NOV 0 9 2018

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

A

Permit Number HS001768

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 10000 Agnew Rd (no rural route) City Waverly, NE Zip 68462

Legal Description SW (1/4) 12 (1/4 Section) 12N (Township) 7E (Range) _____ (Subdivison) _____ (Addition) 1 (Block) _____ (Lot)

PID 19-12-300-003-000 & 19-12-300-002-000

B. Owner

Name Michael & Suzanne Short Signature _____

Address 10000 Agnew Rd City/State/Zip Waverly, NE 68462

Home Phone 402-785-5715 Work Phone 402-432-9319

C. Certified Installer

Name: Lloyd Jakoubek, Raymond Contracting Inc Signature [signature]

Address 13800 NW 70th St City/State/Zip Raymond, NE 68428

Work Phone 402-890-6009 or 402-783-2663

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 5 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 5.02 & 71.41

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 _____ Date rec'd _____ Date frwd _____
Comments _____
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 11-13-18 Amount Paid $420.00
Received By JAO Cash/Check No. 9523

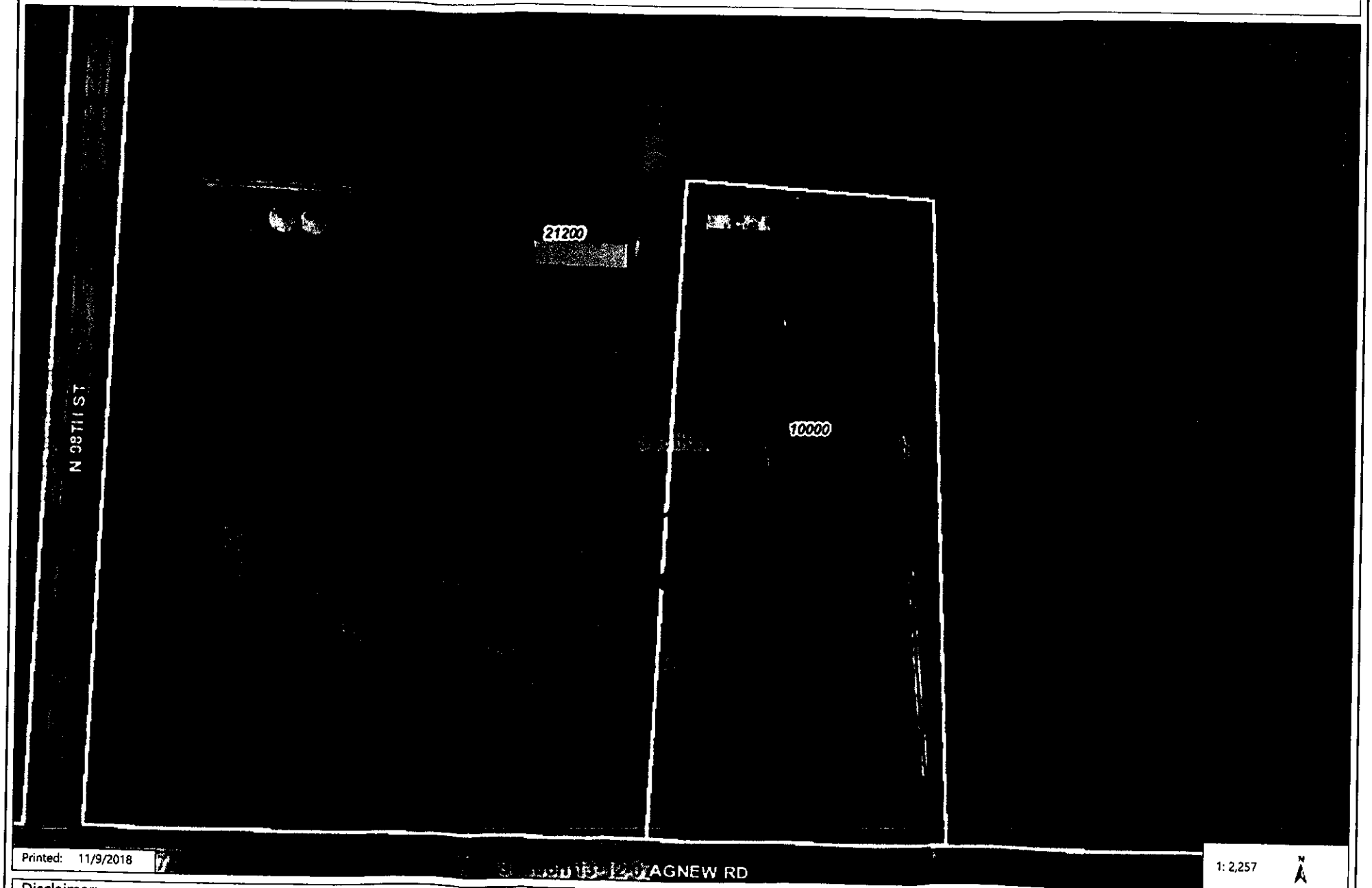
White - Health Department Yellow - Engineer Pink - Building & Safety

Form A Updated: 1/13

Michael & Suzanne Short 10000 Agnew Rd, Waverly, NE 68462

GIS Viewer

City of Lincoln\Lancaster County GIS Map



Printed: 11/9/2018

1: 2,257

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 assessor@lancaster.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. HS001768

System Type: Lagoon

Situs: No Site Address Specified

Issued: 11/16/2018

Expires: 11/16/2019

Description: S12, T12, R7, 6th Principal Meridian, LOT 1 SW

Owner: SHORT, SUZANNE Y & MICHEAL
10000 AGNEW 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

RAYMOND CONTRACTING
13800 NW 70TH ST
RAYMOND, NE 68428

NOV 09 2018

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

SCANNED

A

Permit Number HS001768

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PLEASE PRINT OR TYPE

A. Onsite System Location

Address 10000 Agnew Rd (no rural route) City Waverly, NE Zip 68462

Legal Description ~~1/4~~ SW 1/4 12 Section 12N Township 7E Range ____ Subdivison ____ Addition ____ Block 1 Lot

PID 19-12-300-003-000 & 19-12-300-002-000

B. Owner

Name Michael & Suzanne Short Signature ____

Address 10000 Agnew Rd City/State/Zip Waverly, NE 68462

Home Phone 402-785-5715 Work Phone 402-432-9319

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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 7/24/20 - Fence Installed
Comments ____
Date rec'd 11/6/18
Date frwd 11/6/18
ACTION ☒ Approved ☐ Disapproved
Signature [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 [signature]
Date 3/24/20

Fence installed 9/4/20

Business Office Use Only
Date Received 11-13-18 Amount Paid $420.00
Received By JAO Cash/Check No. 9523

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

Form A Updated: 1/13

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

D Exhibit 4

Permit Number:

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 PID = 19-12-300-003-000

Address or Legal Description or Parcel Identification Number (PID) 10000 Agnew Rd, Waverly, NE 68462

Owner: Michael & Suzanne Short Address Same

A. Wastewater Piping

1. Material: SDR26 Diameter: 4 in.
2. Distance between dwelling and ~~septic tank~~ Lagoon: 60 ft. Existing 160' New

B. Septic Tank

1. Material _____
2. Capacity: _____
3. Depth to top of tank ~~below~~ unfinished grade: ____ in.
4. Distance to:
   Well _____ ft.
   Pressure line _____ ft
   Property Line _____ ft.
   Foundation _____ ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: ____ ft. ____

D. Drainfield/Absorption Field

☐ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamber ☐ Gravelless ☐ Other
   Material and inside width of chamberless: _____
2. Number of Laterals _____
3. Length of each lateral: ft._____ ft._____ ft._____ ft._____
4. Drainfield size _____
5. Distance to:
   Well _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.
   Depth of Groundwater _____

2 Pencil Gravelless Installed 3/22/20 NH

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

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: _____ Date: 11/13/18

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

1:00 - 1:30

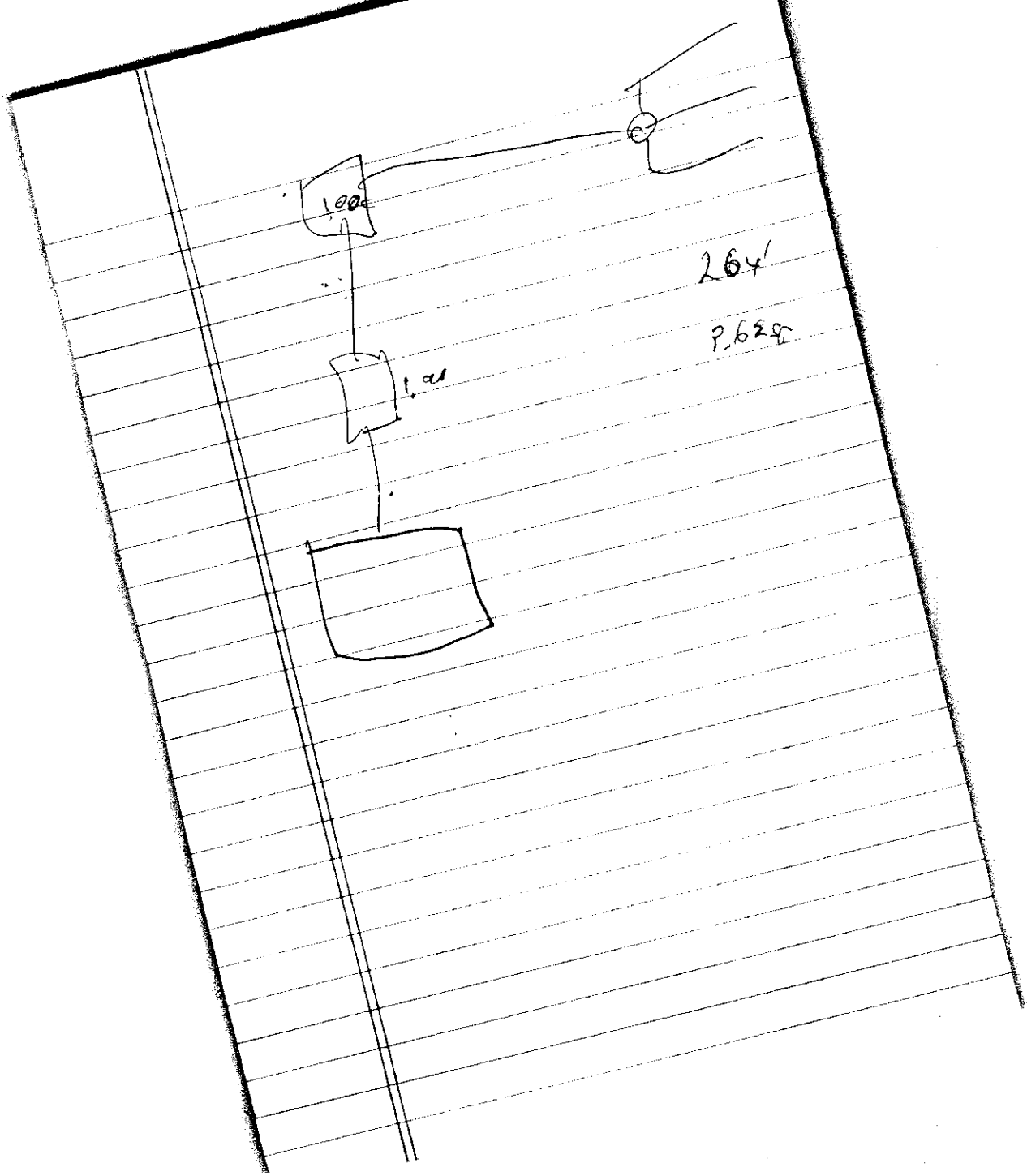
17900 N 162nd

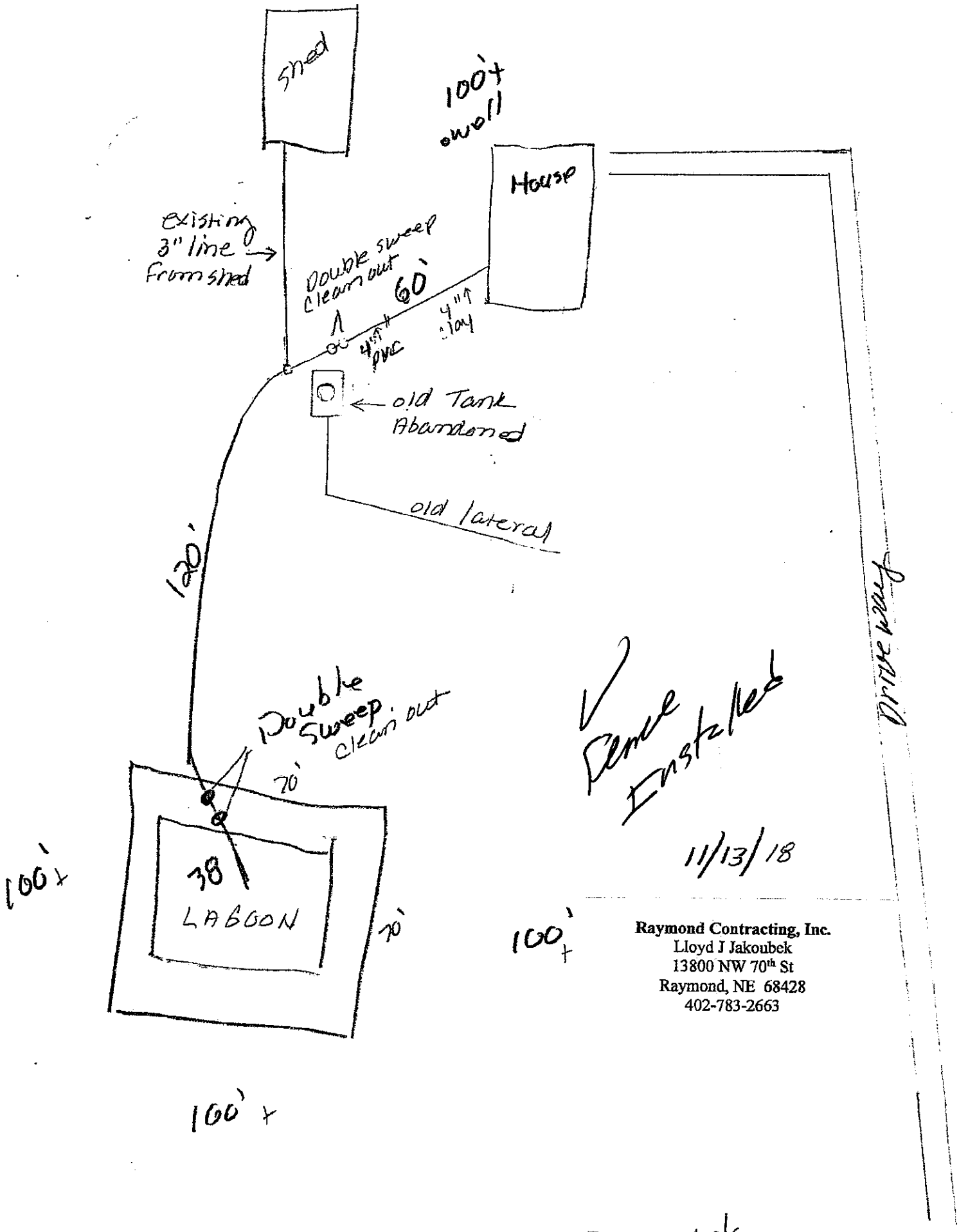
4 bd. 1½ bath

1,320 sq. ft

364 linear lateral @ $.6250

4710 Agnew


100
1.0
264
P.625

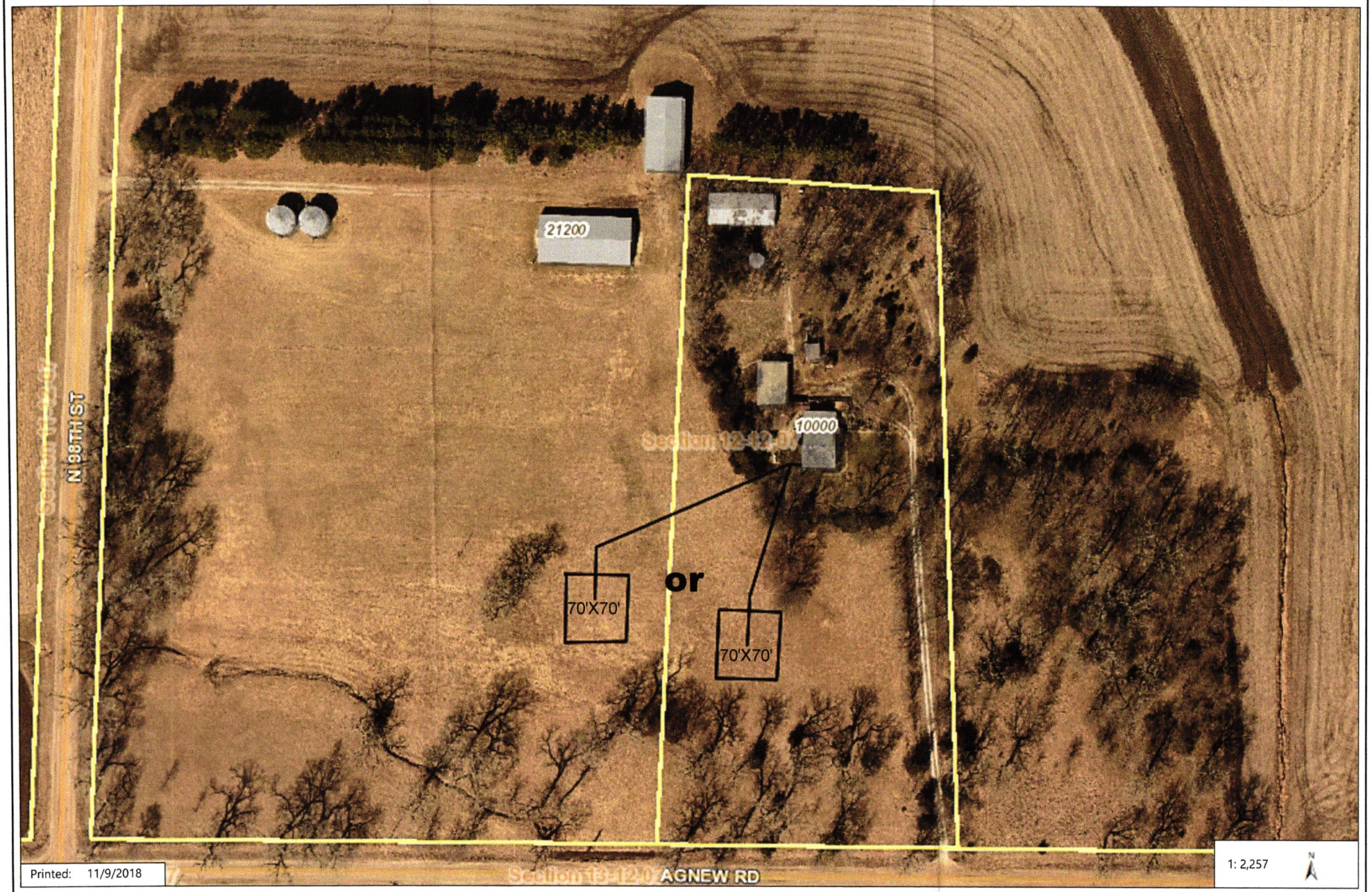


Raymond Contracting, Inc.
Lloyd J Jakoubek
13800 NW 70th St
Raymond, NE 68428
402-783-2663

Michael & Suzanne Short 10000 Agnew Rd, Waverly, NE 68462

GIS Viewer
CITY OF LINCOLN - LANCASTER COUNTY, NE

City of Lincoln\Lancaster County GIS Map



SCANNED

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