Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

005785

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 04380291601

Issued 10/12/04
Expires 04/12/05
Revenue Code 3157

Establishment: DON VON RENTZELL
T12N R8E SEC 21 QTR SW
PARCEL 1 LOT 28
13530 DAVEY RD-WAVERLY

FEES: $200.00

Permittee: DON VON RENTZELL
23814 COUNTRY CLUB RD
ASHLAND NE 68003

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

OCT 1 2 2004

A

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

Permit Number: 04380291601

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

☒ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address 13530 Davey Rd (no rural route) City Waverly NE, Zip NE 68462

Legal Description SW 21 12N 8E E. of 6th PM ~~Parcel 1~~ 28I T.
1/4 1/4 Section Township Range Subdivision Addition Block Lot

Geographical Location (if known): Longitude _____ Latitude _____

☐ Check if system mail address is not the same as the owner's address

B. Owner

Name Don VonRentzell Signature _____

Address 23814 Country Club Rd City/State/Zip Ashland NE 68003

☐ Check if owner designed system Home Phone 402-944-7468 Work Phone 402 477 8853

C. Contractor

Name Michael P Dietz Company Name Waverly Plumbing & Well CELL 432-9161

Address PO Box 116 City/State/Zip Waverly NE 68462

☒ Check if contractor designed system Work Phone 560-2923

D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name _____ Firm _____ Work Phone _____

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 3 Is there a Whirlpool Bathtub 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 ☐ Municipal Code 24.38 ☒ County Resolution No. 2832

1. **Health Department** Date rec'd 10/12/04 Date frwd 10/12/04 ACTION ☒ Approved ☐ Disapproved Signature Gerald C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 10/13/04 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 10-13-04 Date frwd 10-13-04 ACTION ☒ Approved ☐ Disapproved Signature Jim Plouzek

1,000 Tank + lateral - drawing to be sent in DS

Installation Final Written Approval

By Doug Amen

Date 11/15/04

Business Office Use Only

Date Rec'd 10/12/04
Amt Paid 200.00
Rec'd By _____ Cash/Check No. 22524

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

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

B

Permit Number: 04380291b

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

REGISTERED PROFESSIONAL ENGINEER
CLAUDE R. OIE E-3939
STATE OF NEBRASKA

System Location (Indicate correct number and street)

Address 13530 Davey Rd (no rural route) City Waverly NE Zip NE 68462

Owner Don VonRentzell Addresss 2384 County Club Rd Ashland NE 68003

Soil Type (SCS): _____ Percolation Rate: 40 min./inch

Date of Tests 10/2/04 to 10/3/04 Weather: Precipitation Nope Temperature 70-80

Percolation Test Data Table

A.	B.	C. D. E. F. Pre-Saturation Period				G. H. I. J. K. Percolation Readings					L. M. N. Results		
		Start		End		Start			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 (Min)	Water Level Drop (in)	Percolation Rates (Min/in)
1	36	10/2	10:00A	10/3	10:00A	10/3	1:30	32 1/4	10/3	2:00P	30	3/4	40
2	39	10/2	10:00A	10/3	10:00A	10/3	1:30	35 3/8	10/3	2:00P	30	3/4	40
3	37	10/2	10:00A	10/3	10:00A	10/3	1:30	31 7/8	10/3	2:00P	30	1	30
4	36	10/2	10:00A	10/3	10:00A	10/3	1:30	32 1/8	10/3	2:00P	30	3/4	40
5	39	10/2	10:00	10/3	10:00A	10/3	1:30	32 1/8	10/3	2:00P	30	1	30
6	36	10/2	10:00	10/3	10:00A	10/3	1:30	31 3/4	10/3	2:00	30	3/4	40

Sum of Percolation Rates: 220
Average of Rates: 37
Rate Used for Calculation: 40

Person Conducting Percolation Tests

Name: CLAUDE OIE
Phone: 402-423-0614
Address 5910 So 52nd St. Ct.
Lincoln Ne. 68516

10/3/04

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-95

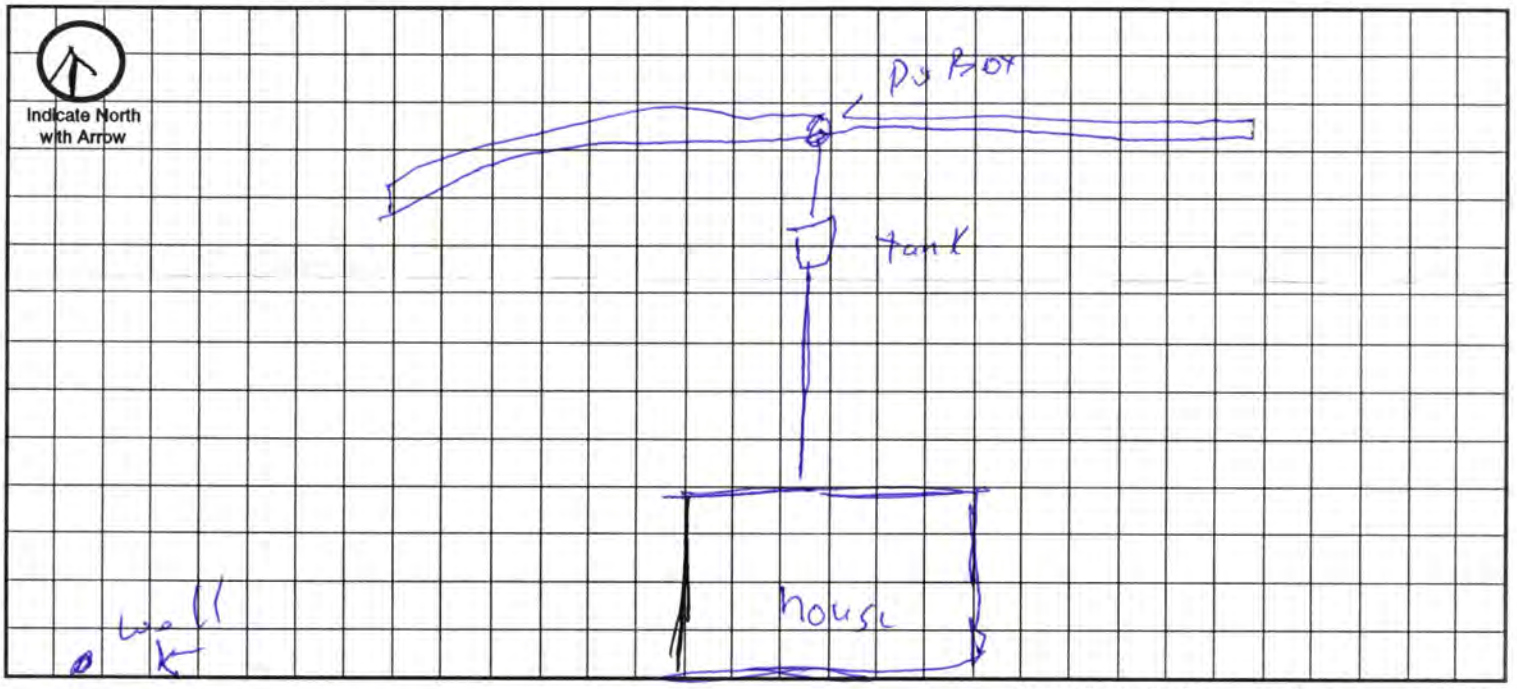
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 04380291b

Sewage Disposal System
Preliminary Plan Specifications

Draw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, compass direction and property lines. Indicate on drawing if residence and well are existing or proposed.



Approximate Scale: _____ ft. = _____ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 13530 Davey Rd City Waverly NE Zip NE 68462

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate 40 (min. per inch) Soil Type: _____ Land Slope: _____ %

Type of Absorption System: ☐ Trench ☐ Bed ☐ Other _____

Total Square Feet of Field Required: 825 sq. ft. 275 3/825 206 4/825

Type of Lateral: ☒ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: _____

Capacity of Septic Tank 1250 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 206 ft. Number of Trenches _____ Trench Width 4 feet B is INFiltrn

D. 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 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

E. Required Signatures

Home Building Contractor _____ Date _____

Installer Michael P Duffy Date 10-8-04

FORM 23-102 10-96

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

NOV 1 2 2004

D

Permit Number: 043802q1601

Sewage Disposal System

As Built Plans & Specifications

Date 11-8-04

System Location (Indicate correct number and street)

Address 13530 Davey Rd (no rural route) City Waverly NE, Zip 68462

A. Building Sewer

1. Material: PVC SDR-26
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 24" in.
3. Distance between dwelling and septic tank: _____ ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line 400' ft.
   stream N/A ft.
   pressure line 75' ft.
   property line 600 Plus ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: 1
2. Capacity: 1500 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 18" in.
   Over outlet, diameter 18" in.
   Riser: ☐ above ☐ below grade Even in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 12" in.
8. Distances to: Well or suction line 400' ft.
   Stream N/A ft.
   Pressure line 200' ft.
   Property line 100 Plus ft.

C. Distribution Box

1. Material: Concrete
   Number available outlets: 5
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 14 ft.

D. Absorption Field

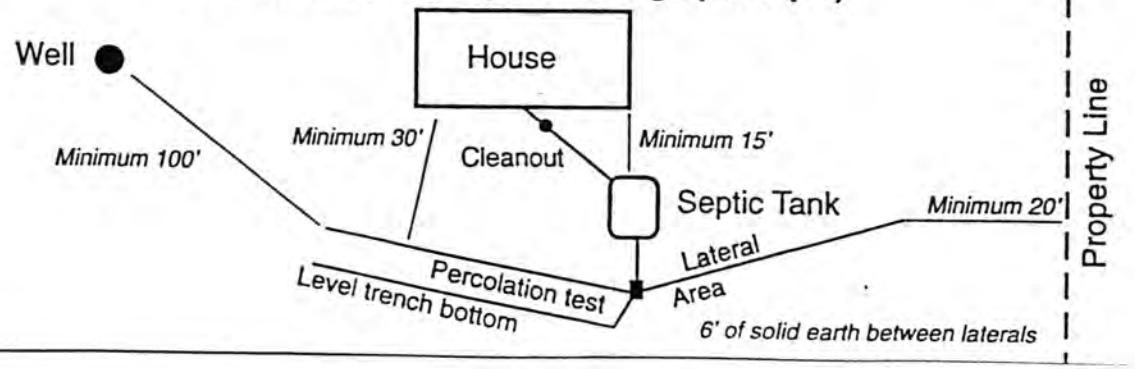
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: HI CAP
   or perforated pipe: Infiltrator
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 2
   Length of each line: 125 ft. _____ ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 36 ft.
   Slope 0 in/100 ft.
   Average depth 36 in
4. Filter material: Gravel
   Depth of material 24" in.
5. Distances to: Well or suction line 500 Plus ft.
   Stream N/A ft.
   Pressure line 500 Plus ft.
   Property line 100' ft.

Indicate North with Arrow

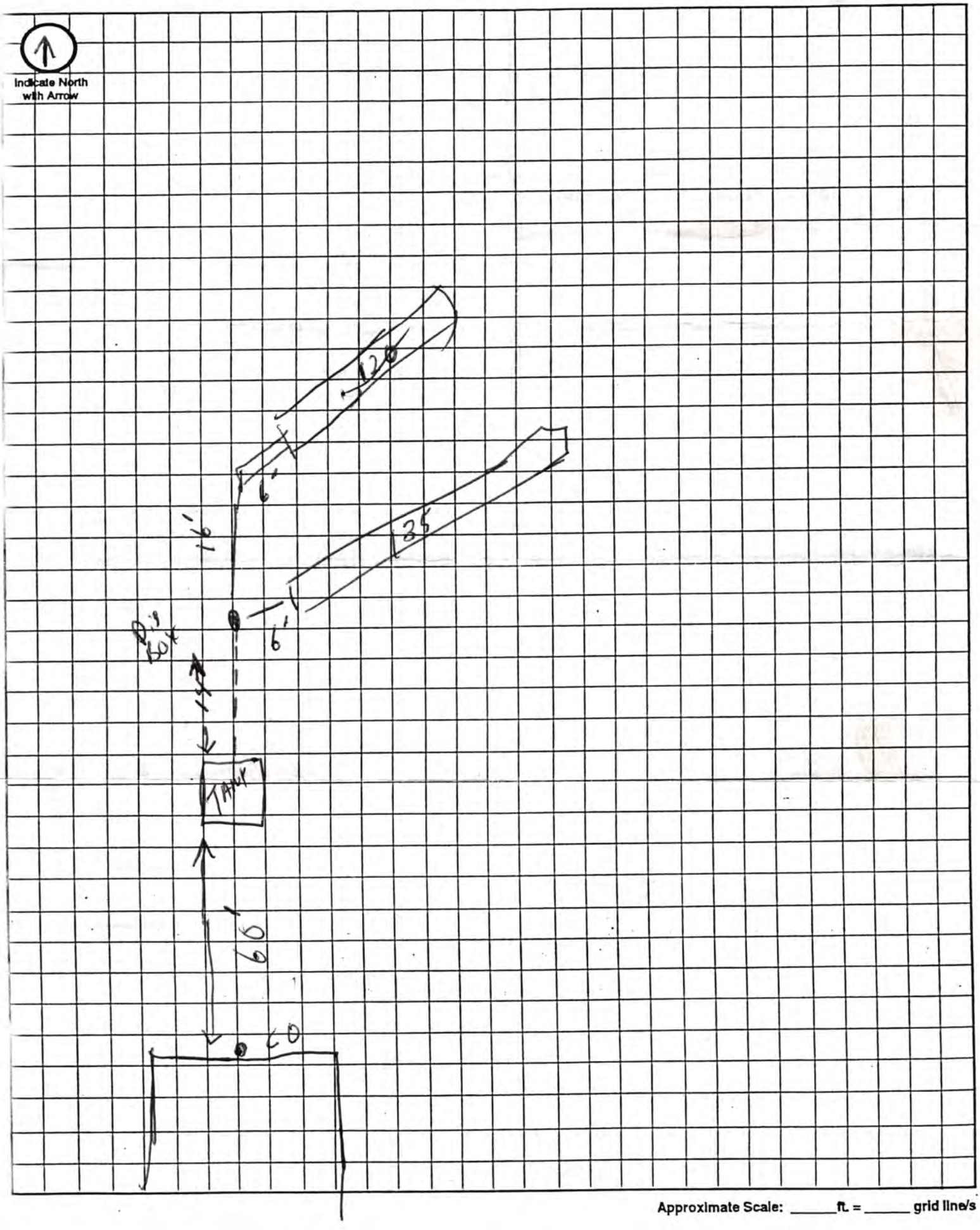
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



Approximate Scale: _____ ft. = _____ grid line/s