SCANNED

A

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

Permit Number
HS001517

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

Legal Description

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

Geographical Location (if known): Lat/Long: 40 56 50 N 96 30 10 W PID

B. Owner

Name Jeff Cordes Signature

Address 14005 N 162nd City/State/Zip Waverly NE 68462

Home Phone Work Phone 402 416 7117

C. Certified Installer

Name: Blain Johnson Signature

Address 3533 East State Hwy 41 City/State/Zip Adams NE 68301

Work Phone 402 610 2270

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 Is there a Whirlpool Bathtub? ☐ Yes ☐ No Total Acres 3+

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

Type of Wastewater ☐ Domestic ☐ Non-Domestic Well Permit Applied for ☐ Yes ☐ No ☐ Not Applicable

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
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 8-15-17 Amount Paid 395.00
Received By LC Cash/Check No. CC
2629

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

Form A Updated 5-10

SCANNED

C

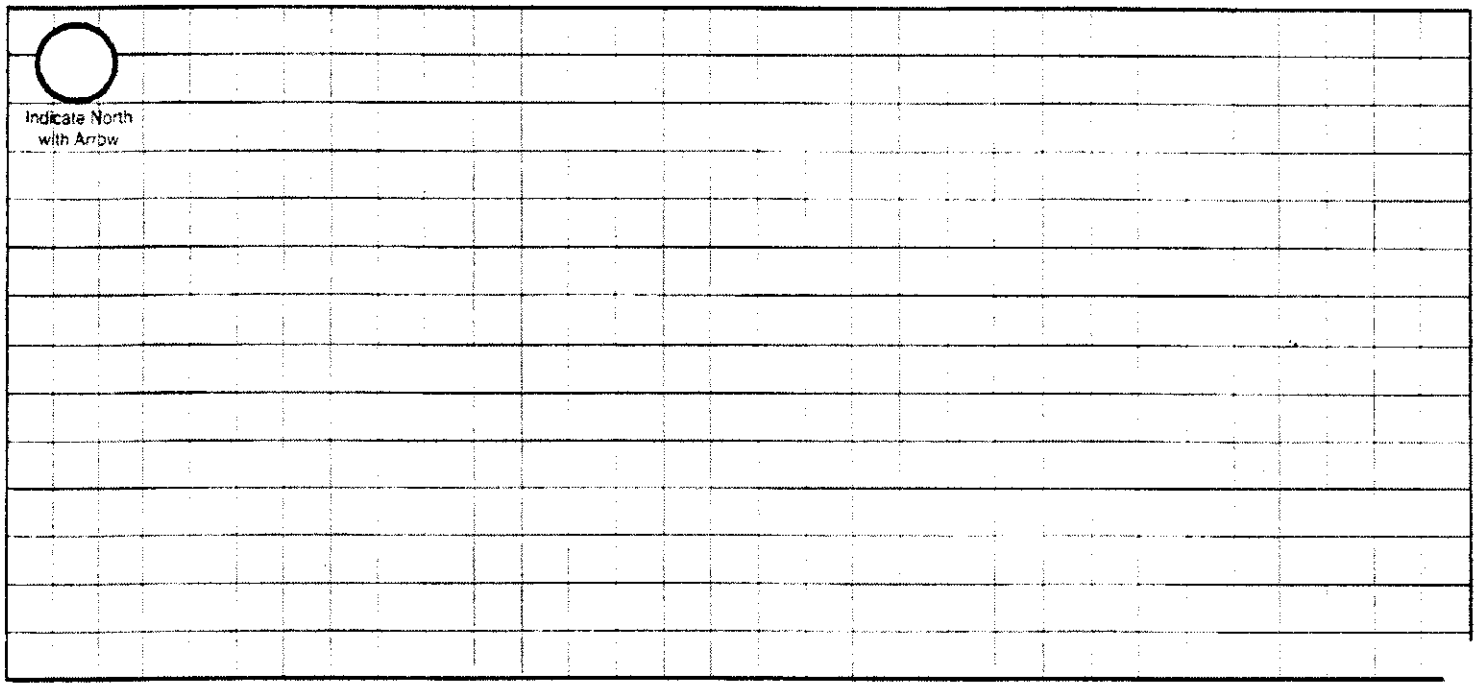
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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) 14005 N 162nd City Waverly NE. Zip 68462

B. Proposed Septic Tank/s

Septic Tank Cap. 2000 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 59 (min/inch = mpi) No. of Bedrooms 4 Soil Type Crete Land Slope_____%

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 1400 sq.ft.

Total length of laterals 390 Type of distribution: ☐ Perforated pipe ☐ Half-Round ☒ Chamber ☐ Other

No. of absorption trenches 3 Width 36 No. of drop boxes 2 Distrubtion Box_____

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 Glen Johnson Date 14 Aug 2017

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. HS001517

System Type: Standard

Situs: 14005 N 162 ST, RURAL, NE

Issued: 8/16/2017

Expires: 8/16/2018

Description: KELCO FARMS 1ST ADDITION, Lot 1

Owner: CORDES, JEFFREY M & TONI F
14005 N 162 ST
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

BLAIN JOHNSON
8533 E STATE HWY 41
ADAM, NE 68301

SCANNED

A

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

Permit Number
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Legal Description

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

Geographical Location (if known): Lat/Long: 40 56 50 N 96 30 10 W PID 24-03-406-001-000

B. Owner

Name Jeff Cordes Signature

Address 14005 N 162nd City/State/Zip Waverly NE 68462

Home Phone Work Phone 402 416 7117

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Date rec'd 8/16/17
Date frwd 8/16/17
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 Muck
Date 8/18/17

Business Office Use Only
Date Received 8-15-17 Amount Paid 395.00
Received By LC Cash/Check No. CC
2629

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

Form A Updated: 5/10

* System Replacement -

SCANNED

C

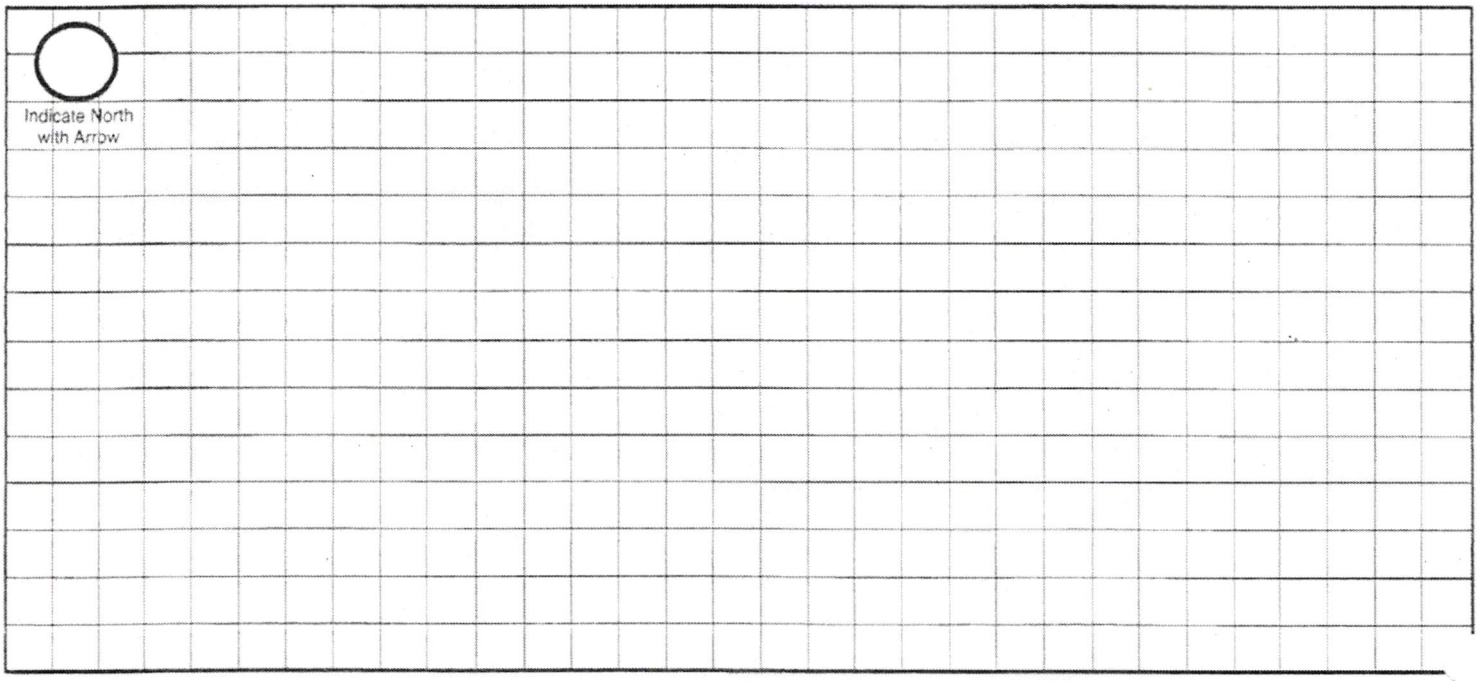
Lincoln-Lancaster County Health Department
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3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

Permit Number:

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Septic Tank Cap. 2000 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

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Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

F. Required Signatures

Home Building Contractor_____ Date_____

Installer Ben Johnson Date 14 Aug 2017

Onsite Wastewater Treatment System
As-Built Description and Drawing

OK 9/14/17 JP

Kelco Farms T11, R8, S3

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) _____

Owner: Jeff Cordes Address 14005 N 162nd

A. Wastewater Piping

1. Material: Plastic Diameter: 4 in.
2. Distance between dwelling and septic tank: 140 ft.

B. Septic Tank

1. Material Concrete
2. Capacity: 2000gallon
3. Depth to top of tank, below unfinished grade: 12 in.
4. Distance to:
   Well +100 ft.
   Pressure line _____ ft
   Property Line +50 ft.
   Foundation +50 ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: SE ft. 28

D. Drainfield/Absorption Field

☒ Trench ❑ Bed

1. Type: ❑ Perforated Pipe ☒ Chamberless ❑ Other
   Material brand and inside width of Chamberless: Infiltrator Quick 4 Plus
2. Number of Laterals: 3
3. Length of each lateral (linear): ft. 150 ft. 150 ft. 90 ft. _____
4. Drainfield size: 1400 sq. ft.
5. Distance to:
   Well +100 ft.
   Pressure line _____ ft.
   Property line +50 ft.
   Depth of Groundwater 123

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

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

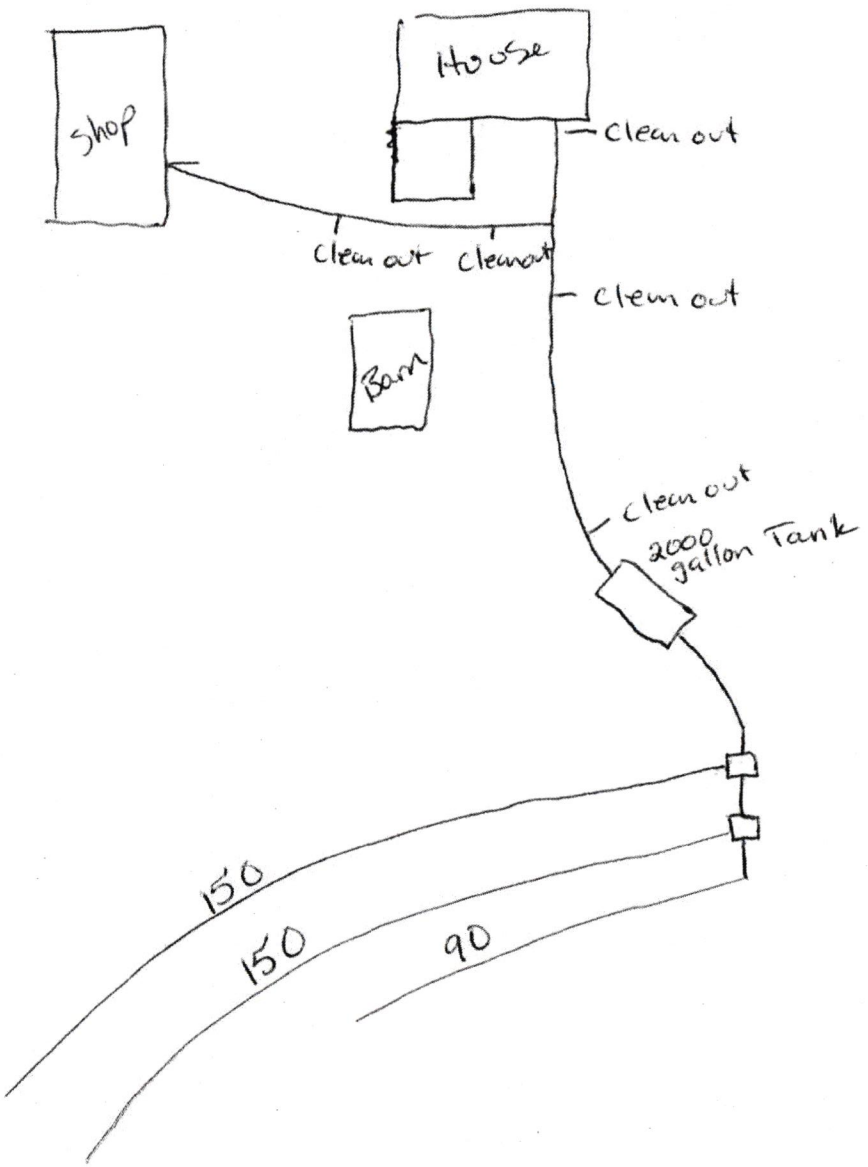
I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: Blu John Date: 29 Aug 2017

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

14005 N 162nd
Jeff Cordes

N ↑



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

Exhibit 5

Permit Number: H 5001517

Onsite Wastewater Treatment System

Inspection Sheet

Date 8/18/17 Legal Description Lot 9 3/14/8
¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 14005 N 162nd 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 ~~1,413~~ 1,413 Sq. Ft. Tank Size 2,000 gals

Total length of laterals ~~390'~~ 390' Type of Distribution: ☒ Chamber ☐ Perforated Pipe ☐ Other (describe) _____

No. of Absorption Laterals 3 Width 3.625 No. of Drop Boxes 2 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 _____

Lateral #1 _____ Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments:

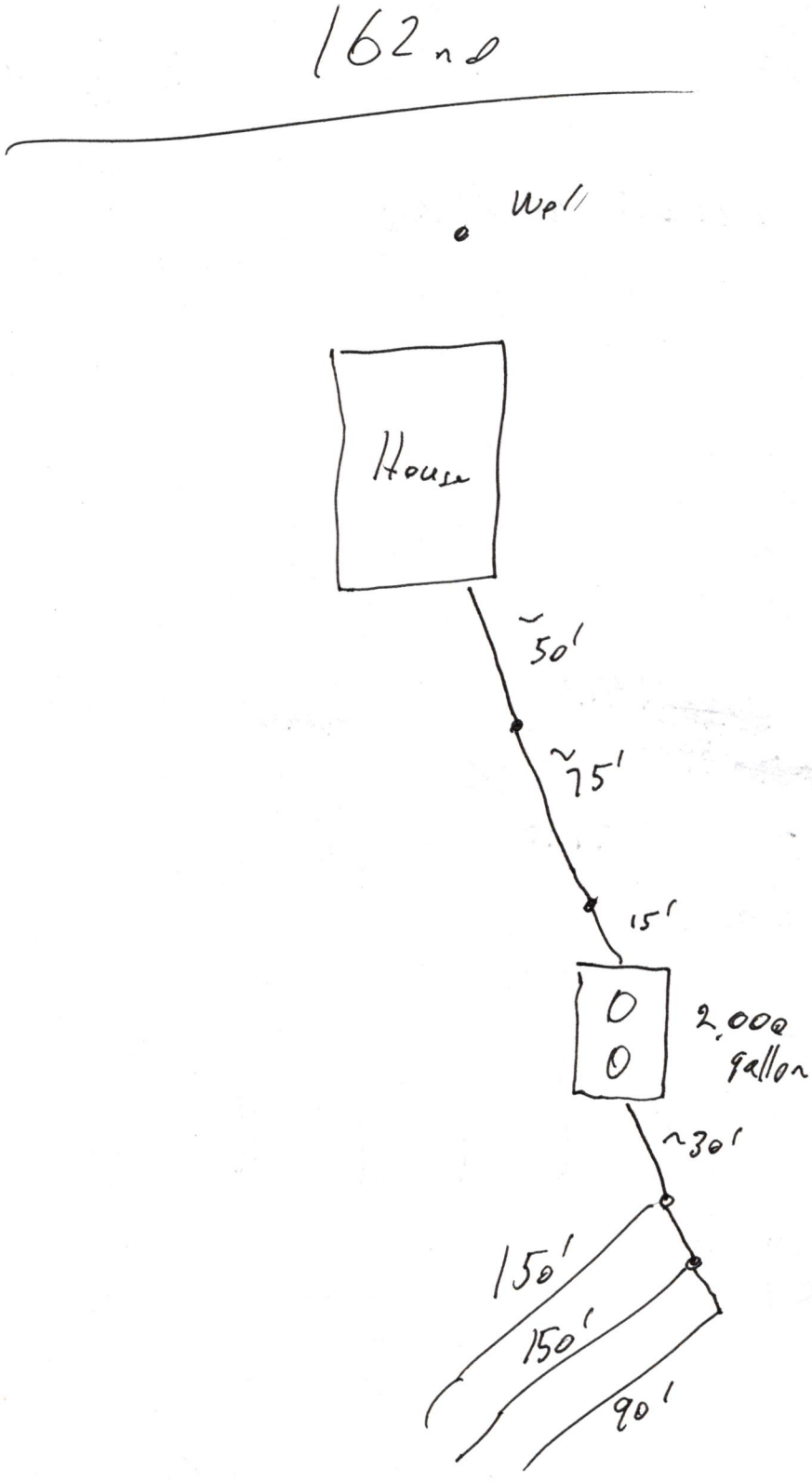
Inspections prior to Final Approval
Initial _____ Date 8/16/17

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By _____
Date 8/18/17

Field Note Drawing (See Reverse Side):


162nd
Well
House
~50'
~75'
15'
2,000 gallon
~30'
150'
150'
90'