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

JUN 12 2017

A

Permit Number HS001472

Onsite Wastewater Treatment System Permit Application

Include Form B and C. Submit correct fee with this Application

☐ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

PLEASE PRINT OR TYPE

A. Onsite System Location

Address* 9300 LITTLE SALT RD (no rural route) City WAVERLY, NE Zip 68462

Legal Description SW 1/4 SE 1/4 Section 2 Township 12 Range 7 6th PRINCIPAL MERIDIAN Subdivison 9 Addition Block Lot

PID 19-02-400-003-000 *Approx. Address (If to be determined)

B. Owner

Name HAEVEN PEDERSEN JR Signature

Address 9300 LITTLE SALT RD City/State/Zip WAVERLY, NE 68462

Home Phone Work Phone 402-770-2306

C. Certified Installer

Name: JASON KUBIK Signature

Address 105 LOCUST ST City/State/Zip HICKMAN, NE 68372

Work Phone 402-475-2462

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 20.01
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

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 6-12-17 Amount Paid $395
Received By SR Cash/Check No. 2936

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

Form A Updated: 4/15

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

B

Permit Number: HS001472

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 9300 Little Salt Road (no rural route) City Waverly NE, Zip 68462

Owner Haeven Pedereson Address _____

Date of Tests 6/6/17 to 6/7/17 Weather: Precipitation none Temperature 85 degrees

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	30 inches	6/6	2:05 pm	6/7	12:00 pm	6/7	3:30 pm	6	6/7	4:00 pm	30 min	3/4	40
2	30 inches	6/6	2:05 pm	6/7	12:00 pm	6/7	3:30 pm	6	6/7	4:00 pm	30 min	7/8	35
3	30 inches	6/6	2:05 pm	6/7	12:00 pm	6/7	3:30 pm	6	6/7	4:00 pm	30 min	7/8	35
								6					
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Jason Kubik
Phone: 402-475-2462
Address 105 Locust Street Box 191
Hickman, NE 68372

Sum of Percolation Rates: 110
Average of Rates: 36.6
Rate Used for Calculation: 39

Soil type (NRCS Maps/Other) 7206 Askarben 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 _____

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. HS001472

System Type: Standard

Situs: 9300 LITTLE SALT RD, RURAL, NE

Issued: 6/15/2017

Expires: 6/15/2018

Description: S2, T12, R7, 6th Principal Meridian, LOT 9 SE

Owner: PEDERSEN, HAEVEN H JR & KRISTI R
9300 LITTLE SALT RD
WAVERLY, NE 68462

Charlotte Burke, MS, RD, Interim 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.

Charlotte Burke, MS, RD
Interim Health Director

SOUTHWICK LIQUID WASTE
105 LOCUST STREET
HICKMAN, NE 68372

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

OK-JR
7/18/17

D

Permit Number: H5001472

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) 19-02-400-003-000

Owner: HAEVEN PEDERSEN JR Address 9300 LITTLE SALT RD WAVERLY NE 68462

A. Wastewater Piping

1. Material: SCH 40 PVC Diameter: 4 in.
2. Distance between dwelling and septic tank: 125 ft.

B. Septic Tank

1. Material PLASTIC
2. Capacity: 2000
3. Depth to top of tank, below unfinished grade: 18 in.
4. Distance to:
   Well +100 ft.
   Pressure line +25 ft
   Property Line +50 ft.
   Foundation 125 ft.

C Distribution Box or Drop Box

Distance **and** Direction from septic tank: 2 ft. S

D. Drainfield/Absorption Field

☑ Trench ☐ Bed

1. Type: ☑ Perforated Pipe ☑ Chamberless ☑ Other
   Material brand and inside width of Chamberless:
   INFILTRATOR QUICK 4 PLUS 29
2. Number of Laterals: 4
3. Length of each lataral (linear): ft. 128 ft. 116 ft. 76 ft. 72
4. Drainfield size: 1421 sq. ft.
5. Distance to:
   Well + 100 ft.
   Pressure line + 25 ft.
   Property line +30 ft.
   Depth of Groundwater +12

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

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

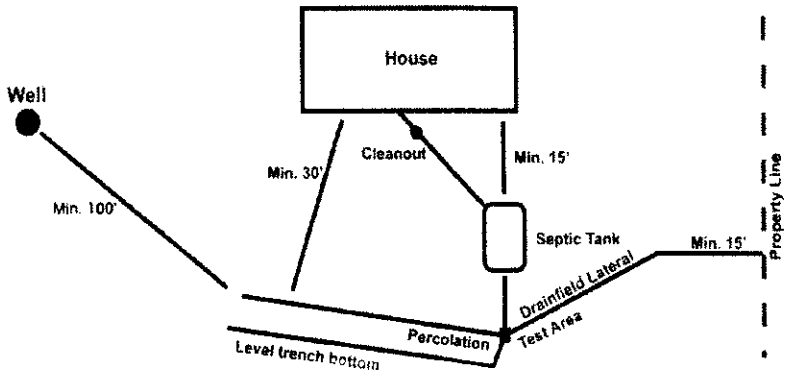
I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: _____ Date: 6/16/17

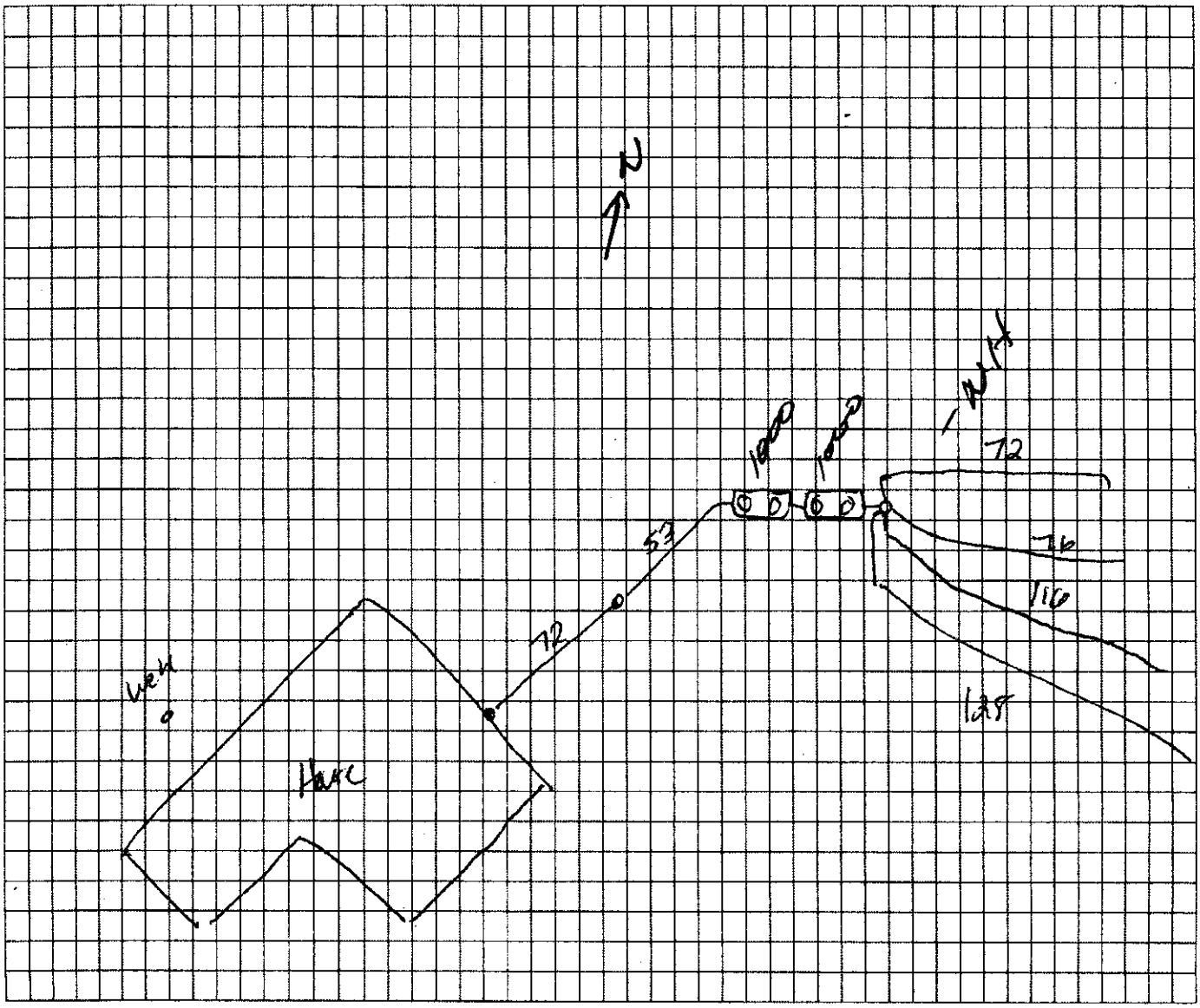
Complete As-Built drawing on the back of this form.

Indicate North
w/ Arrow Here:

Onsite Wastewater System Design (Example)



*Note-If Lagoon, show all applicable dimensions



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

Exhibit 5

Permit Number: HS00 14172

Onsite Wastewater Treatment System

Inspection Sheet

Date 7/18/17

Legal Description _____ ¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 9300 Little Salt Rd City _____

Owner _____ 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 421 Sq. Ft. Tank Size 2x 1000 gals

Total length of laterals 392 Type of Distribution: ☒ Chamber ☐ Perforated Pipe ☐ Other (describe) _____

No. of Absorption Laterals 4 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 ☒	3 ☐

Geographical Coordinates to 6 Decimals:

Tank _____

Lateral #1 _____ Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments:
- System not completed during first inspection - DH

Inspections prior to Final Approval

Initial DH Date 6/15/17

Follow-Up DH Date 6/16/17

Follow-Up _____ Date _____

Installation Final Written Approval

By _____

Date 7/18/17

Field Note Drawing (See Reverse Side):

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

SCANNED

JUN 12 2017

A

Permit Number
HSO01472

Onsite Wastewater Treatment System Permit Application

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Address 9300 LITTLE SALT RD City/State/Zip WAVERLY, NE 68462

Home Phone Work Phone 402-770-2306

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Name: JASON KUBIK Signature

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Work Phone 402-475-2462

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☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day Type of Wastewater ☐ Domestic ☐ Non-Domestic

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

Installation Final Written Approval
By
Date 7/18/17

Business Office Use Only
Date Received 6-12-17 Amount Paid $395
Received By SR Cash/Check No. 2436

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

Form A Updated: 4/15