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

REC'D AUG 31 2020

A

Permit Number HS002088

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)

REPAIR Adding Lateral

PLEASE PRINT OR TYPE

A. Onsite System Location

Address* 13200 N 98th (no rural route) City Waverly, NE Zip 68462

Legal Description 12 11 6 18NW

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

PID 18-12-100-006-000 *Approx. Address (If to be determined)

B. Owner

Name Neuahr, Loren & Terri Signature

Address 13200 N 98th City/State/Zip Waverly NE 68462

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

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 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 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 9-01-20 Amount Paid $230.00
Received By JMD Cash/Check No. 35410

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

Form A Updated: 4/15

NEBRASKA
Good Life. Great Resources.
DEPT. OF ENVIRONMENT AND ENERGY

Onsite Wastewater Treatment System
Soil Percolation Test Data Sheet

12-014
Ver. 4/2020

Owner Name NEUJAHR, LOREN L & TERRI L Phone _____

Address 13200 N 98TH ST LINCOLN NE 68517
City State Zip

Location (Attach a sketch of the property showing test hole locations)

__ __ 12 11 7 Lancaster
¼ ¼ Section Township Range County

Lot # 18 NW Subdivision _____

Soil Type (Check one)

Sand ☐ Silt ☐ Clay ☐ Sandy Clay ☐ Loamy Sand ☐ Silty Clay ☐

Silty Clay Loam ☑ Sandy Loam ☐ Silt Loam ☐

Dates of Test

Start Date 06/02 to End Date 06/03, 2020

Weather Conditions

Precipitation 0 Avg. Temp 80 °F

Percolation Test Measurements and Data

Hole No.	Hole Depth (in.)	Pre-saturation Period: Start Date (Mo./Day)	Pre-saturation Period: Start Time (Hr./Min)	Pre-saturation Period: End Date (Mo./Day)	Pre-saturation Period: End Time (Hr./Min)	Percolation Readings (last period): Start Date (Mo./Day)	Percolation Readings (last period): Start Time (Hr./Min)	Percolation Readings (last period): Start Water Level (inch)	Percolation Readings (last period): End Time (Hr./Min)	Percolation Readings (last period): End Water Level Drop (inch)	Results: Elapsed Time (minutes)	Results: Drop in Water Level (inches)	Results: Percolation Rate (m ÷ l) (Minutes per inch)
1	36	06/02	1630	06/03	1600	06/03	1900	6	1930	2	30	2	15
2	36	06/02	1630	06/03	1600	06/03	1900	6	1930	2	30	2	15
3	36	06/02	1630	06/03	1600	06/03	1900	6	1930	1.5	30	1.5	20
4	36	06/02	1630	06/03	1600	06/03	1900	6	1930	1.75	30	1.75	17
5	36	06/02	1630	06/03	1600	06/03	1900	6	1930	1.5	30	1.5	20
6	36	06/02	1630	06/03	1600	06/03	1900	6	1930	1.5	30	1.5	20

Tests must be performed by a certified professional, a professional engineer or a registered environmental health specialist.

Signature Suzette Bulso

Certificate or License # C-2394

Address PO Box 308

City Waverly St. NE Zip 68462

Phone 402-525-3144

Sum of Percolation Rates = 107

Avg. of Percolation Rates* = 18
(sum of rates ÷ number of tests)
(minutes per inch)

* If rates vary by more than 20 min/in., do not average. Use slowest rate measured for sizing soil absorption area.

Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3131 O Street Lincoln, Nebraska 68510-1514

ON-SITE WASTE WATER SYSTEM
ALTERATION PERMIT
No. HS002088

System Type: Standard

Situs: No Site Address Specified

Issued: 9/4/2020

Expires: 9/4/2021

Description: S12, T11, R7, 6th Principal Meridian, LOT 18 NW

Owner: NEUJAHR, LOREN L & TERRI L
13200 N 98 ST
LINCOLN, NE 68517

Patricia D. Lopez

Patricia D. Lopez, RN, MSN, Interim Health Director

Dear Applicant:

The above document is your permit to alter an existing On-site Waste Water System at the location listed. Please contact this office once the alteration is complete to obtain final approval before use.

Patricia D. Lopez

Patricia D. Lopez, RN, MSN
Interim Health Director

WAVERLY PLUMBING & WELL CO
PO BOX 116
WAVERLY, NE 68462

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

REC'D AUG 31 2020

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SCANNED

Permit Number
HS002088

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Work Phone

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 10.01 as platted

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 9/30/20 09
Comments
Date rec'd 9/4/20
Date frwd 9/4/20
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
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Installation Final Written Approval
By
Date 9/30/20

Business Office Use Only
Date Received 9-01-20 Amount Paid $230.00
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White - Health Department Yellow - Engineer Pink - Building & Safety

Form A Updated: 4/15

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

Exhibit 5

Permit Number: #5002088

Onsite Wastewater Treatment System

Inspection Sheet

Date 9/30/20

Legal Description ¼ ¼ 12/4/6 Section/Township/Range Lot 18

Onsite System Location

Address (no rural route) 13200 N 98th 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 630 New added Sq. Ft. Tank Size 1,000 existing gals

Total length of laterals 140' added Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☐ Other (describe) Equal flow

No. of Absorption Laterals 1 new added Width 4.5 factor No. of Drop Boxes Distribution Box

Leveling Method Used Laser

Existing system was running to capacity, but not in failure. 140' lateral added to prevent failure.

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 NA

Lateral #1 Lateral #3

Lateral #2 Lateral #4

Comments:

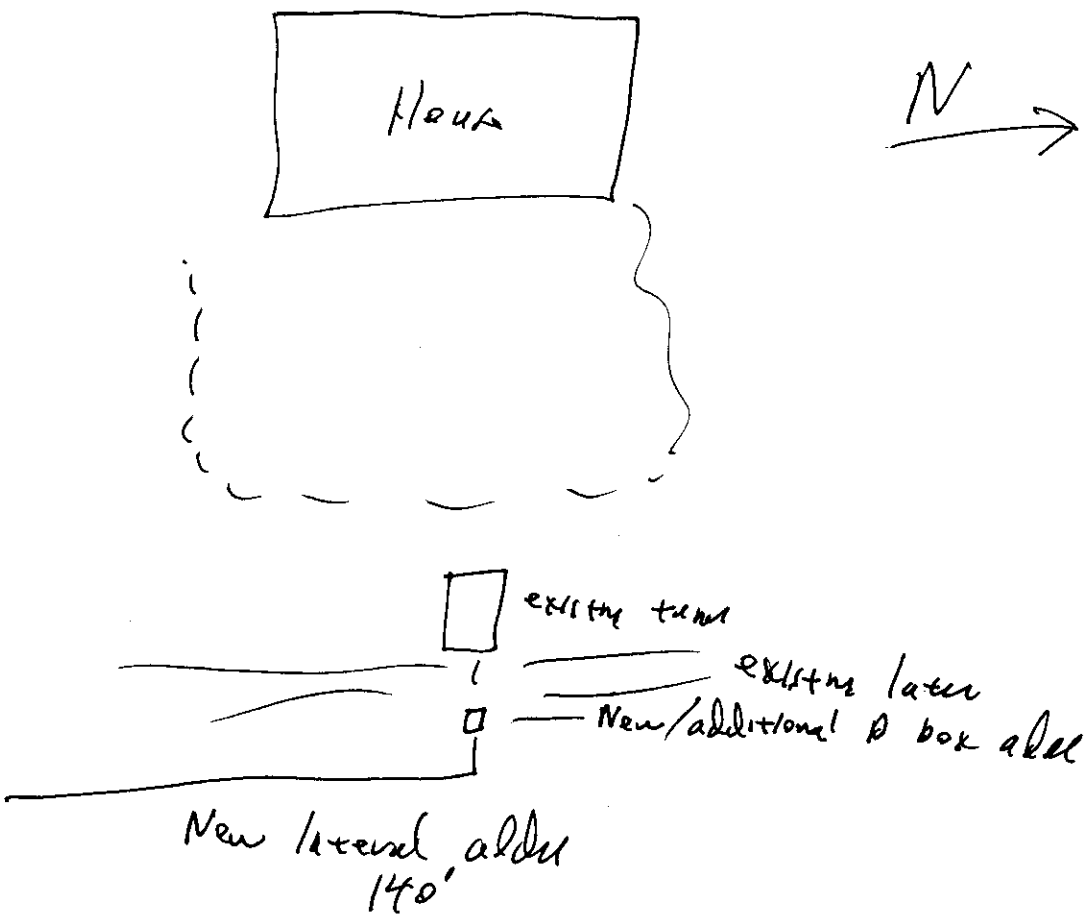
Inspections prior to Final Approval
Initial DS Date 9/30/20

Follow-Up Date

Follow-Up Date

Installation Final Written Approval
By Doug Mick
Date 9/30/20

Field Note Drawing (See Reverse Side):


House
N
existing tunnel
existing later
New/additional P box addl
New lateral addl
140'