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

A

Permit Number HS002554

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* 4600 N 176TH (no rural route) City WAVERLY, NE Zip 68527

Legal Description 1 10 8 6TH PRINCIPLE MERIDIAN 19SW

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

PID 23-01-300-004-000 *Approx. Address (If to be determined)

B. Owner

Name [redacted] CLM HOMES Signature

Address 14124 S RONAN ST City/State/Zip WAVERLY, NE 68527

Home Phone Work Phone 402-890-2596

BEN NIENHUESER

C. Certified Installer

Name JAIME KUBIK Signature

Address P.O. BOX 191 City/State/Zip HICKMAN, NE 68372

Work Phone 402-475-2462

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 Garbage Grinder? ☒ Yes ☐ No Total Acres 5.22

☐ 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 6-08-23 Amount Paid $460.00
Received By JAB Cash/Check No. CC0214

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

Form A Updated: 4/15

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

B

Permit Number:

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 4600 N 176th Street (no rural route) City Waverly NE, Zip 68527

Owner _____ Address _____

Date of Tests June 1, 2023 to June 2, 2023 Weather: Precipitation none Temperature 80 degrees

Percolation Test Data Table

A.	B.	C. D. E. F. Saturation/Swelling Time				G. H. I. J. K. Last 30 mins of 4 hr or last 10 mins of 1 hr Water Level Drop					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 Rates (Min/in = mpi)
1	30 in	6/1	5:00 pm	6/2	8:00 am	6/2	11:30 am	6	6/2	12:00 pm	30 min	1	60
2	30 in	6/1	5:00 pm	6/2	8:00 am	6/2	11:30 am	6	6/2	12:00 pm	30 min	1	60
3	30 in	6/1	5:00 pm	6/2	8:00 am	6/2	11:30 am	6	6/2	12:00 pm	30 min	1	60
4	30 in	6/1	5:00 pm	6/2	8:00 am	6/2	11:30 am	6	6/2	12:00 pm	30 min	5/8	48
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Jason Kubik
Phone: 402-475-2462
Address P.O. Box 191
Hickman, NE 68372

Sum of Percolation Rates: 228
Average of Rates: 57
Rate Used for Calculation: 59

Soil type (NRCS Maps/Other) 7207 Askarben
Groundwater Depth +12 ft

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official _____ Date _____

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. HS002554

System Type: Standard

Situs: No Site Address Specified

Issued: 6/14/2023

Expires: 6/14/2024

Description: S1, T10, R8, 6th Principal Meridian, LOT 19 SW

Owner: MASUR, MICHAEL & KATHRYN
4600 N 176 ST
WAVERLY, NE 68527

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

JAIME KUBIK
PO BOX 191
HICKMAN, NE 68372

FORM HD-40(73) REQUEST FOR SITE CLEARANCE FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 475-6221)

FILE NO. 458-C

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: 6/7/74

The undersigned hereby requests SITE CLEARANCE to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein: Lancaster County 5 6acres W ½ W ½ SW ¼ OF 6PM

1. Legal description of property: Twp. T10N ; Range 8E ; Section 1
Block _____; Lot _____; Addition _____
Street Address _____

2. Property Use: Residential _____ ☒ ; Commercial _____ ☐
No. of Bedrooms 3 . Describe: _____
Other Use _____ ☐
Describe: _____

3. Type of Individual Sewage Disposal System: Septic Tank ☒ ; Other ☒ LAGOON

4. Distance to public sewer: ← ft.

Ralph R McClatchey
Signature of Applicant (Owner or Lessee)

Box 137 Eagle Nebr
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 6/10/74 . Date Frwd. 6/21/74 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. _____ . Date Frwd. _____ . ACTION: Approved ☐ Disapproved ☐ Signature: _____

3. City or County Engineer: Date Rec'd. _____ . Date Frwd. 6-21-74 . ACTION: Approved ☐ Disapproved ☐ Signature: Walter Hoppe

REMARKS OR REASONS FOR DISAPPROVAL _____

White: Health Dept. Copy
Yellow: Engineers Copy
Pink: Bldg. Inspector's Copy

M. Lepsky 6/21/74

FORM HD-42(73) APPLICATION FOR PERMIT TO CONSTRUCT INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 475-6221)

FILE NO. 458-C

DATE: 6/7/74

TO: Director of Health
Lincoln-Lancaster County Health Dept.

The undersigned hereby applies for a permit to construct an Individual Sewage Disposal System in conformance with appropriate Ordinance or Resolution, as described in this application and the annexed forms attached hereto.

1. Legal description of property: Lancaster County 5 6acres W½ W½ SW¼ of 6PM Twp. T10N ; Range 8E ; Section 1 ; Block ; Lot ; Addition .
Street Address .

2. Property Use: Residential YES ☐ ; Commercial ☐
No. of Bedrooms 3
Other Use
Describe:
Describe:

3. Type of Individual Sewage Disposal System: Septic Tank ☑ ; Other ☐

4. Plans and Specifications of Proposed System. (See FORM HD-45(73) PLANS & SPECIFICATIONS, SEWAGE DISPOSAL SYSTEM, attached hereto.)

5. Soil Absorption Properties. (See FORM HD-43(73) SOIL ABSORPTION TEST DATA REPORT, attached hereto).

Ralph R McClatchey
Signature of Applicant (owner or lessee)

Box 137 Eagle
Address

(Do not write below double line)

REVIEWING ACTION

1. Date Rec'd;
Filing Fee: $ 30.00

2. Site Visits:
Date: L.E.H. by: 10/1/74
Date: by:
Date: by:

3. Date: Approved ☒ ; Disapproved ☐ 6/11/74
by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 10/25/74 by: Jerrold C. Hood

FORM HD- 43(73) SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone 475-6221)

FILE NO. 458-C

PROPERTY WHERE SOIL TESTED: Sec. 1 W½ W½ SW¼ T10N Range 8E 6PM Lancaster County Owner: Ralph R McClatchey
Location: Township ____; Range ____; Section & ¼ Sect. ____ Address Box 137 Eagle Nebr
Property Dimensions: 396 ft. x 660 ft.
Area: 6 acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ☐; Silty Clay Loam ☒; Sandy Loam ☐
Silty Loam ☐; Clay Loam ☐; Sandy Clay ☐

Dates of Tests: 5-31-74 to 6-1-74. Weather: Precip. 0 Temp. 70° F.

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
		Pre-Saturation Period				Percolation Readings					Results		
		Start		End		Start			End				
Hole No.	Hole Depth (in.)	Date (Mo. Day)	Time (Hr. Min.)	Date (Mo. Day)	Time (Hr. Min.)	Date (Mo. Day)	Time (Hr. Min.)	Water Level (in.)	Time (Hr. Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./inch)
1	36"	5/31	5/3[illegible]	6/1	12[illegible] PM	6/1	12[illegible] PM	12"	1[illegible] PM	10½	30	½	
2	"	"	"	"	"	"	"	"	"	9	"	¾	
3	"	"	"	"	"	"	"	"	"	10½	"	⅜	
4	"	"	"	"	"	"	"	"	"	10	"	½	
5	"	"	"	"	"	"	"	"	"	10	"	½	
6	"	"	"	"	"	"	"	"	"	11	"	¼	

Robert D Johnson
Signature of Person Conducting Test

Address 2648 no 33rd
Phone: 432 3595

Sum of Percolation Rates ____
Average of Rates: ____
Mean of Rates: ____

(Do not write below this line)

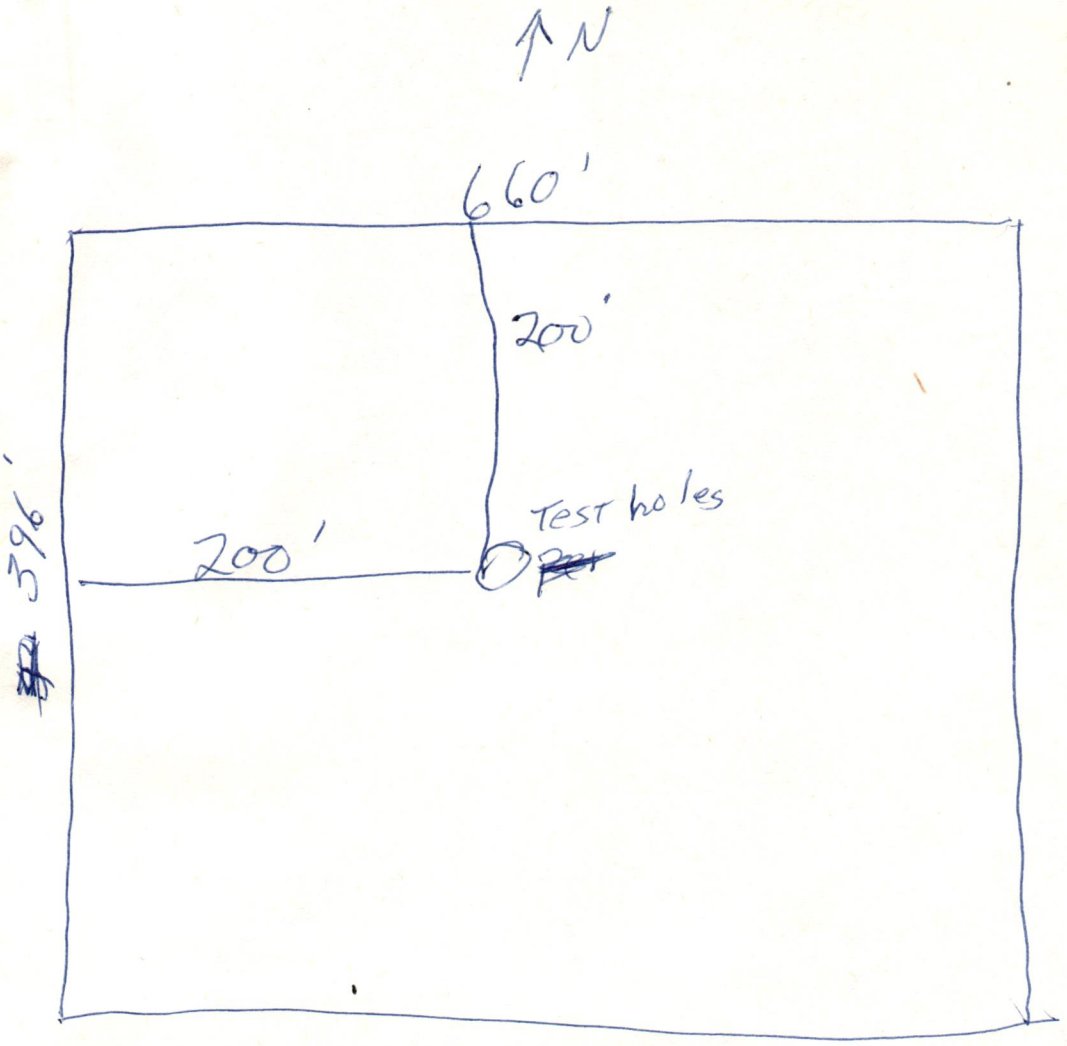
REVIEWING ACTION

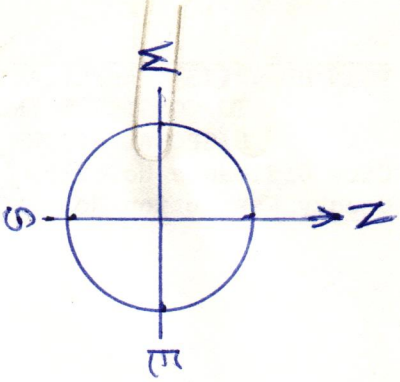
REMARKS: Too slow for septic system

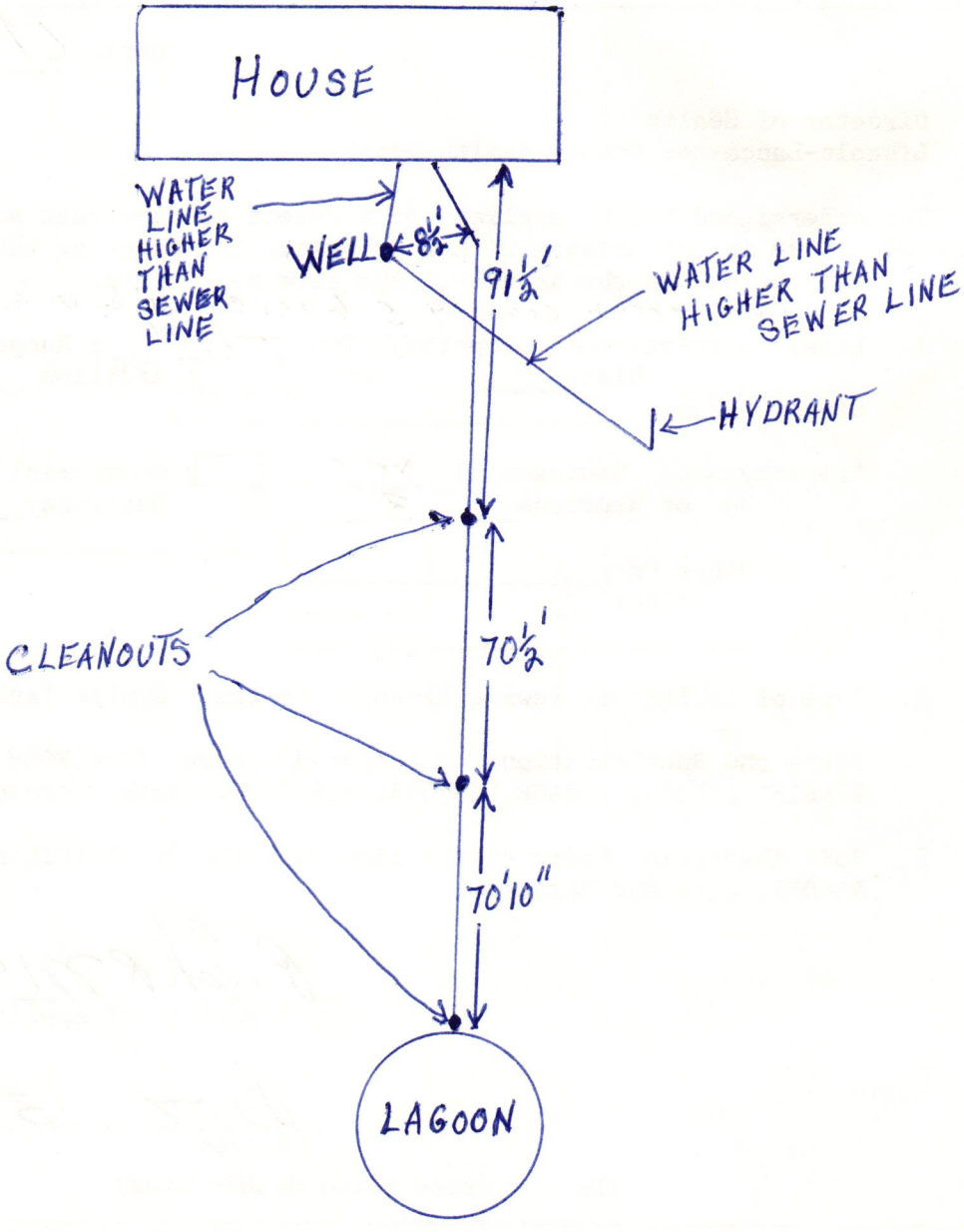
DATE: June 10, 1974

Approved Percolation Rate(s)
A. ____ min./inch
B. ____ min./inch
C. ____ min./inch

Jerrold C. Hood
Signature of Reviewing Official


↑N
660'
200'
Test holes
200'
396'


N
W
E
S


HOUSE
WATER LINE HIGHER THAN SEWER LINE
WELL
8½'
91½'
WATER LINE HIGHER THAN SEWER LINE
HYDRANT
CLEANOUTS
70½'
70'10"
LAGOON

AGENT—FARMERS MUTUAL OF NEBRASKA

ALBERT REALTY

5939 FRANKLIN STREET • LINCOLN, NEBRASKA 68506 • (402) 489-1412

REC'D JUN 20 1974

Dear. Mr Hood.

Here is Legal for Ralph McClatchey

The South 394.1 feet of Lot 13 in $W\frac{1}{2}$ $SW\frac{1}{4}$ $SW\frac{1}{4}$ of Section 1, T10N, Range 8E of the 6P.M. Lancaster County, Nebraska. Containing 6.0 acres more or less

Thank You

Ed Albert

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St. Marys Avenue Phone (402) 471-7800 471-8022 Lincoln, Nebraska 68502

REAL ESTATE TRANSFER

This form must be completed and returned to request a real estate transfer inspection.
MAKE CHECKS PAYABLE TO: Lincoln-Lancaster County Health Department.

☐ Evaluation of the Individual Water System Date: 6-22-91

☐ Evaluation of the Sewage Disposal System ☐ Enclosed is ~~$45.00~~ $150

Legal description of property: TWP. 10 NORTH ; RANGE 8 E 6th ; SECTION 1

BLOCK ____ ; LOT 19 ; ADDITION IRREGULAR TRACTS IN SW¼ LCW

Street Address 176 E HEMLOCK

Directions to Property 9 MILE NORTH of "O" STREET, NE CORNER

Location of Well EAST of HOUSE Tap Location: Inside ☐ Outside ☐

Location of Sewage System ____ Year Installed 1974

	NAME	ADDRESS	PHONE
Present Owner:	BUD AND LYNN McCLATCHEY	176 E HEMLOCK KFD 13 68507	797-2466
Tenant/Buyer:			
Return To:	HOME REAL ESTATE EAST	111 PIAZZA TERRACE	435-4663

NOTE: Allow two weeks for processing. Incomplete information will delay processing.

Signature of Applicant Keith Thomas Address OFFICE

HEALTH DEPARTMENT USE ONLY

Date Received JUNE 25, 1991 Received ~~$45.00~~ 150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 6/26/91 7/9/91 by L.C.H.

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☐	☐	Approved:	☐	Date ____ by ____
Bacteria	☒	☐	Provisional:	☐	Date 7/1/91 by L.C.H.
Nitrate	☒	☐	Disapproved:	☐	Date 7/9/91 by L.C.H.

Comments: MONITOR WELL CAP. DEPRESSION AROUND WELL. DENS ARE TOO CLOSE TO WELL FOR LIVESTOCK. NOTE: NO LIVESTOCK PRESENTLY IN LAGOON NEEDS MOWING. FENCE PULLED BACK See Attached Letter ☐
OF 3 WARNING SIGNS. LOCKED GATE. REF. 4 S.W. COILED
all corrected 7/1/91 LCH

FINAL STATUS

WATER SYSTEM: SEWAGE DISPOSAL SYSTEM:

Approved: ☒ Approved: ☒ Provisionsal Approval: ☐

APPROVED BY Wade C. Hoskins DATE JULY 11, 1991

FN 20215-1079R
FORM 23-9

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

SCANNED

A

Permit Number HS002554

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* 4600 N 176TH (no rural route) City WAVERLY, NE Zip 68527

Legal Description 1 10 8 6TH PRINCIPLE MERIDIAN 19SW

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

PID 23-01-300-004-000 *Approx. Address (If to be determined)

B. Owner BEN NIENHUESER

Name [redacted] CLM HOMES Signature

Address 14124 S RONAN ST City/State/Zip WAVERLY, NE 68527

Home Phone Work Phone 402-890-2596

C. Certified Installer

Name JAIME KUBIK Signature

Address P.O. BOX 191 City/State/Zip HICKMAN, NE 68372

Work Phone 402-475-2462

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 Garbage Grinder? ☒ Yes ☐ No Total Acres 5.22

☐ 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 6/14/23
Date frwd 6/14/23
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 9/5/23

Business Office Use Only
Date Received 6-08-23 Amount Paid $460.00
Received By SKO Cash/Check No. 10214

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

Form A Updated: 4/15

D

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

Permit Number:

Onsite Wastewater Treatment System
As-Built Description and Drawing

Type of Onsite Wastewater System: ☐ Lagoon (Skip to Back Page) ☐ Subsurface Septic ☐ Mound

Onsite Wastewater System Location

Address or Legal Description or Parcel Identification Number (PID) 23-01-300-004-000

Owner: MICHAEL MASUR Address 4100 N 176TH WAVERLY, NE 68527

A. Wastewater Piping

1. Material: SCH 40 Diameter: 4 in.
2. Distance between dwelling and septic tank: 295 ft.

B. Septic Tank

1. Material CONCRETE
2. Capacity: 2000 GALLON
3. Depth to top of tank, below unfinished grade: 11" in.
4. Distance to:
   Well NA ft.
   Pressure line [redacted] +50
   Property Line [redacted] +50
   Foundation 295 ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: 13 ft. N

D. Drainfield/Absorption Field

☐ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☐ Other
   Material brand and inside width of Chamberless: E2 Flow
2. Number of Laterals: 4
3. Length of each lateral (linear): ft. 100 ft. 100 ft. 100 ft. 90
4. Drainfield size: 1755 sq. ft. NA (175 per)
5. Distance to:
   Well NA ft.
   Pressure line [redacted] +50 ft.
   Property line +50 ft.
   Depth of Groundwater +12

Was the Onsite Wastewater System covered prior to LLCHD inspection? ☑ Yes ☐ No

If Yes, the Certified Professional must sign below for final approval:

I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

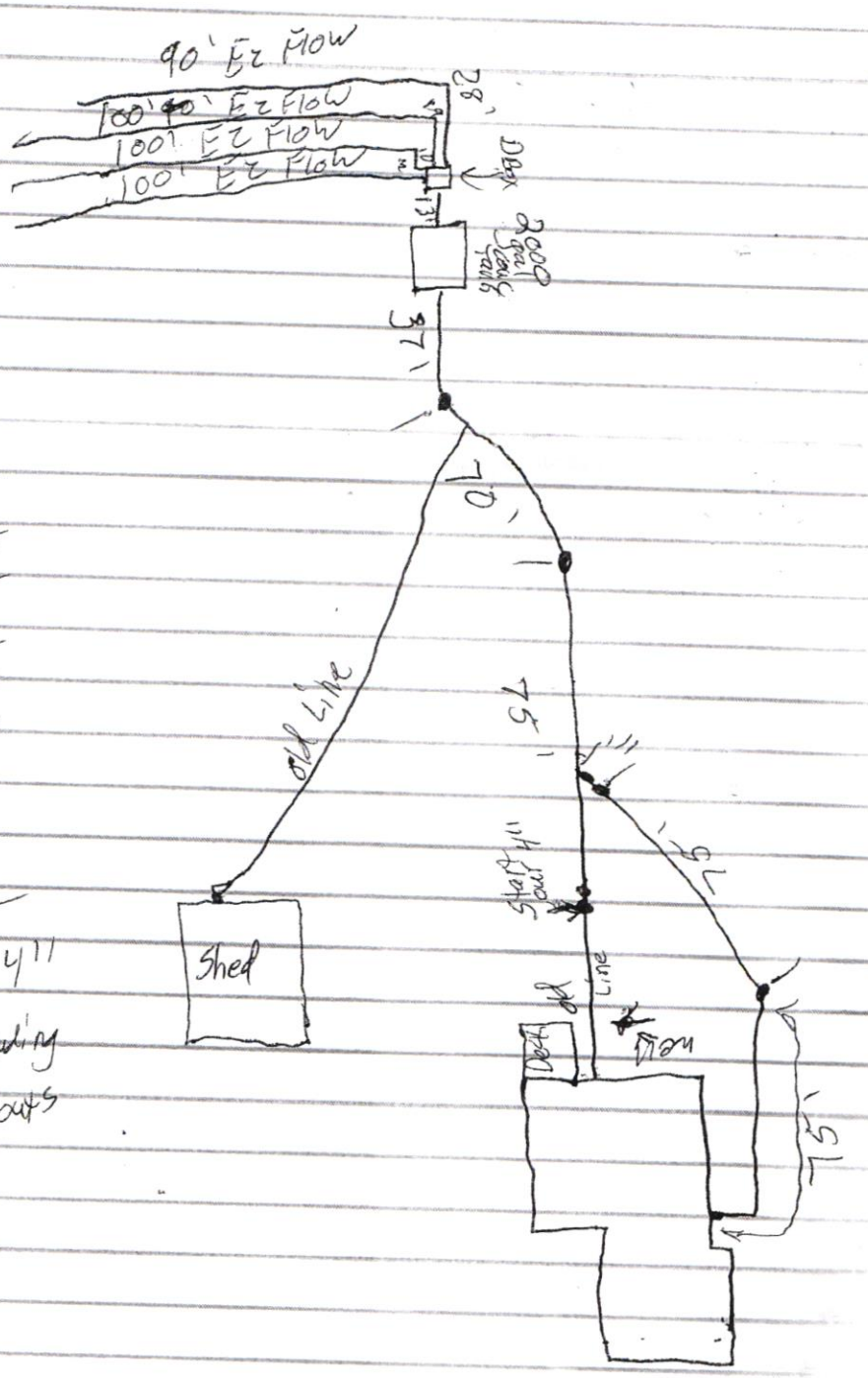
Certified Professional Signature: Jim Kuc Date: 8/28/23

Complete As-Built drawing on the back of this form.

0

4600 N. 176th

111
2+5
W



75
75
11
75
70
37
13
13
19
28

416' 4"

Not including Cleanouts