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

OCT 28 2016

A

Permit Number
HS001364

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 12240 Havelock Avenue (no rural route) City LINCOLN, NE Zip 68527

Legal Description ___ ___ 5 10 8 6th Principal Meridian 17 SW

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

PID 23-05-300-006-000

B. Owner

Name LYLE & Eileen Hall Family Trust Signature ___

Address 12240 Havelock Ave City/State/Zip LINCOLN, NE 68527

Home Phone ___ Work Phone ___

C. Certified Installer

Name: Waverly Plumbing & Well Co Michael P. Dietze Signature Michael P. Dietze

Address PO Box 116 City/State/Zip Waverly, NE 68462

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 ___ Whirlpool Bathtub? ☐ Yes ☐ No Total Acres ___

Garbage Grinder? ☐ Yes ☐ No

☒ Commercial Establishment/Other Facility Specify Bathroom in shop (toilet & sink) Design flow in gallons per day <100

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 ___ ACTION ☐ Approved ☐ Disapproved
Date frwd ___ Signature ___
Comments ___

2. Supt. Bldg. Insp. or Village Clerk
Comments ___ Date rec'd ___ ACTION ☐ Approved ☐ Disapproved
Date frwd ___ Signature ___

3. City or County Engineer
Comments ___ Date rec'd ___ ACTION ☐ Approved ☐ Disapproved
Date frwd ___ Signature ___

Installation Final Written Approval
By ___
Date ___

Business Office Use Only
Date Received 10-28-16 Amount Paid $395
Received By SB Cash/Check No. 32777

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

Form A Updated: 1/13

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

B

Permit Number: HS00 1364

Onsite Wastewater Treatment System

Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 12240 Havelock Avenue (no rural route) City LINCOLN NE, Zip 68527

Owner Lyle & EILEEN Hall Family Trust Address

Date of Tests 10/21/2016 to 10/22/2016 Weather: Precipitation NONE Temperature 40°

Percolation Test Data Table

A.	B.	C. D. Saturation/Swelling Time				F.	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 Water Lev (in.)	End				
Hole No.	Hole Depth (in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)		Date (Mo/Da)	Time (Hr/Min)		Date (Mo/Da)	Time (Hr/Min)	Elapsed Time Interval	Water Level Drop (in)	Percolation Rates (Min/in = mpi)
1	36	10/21	1800	10/22	0700		10/22	1100	6	10/22	1130	30	1	60
2	36	10/21	1800	10/22	0700		10/22	1100	6	10/22	1130	30	5/8	48
3	36	10/21	1800	10/22	0700		10/22	1100	6	10/22	1130	30	5/8	48
4	36	10/21	1800	10/22	0700		10/22	1100	6	10/22	1130	30	1	60
5	36	10/21	1800	10/22	0700		10/22	1100	6	10/22	1130	30	1	60
6	36	10/21	1800	10/22	0700		10/22	1100	6	10/22	1130	30	5/8	48
									6					
									6					

Person Conducting Percolation Test

Name: Suzette Buls
Phone: 402 525 3144
Address Po Box 308
Waverly NE 68462

Sum of Percolation Rates: 324
Average of Rates: 54
Rate Used for Calculation: 54

Soil type (NRCS Maps/Other) Silty Clay Loam
Groundwater Depth 12'

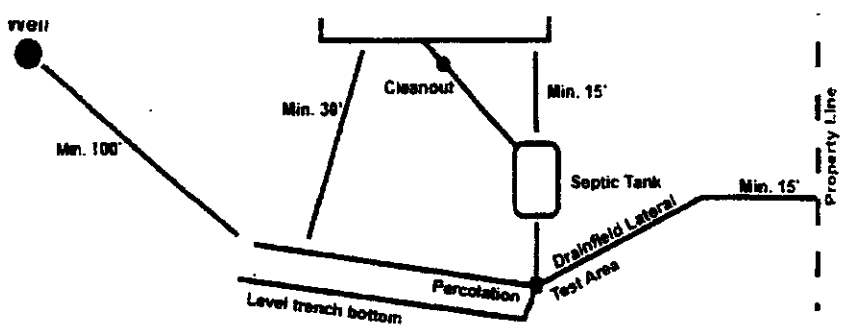
DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official Date

HS001364



*Note-If Lagoon, show all applicable dimensions

TERRACE

PERK TEST HOLES

Garage Shop

HOUSE

HAVELOCK AVENUE

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. HS001364

System Type: Standard

Situs: 12240 HAVELOCK AVE, RURAL, NE

Issued: 10/31/2016

Expires: 10/31/2017

Description: S5, T10, R8, 6th Principal Meridian, LOT 17 SW

Owner: HALL, LYLE & EILEEN FAMILY
TRUST
12240 HAVELOCK AVE
LINCOLN, NE 68527

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