Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

008088

(402) 441-8000

Permit: SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 05380307101

Issued 08/12/05
Expires 08/12/06
Revenue Code 3157

Establishment: GERALD BOWER
T12N R8E SEC 27
LOT 27
15959 DAVEY RD-WAVERLY

FEES: $200.00

Permittee: GERALD BOWER
15959 DAVEY RD
WAVERLY NE 68462

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

LINCOLN LANCASTER COUNTY HEALTH DEPARTMENT

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

AUG 12 2005

A

Permit Number: 05380307101

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 15959 DAVEY ROAD (no rural route) City Waverly NE, Zip 68462

Legal Description NE (1/4) 1/4 27 (Section) 12N (Township) 8E (Range) Subdivision Addition Block 27 (Lot)

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name Gerald Bower Signature _____

Address 15959 DAVEY Road City/State/Zip Waverly NE 68462

☐ Check if owner designed system Home Phone _____ Work Phone 890-4334

C. Contractor

Name Michael P Dietze Company Name Waverly Plumbing & Well

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

☐ Check if contractor designed system Work Phone 402 - 786-5620

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 2 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** 8-4-05 lm
   Date rec'd 8/12/05 Date frwd 8/15/05
   ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood

2. **Supt. Bldg. Insp. or Village Clerk**
   Date rec'd 8/15/05 Date frwd 8/15/05
   ACTION ☒ Approved ☐ Disapproved Signature _____

3. **City or County Engineer**
   Date rec'd 8-15-05 Date frwd 8-15-05
   ACTION ☒ Approved ☐ Disapproved Signature Jim Blaurock

Installation Final Written Approval

By Ron Magnuson

Date 11-9-05

Business Office Use Only

Date Rec'd 8/12/05

Amt Paid $200.00

Rec'd By _____ Cash/Check No. 2477

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

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B

Permit Number: 053803071

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street) Lot 27 in NE¼ Sec 27, 12, 8

Address 15959 Davey Rd (no rural route) City Waverly NE, Zip 68462

Owner Gerald Brower Addresss

Soil Type (SCS): Silty Clay Percolation Rate: min./inch

Date of Tests 7/5 to 7/6 Weather: Precipitation None Temperature 90+

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	39	7/5	6:00	7/6	5:00	7/6	8:30	34½	7/16	9:00	30	5/8	48
2	36	7/5	6:00	7/6	5:00	7/6	8:30	30⅝	7/6	9:00	30	9/16	53
3	37	7/5	6:00	7/6	5:00	7/6	8:30	32⅞	7/6	9:00	30	5/8	48
4	41	7/5	6:00	7/6	5:00	7/6	8:30	33¼	7/16	8:00	30	½	60
5	36	7/5	6:00	7/6	5:00	7/6	8:30	28⅜	7/16	8:00	30	½	60
6	38	7/5	6:00	7/6	5:00	7/6	8:30	31⅝	7/16	8:00	30	9/16	53

Sum of Percolation Rates: 329

Average of Rates: 54

Rate Used for Calculation:

Person Conducting Percolation Tests

Name: Claude Oie PE-3939

Phone: 402-423-[illegible]0614

Address 5910 So 52nd St. Ct.
Lincoln Ne. 68516

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

FORM 23-101 10-96

Lincoln-Lancaster County Health Department
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Phone: 402-441-8022

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C

Permit Number: 053803071

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: 50 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) _____ City _____ NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 54 (min. per inch) Soil Type: _____ Land Slope: _____ %

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

Total Square Feet of Field Required: 700 sq. ft.

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

Capacity of Septic Tank 1000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals _____ ft. Number of Trenches _____ Trench Width _____

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 Purdy Date 8-10-05

FORM 23-102 10-96

GERALD BOWER

Sent 12-07-05

D

Lincoln-Lancaster County Health Department
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Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 11-09-2005

System Location (Indicate correct number and street)

Address 15959 DAVEY Road (no rural route) City WAVERLY NE, Zip 68462

A. Building Sewer

1. Material: PVC
   Diameter: 4" in.
2. Distance above basement floor: N/A in.
   or distance below basement floor: 12" in.
3. Distance between dwelling and septic tank: 64 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line 100 Plus ft.
   stream N/A ft.
   pressure line 15 ft.
   property line 1000' Plus ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments:
2. Capacity: 1000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 24 in.
   Over outlet, diameter 24 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 100 ft.
   Stream N/A ft.
   Pressure line 64 ft.
   Property line 1000 Plus ft.

C. Distribution Box

1. Material: Plastic
   Number available outlets: 8
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 55' ft.

D. Absorption Field

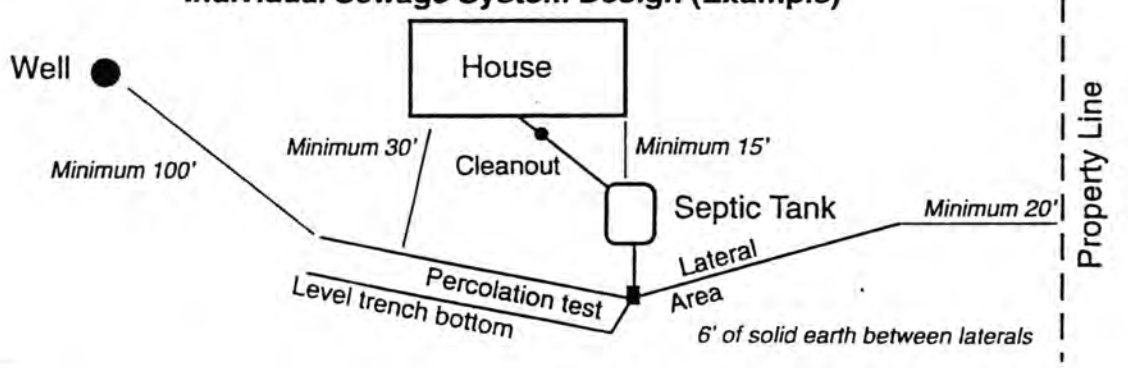
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 30
   or perforated pipe:
   Material: ☒ fiberglass ☐ plastic ☐ concrete
   ☐ other FN Filtrak
2. Lateral lines: Number 2
   Length of each line: 148 ft. 27 ft.
   ft. ft., ft.
3. Trench dimensions: Width 4 ft.
   Slope 0 in/100 ft.
   Average depth 30 in
4. Filter material: Dirt
   Depth of material 8 in.
5. Distances to: Well or suction line 155 ft.
   Stream N/A ft.
   Pressure line ~~1000~~ Plus ft.
   Property line 1000 Plus ft.

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

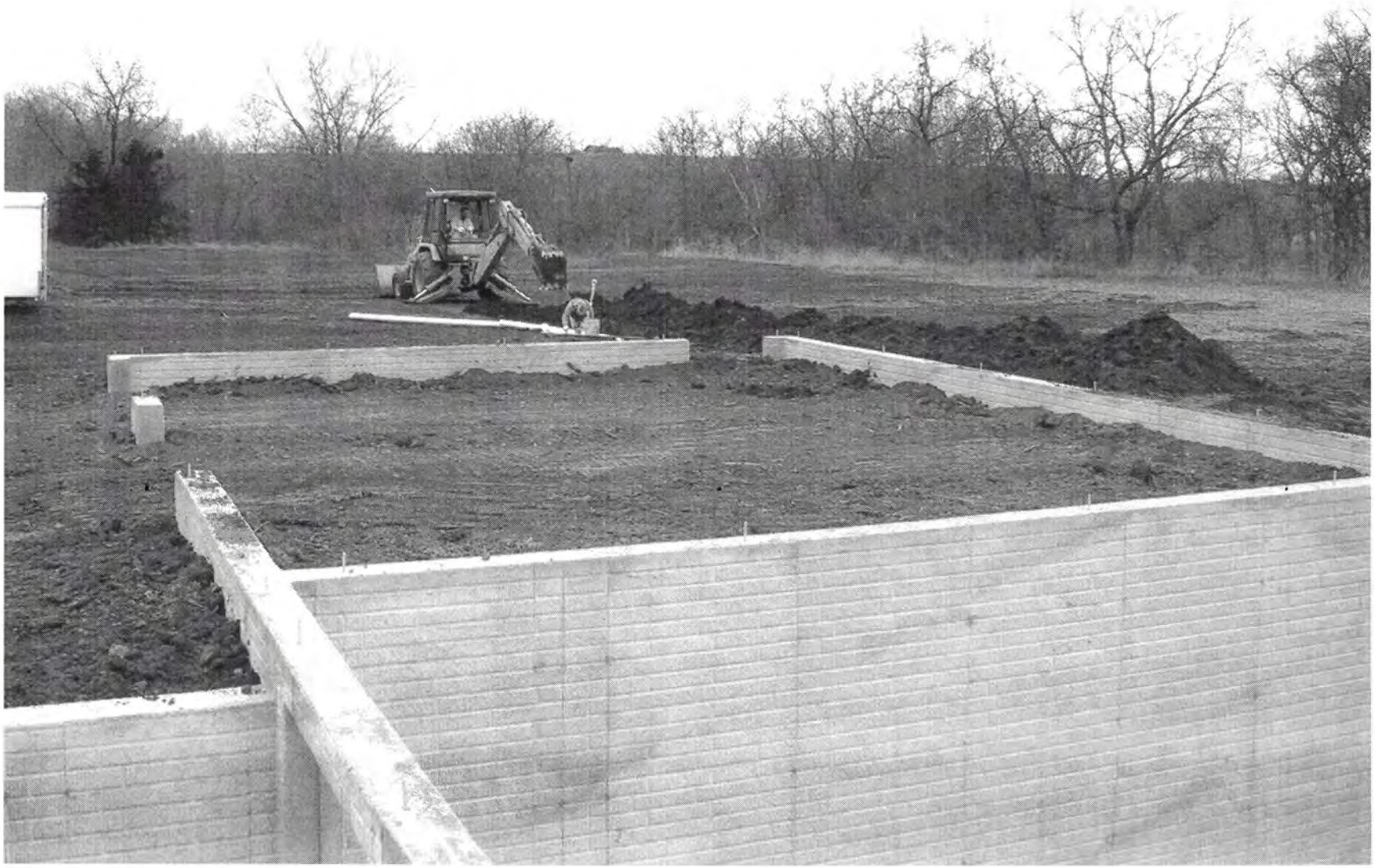
Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

November 9, 2005



November 9, 2005 15959 Davey Rd



November 9, 2005 15959 Davey Rd

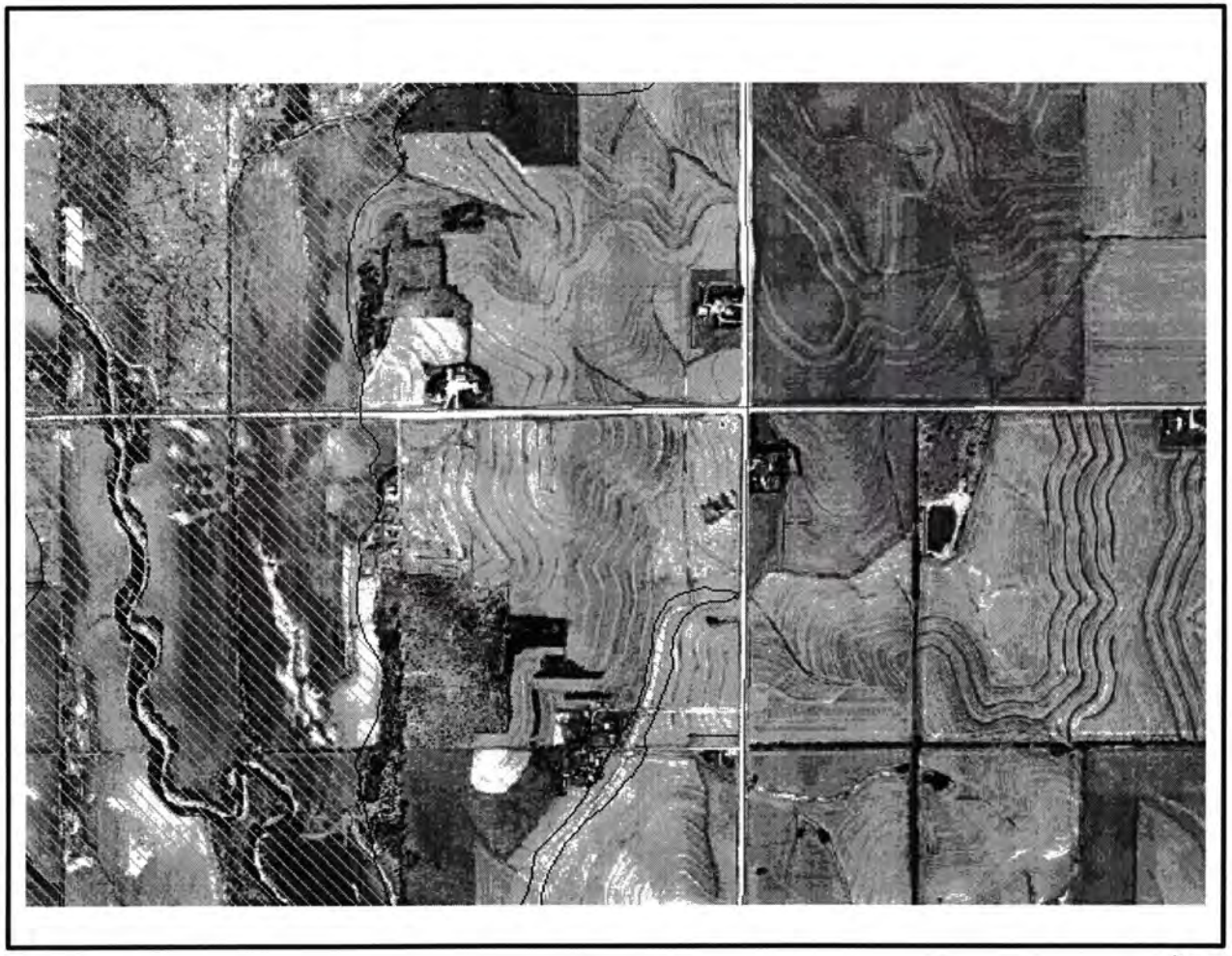


November 9, 2005



ESRI ArcExplorer 2.0

15959 Davey Road



streets

flood1

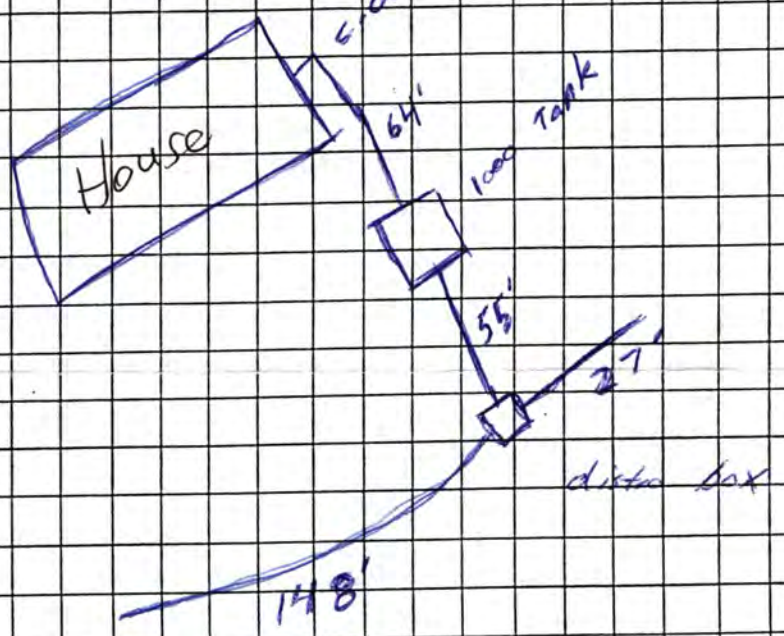
N

Friday, Aug 12 2005

O well

As Built Drawing

Indicate North with Arrow



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