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

A

Permit Number HS002066

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 14824 N 112th St (no rural route) City Waverly, NE Zip 68462

Legal Description NE (1/4) NE (1/4) 6 (Section) 11N (Township) 8E (Range) ____ (Subdivison) ____ (Addition) 11 (Block) ____ (Lot)

PID 24-06-200-008-000

B. Owner

Name James C MacDonald Signature J. MacDonald

Address 14824 N 112th St City/State/Zip Waverly, NE 68428

Home Phone 806-683-0987 Work Phone ____

C. Certified Installer

Name: Lloyd Jakoubek, Raymond Contracting Inc 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 3.97

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 ACTION ☐ Approved ☐ Disapproved

Site visits ____ Date rec'd ____ Signature ____

Date frwd ____

Comments ____

2. Supt. Bldg. Insp. or Village Clerk ACTION ☐ Approved ☐ Disapproved

Comments ____ Date rec'd ____ Signature ____

Date frwd ____

3. City or County Engineer ACTION ☐ Approved ☐ Disapproved

Comments ____ Date rec'd ____ Signature ____

Date frwd ____

Installation Final Written Approval

By ____

Date ____

Business Office Use Only

Date Received 8-04-20 Amount Paid $430.00

Received By SRO Cash/Check No. 02 5040

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: 402-441-8022

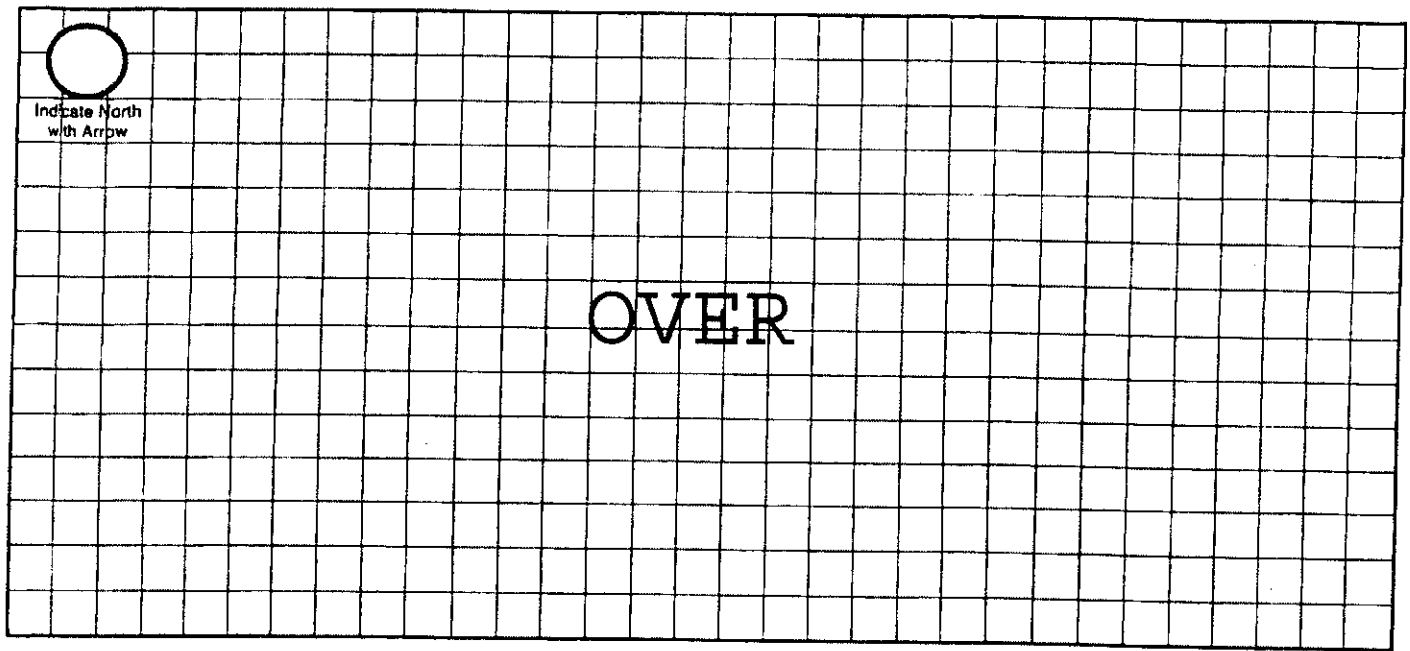
C

Permit Number:

Onsite Wastewater Treatment System

Preliminary Plan Specifications

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



Approximate Scale: _____ft. = _____ grid line/s

A. Onsite System Location

Address (no rural route) 14824 N 112th St City Waverly NE, Zip 68462

B. Proposed Septic Tank/s

Septic Tank Cap._____ gals Tank Material: ☐ Concrete ☐ Plastic ☐ Other _____ ☒ Lagoon(Max. seepage 1/8" per 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 ☐ Chamber ☐ Other

No. of absorption trenches_____ Width_____ No. of drop boxes_____ Distrubtion Box_____

No. of absorption beds_____ Width_____ No of Distribution lines per bed_____

E. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
Lagoon (ft)	100 ☒	500 ☒	50 ☒	N/A ☒	30 ☒	50 ☒	100 ☒	200 ☒	☒

F. Required Signatures

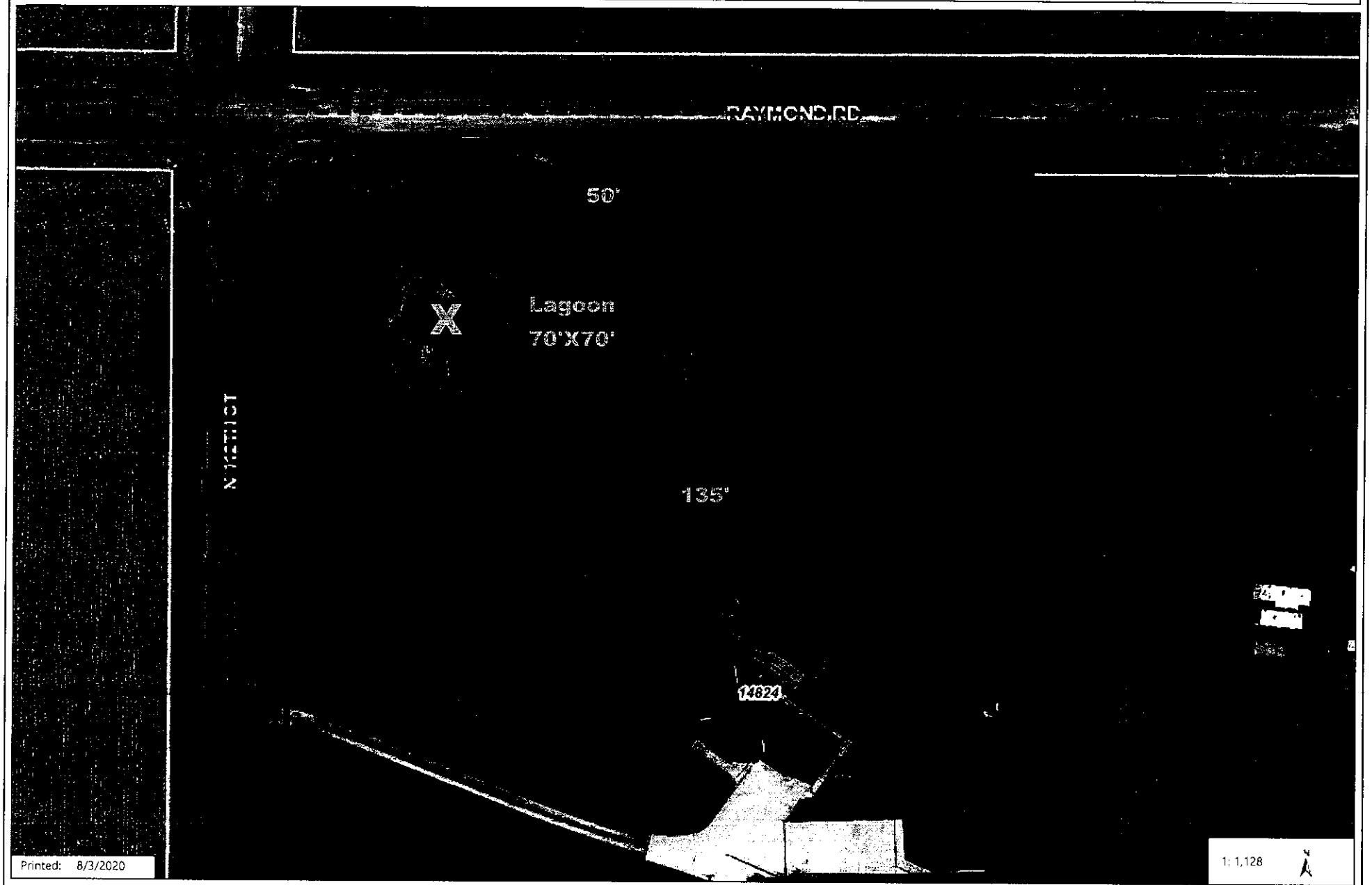
Home Building Contractor Existing Home Date _____

Installer [signature] Date 8/3/20

14824 N 112th St, Waverly, NE 68462

GIS Viewer
CITY OF LINCOLN - LANCASTER COUNTY, NE

City of Lincoln\Lancaster County GIS Map **Homeowner Initials** JM



Printed: 8/3/2020

1: 1,128

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. HS002066

System Type: Lagoon

Situs: No Site Address Specified

Issued: 8/4/2020

Expires: 8/4/2021

Description: S6, T11, R8, 6th Principal Meridian, LOT 11 NE

Owner: MACDONALD, JAMES C & HARMONY E
14824 N 112 ST
LINCOLN, NE 68517

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

RAYMOND CONTRACTING INC
13800 NW 70TH ST
RAYMOND, NE 68428

SCANNED

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

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Approval Process ☐ Municipal Code 24.38 ☑ County Resolution No. 02-30

1. Health Department

Site visits Date rec'd 8/4/20 Date frwd 8/4/20 ACTION ☑ Approved ☐ Disapproved Signature _____

Comments Use a Lagoon 9/14/20 Done Draft 162

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 9/15/20

Done Ready for re-inspection

Business Office Use Only
Date Received 8-24-20 Amount Paid $430.00
Received By SRO Cash/Check No 5040

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: 402-441-8022

SCANNED

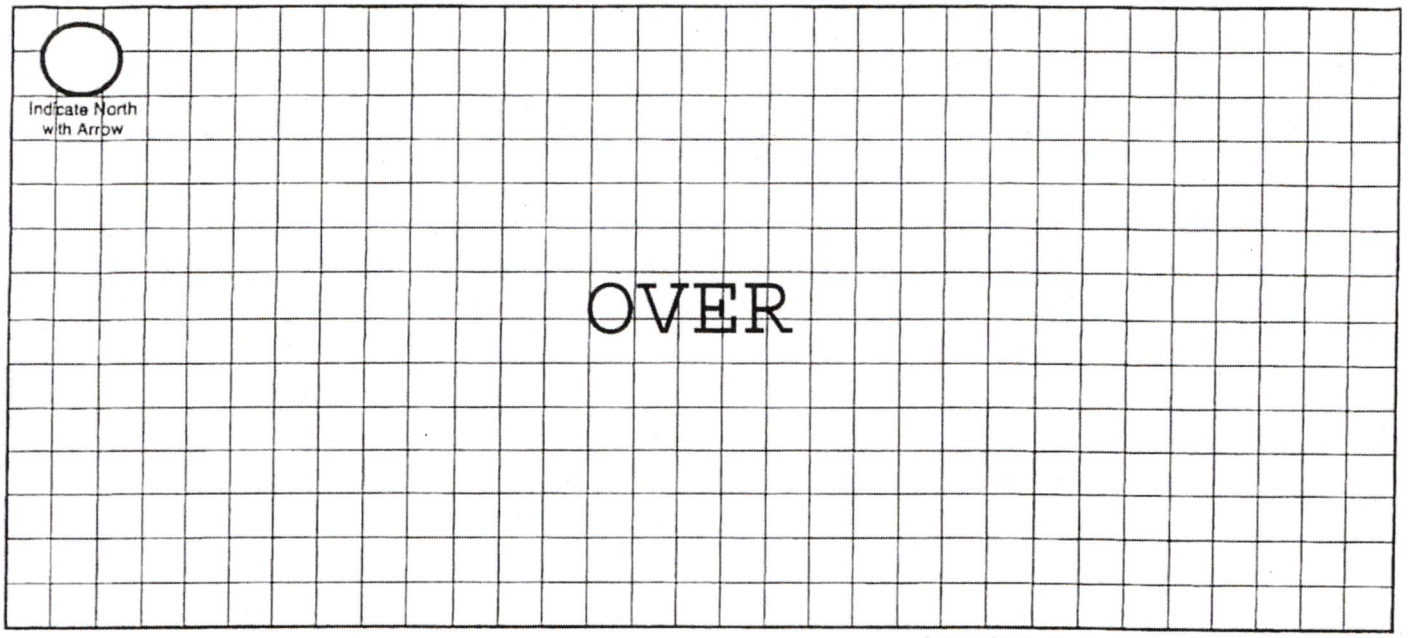
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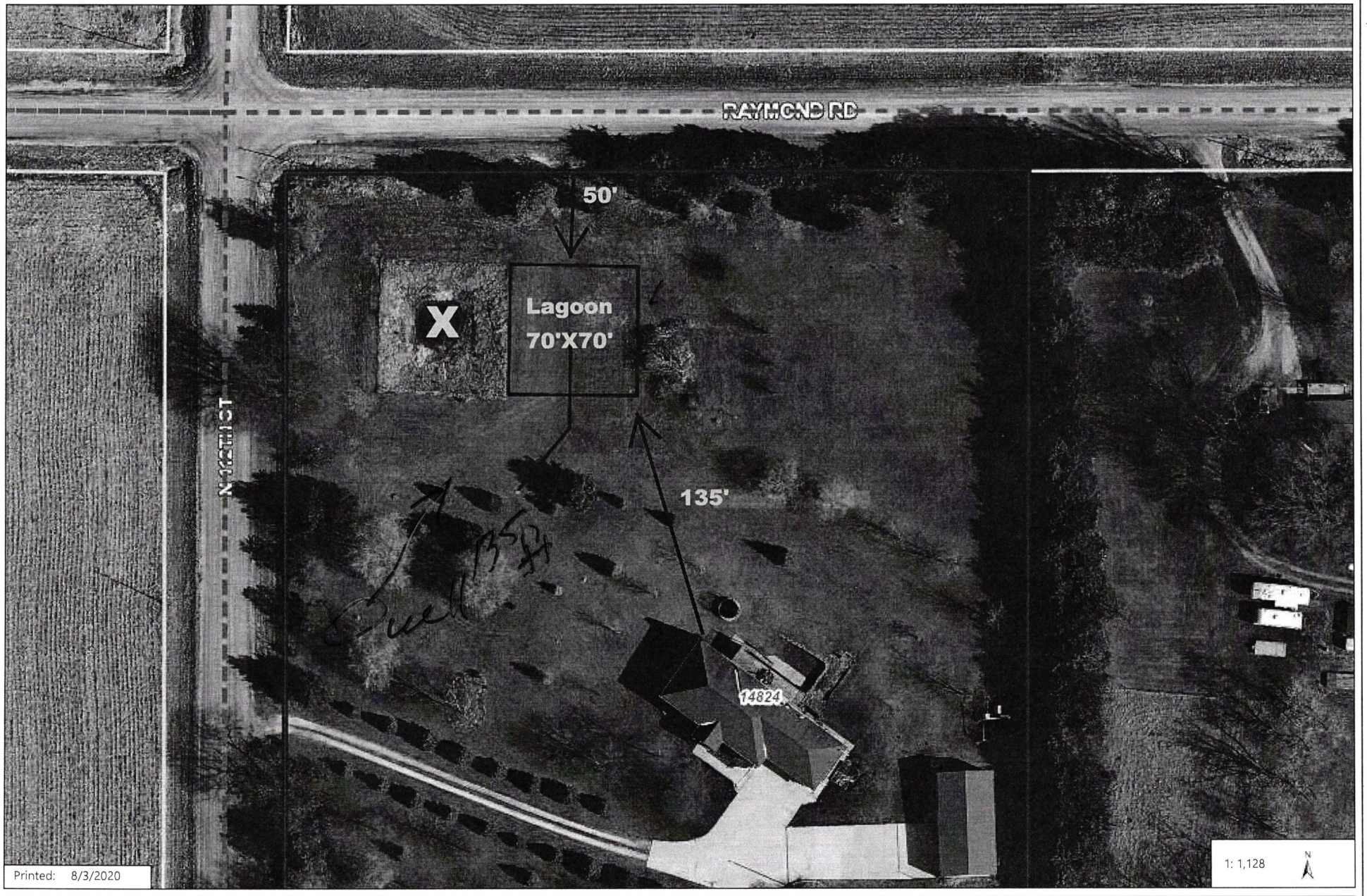
Home Building Contractor Existing Home Date _____

Installer Dennis L Gronbeck Date 8/3/20

14824 N 112th St, Waverly, NE 68462

GIS Viewer
CITY OF LINCOLN - LANCASTER COUNTY, NE

City of Lincoln\Lancaster County GIS Map **Homeowner Initials** JM



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SCANNED