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

A

Permit Number #5001883

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* 18700 N. 134th (no rural route) City Waverly, NE Zip 68462

Legal Description S21 T12 R8 Wolph Addition 2
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 2521301002000 *Approx. Address (If to be determined)

B. Owner

Name Signature

Address City/State/Zip

Home Phone Work Phone

C. Certified Installer

Name: Justin Peterson Signature

Address P.O. Box H City/State/Zip Milford, NE 68405

Work Phone 402-761-2281

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 Whirlpool Bathtub? ☐ Yes ☐ No Garbage Grinder? ☐ Yes ☐ No Total Acres 35.36

☐ 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

. **Health Department**
Site visits
Comments
Date rec'd
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature

. **Supt. Bldg. Insp. or Village Clerk**
Comments
Date rec'd
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature

. **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 9/4/19 Amount Paid $430
Received By JAD Cash/Check No. 6557

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

Form A Updated: 4/15

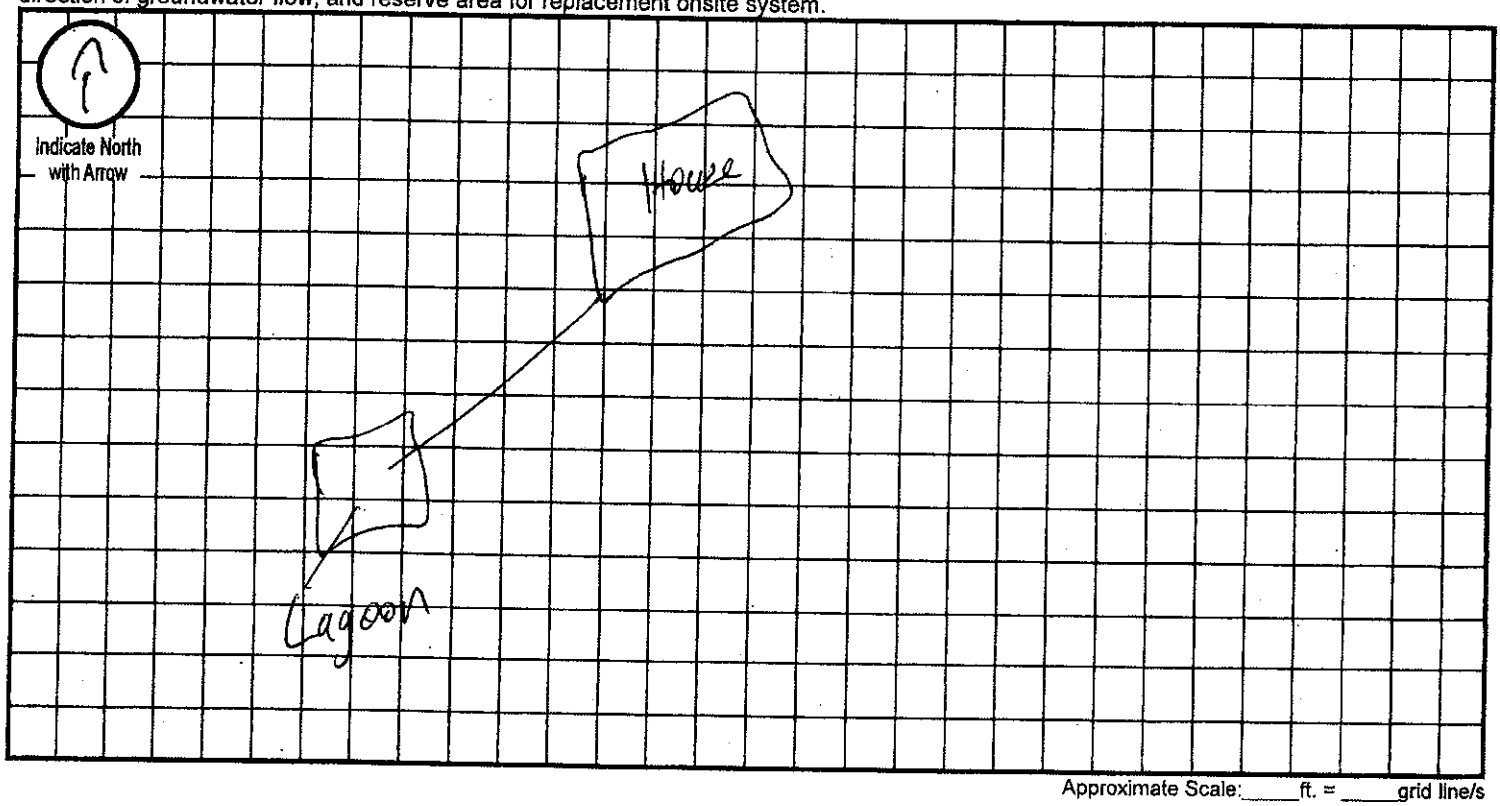
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

C

Permit Number

Onsite Wastewater Treatment System
Preliminary Plan Specification

Draw a plot plan showing onsite system sewer lines, tank, drop or distribution boxes, drainfields, percolation test holes, well, residence, direction of groundwater flow, and reserve area for replacement onsite system.



Approximate Scale: ____ft. = ____grid line/s

A. Onsite System Location

Address (no rural route) N. 134th City _____ NE, Zip _____

B. Proposed Septic Tank/s

Septic Tank Cap. _____gals Tank Material: ☐ Concrete ☐ Plastic ☐ Other _____ ☐ Lagoon (Max. Seepage 1/8"/day)

C. Reserve Area for Replacement Onsite System

☐ Drainfield Absorption Area (percolation test required) ☐ Lagoon

D. Drainfield Absorption System

Percolation Rate _____(min/inch = mpi) No. of Bedrooms _____ Soil Type _____ Land Slope _____ %

☐ Trench ☐ Bed ☐ Non-standard (engineer-designed and NDEQ approved) Total square feet of drainfield _____ Sq. Ft.

Total length of laterals _____ Type of Distribution: ☐ Perforated Pipe ☐ Half-Round ☐ Chambers ☐ Other _____

No. of Absorption Trenches _____ Width _____ No. of Drop Boxes _____ Distribution Box _____

No. of Absorption Beds _____ Width _____ No. of Distribution Lines per Bed _____

Installer _____ Date: 9/4/19

Updated 2/18

SOIL ABSORPTION TEST DATA REPORT

Location: Precinct _____ Section _____
Township _____ Range _____
1/4 Section _____

Owner: Goings Homes
Address N. 134th Lot 2

Property Dimensions: _____ acres

Soil Type: Silty Clay ____ Silty Clay Loam ____ Sandy Loam ____ Silty Loam ____ Clay Loam X Sandy Clay ____

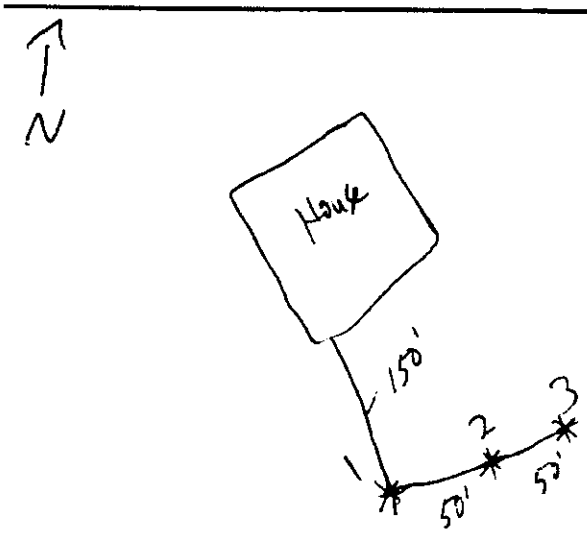
Dates of Tests: 8/10/19 to 8/11/19 **Weather:** Precip. 1½" Temp. 80's

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.
		Pre-Saturation Period				Percolation Readings					Results	
		Start		End		Start			End			Water
	Hole	Date	Time	Date	Time	Date	Time	Water	Time	Water	Elapsed	Level
Hole	Depth	(Mo.	(Hr.	(Mo.	(Hr.	(Mo.	(Hr.	Level	(Hr.	Level	Time	Drop
No.	(in.)	Day)	Min.)	Day)	Min.)	Day)	Min.)	(in.)	Min.)	(in.)	(Min.)	(in.)
1	36	8/10	1:30pm	8/10	5:30pm	8/11	12:40pm	6	1:10 pm	5½	30	½
2	36	8/10	1:30pm	8/10	5:30pm	8/11	12:40pm	6	1:10pm	5¾	30	¼
3	36	8/10	1:30pm	8/10	5:30pm	8/11	12:40pm	6	1:10pm	5½	30	½

Sum of Water Level Drops (in.) [Column m]: 1.25
Average of Water Level Drops (in.) [Column m]: .42
Inches ~~per Minute~~: _____
71.43 MPI
FAILED
Square Feet of Lateral per Bedroom: _____

PERSON CONDUCTING TEST:
Name: Justyn Peterson
Address: 322 236th
Milford, NE 68405
Phone: 402-641-6174
Signature: _____

SKETCH SHOWING HOLE LOCATION:



_____
Official's Signature

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. HS001883

System Type: Lagoon

Situs: 18700 N 134TH ST, WAVERLY, NE 68462

Issued: 9/5/2019

Expires: 9/5/2020

Description: WOLPH ADDITION, Lot 2

Owner: FREEMAN-NGAU, SHAWNA & NGAU, GERALD
5959 OAKRIDGE DR
LINCOLN, NE 68516

Patricia D. Lopez

Patricia D. Lopez, RN, MSN, Interim 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.

Patricia D. Lopez

Patricia D. Lopez, RN, MSN
Interim Health Director

JUSTYN PETERSON
PO BOX H
MILFORD, NE 68405