LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

3140 "N" STREET Lincoln, NE 68510-1514 (402) 441-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION
SEPTIC SYSTEM

No. 98380183901

Issued 08/27/98
Expires 02/27/99
Revenue Code 3157

FEES: $150.00

PAID

Establishment
TODD J CORLISS
T12N R8E SEC 27 QTR NE
LOT 30IT

TOTAL $150.00

Permittee
TODD J CORLISS
8321 KARL RIDGE RD
APT 304
LINCOLN NE 68506-4183

Issued By Health Director
Lincoln-Lancaster County Health Department

008067

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

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

A

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 16200 Davey Rd (no rural route) City Waverly NE, Zip NE 68462

Legal Description NE corner 27 12N 8E 30 I.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 Todd Corliss Signature Todd J. Corliss

Address 8321 Karl Ridge Rd #304 City/State/Zip Lincoln, NE 68507

☐ Check if owner designed system Home Phone 486-0491 Work Phone 467-3002/432-8483

C. Contractor

Name Mike Pietze Company Name Waverly Plumbing & Well

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

☐ Check if contractor designed system Work Phone 432-2923 Cel

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 8/26/98 Date frwd 8/27/98 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 8/27/98 Date frwd 8/27/98 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 8/27/98 Date frwd 8/27/98 ACTION ☒ Approved ☐ Disapproved Signature _____

11/25/98 Need drawing - LCH

Installation Final Written Approval

By Ron Morgan

Date 12-3-98

Business Office Use Only

Date Rec'd 08/26/98

Amt Paid 150 ck

Rec'd By _____ Cash/Check No. 3365

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

Todd Colis

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 16200 Davey RD (no rural route) City Waverly NE, Zip 68462

Owner TODD COMISS Address 8321 Karl Ridge Rd. #304 Lincoln 68506

Soil Type (SCS): Clay loam SHARPSBURG SILTY Percolation Rate: _____ min./inch

Date of Tests 5-30-98 to 5-31-98 Weather: Precipitation 0 Temperature 78

Waverly Plmg. 162ND & Davey

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	5-30	4:30P	5-31	630P	5-31	630P	6	5-31	7P	30	2	15 MIN/IN
2	36	5-30	430P	5-31	630P	5-31	630P	6	5-31	7P	30	1 1/8	27 MIN/IN
3	36	5-30	430P	5-31	630P	5-31	630P	6	5-31	7P	30	1	30 MIN/IN
4	36	5-30	430P	5-31	630P	5-31	630P	6	5-31	7P	30	3/4	40 MIN/IN
5	36	5-30	430P	5-31	630P	5-31	630P	6	5-31	7P	30	1	30 MIN/IN
6	36	5-30	430P	5-31	630P	5-31	630P	6	5-31	7P	30	1	30 MIN/IN
7	36	5-30	430P	5-31	630P	5-31	630P	6	5-31	7P	30	1	30 MIN/IN
8	36	5-30	430P	5-31	630P	5-31	630P	6	5-31	7P	30	3/4	40 MIN/IN
9	36	5-30	430P	5-31	630P	5-31	630P	6	5-31	7P	30	3/4	40 MIN/IN

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: 40 MIN/IN

Person Conducting Percolation Tests

Name: Brian Shafer

Phone: 464-0438

Address 2700 Dan Dee

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official Jerrold C. Hood Date AUGUST 26, 1998

FORM 23 101 10 96

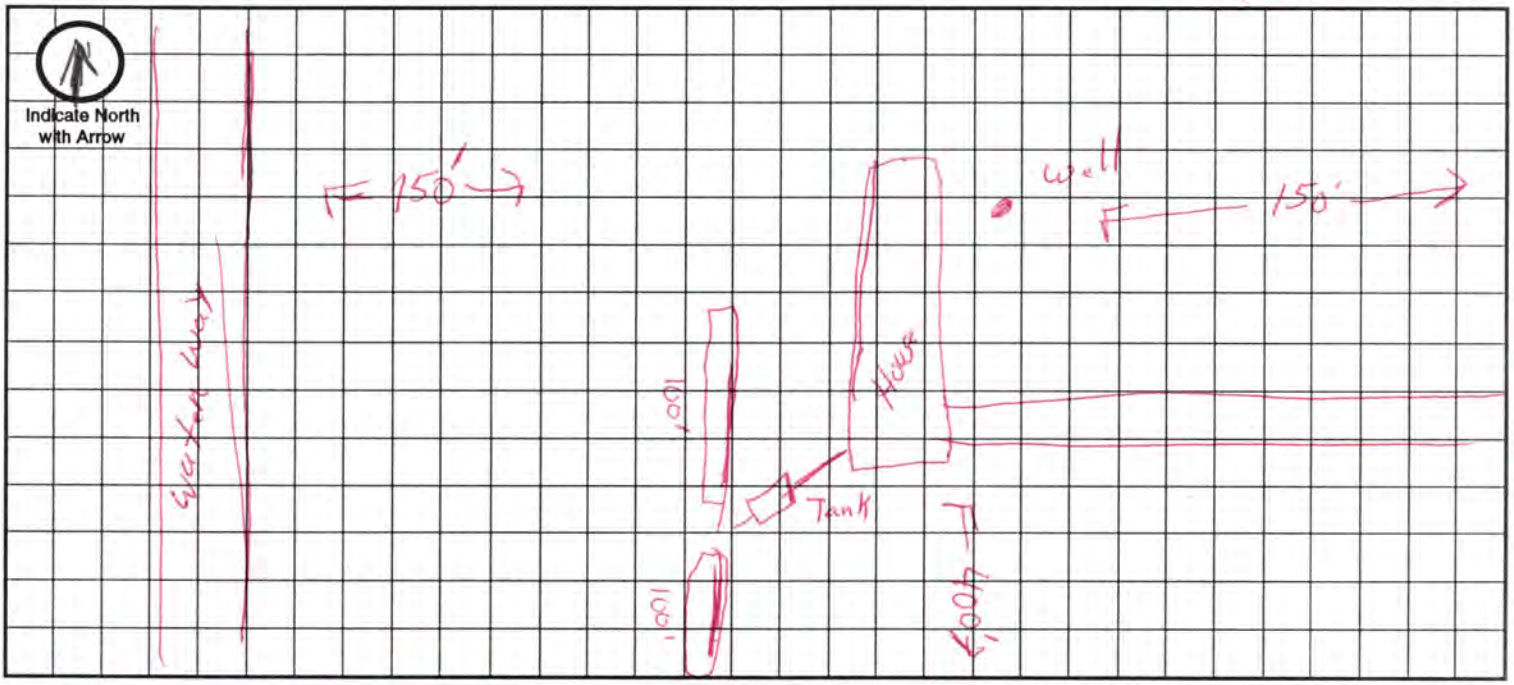
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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. Davey Rd



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

A. System Location (Indicate correct number and street)

Address (no rural route) 16200 Davey Rd. City Waverly NE, Zip 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: SHARPSBURG SILTY CLAY LOAM Land Slope: _____ %

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

Total Square Feet of Field Required: 862 sq. ft.

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

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

Total Length of Laterals 215 ft. Number of Trenches 3 Trench Width 4 feet

D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

Distance From	Private Well	Public Well NA	Surface Water NA	Gound Water NA	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors NA	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 8-25-98

Installer Mike Dreyer Date 8-25-98

FORM 23-102 10-96

Todd Corliss

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

NOV 30 1998

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 11-25-98

System Location (Indicate correct number and street)

Address 16200 Davey Rd (no rural route) City _____ NE, Zip _____

A. Building Sewer

1. Material: PVC SDR 26
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 36 in.
3. Distance between dwelling and septic tank: 75 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line 100 Plus ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: 3
2. Capacity: 1000 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter 8 in.
   Over outlet, diameter 8 in.
   Riser: ☐ above ☐ below grade _____ 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 175' ft.
   Stream NA ft.
   Pressure line 50 ft.
   Property line 600 ft.

C. Distribution Box

1. Material: Concrete
   Number available outlets: 5
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 19 ft.

D. Absorption Field

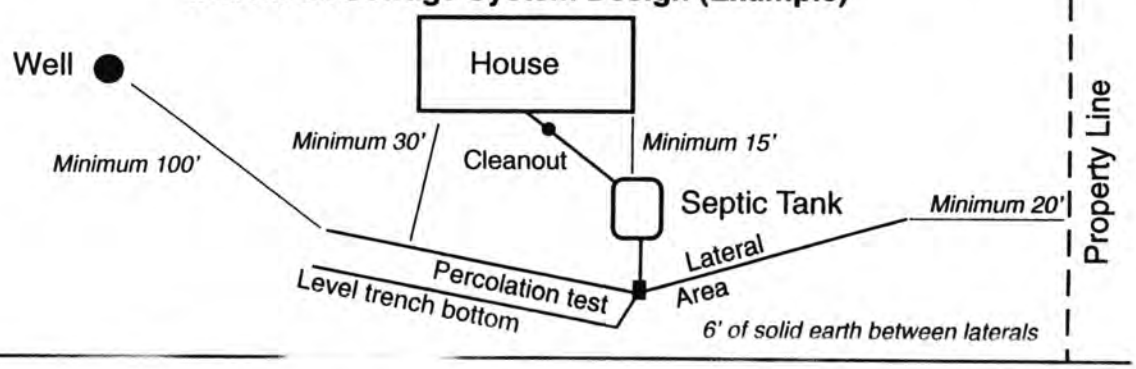
(Provide as-built drawings on back of this form)

1. Type: ☑ Half rounds ☐ Perforated pipe
   Diameter of half round: INFILTRATOR
   or perforated pipe: _____
   Material: ☐ fiberglass ☑ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 3
   Length of each line: 100 ft. 100 ft.
   15 ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 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 200 ft.
   Stream NA ft.
   Pressure line 50 ft.
   Property line [illegible] ft.

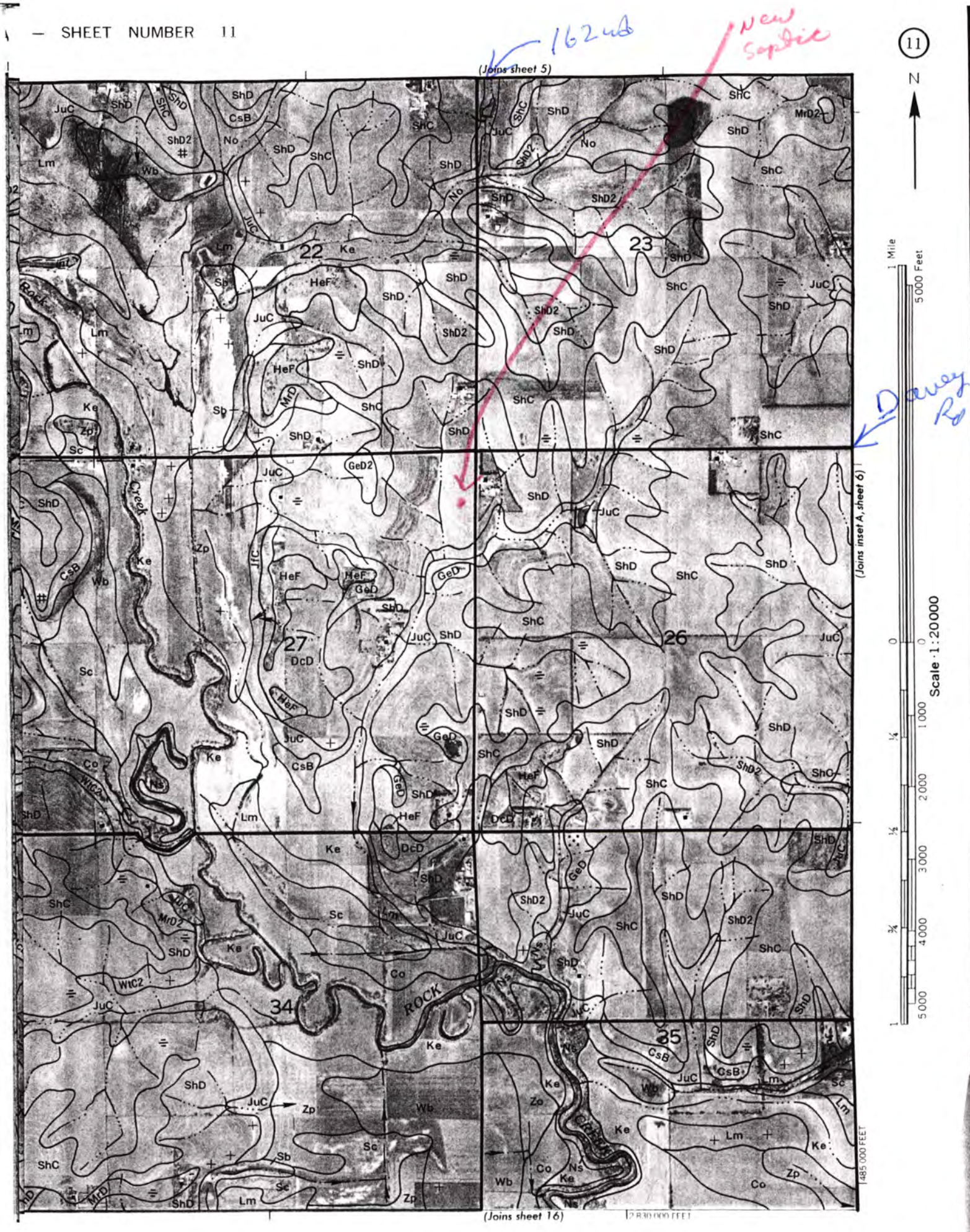
Complete "As Built" drawing on back of this form.

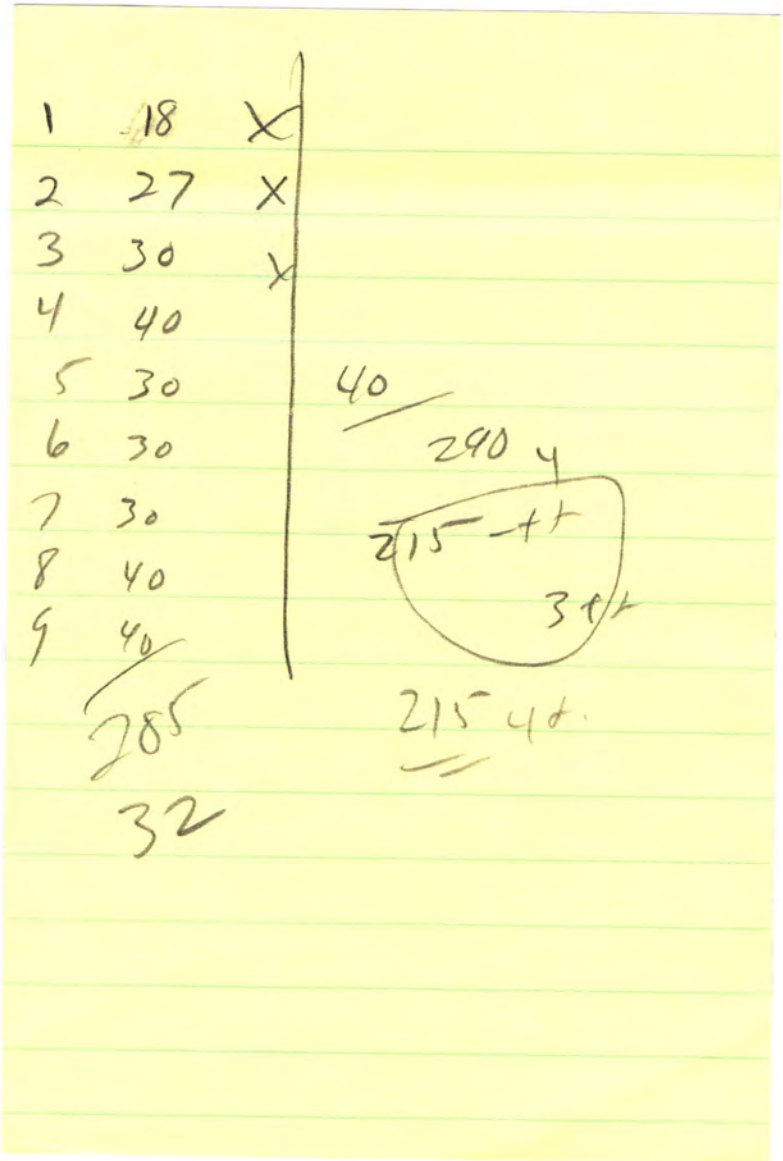
Indicate North with Arrow

Individual Sewage System Design (Example)

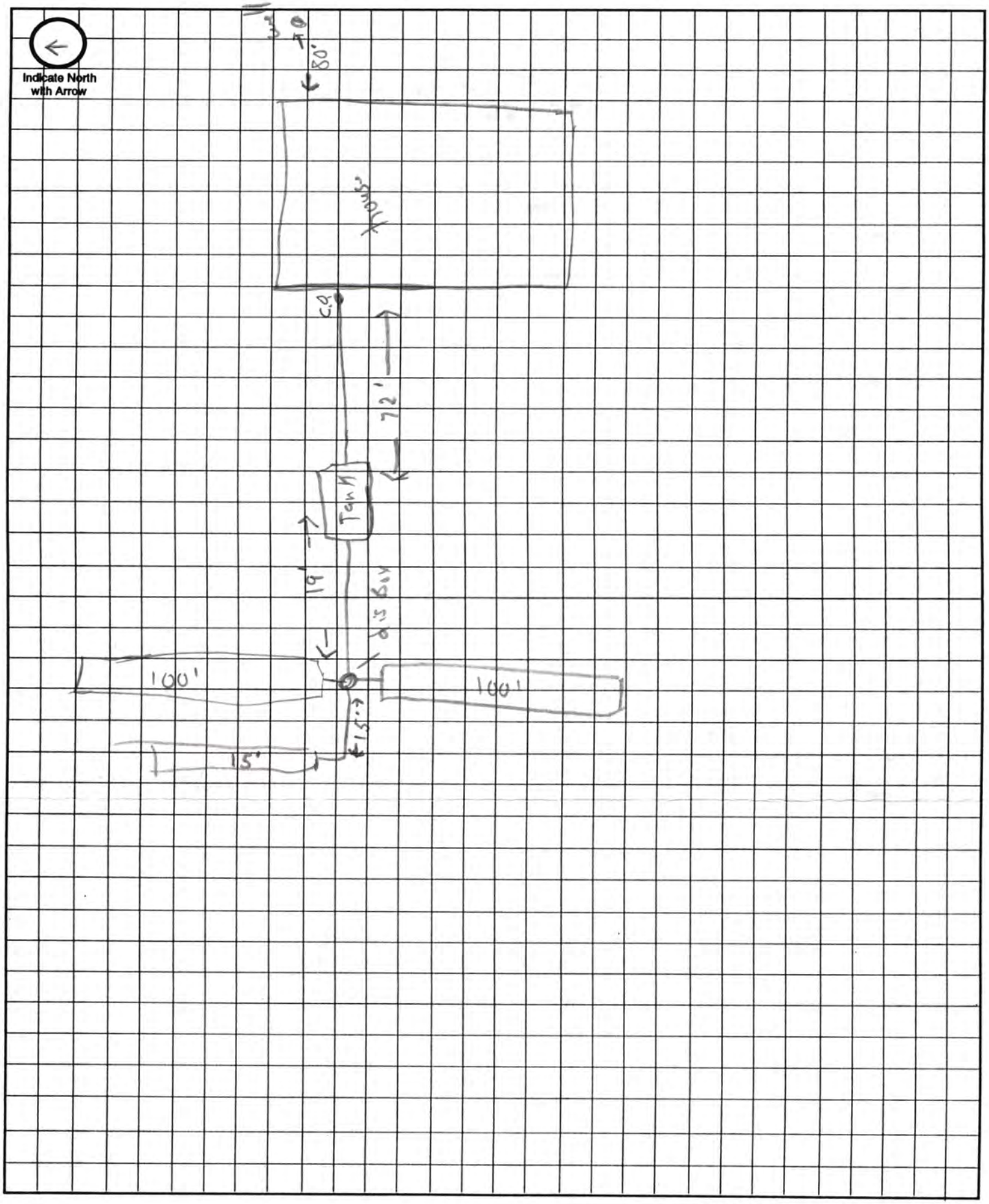


FORM 23-103 10-96


(Joins sheet 5)
(Joins inset A, sheet 6)
(Joins sheet 16)
22
23
26
27
34
35
ROCK
Scale 1:20000
1 Mile
5000 Feet
N
Dewey Rd


1 18 X
2 27 X
3 30 X
4 40
5 30
6 30
7 30
8 40
9 40
285
32
40
240 4
215 4t
3 4t
215 4t.

As Built Drawing



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