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

NOV 14 2018 **A**

Permit Number HSD01769

Onsite Wastewater Treatment System Permit Application

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

☒ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

PLEASE PRINT OR TYPE

A. Onsite System Location

Address* 17900 N 162nd Street City Waverly, NE Zip 68462
(no rural route)

Legal Description 26 12 8 15NW
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 25-26-100-002-000 *Approx. Address (If to be determined)

B. Owner

Name Toni Watts-McDonald Signature

Address 910 Lamplighter Lane City/State/Zip Lincoln, NE 68510

Home Phone Work Phone

C. Certified Installer

Name: Michael P. Dietze Signature Michael P. Dietze

Address PO Box 116 City/State/Zip Waverly, NE 68462

Work Phone 402-786-5620

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 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres
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

1. Health Department
Site visits
Comments
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 11-15-18 Amount Paid $420.00
Received By JMG Cash/Check No. 34479

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

Form A Updated: 4/15

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

B

Permit Number: HS001663

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 17900 N 162nd St (no rural route) City Waverly NE, Zip 68462

Owner Toni Watts-McDonald Address 910 Lamplighter Lane Lincoln 68510

Date of Tests 05/04/2018 to 05/05/2018 Weather: Precipitation 0 Temperature 54°

Percolation Test Data Table

A.	B.	C.	D.	E.	F.	G.	H.	I.	J.	K.	L.	M.	N.
		Saturation/Swelling Time				Water Level Drop: Last 30 mins of 4 hr or last 10 mins of 1 hr					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	36	05/04	1800	05/05	0600	05/05	0900	6	05/05	0930	30	9/16	53
2	36	05/04	1800	05/05	0600	05/05	0900	6	05/05	0930	30	5/8	48
3	36	05/04	1800	05/05	0600	05/05	0900	6	05/05	0930	30	5/8	48
4	36	05/04	1800	05/05	0600	05/05	0900	6	05/05	0930	30	5/8	48
5	36	05/04	1800	05/05	0600	05/05	0900	6	05/05	0930	30	5/8	48
6	36	05/04	1800	05/05	0600	05/05	0900	6	05/05	0930	30	5/8	48
								6					
								6					

Person Conducting Percolation Test

Name: Suzette Buls
Phone: 402 525 3144
Address PO Box 305
Waverly NE 68462

Soil type (NRCS Maps/Other)

Groundwater Depth

Sum of Percolation Rates: 293
Average of Rates: 48.83
Rate Used for Calculation: 49

DO NOT WRITE BELOW THIS LINE

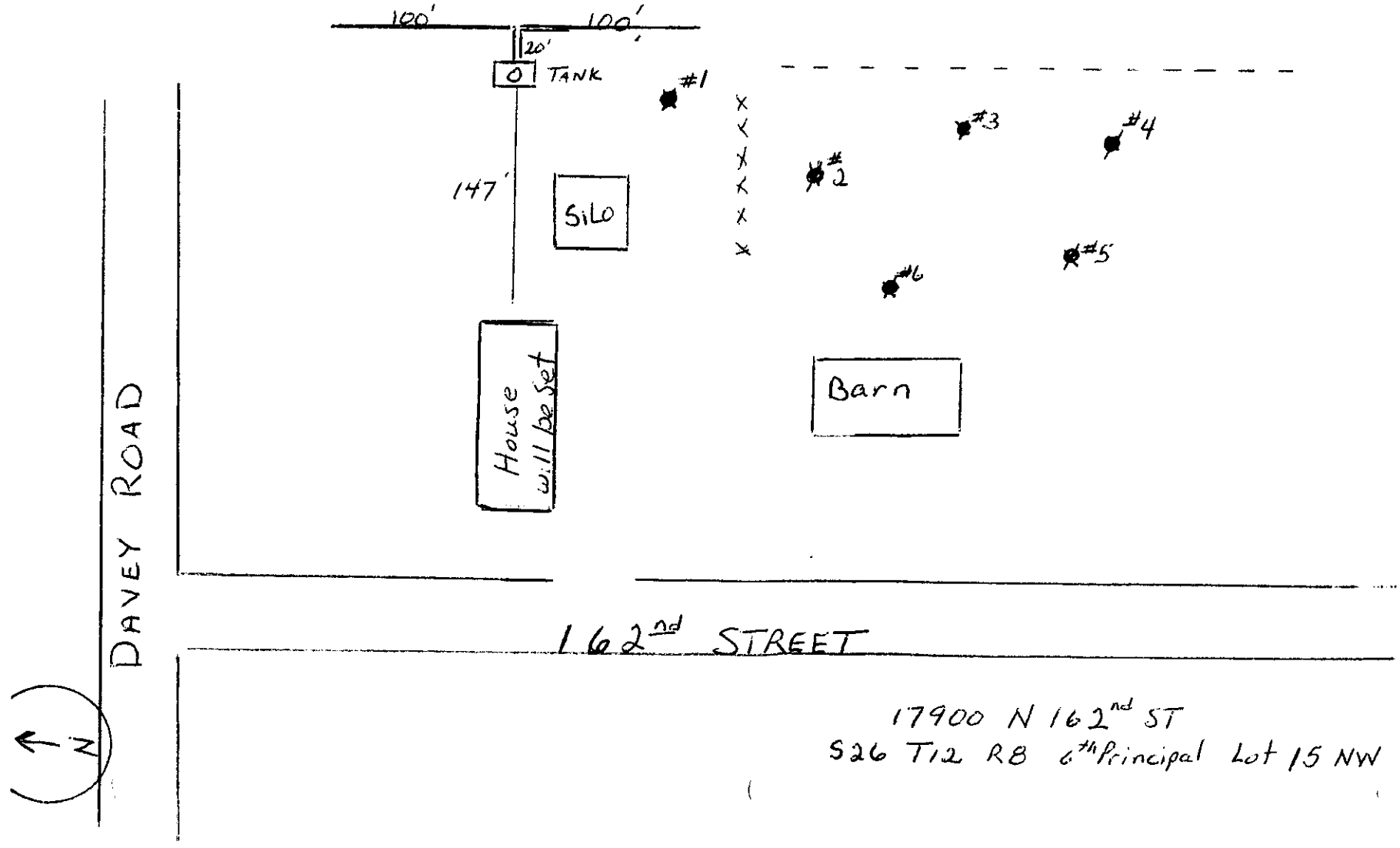
Reviewing Action

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

Signature of Reviewing Official Date

XXX - TREES

- - - - FENCE



17900 N 162nd ST

S26 T12 R8 6th Principal Lot 15 NW

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. HS001769

System Type: Standard

Situs: No Site Address Specified

Issued: 11/16/2018

Expires: 11/16/2019

Description: S26, T12, R8, 6th Principal Meridian, LOT 15 NW

Owner: WATTS-MCDONALD, TONI &
MCDONALD, ERIC
17900 N 162 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

WAVERLY PLUMBING & WELL CO
PO MBOX 115
WAVERLY, NE 68462

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

NOV 14 2018 **A**

Permit Number
HSD01769

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Work Phone 402-786 5620

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 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 3.05
Garbage Grinder? ☐ Yes ☒ No

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

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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 2/6/19

Business Office Use Only
Date Received 11-15-18 Amount Paid $420.00
Received By JAG Cash/Check No. 34479

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

Form A Updated: 4/15

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

Exhibit 5

Permit Number: HS001789
HS001663

Onsite Wastewater Treatment System

Inspection Sheet

Date 2/6/19

Legal Description ____ ¼ ____ ¼ 26/12/8 15 NW
Section/Township/Range

Onsite System Location

Address (no rural route) 17900 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 1,685 Sq. Ft. Tank Size 2-1,000 in Series 2,000 gals

Total length of laterals 465' Type of Distribution: ☒ Chamber ☐ Perforated Pipe ☐ Other (describe) ____

2 - existing laterals 2 - New Existing laterals = 725 sq. ft. New laterals = 960 sq. ft.

No. of Absorption Laterals 5 Width 3.625 facts No. of Drop Boxes ____ 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 N/A

Lateral #1 ____ Lateral #3 ____

Lateral #2 ____ Lateral #4 ____

Comments:

Inspections prior to Final Approval
Initial ____ Date 4/15/19

Follow-Up ____ Date ____

Follow-Up ____ Date ____

Installation Final Written Approval
By Doug Thiele

Date 2/6/19

Field Note Drawing (See Reverse Side):

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) 17900 N 162nd St Waverly 68462

Owner: Teri Watts-McDonald & Eric McDonald Address _____

A. Wastewater Piping

1. Material: PVC SDR-26 Diameter: 4 in.
2. Distance between dwelling and septic tank: 53 ft.

B. Septic Tank

1. Material Concrete - concrete
2. Capacity: 1000 1600
3. Depth to top of tank, below unfinished grade: 12 in.
4. Distance to:
   Well 100' Plus ft.
   Pressure line 1' ft
   Property Line _____ ft.
   Foundation _____ ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: 8' ft. 127' ft.
First Second

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☒ Chamberless ☐ Other
   Material brand and inside width of Chamberless: Infiltrator
2. Number of Laterals: 3 New 2 OLD
3. Length of each lateral (linear): ft. 85 ft. 90 ft. 90 ft. 100 100' OLD 100' OLD
4. Drainfield size: _____ sq. ft.
5. Distance to:
   Well 100' Plus ft.
   Pressure line 100' Plus ft.
   Property line 5 ft.
   Depth of Groundwater N/A

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

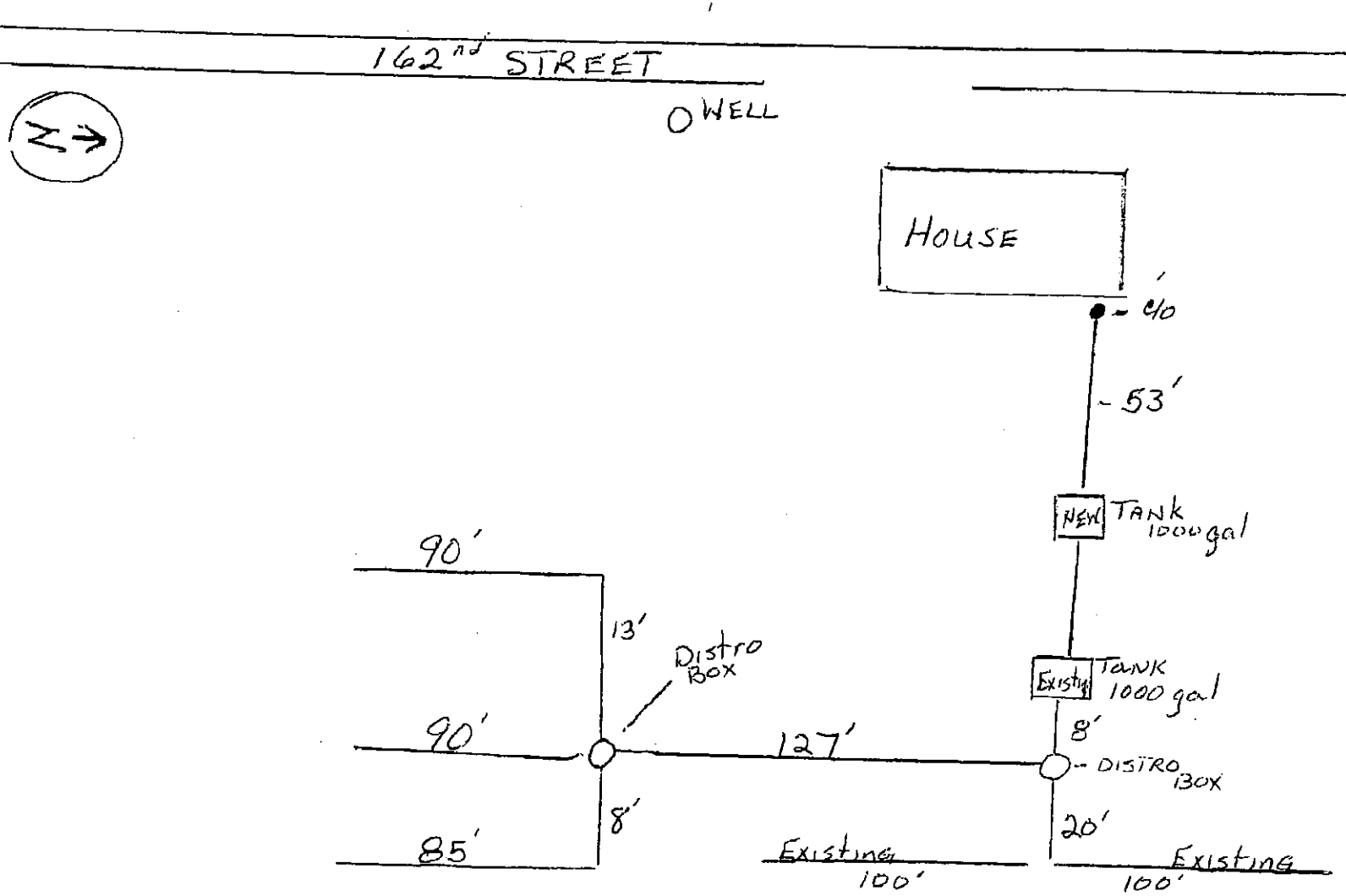
If Yes, the Certified Professional must sign below for final approval:

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: Michael P Piety Date: 11-16-18

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

Updated 4/15



17900 N 162nd ST