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

A

Permit Number HS001813

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* 5120 Waverly Rd. (no rural route) City Lincoln, NE Zip 68514

Legal Description 8 11 7 39

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

PID 18-08-400-005-000 *Approx. Address (If to be determined)

B. Owner

Name Tom Lacoco Signature

Address City/State/Zip Lincoln, NE 68514

Home Phone Work Phone ~~307~~ 402-304-3542

C. Certified Installer

Name: Matt Taylor Signature

Address PO Box 23108 City/State/Zip Lincoln, NE 68542

Work Phone 402 450 6599

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

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

1. Health Department

Site visits Date rec'd **ACTION** ☐ Approved ☐ Disapproved

Date frwd Signature

Comments

2. Supt. Bldg. Insp. or Village Clerk

Comments Date rec'd **ACTION** ☐ Approved ☐ Disapproved

Date frwd Signature

3. City or County Engineer

Comments Date rec'd **ACTION** ☐ Approved ☐ Disapproved

Date frwd Signature

Installation Final Written Approval

By

Date

Business Office Use Only
Date Received 4-23-19 Amount Paid $400
Received By JAC Cash/Check No. 2010

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

Form A Updated: 4/15

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

B

Permit Number:

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 5120 Waverly Rd. (no rural route) City Lincoln NE, Zip 68514

Owner Tom Lococo Address 5120 Waverly Rd.

Soil Type (SCS): _____ Percolation Rate: 20 mpi min./inch

Date of Tests 4-16 to 4-18 Weather: Precipitation None Temperature 60°

Percolation Test Data Table

A.	B.	C. D. E. F. Pre-Saturation Period				G. H. I. J. K. Percolation Readings					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)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time (Min)	Water Level Drop (in)	Percolation Rates (Min/in)
1	36	4-16	2 PM	4-17	5 PM	4-18	1 PM	20	4-18	3:30	150	8"	19
2	42	4-16	2 PM	4-17	5 PM	4-18	1 PM	24	4-18	3:30	150	10.5	14
3	40	4-16	2 PM	4-17	5 PM	4-18	1 PM	26	4-18	3:30	150	5.5	27
4	38	4-16	2 PM	4-17	5 PM	4-18	1 PM	24	4-18	3:30	150	4.5	33
5	40	4-16	2 PM	4-17	5 PM	4-18	1 PM	26	4-18	3:30	150	4.5	33
6	36	4-16	2 PM	4-17	5 PM	4-18	1 PM	26	4-18	3:30	150	9.5	16
7	34	4-16	2 PM	4-17	5 PM	4-18	1 PM	28	4-18	3:30	150	13	12
8	38	4-16	2 PM	4-17	5 PM	4-18	1 PM	30	4-18	3:30	150	10	15
9	42	4-16	2 PM	4-17	5 PM	4-18	1 PM	29	4-18	3:30	150	8	19

Person Conducting Percolation Tests

Name: Matt Taylor

Phone: 402 450-6599

Address P.O. Box 23108

Lincoln, NE 68542

Sum of Percolation Rates: 188

Average of Rates: 20.8 mpi

Rate Used for Calculation: 20.8 mpi

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

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

D

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

Address or Legal Description or Parcel Identification Number (PID) _____

Owner: Tom Lacoco Address 5120 Waverly Rd.

A. Wastewater Piping

1. Material: PVC Diameter: 4 in.
2. Distance between dwelling and septic tank: 50 ft.

B. Septic Tank

1. Material Concrete
2. Capacity: 1000 Gal
3. Depth to top of tank, below unfinished grade: 36 in.
4. Distance to:
   Well more than 100 ft.
   Pressure line 100 ft
   Property Line 100 ft.
   Foundation 50 ft.

C Distribution Box or Drop Box

Distance **and** Direction from septic tank: ~~50 ft. 50~~
30 ft West

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☒ Chamberless ☐ Other
   Material brand and inside width of Chamberless:
   EZ Flow Styrofoam Bundles
2. Number of Laterals: 4
3. Length of each lataral (linear): ft. 50 ft. 50 ft. 46 ft. 30
4. Drainfield size: 750 sq. ft.
5. Distance to:
   Well more than 100 ft.
   Pressure line 100 ft.
   Property line 100 ft.
   Depth of Groundwater more than 4 ft

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.

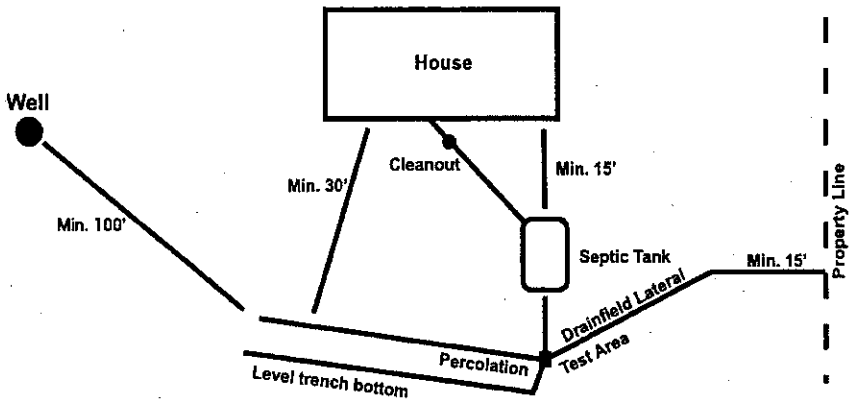
Certified Professional Signature: _____ Date: _____

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

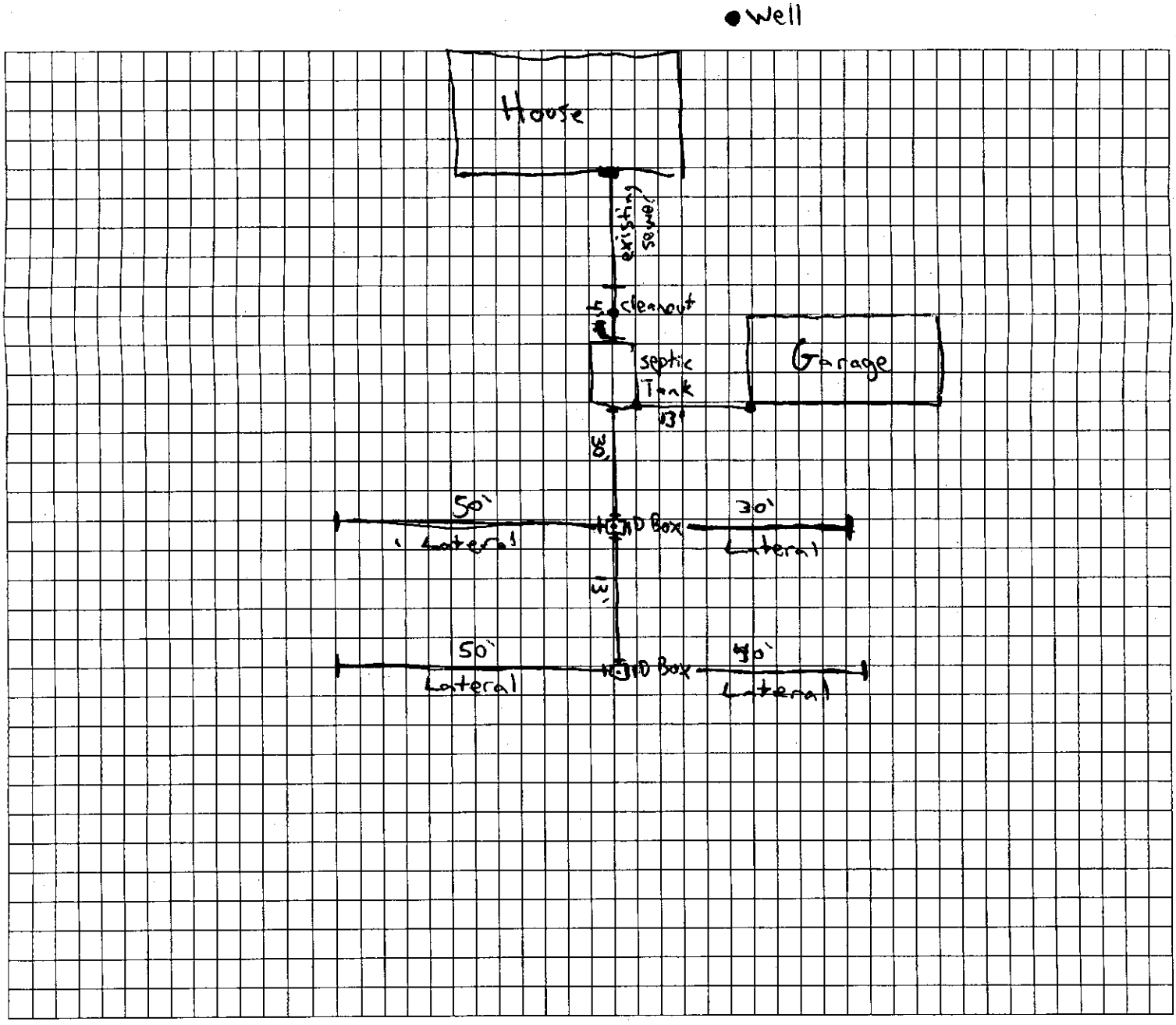
Onsite Wastewater System Design (Example)

Indicate North
w/ Arrow Here:





*Note-If Lagoon, show all applicable dimensions



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. HS001813

System Type: Standard

Situs: 5120 WAVERLY RD, LINCOLN, NE 68514

Issued: 4/25/2019

Expires: 4/25/2020

Description: S8, T11, R7, 6th Principal Meridian, LOT 39 SE

Owner: LOCOCO, THOMAS J
5120 WAVERLY RD
LINCOLN, NE 68514

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

MATT TAYLOR
PO BOX 23108
LINCOLN, NE 68542

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

SCANNED

A

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Site visits
Comments
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Date frwd 4/25/19
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 5/6/19

Business Office Use Only
Date Received 4-23-19 Amount Paid $420
Received By JKO Cash/Check No. 2010

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

Form A Updated: 4/15

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

SCANNED

D

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☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☒ Chamberless ☐ Other
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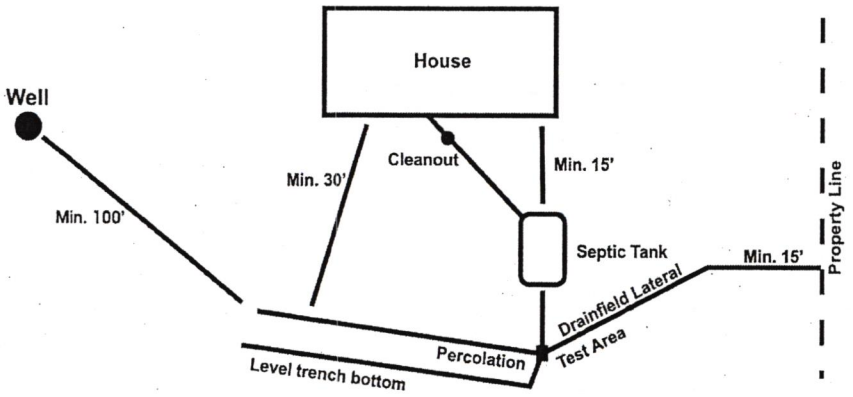
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w/ Arrow Here:

Onsite Wastewater System Design (Example)



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