OCT 17 2018

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

A

Permit Number
#5001756

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 Native Grass Addition Block 1 Lot 1 City Waverly, NE Zip
(no rural route)

Legal Description S12 T10 R8 Native Grass Add 1 1 (HO)
1/4 1/4 Section Township Range Subdivison Addition Block Lot

Geographical Location (if known): Lat/Long: PID 231210 2001000

B. Owner

Name Rye Construction Company Signature

Address 10210 N 152 City/State/Zip Waverly, Ne, 68462

Home Phone 402-610-1077 Work Phone

C. Certified Installer

Name: Knut T Virgil Signature

Address 3276 W. Bennet Oak Rd City/State/Zip Raymond, Ne 68428

Work Phone 402-525-6681

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 3.71

☐ 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 10-17-18 Amount Paid #420.00
Received By JAO Cash/Check No. 1445

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: 402-441-8643

B

Permit Number:

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address Native Grass Addition Block 1 Lot 1 (no rural route) City Lincoln NE, Zip

Owner Jason Miller Address P.O. Box 81823 Lincoln, NE 68501

Date of Tests 6/23/18 to 6/24/18 Weather: Precipitation none Temperature 80 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	6/23	3:40 pm	6/24	8:50 am	6/24	11:50 am	6	6/24	12:20 pm	30 min	1 inch	30
2	30	6/23	3:40 pm	6/24	8:50 am	6/24	11:50 am	6	6/24	12:20 pm	30 min	1 1/2 inch	20
3	30	6/23	3:40 pm	6/24	8:50 am	6/24	11:50 am	6	6/24	12:20 pm	30 min	1/2 inch	60
4	30	6/23	3:40 pm	6/24	8:50 am	6/24	11:50 am	6	6/24	12:20 pm	30 min	1 inch	30
5	30	6/23	3:40 pm	6/24	8:50 am	6/24	11:50 am	6	6/24	12:20 pm	30 min	3/4 inch	40
6	30	6/23	3:40 pm	6/24	8:50 am	6/24	11:50 am	6	6/24	12:20 pm	30 min	3/4 inch	40
								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: 220
Average of Rates: 36.66
Rate Used for Calculation: 59 due to variation

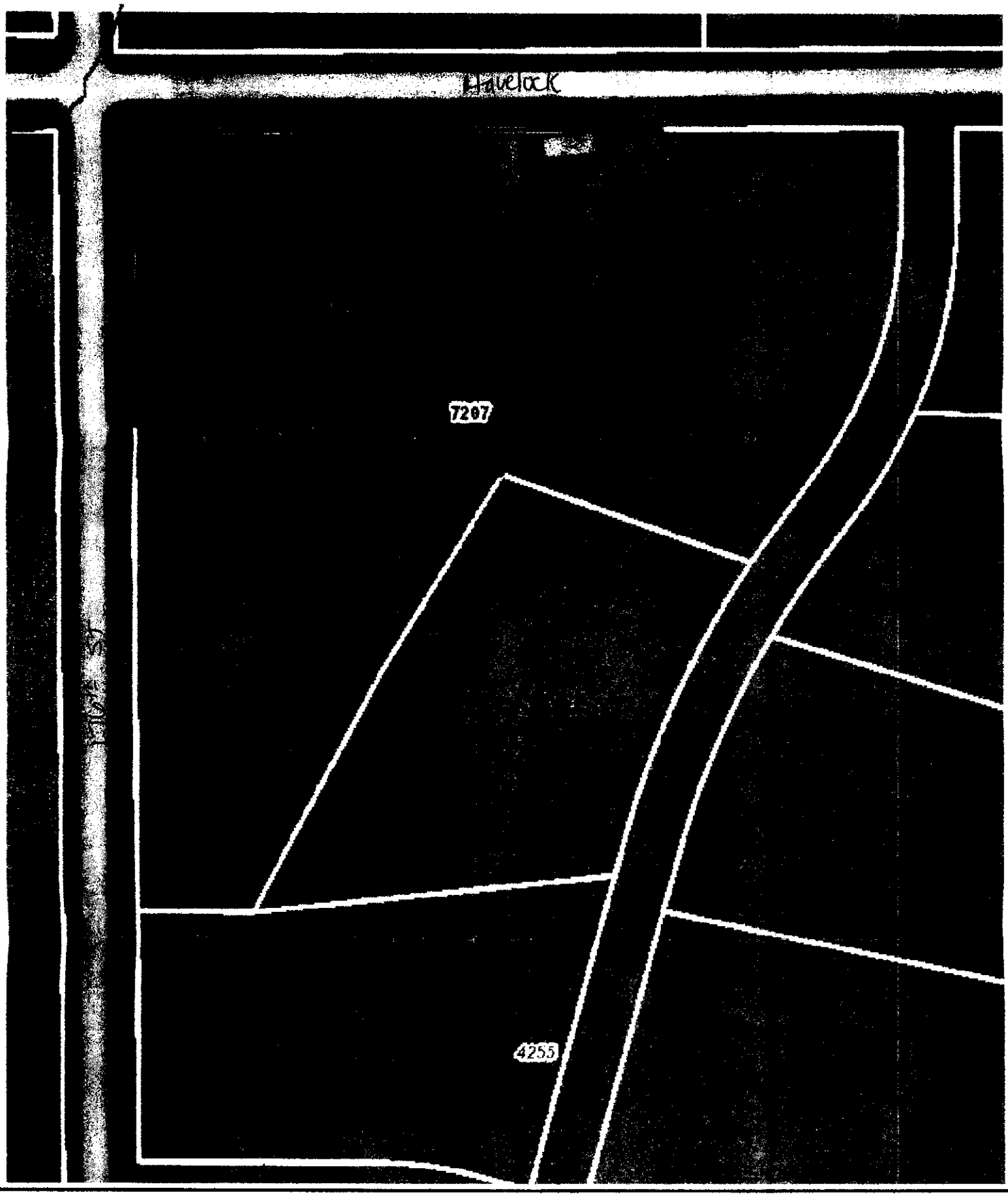
Soil type (NRCS Maps/Other) Askarben silty clay 7207
Groundwater Depth +12

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official Date



Lancaster County/City of Lincoln GIS Map

N
W E
S

Printed: Jun 20, 2018

DISCLAIMER: The information is presented on a best-efforts basis, and should not be relied upon for making financial, survey, legal or other commitments. If you have questions or comments regarding the data displayed on this map, please email ags@lincoln.ne.gov and you will be directed to the appropriate department.

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. HS001756

System Type: Standard

Situs: No Site Address Specified

Issued: 10/19/2018

Expires: 10/19/2019

Description: NATIVE GRASS ADDITION, BLOCK 1, Lot 1

Owner: RYE CONSTRUCTION COMPANY
10210 N 152 ST
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

KURT T. VIRGIL EXCAVATING INC
3276 W BRANCHED OAK RD
RAYMOND, NE 68428

SCANNED

OCT 17 2018

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

A

Permit Number #5001756

Onsite Wastewater Treatment System Request for Site Clearance and Permit

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(no rural route)

Legal Description S12 T10 R8 Native Grass Add 1 1 (40)
1/4 1/4 Section Township Range Subdivison Addition Block Lot

Geographical Location (if known): Lat/Long: PID 231210 200 1000

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Name Rye Construction Company Signature

Address 10210 N 152 City/State/Zip Waverly, Ne, 68462

Home Phone 402-610-1077 Work Phone

C. Certified Installer

Name: Kurt T Virgil Signature

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Site visits
Date rec'd 10/16/18
Date frwd 10/16/18
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 8/6/19

Business Office Use Only
Date Received 10-17-18 Amount Paid #420.00
Received By JAD Cash/Check No. 1445

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

Form A Updated: 5/10

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): 4500 N 176th

Owner: Rye Collins Address

A. Wastewater Piping

1. Material: ☒ Plastic Diameter: 4 in.
2. Distance between dwelling and septic tank: 70 ft.

B. Septic Tank

1. Material Plastic
2. Capacity: 1500
3. Depth to top of tank, below unfinished grade: 12 in.
4. Distance to:
   Well +100 ft.
   Pressure line +50 ft.
   Property Line +50 ft.
   Foundation +50 ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: E ft. 20

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☒ Other
   Material brand and inside width of Chamberless: EZ Flow
2. Number of Laterals: 3
3. Length of each latara! (linear) ft. 100 ft. 100 ft. 112 ft.
4. Drainfield size: 1400 sq. ft.
5. Distance to:
   Well +100 ft.
   Pressure line +50 ft.
   Property line +15 ft.
   Depth of Groundwater 87

1404 installed NA

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

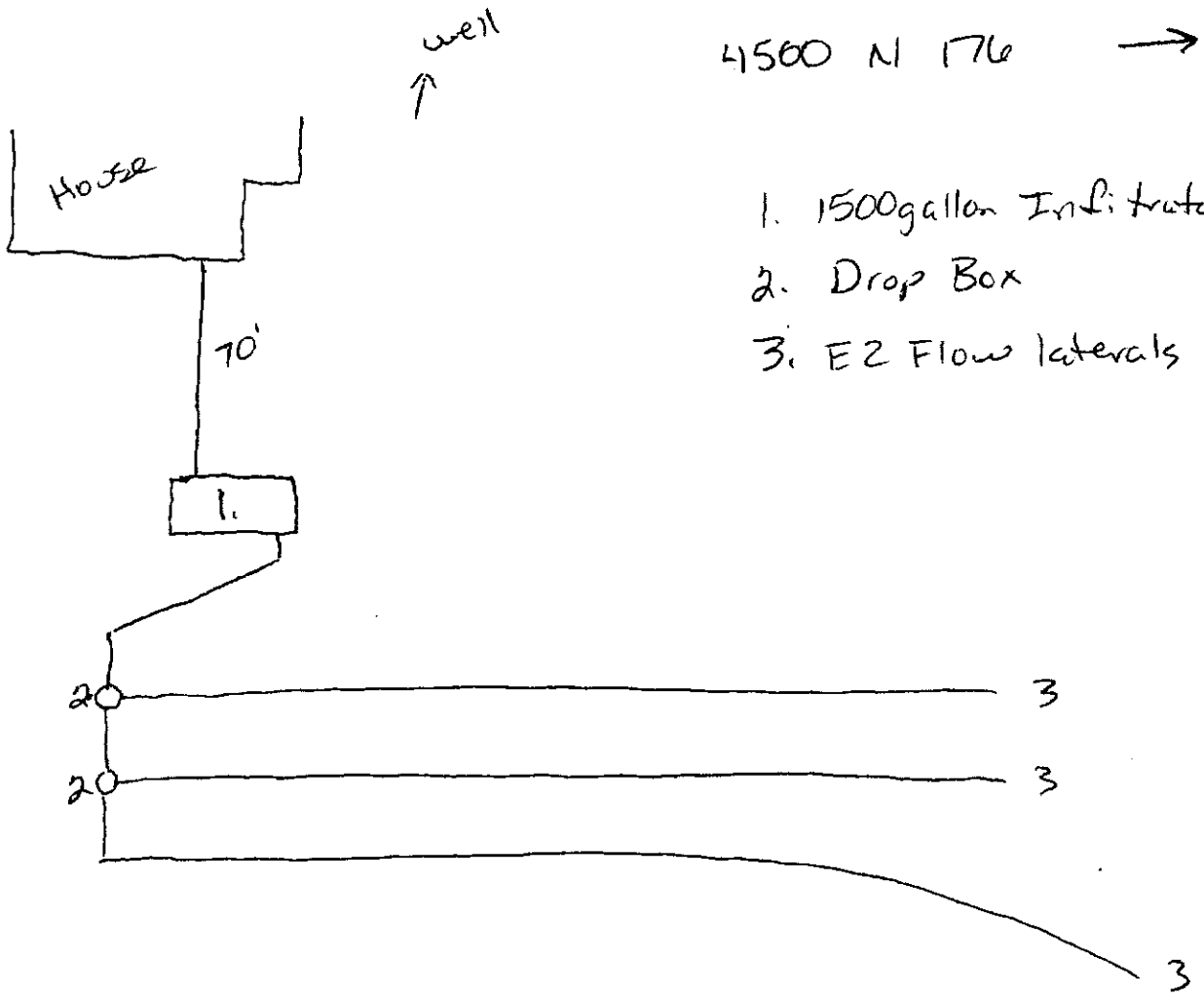
Pre-approval given, called ahead NA

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: Brent Tom Date: 7/16/19

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



4500 N 176 → N

1. 1500gallon Infiltrator tank
2. Drop Box
3. E2 Flow laterals