DEPARTMENT 5140 N Street - Lincoln NE 68510-1514
Phone: 402-441-8643

A

Permit Number
H 5001620

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 18900 162 st (no rural route) City Waverly, NE Zip 68462

Legal Description 32 23 12 13 8-E

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

Geographical Location (if known): Lat/Long: _____ PID _____

B. Owner

Name Ron Wiggle Signature _____

Address 1306 Ashland Rd. City/State/Zip Concord Ne 68017

Home Phone _____ Work Phone _____

C. Certified Installer

Name: Scott Subbar Signature Scott Subbar

Address 1012 Co Rd M City/State/Zip Mead Ne 68041

Work Phone 402-443-6549

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 Is there a Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 5+

☐ 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 3-14-10 Amount Paid $405.00
Received By JAC Cash/Check No. 3930

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

Form A Updated: 5/10

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 18900 162 ST (no rural route) City Waverly NE, Zip 68462

Owner Ron Wiggle Address 1306 ~~Cobblestone~~ Oakland Rd Cenco Ne

Date of Tests 2/28/18 to 3/1/18 Weather: Precipitation 0 Temperature 36

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		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	30	2/28	1:30	3/1	2:00	3/1	3:00	6	3/1	3:30	:30	1½	20
2	26	"	"	"	"	"	"	6	"	"	"	1½	20
3	32	"	"	"	"	"	"	6	"	"	"	2	15
4	28	"	"	"	"	"	"	6	"	"	"	1¼	25
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Seth Seibert

Phone: 402-443-6549

Address 1012 Co Rd M

Mead Ne 68041

Soil type (NRCS Maps/Other) Silty clay loam

Groundwater Depth 25'

Sum of Percolation Rates: 80

Average of Rates: 20

Rate Used for Calculation: 20

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official _____ Date _____

Onsite Form B 12_06

1-402-624-2011

Mar 14 18 06:39a

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

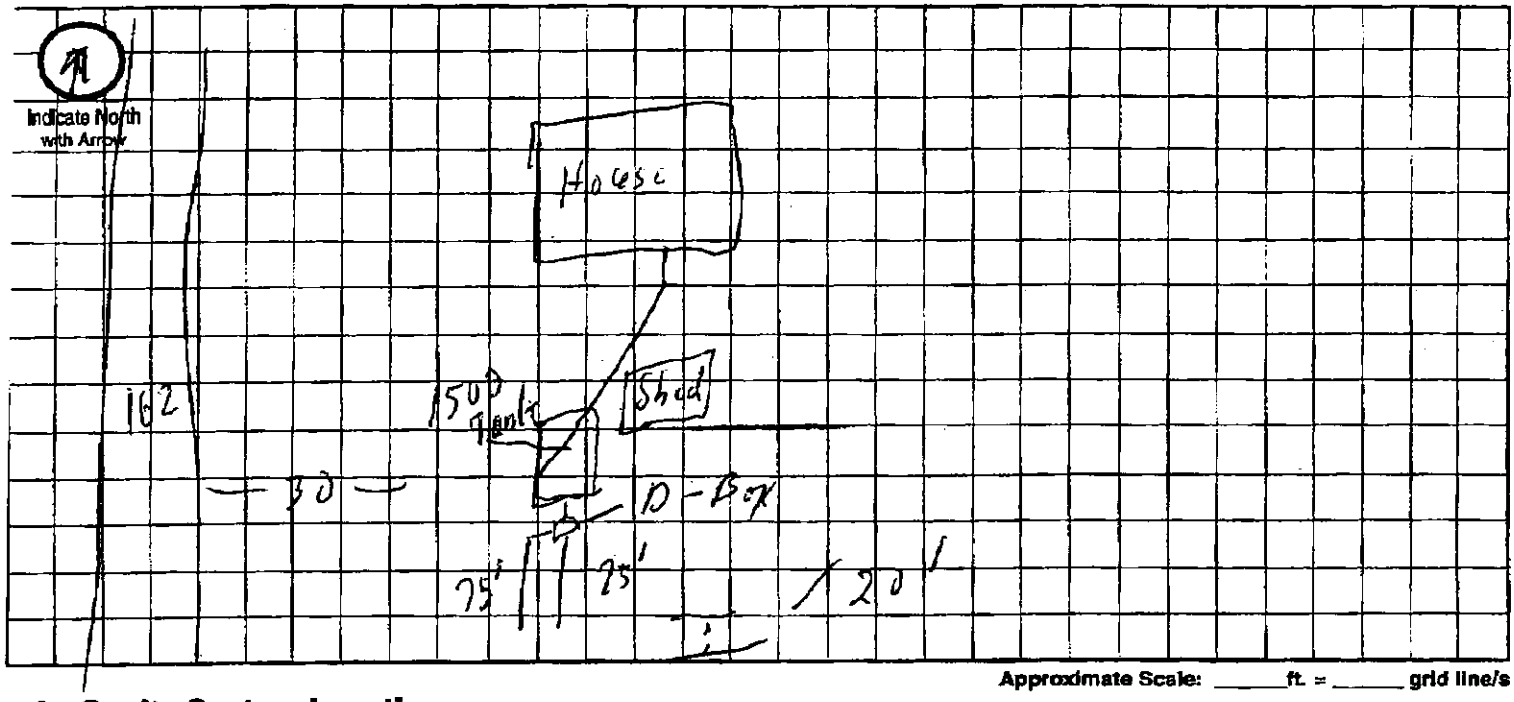
C

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) 18900 162 ST City Waverly NE, Zip 68462

B. Proposed Septic Tank/s

Septic Tank Cap. 1500 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 20 (min/inch = mpi) No. of Bedrooms 3 Soil Type Silty Clay Loam Land Slope 5 %

☑ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 750 sq.ft.

Total length of laterals 150 Type of distribution: ☐ Perforated pipe ☐ Half-Round ☑ Chamber ☐ Other

No. of absorption trenches 2 Width 60" 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 Scott Dutton Date 4/14/18

Onsite Form C 12-06

1-402-624-2011

Mar 14 18 06:40a

Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3131 O Street Lincoln, Nebraska 68510-1514

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT
No. HS001620

System Type: Standard

Situs: 18900 N 162ND ST, GREENWOOD, NE 68366

Issued: 3/14/2018

Expires: 3/14/2019

Description: VINSON ACRES ADDITION, Lot 1

Owner: WIGLE, RONNY D & BRENDA L
1306 ASHLAND RD
ASHLAND, NE 68003

Shavonna M. Lausterer, MPH, CPH, 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.

Shavonna M. Lausterer, MPH, CPH
Health Director

SCOTT SUBBERT
1012 CO RD M
MEAD, NE 68041

DEPARTMENT 5140 N Street · Lincoln NE 68510-1514
Phone: 402-441-8643

A SCANNED

Permit Number H 5001620

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 18960 162 st (no rural route) City Waverly, NE Zip 68462

Legal Description 32 23 12 13 8-E

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

Geographical Location (if known): Lat/Long: PID

B. Owner

Name Ron Wiggle Signature

Address 1306 Ashland Rd. City/State/Zip Cresco Ne 68017

Home Phone Work Phone

C. Certified Installer

Name: Scott Subbert Signature Scott Subbert

Address 1012 C Road M City/State/Zip Mead Ne 68041

Work Phone 402-443-6549

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 Is there a Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 3 A/18

☐ 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 Date rec'd 3/14/18 **ACTION** ☒ Approved ☐ Disapproved

Site visits Date frwd 3/14/18 Signature

2. Supt. Bldg. Insp. or Village Clerk Date rec'd **ACTION** ☐ Approved ☐ Disapproved

Comments Date frwd Signature

3. City or County Engineer Date rec'd **ACTION** ☐ Approved ☐ Disapproved

Comments Date frwd Signature

Installation ~~Final~~ Written Approval

By

Date 3/19/18

Business Office Use Only

Date Received 3-14-18 Amount Paid $405.00

Received By JAC Cash/Check No. 3930

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

Form A Updated: 5/10

* Exhibit

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

Exhibit 5

Permit Number: H500/1620

Onsite Wastewater Treatment System

Inspection Sheet

Date 3/19/18 Legal Description _____ ¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 18900 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 850 Sq. Ft. (5 per) Tank Size 1500 gals

Total length of laterals 170 Type of Distribution: ☒ Chamber ☐ Perforated Pipe ☐ Other (describe) _____

No. of Absorption Laterals 2 Width 5' 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:

Inspections prior to Final Approval
Initial NH Date 3/15/18

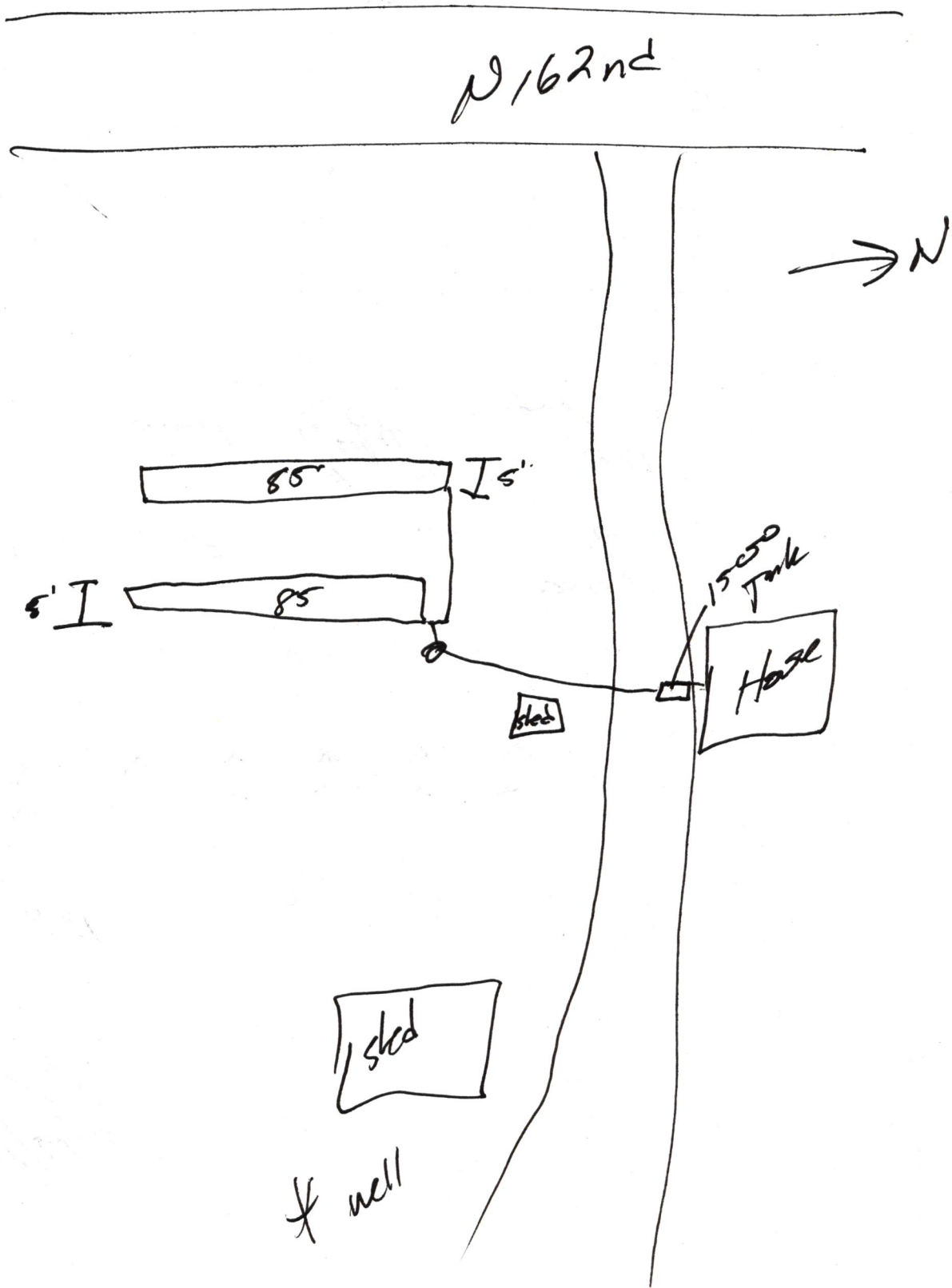
Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By _____

Date 3/19/18

Field Note Drawing (See Reverse Side):


N/62nd
N
85'
15'
5'
85
1500 Tank
House
sled
sled
well