Absorption Field

☑ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☑ Chamberless ☐ Other
   Material brand and inside width of Chamberless: Used Gravel and 4' wide trench
2. Number of Laterals: 4
3. Length of each lateral (linear): ft. 120 ft. 120 ft. 120 ft. 120
4. Drainfield size: 1200 sq. ft.
5. Distance to:
   Well 120 ft.
   Pressure line 100 + ft.
   Property line 125 + ft.
   Depth of Groundwater 25 +

Was the Onsite Wastewater System covered prior to LLCHD inspection? ☒ Yes ☐ No

If Yes, the Certified Professional must sign below for final approval:

I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: Harry T. Millbach Date: 2-3-16

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

Updated 4/15

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. HS001194

System Type: Standard

Situs: 14005 N 162 ST, RURAL, NE

Issued: 2/8/2016

Expires: 2/8/2017

Description: S3, T11, R8, 6th Principal Meridian, LOT 9 SE

Owner: KELCO FARMS LIMITED PTNRSHIP
18805 N 176 ST
GREENWOOD, NE 68366

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

HL MUHLBACH CONSTRUCTION
5701 VINE ST
LINCOLN, NE 68505

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

SCANNED

A

Permit Number
HS001194

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

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3 acres or more required for: ☒ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

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

PID 24-03-400-001-000 SB

B. Owner

Name Lonnie Johnson Signature

Address 14005 N. 162 City/State/Zip Waverly Ne. 68462

Home Phone 402-560-1792 Work Phone 402-560-1792

C. Certified Installer

Name: H.L. Muhlbach Constr. Signature Harry T. Muhlbach

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Work Phone 402-430-7304

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

Designer Name Firm Work Phone

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Garbage Grinder? ☐ Yes ☒ No

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day 500

Type of Wastewater ☐ Domestic ☐ Non-Domestic

DO NOT WRITE BELOW THIS LINE

1500 gal

Approval Process ☐ Municipal Code 24.38 ☐ County Resolution No. 02-30

1. Health Department
Site visits
Comments
Date rec'd 2/8/16
Date frwd 2/8/16
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 2/8/16

Business Office Use Only
Date Received 2-3-16 Amount Paid $385.00
Received By SB Cash/Check No. 7777

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

Lawn prior to Inspection

Form A Updated: 1/13