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

Alteration

**A**

Permit Number #S007217

# 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* 17205 N 162nd Street City Greenwood, NE Zip 68462
(no rural route)

Legal Description NE SE 27 12 8E 44 SE
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 25-27-400-010-000 *Approx. Address (If to be determined)

## B. Owner

Name Robert + Kathryn Andrews Signature Robert & Andrews

Address 17205 N 162nd St City/State/Zip Greenwood NE 68462

~~Home Phone~~ 402 435 7530 ~~Work Phone~~ 402 499 0952

## C. Certified Installer

Name: Aus Well Co, Inc Stuart Way Signature Stuart Way

Address PO Box 246 City/State/Zip Mead, NE 68041

Work Phone 402-624-3895 / 402-443-7166

## 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 2 Whirlpool Bathtub? ☐ Yes ☑ No Total Acres 3.16
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 5-11-21 Amount Paid $235.00
Received By SMO Cash/Check No. 005110

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

Form A Updated: 4/15

Alteration + System + $235

**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. HS002217**

**System Type:** Standard

**Situs:** No Site Address Specified

Issued: 5/17/2021

Expires: 5/17/2022

**Description:** S27, T12, R8, 6th Principal Meridian, LOT 44 SE

**Owner:** ANDREWS, ROBERT A & KATHRYN
17205 N 162 ST
WAVERLY, NE 68462

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
Health Director

ROBERT ANDREWS
17205 N 162ND ST
WAVERLY, NE 68462

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

SCANNED

Alteration

**A**

Permit Number #5002217

# 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)

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PID 25-27-400-010-000 *Approx. Address (If to be determined)

## B. Owner

Name Robert + Kathryn Andrews Signature Robert & Andrews

Address 17205 N 162nd St City/State/Zip Greenwood NE 68462

~~Home Phone~~ 402 4857530 ~~Work Phone~~ 402 4990932

## C. Certified Installer

Name: AWS Well Co, Inc Stuart Way Signature Stuart Way

Address PO Box 2416 City/State/Zip Mead, NE 68041

Work Phone 402-624-3895 / 402-443-7166

## 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 2 Whirlpool Bathtub? ☐ Yes ☑ No Total Acres 3.16
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**Approval Process**

**1. Health Department**
Site visits
Comments
Date rec'd 5/17/21
Date frwd 5/17/21
**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 see as-built
Date 4/12/22

***Business Office Use Only***
Date Received 5-17-21 Amount Paid $235.00
Received By SKO Cash/Check No. CC5110

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

Form A Updated: 4/15

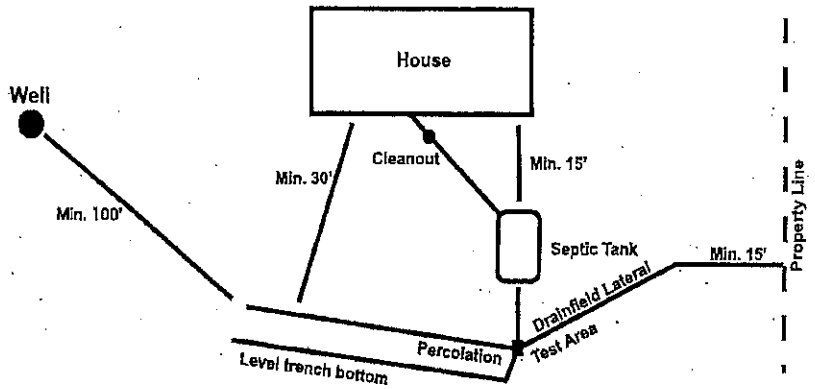
# System alteration $235

Robert Andrews

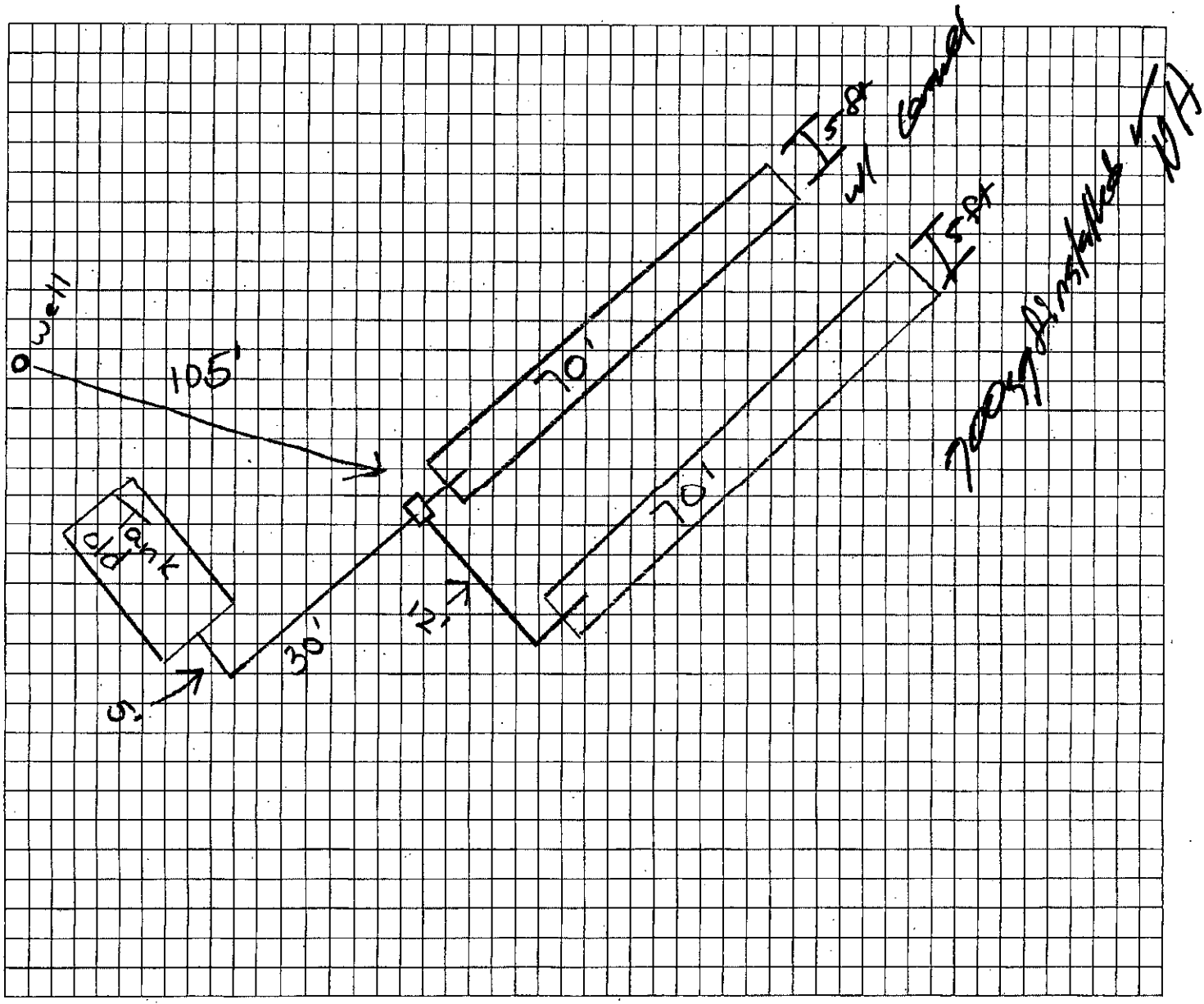
17205 N 162 St
Waverly, NE 68462

Indicate North
w/ Arrow Here:

Onsite Wastewater System Design (Example)




*Note-If Lagoon, show all applicable dimensions



## Nate C. Hartman

**From:** Danielle Nice <danielle@awswell.com>
**Sent:** Monday, April 11, 2022 10:20 AM
**To:** Nate C. Hartman
**Subject:** Drawings
**Attachments:** Travis Jones Drawing.pdf; Bob Andrews Drawing.pdf

Nate,

Bryce asked me to send these drawing to you for Travis Jones and Bob Andrews. They're attached!

Thank You,
Danielle Shellito
AWS Well Company

## Nate C. Hartman

**From:** Audra <Audra@awswell.com>
**Sent:** Monday, May 17, 2021 12:27 PM
**To:** Nate C. Hartman
**Subject:** ROBERT ANDREWS PERC TEST
**Attachments:** Andrews, Robert Perc Test.pdf

Good Afternoon Nate,

Attached is the perc test for Robert & Kathryn Andrews, 17205 N 162nd Street, Greenwood, NE. Let us know if you need anything further. Thank you.

Regards,
Audra Wirth
AWS WELL COMPANY, INC
1597 County Road 10, PO BOX 246
Mead, NE 68041
402-624-3895

Nebraska DEQ

# Onsite Wastewater Treatment System
# Soil Percolation Test Data Sheet

Owner Name Robert Andrews Phone 402-499-0932

Address 17205 N 162nd Str Greenwood NE 68462
City State Zip

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

NE SE 27 12 8E Lancaster
¼ ¼ Section Township Range County

Lot # _____ Subdivision _____

**Soil Type** (Check one)

Sand ____ Silt ____ Clay X Sandy Clay ____ Loamy Sand ____ Silty Clay ____

Silty Clay Loam ____ Sandy Loam ____ Silt Loam ____

**Dates of Test**

Start Date 5/1 to End Date 5/2, 2021

**Weather Conditions**

Precipitation 0 Avg. Temp 60 °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 | 30 | 5/1 | 2:00 | 5/2 | 2:30 | 5/2 | 2:30 | 28 | 3:00 | 27.50 | 30 | 0.5 | 60.0 |
| 2 | 30 | 5/1 | 2:00 | 5/2 | 2:30 | 5/2 | 2:30 | 28 | 3:00 | 27.40 | 30 | 0.6 | 50.0 |
| 3 | 30 | 5/1 | 2:00 | 5/2 | 2:30 | 5/2 | 2:30 | 28 | 3:00 | 27.50 | 30 | 0.5 | 60.0 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

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

Steve Ware AWS Well Co.
Signature

Certificate or License # C-1981

Address AWS WELL CO., INC.
1597 Co. Rd. 10 Box 246

City MEAD, NE 68041 Zip

Phone 402-624-3895

Sum of Percolation Rates = 170

Avg. of Percolation Rates* = 56.7
(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.