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

A

Permit Number HS0016211

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

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

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.

LEASE PRINT OR TYPE

A. Onsite System Location

Address 12405 Davey Rd (no rural route) City Waverly NE Zip 68462

Legal Description 24 12 8-E
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID

B. Owner

Name David Paitz Signature

Address 12405 Davey Rd City/State/Zip Waverly Ne 68462

Home Phone 402-450-5725 Work Phone

C. Certified Installer

Name: Scott Subbert Signature Scott Subbert

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 Whirlpool Bathtub? ☐ Yes ☑ No Total Acres 3+

Garbage Grinder? ☑ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day 400

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 ACTION ☐ Approved ☐ Disapproved

Site visits Date rec'd Signature

Date frwd

Comments

2. Supt. Bldg. Insp. or Village Clerk ACTION ☐ Approved ☐ Disapproved

Comments Date rec'd Signature

Date frwd

3. City or County Engineer ACTION ☐ Approved ☐ Disapproved

Comments Date rec'd Signature

Date frwd

Installation Final Written Approval

By

Date

Business Office Use Only
Date Received 3-14-18 Amount Paid $405.00
Received By JAO Cash/Check No. 3930

White - Health Department Yellow - Engineer Pink - Building & Safety Form A Updated: 1/

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 12405 Davey Rd (no rural route) City Waverly NE, Zip 68462

Owner Dave Poitz Address 12405 Davey Rd

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			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	32	2/28	1:00	3/1	1:30	3/1	2:00	5	3/1	2:30	30	1	30
2	34	"	"	"	"	"	"	6	"	"	"	1½	20
3	30	"	"	"	"	"	"	6	"	"	"	1	30
4	36	"	"	"	"	"	"	6	"	"	"	1¼	25
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Scott Eybbert

Phone: 402-743-6549

Address 1012 C R M Road No 68041

Soil type (NRCS Maps/Other) Silty Clay Loam

Groundwater Depth 50'

Sum of Percolation Rates: 105

Average of Rates: 26.25

Rate Used for Calculation: 26.25

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

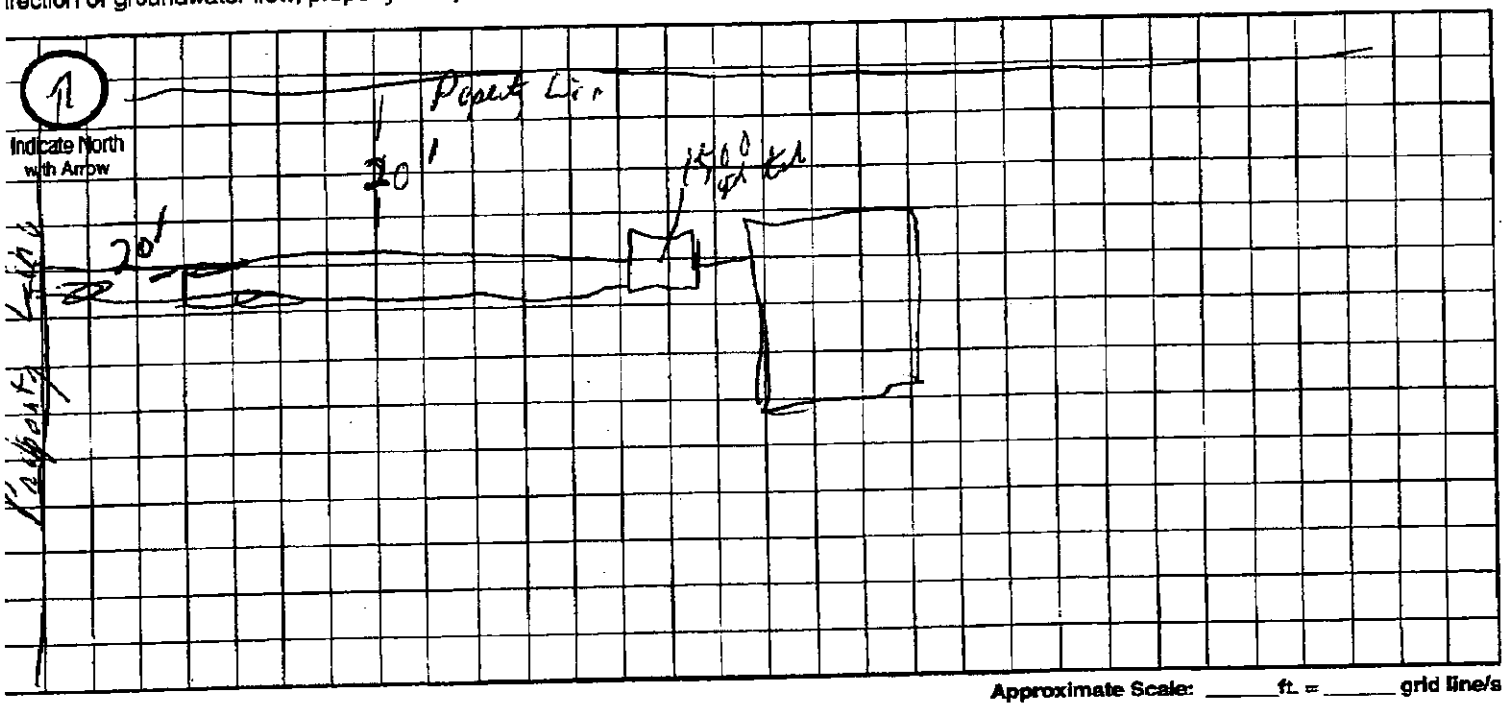
C

Permit Number:

Onsite Wastewater Treatment System

Preliminary Plan Specifications

raw a plot plan showing onsite system sewer lines, drop of distribution boxes, tank, drainfields, percolation test holes, well, residence, irection 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) 12405 Davey Road 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 26 (min/inch = mpi) No. of Bedrooms 3 Soil Type Silty Clay loam Land Slope 0 %

☒ 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 1 Width 60' No. of drop boxes_____ 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 ☐	NA ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

F. Required Signatures

Home Building Contractor _____ Date _____

Installer Scott Sutton Date 4/14/18

Onsite Form C 12-06

attention

to Nate Hartman

From

Scott Sutton

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. HS001621

System Type: Standard

Situs: 12405 DAVEY RD, WAVERLY, NE 68462

Issued: 3/14/2018

Expires: 3/14/2019

Description: S29, T12, R8, 6th Principal Meridian, LOT 11 NW

Owner: PAITZ, DAVID A & CECILIA M
12405 DAVEY RD
WAVERLY, NE 68462

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

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

Permit Number: HS001621

Onsite Wastewater Treatment System

Inspection Sheet

Date 3/5/19 Legal Description _____
¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 12405 Davey 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 750 Sq. Ft. Tank Size 500 gals

Total length of laterals 2150 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:

Approval

Inspections prior to Final Approval
Initial _____ Date _____

Follow-Up_____ Date _____

Follow-Up_____ Date _____

Installation Final Written Approval
By _____

Date 3/5/19

Field Note Drawing (See Reverse Side):

Updated 5/18

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

SCANNED

A

Permit Number HSO0162 1

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

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acres or more required for: ☐ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

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Designer Name Firm Work Phone

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☐ Residential Dwelling Number of Bedrooms 3 Whirlpool Bathtub? ☐ Yes ☑ No Total Acres 5.0 +/- 3

Garbage Grinder? ☑ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day 400

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 3/14/18
Date frwd 3/14/18
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 3/5/19

Business Office Use Only
Date Received 3/14-18 Amount Paid $405.00
Received By JAO Cash/Check No. 3930

White - Health Department Yellow - Engineer Pink - Building & Safety Form A Updated: 1/

Next #7

0
20
40ft
12465

SCANNED


12405
0
20
40ft
City of Lincoln\Lancaster County, NE GIS | Earthstar Geogr