Received Time Aug. 11. 2021 8:23AM No. 2000

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

**A**

Permit Number H5002274

# Onsite Wastewater Treatment System
# Request for Site Clearance and Permit

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

} 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 12272 Waverly Rd (no rural route) City Waverly, NE Zip Ne 68462

Legal Description 8 11 8-E 19

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

Geographical Location (if known): Lat/Long: _____ PID 24-08-400-009-000

## B. Owner

Name Adam Dotson Signature _____

Address 3469 N 84th ST Lincoln City/State/Zip Lincoln Ne 68507

Home Phone 402-601-2344 Work Phone _____

## C. Certified Installer

Name: Scott Sabbatt Signature _____

Address 102 Co Rd M City/State/Zip Mead Ne 68041

Work Phone 402-443-6549

## 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 4 Is there a Whirlpool Bathtub? ❑ Yes ☒ No Total Acres 10

❑ Commercial Establishment/Other Facility Specify _____ Design flow in gallons per day 500

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

***DO NOT WRITE BELOW THIS LINE***

**Approval Process** ❑ Municipal Code 24.38 ❑ County Resolution No. 02-30

**1. Health Department**
Site visits _____
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 8-11-21 Amount Paid $440.00
Received By SHO Cash/Check No. 0303

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

Form A Updated

11 21 07:02a 1-402-624-2011 p.1

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Nebraska DEQ

# System Registration For Onsite Wastewater Treatment System - Septic System

Print or Type

| Owner First Name | Initial | Last Name | Owner Phone Number |
|---|---|---|---|
| Adam | | Dotson | 402-601-2344 |

Business or Legal Entity Name (if applicable)

| Owner Mailing Address | City | State | Zip |
|---|---|---|---|
| 2469 N 98th ST | Lincoln | Ne | 68507 |

| Physical address of system if different from owner's mailing address | | | |
|---|---|---|---|
| 12772 Waverly Rd | Waverly | Ne | 68462 |

Location — Legal description OR Geographical coordinates to 4 decimal points

| ¼ | ¼ | Section | Township | Range | County | Latitude | Longitude |
|---|---|---|---|---|---|---|---|
| | | 8 | 11 | 8-E | Lancaster | | |

Mark One ☒ Dwelling ☐ Non-dwelling

Mark One

☐ New system ☒ Modification, reconstruction or alteration of existing system ☐ System inspection only

☐ Temporary modification (Describe problem causing discharge and reason for temporary modification):

Up sizing tank + adding 4 Travels

Design flow 500 gal/day Depth to seasonal high groundwater _____ feet

Septic tank capacity 1500 gallons Percolation rate _____ min/inch

Number of trenches 2 Width of trenches _____ inches

Total trench length _____ feet Total effective trench bottom area _____ sq. ft.

Soil Absorption System Description (Select one of the following):

- ☐ Gravelless chambers without filter material (inside bottom width of chamber _____ inches)
- ☐ Gravelless chambers with filter material (describe filter material _____)
- ☐ Pipe with filter material (describe filter material _____)
- ☐ Gravelless pipe without filter material (diameter of the gravelless pipe _____ inches)
- ☐ Gravelless pipe with filter material (describe filter material _____)
- ☐ Bundled expanded polystyrene synthetic aggregate without filter material (bundle diameter _____ in.)
- ☐ Bundled expanded polystyrene synthetic aggregate with filter material (describe filter material _____)
- ☐ Other (describe) _____

Previous system registration number (if applicable) TS _____

I swear or affirm that the system complies with Title 124 requirements and that the registration information and documentation submitted are true, complete and accurate.

| (Print or Type) First Name | Initial | Last Name | Certificate/License Number |
|---|---|---|---|
| Scott | J | Sybert | C1996 |

Signature of Certified Professional, Professional Engineer, or Registered Environmental Health Specialist: Scott Sybert

Date of Inspection or completion of construction:

NOTICE: Failure to complete the form or include the appropriate fee(s) will delay the registration.

Version 5-2012

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Lincoln-Lancaster County Health Department (LLCHD)
Environmental Public Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

B

Permit Number:

# Onsite Wastewater Treatment System

## Soil Evaluation Report

PLEASE PRINT OR TYPE

### Onsite System Location

Address 12772 Waverly Rd (no rural route) City Waverly NE, Zip Ne 68462

Owner Adam Dotson Address 3419 W 89th ST Lincoln Ne 68507

Date of Tests 7/8/21 to 7/9/21 Weather: Precipitation 0 Temperature 80's

### Percolation Test Data Table

| A. | B. | C. D. E. F. Saturation/Swelling Time | | | | G. H. I. J. K. Water Level Drop Last 30 mins of 4 hr or last 10 mins of 1 hr | | | | | L. M. N. Results | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Start | | End | | Start | | Initial | End | | | | |
| Hole No. | Hole Depth (in) | Date (Mo/Da) | Time (Hr/Min) | Date (Mo/Da) | Time (Hr/Min) | Date (Mo/Da) | Time (Hr/Min) | Water Lev (in.) | Date (Mo/Da) | Time (Hr/Min) | Elapsed Time Interval | Water Level Drop (in) | Percolation Rat (Min/in = mpi) |
| 1 | 34 | 7/8 | 9:00 | 7/9 | 9:30 | 7/9 | 1:00 | 6 | 7/9 | 1130 | .30 | 2 | 15 |
| 2 | 36 | " | " | " | " | " | " | 6 | " | " | " | 2 | 15 |
| 3 | 32 | " | " | " | " | " | " | 6 | " | " | " | 3 | 10 |
| 4 | 36 | " | " | " | " | " | " | 6 | " | " | " | 2 | 15 |
| | | | | | | | | 6 | | | | | |
| | | | | | | | | 6 | | | | | |
| | | | | | | | | 6 | | | | | |
| | | | | | | | | 6 | | | | | |

### Person Conducting Percolation Test

Name: Scott Schlott
Phone: 402-443-6549
Address 6112 Co Rd 17
Mead Ne 68041

Sum of Percolation Rates: 55
Average of Rates: 14
Rate Used for Calculation: 14

Soil type (NRCS Maps/Other)
Groundwater Depth Did a 10' Bore & No Water

***DO NOT WRITE BELOW THIS LINE***

### Reviewing Action

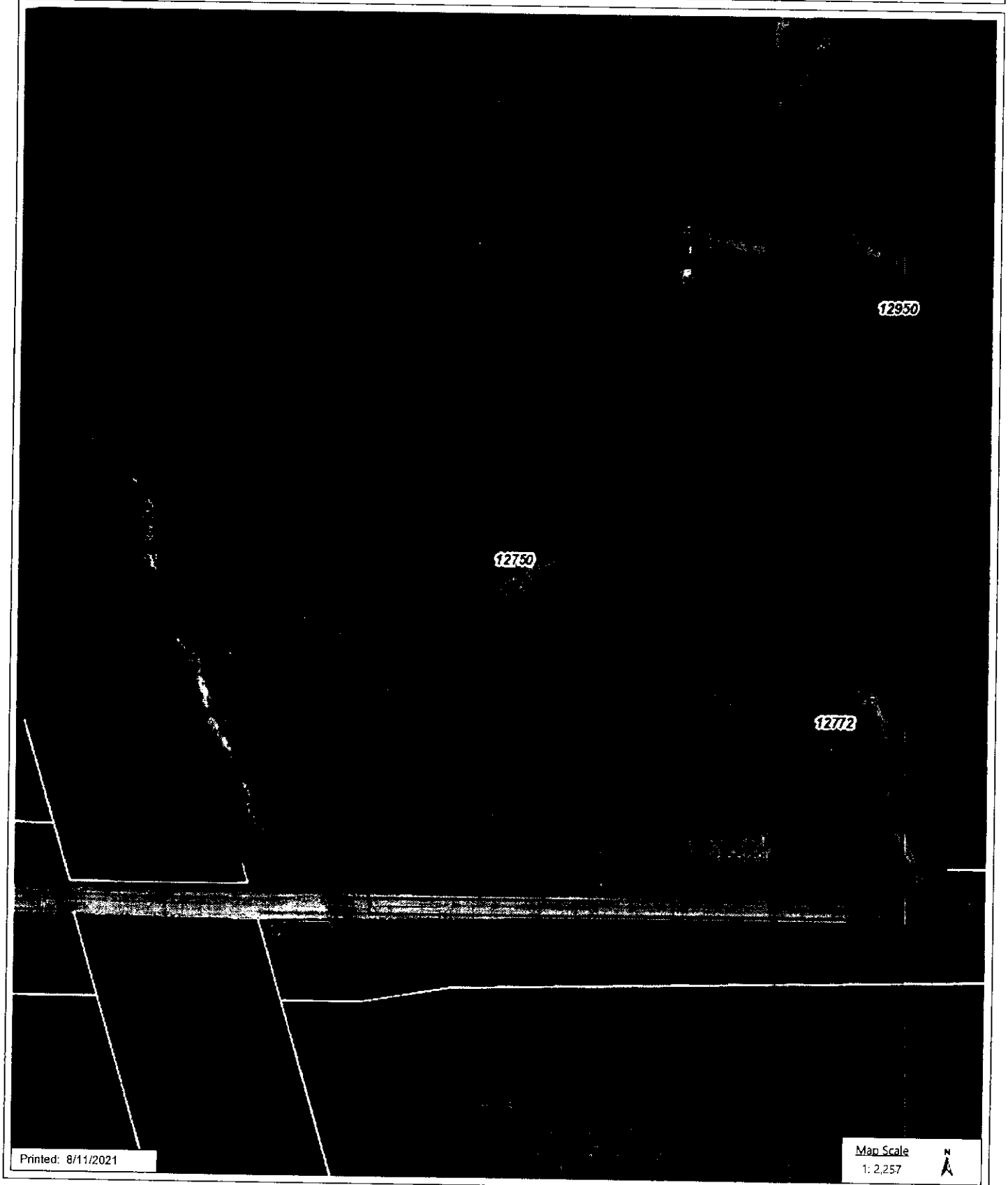
Comments (Soil type, groundwater, floodplain, etc.)

Signature of Reviewing Official Date

Onsite Form B 12_06

GIS Viewer
CITY OF LINCOLN / LANCASTER COUNTY, NE

# City of Lincoln\Lancaster County GIS Map




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. HS002274**

**System Type:** Standard

**Situs:** No Site Address Specified

Issued: 8/11/2021

Expires: 8/11/2022

**Description:** S8, T11, R8, 6th Principal Meridian, LOT 19 S1/2

**Owner:** DOTSON, ADAM S & KOUMA, JODY L
12750 WAVERLY RD
WAVERLY, NE 68462

Patricia D. Lopez

Patricia D. Lopez, RN, MSN, 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

SCOTT SUBBERT
1012 CO RD M
MEAD, NE 68041