APR 0 6 2017

A

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

Permit Number HSOD1424

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 17150 N 98th (no rural route) City Waverly, NE Zip 68462

Legal Description _____ Neth Addition 3

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

PID 19-25-301-003-000

B. Owner

Name _____ Signature _____

Address _____ City/State/Zip _____

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 _____

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 _____

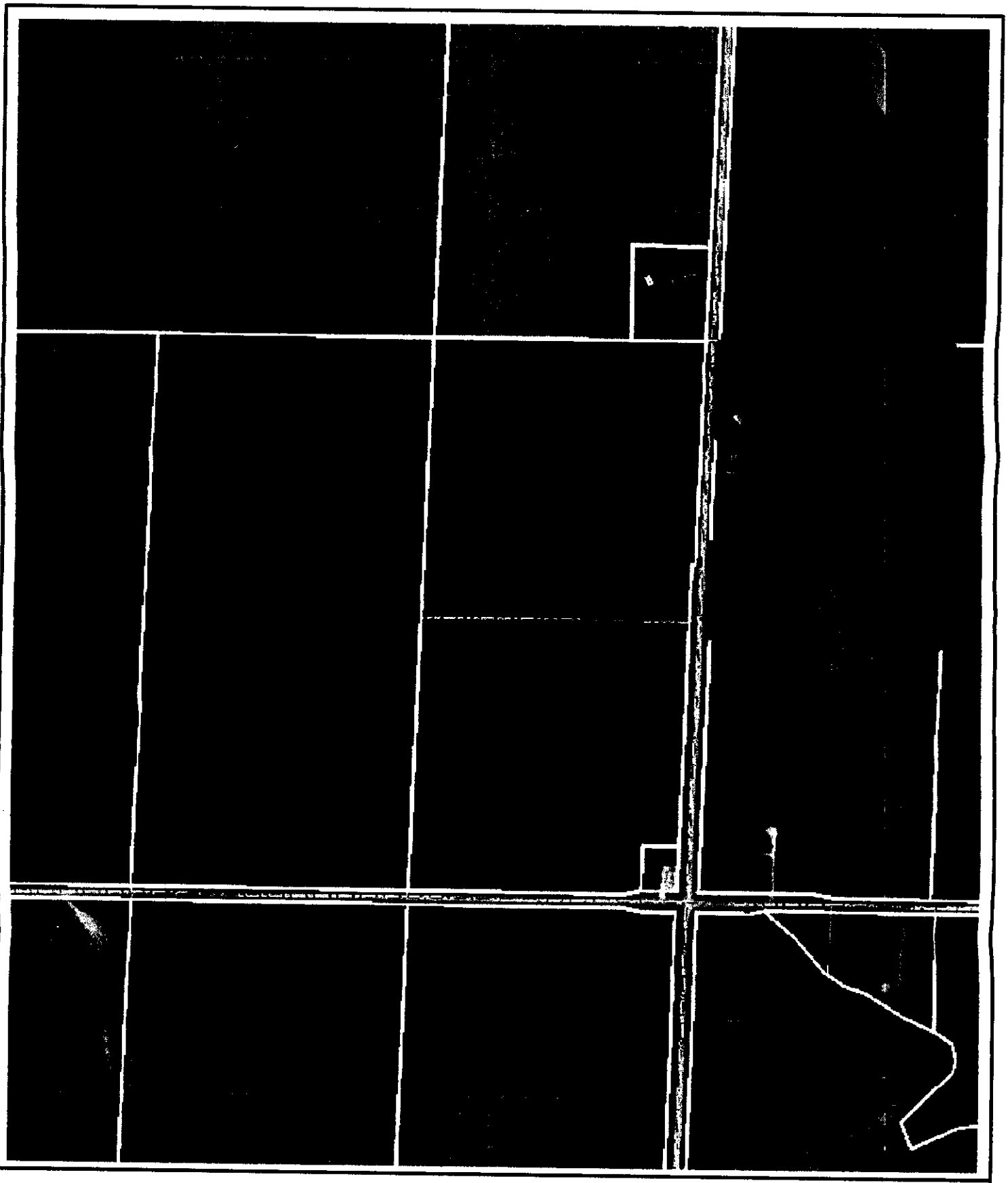
Date _____

Business Office Use Only

Date Received 4-6-17 Amount Paid $395.00

Received By SB Cash/Check No. 33140

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



Lancaster County/City of Lincoln GIS Map

Kevin Neth

N
W E
S

Printed: Apr 04, 2017

DISCLAIMER: The information is presented on a best-effort basis, and should not be relied upon for making financial, survey, legal or other commitments. If you have questions or comments regarding the data displayed on this map, please email age@lincoln.ne.gov and you will be directed to the appropriate department.

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. HS001424

System Type: Lagoon

Situs: No Site Address Specified

Issued: 4/6/2017

Expires: 4/6/2018

Description: NETH ADDITION, Lot 3

Owner: NETH, KEVIN D & CORY R
2101 SW 14 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

SCANNED

APR 06 2017

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

ok 12/12/17

A

Permit Number HSOD1424

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 17150 N 98th (no rural route) City Waverly, NE Zip 68462

Legal Description 25 12 7E Neth Addition 3

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

PID 19-25-301-003-000

B. Owner

Name _____ Signature _____

Address _____ City/State/Zip _____

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 ~~2~~ 2 as per contract Whirlpool Bathtub? ❑ Yes ☒ No Total Acres 20,20

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 11/29/17

Business Office Use Only

Date Received 4-6-17 Amount Paid $395.00

Received By SB Cash/Check No. 33140

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

PLEASE PRINT OR TYPE

Onsite System Location

Address 17150 N 98th (no rural route) City NE, Zip

Owner Kevin Neth Address 2101 SW 14st Lincoln NE 68522

Date of Tests 05-12-2017 & 05-13-2017 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.
		Start		End		Start		Initial	End		Results		
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	05/12	1800	05/13	0600	05/13	1000	6	05/13	1030	30	5/8	48
2	36	05/12	1800	05/13	0600	05/13	1000	6	05/13	1030	30	1	60
3	36	05/12	1800	05/13	0600	05/13	1000	6	05/13	1030	30	1/2	30
4	36	05/12	1800	05/13	0600	05/13	1000	6	05/13	1030	30	1	60
5	36	05/12	1800	05/13	0600	05/13	1000	6	05/13	1030	30	1	60
6	36	05/12	1800	05/13	0600	05/13	1000	6	05/13	1030	30	5/8	48
								6					
								6					

Person Conducting Percolation Test

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

Sum of Percolation Rates: 306
Average of Rates: 51
Rate Used for Calculation: 51

Soil type (NRCS Maps/Other) AKSARBEN SILTY CLAY LOAM

Groundwater Depth

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 (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

PLEASE PRINT OR TYPE

Onsite System Location

Address 17150 N 98th (no rural route) City _____ NE, Zip _____

Owner Kevin Neth Address 2101 SW 14st Lincoln NE 68522

Date of Tests 05-12-2017 to 05-13-2017 Weather: Precipitation 0 Temperature 50°

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		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	05/12	1800	05/13	0600	05/13	1000	6	05/13	1030	30	5/8	48
2	36	05/12	1800	05/13	0600	05/13	1000	6	05/13	1030	30	1/2	60
3	36	05/12	1800	05/13	0600	05/13	1000	6	05/13	1030	30	1/2	60
4	36	05/12	1800	05/13	0600	05/13	1000	6	05/13	1030	30	1/2	60
5	36	05/12	1800	05/13	0600	05/13	1000	6	05/13	1030	30	1/2	60
6	36	05/12	1800	05/13	0600	05/13	1000	6	05/13	1030	30	5/8	48
								6					
								6					

Person Conducting Percolation Test

Name: Suzette Birds
Phone: 3 PO Box 308
Address Waverly NE 68462

Sum of Percolation Rates: 3.36
Average of Rates: 56
Rate Used for Calculation: 56

Soil type (NRCS Maps/Other) AKSARBEN SILTY CLAY LOAM

Groundwater Depth _____

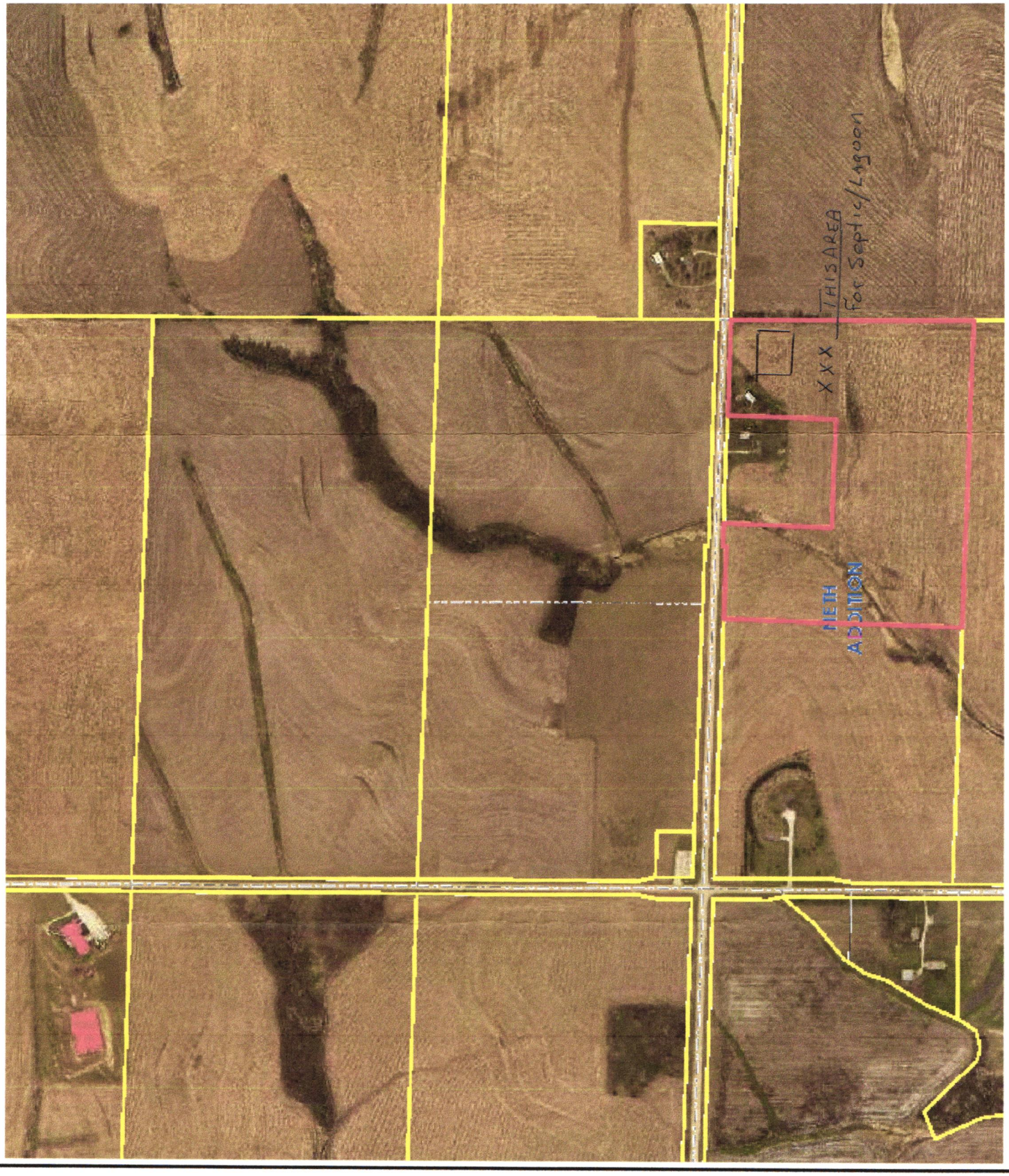
DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official _____ Date _____

Onsite Form B 12_08



Lancaster County/City of Lincoln GIS Map

Kevin Neth

N
W E
S

Printed: Apr 04, 2017

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

Exhibit 5

Permit Number: HS001434

Onsite Wastewater Treatment System

Inspection Sheet

Date 12/1/17 Legal Description NE ¼ ¼ Section/Township/Range Heth Addition Lot 3

Onsite System Location

Address (no rural route) 17150 N 98th City

Owner Address

Mark One: ☒ Dwelling ☐ Non-dwelling (3, 1-bedroom)

☒ 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 1087.5 Sq. Ft. Tank Size 1500 gals

Total length of laterals 300' Type of Distribution: ☒ Chamber ☐ Perforated Pipe ☐ Other (describe)

No. of Absorption Laterals 2 Width 3' No. of Drop Boxes 0 Distribution Box 1

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 Lateral #3

Lateral #2 Lateral #4

Comments:
* Neighbors well 160+ from Southend of lateral

Inspections prior to Final Approval
Initial DM Date 12/20/17

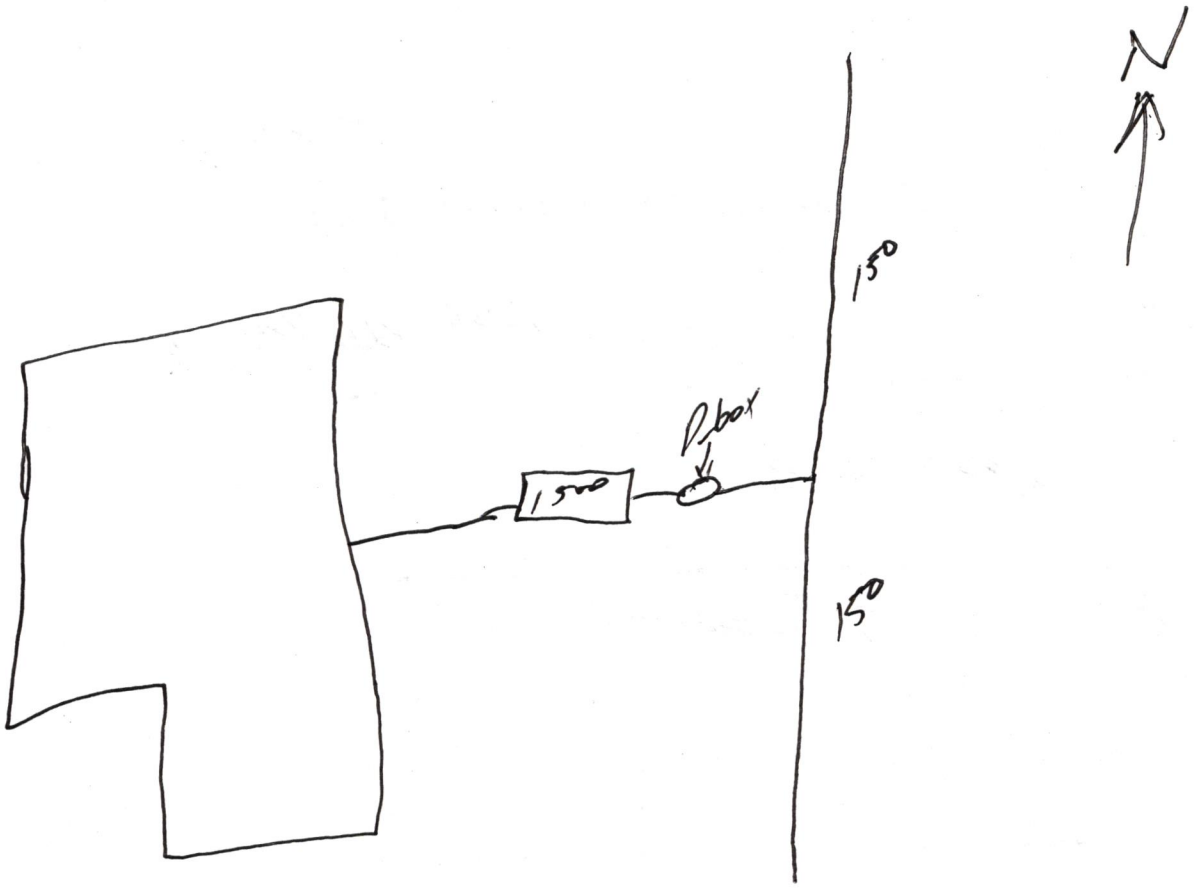
Follow-Up Date

Follow-Up Date

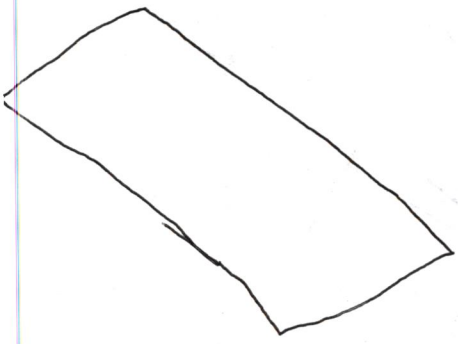
Installation Final Written Approval
By

Date 12/20/17

Field Note Drawing (See Reverse Side):







* well



Lancaster County/City of Lincoln GIS Map

NETH. KEVIN

N
W E
S

Printed: Nov 29, 2017

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