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

AUG 10 2017

A

Permit Number
HS001513

* Existing Home

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 15255 Mill Rd (no rural route) City Waverly, NE Zip 68462

Legal Description Bevans Sub Division North 2
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 24-10-101-002-000 LC

B. Owner

Name Bevans Barns LLC Signature

Address 7900 N 148th City/State/Zip Waverly NE 68462

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 2 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 10+
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
Comments
Date rec'd 8/11/17
Date frwd 8/11/17
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 Doug Rice
Date 10/25/17

Business Office Use Only
Date Received 8-11-17 Amount Paid 215.00
Received By LC Cash/Check No. 33439

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:

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 15255 MILL ROAD (no rural route) City WAVERLY NE, Zip 68462

Owner BEVANS BARNS LLC Address 7900 N 148th WAVERLY NE 68462

Date of Tests 05-12-2017 to 05-13-2017 Weather: Precipitation X Temperature 54°

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			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	36	05/12	1800	05/13	1200	05/13	1530	6	05/13	1600	30	5/8	48
2	36	05/12	1800	05/13	1200	05/13	1530	6	05/13	1600	30	1/2	60
3	36	05/12	1800	05/13	1200	05/13	1530	6	05/13	1600	30	1/2	60
4	36	05/12	1800	05/13	1200	05/13	1530	6	05/13	1600	30	1/2	60
5	36	05/12	1800	05/13	1200	05/13	1530	6	05/13	1600	30	1/2	60
6	36	05/25	1800	05/13	1200	05/13	1530	6	05/13	1600	30	5/8	48
								6					
								6					

Person Conducting Percolation Test

Name: SUZETTE BULS
Phone: 402 525
Address PO Box 308
Waverly NE 68462

Sum of Percolation Rates: 336
Average of Rates: 56
Rate Used for Calculation: 60

Soil type (NRCS Maps/Other) AKSARBEN SILTY CLAY LOAM
Groundwater Depth 22'

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

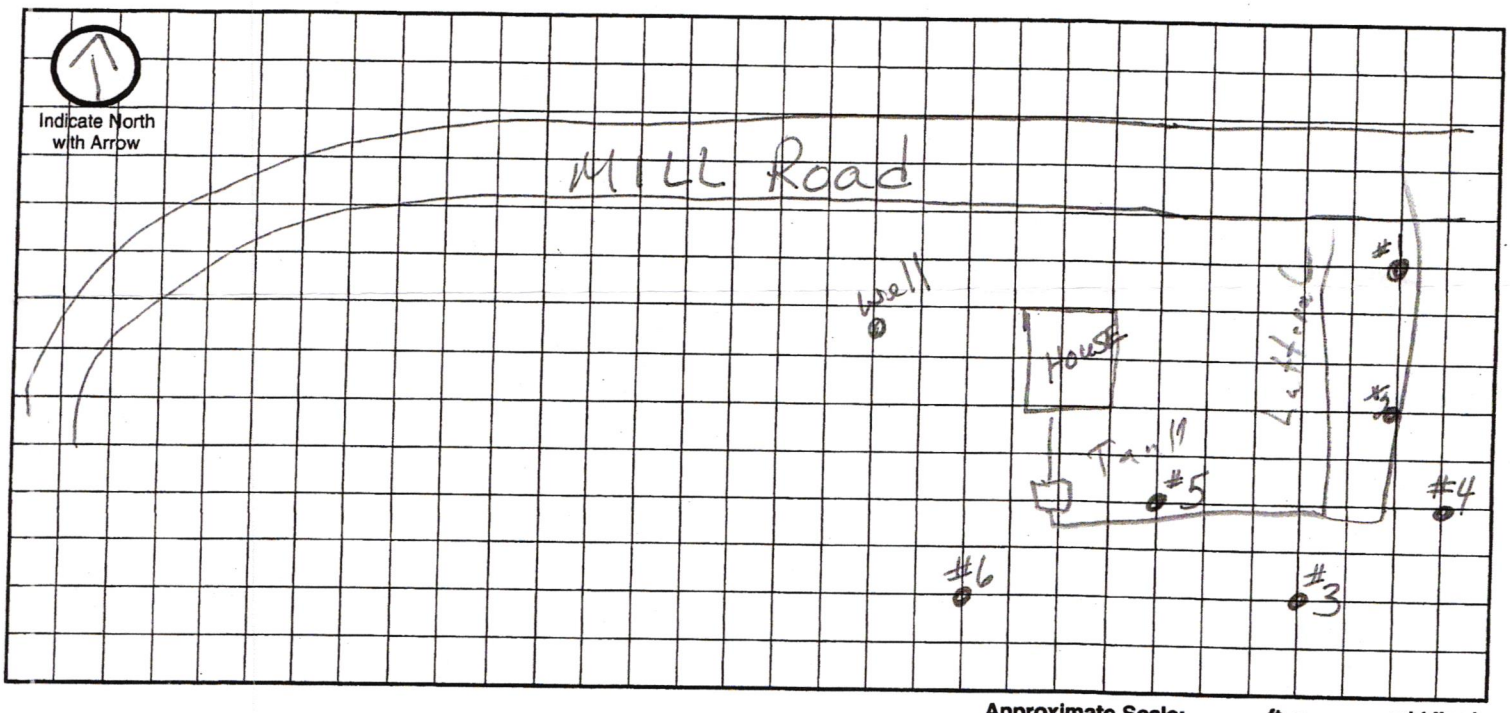
C

Permit Number:

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: _____ft. = _____ grid line/s

A. Onsite System Location

Address (no rural route) 15255 Mill Road City Waverly NE, Zip 68462

B. Proposed Septic Tank/s

Septic Tank Cap. 1000 gals Tank Material: ☒ Concrete ☐ Plastic ☐ Other_____ ☐ Lagoon(Max. seepage 1/8" per day)

C. Reserve Area for Replacement Onsite System

☒ Drainfield Absorption Area (percoloation test required) ☐ Lagoon

D. Drainfield Absorption System

Percolation Rate 56 (min/inch = mpi) No. of Bedrooms 2 Soil Type Aksarban Silty Clay Loam Land Slope 0-1 %

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 180 sq.ft.

Total length of laterals 180 Type of distribution: ☐ Perforated pipe ☐ Half-Round ☒ Chamber ☐ Other

No. of absorption trenches 2 Width 36" No. of drop boxes_____ Distrubtion Box 1

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_____ Date _____

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DC 11/1/17 QC

Exhibit 5

Permit Number: HS001513

Onsite Wastewater Treatment System

Inspection Sheet

Date 10/25/17 Legal Description Bevan Subdivision North ¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 15255 Mill Rd City Waverly

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 725 Sq. Ft. Tank Size 1,000 gals

Total length of laterals 200' Type of Distribution: ☒ Chamber ☐ Perforated Pipe ☐ Other (describe)_____

No. of Absorption Laterals 2 Width 3.625 No. of Drop Boxes _____ 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 N/A

Lateral #1 _____ Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments:

Inspections prior to Final Approval
Initial DC Date 10/25/17

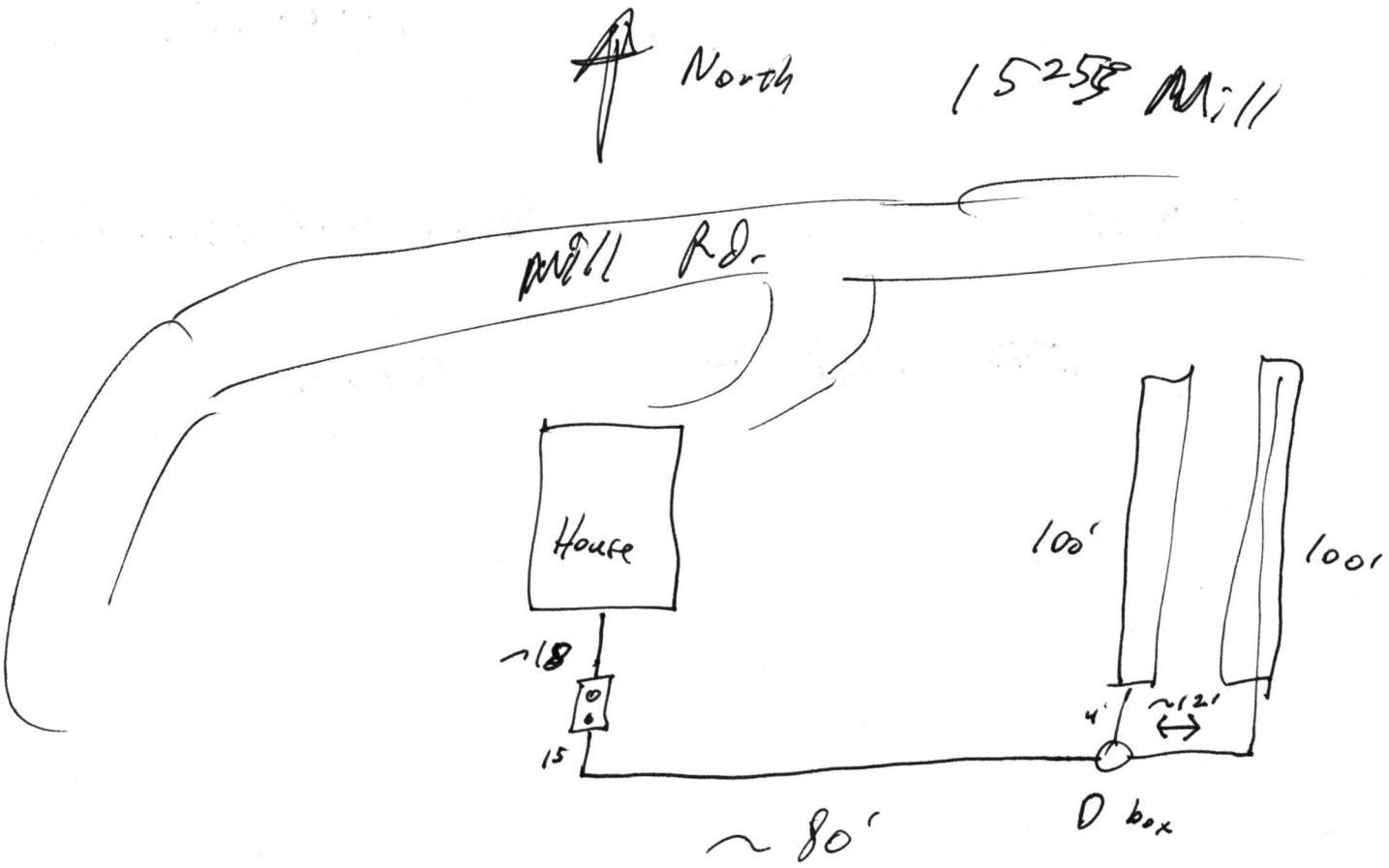
Follow-Up _____ Date _____

Follow-Up _____ Date ~~10/25/17~~

Installation Final Written Approval
By DC

Date 10/25/17

Field Note Drawing (See Reverse Side):


North
1525 Mill
Mill Rd.
House
~18
15
100'
100'
4'
~12'
~80'
D box