HEALTH DEPARTMENT

Lincoln-Lancaster County Health Department

A

HS002249

Onsite Wastewater Treatment System Request for Site Clearance and Permit

Include Form B and C. Submit correct fee with this Application

☐ Septic System ☐ Lagoon ☐ Other

PLEASE PRINT OR TYPE

A Onsite System Location

Address 6765 N 112th City Waverly Zip 68462

Legal Description S36 T11 R7 — 17

Section Township Range Subdivision Block Lot

Geographical Location 40.87949N -96.56876W

B Owner

Name Marian Sisters

Address 6765 N 112 City Waverly NE 68462

Certified Installer

Blain Johnson

Address 8532 East State Hwy 41 City Adams NE 68301

Phone 402 610 2270

Engineer

This system will serve a:

☒ Residential — Number of Bedrooms 3 — Total Acres 19.50

☐ Commercial

DO NOT WRITE BELOW THIS LINE

Approval Process

Health Department

ACTION ☐ Approved ☐ Disapproved

Installation Final Written Approval

Business Office Use Only

6-30-21 JAO

$440.00

CC 2151

Lincoln-Lancaster County Health Department (LLCHD)
Environmental Public Health Division
3140 N. Street • Lincoln, NE 68510-1414
Phone: 402-441-8022

B

Permit Number:

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address: 6705 North 112 — City: Waverly — Zip: 68462

Owner: — Address:

Date of Tests: 6/16/21 – 6/17/21 — Number Passing: 0 — Temperature: 90s

Percolation Test Data Table

A. Hole No.	B. Hole Depth in	C. Saturation/Swelling Time: Start Date Mo Da	Start Time hr Min	D. Saturation/Swelling Time: End Date Mo Da	End Time hr Min	E. Water Level Drop: Last 30 mins of 4 hr or last 10 mins of 1 hr: Start Date Mo Da	Start Time hr Min	F. Water Level Drop: Start Water Level in	End Date Mo Da	End Time hr Min	G. Results: Elapsed Time Minutes	Water Level Drop in	Percolation Rates Minutes per Inch
1	42	6/16	8a	6/17	11a	6/17	2:30p		6/17	3p	30	3/4	40
2	48	"	"	"	"	"	"		"	"	"	1	30
3	42	"	"	"	"	"	"		"	"	"	3/4	40
4	48	"	"	"	"	"	"		"	"	"	1	30

Person Conducting Percolation Test

Name: Blair Johnson
Phone: 402 610 2270
Address: 8533 East State Hwy 41
Adams NE 68301

Soil and NRCS Mapped Series:

Groundwater Depth: 112

Sum of Perc. & Inf. Rates: 140
Average of Rates: 35
Rate Used for Calculation: 59

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Comments (Soil type, Groundwater, Topography, etc.):

Signature of Reviewing Officer: Date:

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln, NE 68510-1614
Phone: 402-441-8022

C

Permit Number

Onsite Wastewater Treatment System

Preliminary Plan Specifications

Draw a plot plan showing onsite system sewer lines, direction of slope, curb cuts, tanks, drainfields, percolation test holes, wells, residence, direction of groundwater flow (creek), trees and reserve area for repair. Show entire onsite system.

Approximate Scale: _____ ft. = _____ grid lines

A. Onsite System Location

Address of Structure: 6765 North 112th St. Waverly NE Zip 68462

B. Proposed Septic Tank/s

Septic Tank Cap. 1000 gals Tank Material: ✓ Concrete ☐ Plastic ☐ Other _____ ☐ Watertight Inspection Port

C. Reserve Area for Replacement Onsite System

✓ Drainfield Absorption Area (100% of first required) ☐ Lagoon

D. Drainfield Absorption System

Percolation Rate 59 min/inch No. of Bedrooms 3 Soil Type _____ Land Slope _____ %

✓ Trench ☐ Bed ☐ Non-Standard: engineered design and NDEE approved Total Square Feet of Drainfield 1050 sq ft

Total Length of Trenches 240 Type of Distribution: ☐ Perforated pipe ☐ Half-Round ☐ Drainrock ✓ Other

No. of Absorption Trenches 3 Width 36 No. of Drop Boxes 1 Distribution Box _____

No. of Absorption Beds _____ Width _____ No. of Distribution Pipes 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 ✓	N/A ✓	25 ✓	20 ✓	15 ✓	25 ✓	✓
Field ft.	100 ✓	500 ✓	50 ✓	4 ✓	30 ✓	20 ✓	30 ✓	30 ✓	✓
Lagoon ft.	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	30 ☐	100 ☐	200 ☐	☐

F. Required Signatures

Home Building Contractor _____ Date _____

Installer Blair John Date 6/30/2021

Online Rev 12.18

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. HS002249

System Type: Standard

Situs: No Site Address Specified

Issued: 6/30/2021

Expires: 6/30/2022

Description: S36, T11, R7, 6th Principal Meridian, LOT 17 NE

Owner: MARIAN SISTERS DIOCESE OF LINC
6765 N 112 ST
WAVERLY, NE 68462

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
Health Director

BLAIN JOHNSON
8533 E STATE HWY 41
ADAMS, NE 68301

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln, NE 68510-1804
Phone: 402-441-8643

SCANNED

A

Permit Number
HS002249

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 6765 N 112th (Rural Route) City Waverly NE Zip 68462

Legal Description: 1/4 1/4 Section 536 Township T11 Range R7 Subdivision Addition Block Lot 17

Geographical Location (if known) Lat/Long: 40.87949N -96.56876 W FID

B. Owner

Name Marian Sisters Signature

Address 6765 N 112 City, State Zip Waverly NE 68462

Home Phone Work Phone

C. Certified Installer

Name Blain Johnson Signature

Address 9537 East State Hwy 41 City State Zip Adams NE 68301

Work Phone 402 610 2270

D. Engineer

☐ Check and complete if engineer designed system P.E. License Number

Designer Name Firm Work Phone

E. This system will serve a

✓ 3-bedroom house added. C

19.50

☒ Residential Dwelling Number of Bedrooms 3 Is there a Whirlpool Bathtub? ☐ Yes ☐ No Total Acres

☐ Commercial Establishment Other Facility Specify Design flow in gallons per day

Type of Wastewater ☒ Domestic ☐ Non-Domestic Well Permit Applied for ☐ Yes ☐ No ☐ Not Applicable

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Multiple Use 26.38 County Resolution No. 02-80

1. Health Department
Site Visits
Date received 6/30/21 Date mailed 6/30/21
ACTION ☐ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments
Date received Date mailed
ACTION ☐ Approved ☐ Disapproved
Signature

3. City or County Engineer
Comments
Date received Date mailed
ACTION ☐ Approved ☐ Disapproved
Signature

Installation Final Written Approval
By
Date 12/30/21

Business Office Use Only
Date Received 6-30-21 Amount Paid $440 CC
Received By JAD Cash/Check No. 2151