LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET
NON TRANSFERABLE

ENVIRONMENTAL HEALTH DIVISION
Lincoln, NE 68510-1514
PERMIT

(402) 441-8000

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

No. 97380170101

Issued 12/17/97
Expires 06/17/98
Revenue Code 3157

FEES: $150.00

Establishment

ROBERT W RICHMOND
T12N R8E SEC 27 QTR NW
15405 DAVEY RD-WAVERLY

Permittee

ROBERT W RICHMOND
15405 DAVEY RD
RR 1, BOX 183
WAVERLY NE 68462

TOTAL $150.00

Gregg M Wright MD.
Issued By M. Jane Ford
Health Director

5578

THIS LICENSE OR PERMIT IS ISSUED SUBJECT
TO REVOCATION AS PROVIDED BY LAW
"POST IN A PROMINENT PLACE"

Repair **A**

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

Permit Number:

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 RR#1 Box 183 (no rural route) City Waverly NE, Zip 68462

Legal Description NW 1/4 4 1/4 27 Section 12 Township 8 Range 0 Subdivision 0 Addition 0 Block 6 Lot

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name Robert Richmond Signature Robert W Richmond

Address RR#1 Waverly, NE 68462 City/State/Zip _____

☐ Check if owner designed system Home Phone 789-7375 Work Phone _____

C. Contractor

Name Mike Dietze Company Name Waverly Plumbing & Well

Address ~~9780~~ PO Box 116 City/State/Zip Waverly NB 68462

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

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

Designer Name Robert W Richmond 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 3-21-97 Date frwd _____ **ACTION** ☒ Approved ☐ Disapproved Signature Ron Mayard
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd _____ Date frwd _____ **ACTION** ☐ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd _____ Date frwd _____ **ACTION** ☐ Approved ☐ Disapproved Signature _____

11-13-97 sm. need bearing

Installation Final Written Approval

By Ron Mayard

Date 12-16-97

Business Office Use Only 3078

Date Rec'd 3/21/97

Amt Paid 150 ~~00~~

Rec'd By _____ Cash/Check No. 10928

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:

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

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

Owner _____ Addresss _____

Soil Type (SCS): _____ Percolation Rate: 30/1½" min./inch

Date of Tests 12-7-96 to 12-8-96 Weather: Precipitation 0 Temperature 40°

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	12-7	9:00	12-7	3:00	12-8	3:00	6"	12-8	3:30	30	1½	30/1½ 20
2	36	12-7	9:05	12-7	3:05	12-8	3:05	6"	12-8	3:35	30	1⅝	30/1⅝ 18
3	36	12-7	9:10	12-7	3:10	12-8	3:10	5½"	12-8	3:40	30	1½	30/1½ 20
4	36	12-7	9:15	12-7	3:15	12-8	3:15	6"	12-8	3:45	30	1⅜	30/1⅜ 22
5	36	12-7	9:20	12-7	3:20	12-8	3:20	5¾"	12-8	3:50	30	1⅝	30/1⅝ 18
6	36	12-7	9:25	12-7	3:25	12-8	3:25	6¼"	12-8	3:55	30	1½	30/1½ 20

Person Conducting Percolation Tests

Name: Dave Dietze Dave Dietze
Phone: 402-786-2682
Address 9651 N. 149th Place
Waverly NE 68462

Sum of Percolation Rates: _____
Average of Rates: 30/1½"
Rate Used for Calculation: 20 min/in

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official Ron Mayfield Date 4-22-97

FORM 23-101 10-96

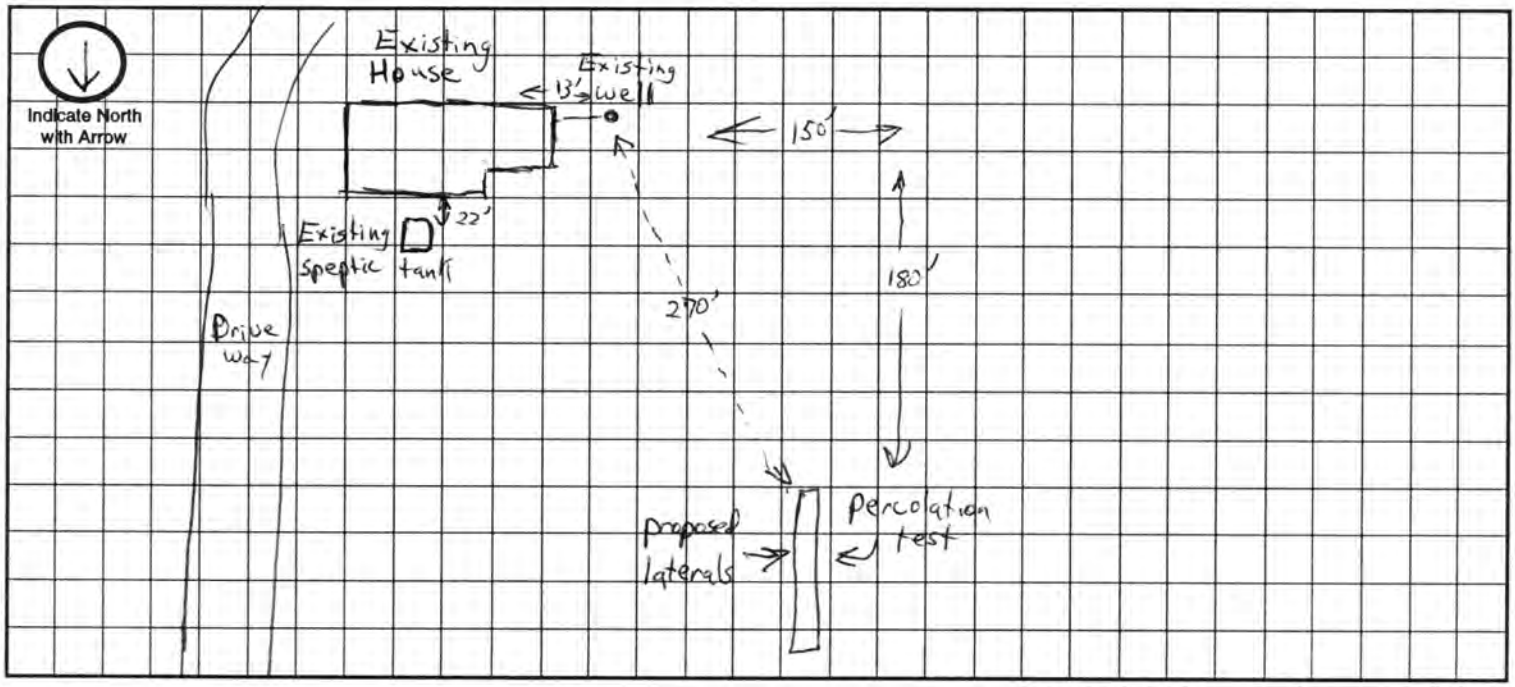
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number:

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) _____ City _____ NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other already There

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

Percolation Rate 20 (min. per inch) Soil Type: _____ Land Slope: _____ %

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

Total Square Feet of Field Required: 630 sq. ft.

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

Capacity of Septic Tank 1600 gals Number of Absorption Beds: 2 Number of Distribution Laterals per Bed _____

Total Length of Laterals 157 ft. Number of Trenches _____ Trench Width 4 ft

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 Mike Dietz 786-5620 Date 12-8-96

FORM 23-102 10-96

DEC 1 5 1997

D

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

Ron Marquart

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 11-13-97

Bob Richmond

System Location (Indicate correct number and street)

Address RR 1 Box 83 (no rural route) City Waverly NE, Zip 68462

A. Building Sewer

1. Material: _____
   Diameter: _____ in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: _____ ft.
4. Number of clean-outs: _____
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank

1. Material: _____
   Number of compartments: _____
2. Capacity: _____ gal.
3. Factory built: ☐ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☒ above ☐ below grade _____ in.
5. Inlet: ☐ baffle ☐ tee
6. Outlet: ☐ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: _____ in.
8. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. Distribution Box

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

D. Absorption Field

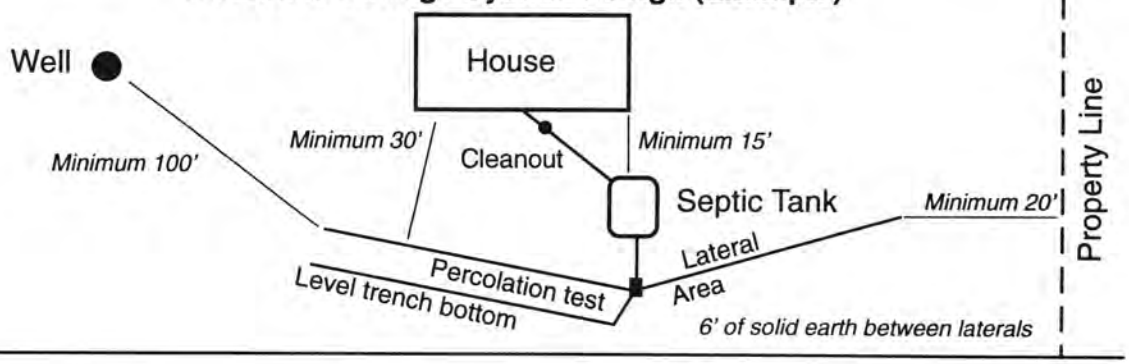
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 20"
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☒ concrete
   ☐ other _____
2. Lateral lines: Number 2
   Length of each line: 100 ft. 60 ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 0 in/100 ft.
   Average depth 3.6" in
4. Filter material: gravel
   Depth of material _____ in.
5. Distances to: Well or suction line 500 Plus ft.
   Stream N/A ft.
   Pressure line N/A ft.
   Property line ~~N/A~~ 500 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

— SHEET NUMBER 11

Repair work to replace fishing system

N 162nd

11



As Built Drawing

