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. 98380177301

Issued 06/08/98
Expires 12/08/98
Revenue Code 3157

FEES: $150.00

PAID

Establishment
MARY CARLSON
T12N R8E SEC 28 QTR SW
W 1/2 OF SW QTR
16700 N 134 ST-WAVERLY

TOTAL $150.00

Permittee
MARY CARLSON
16700 N 134 ST
WAVERLY NE 68462

Issued By Health Director
Lincoln-Lancaster County Health Department

007594

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 16700 N. 134th Street (no rural route) City Waverly NE, Zip 68462

Legal Description W 1/2 SW 1/4 28 12-N 8-E
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 Mary Carlson Signature Mary Carlson

Address 16700 N. 134th St City/State/Zip Waverly, NE 68462

☐ Check if owner designed system Home Phone 786-3127 Work Phone 786-3184

C. Contractor

Name Mike Dietze Company Name Waverly Plumbing & Well

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

☒ Check if contractor designed system Work Phone 432-2923

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 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**
   Date rec'd 6/8/98 Date frwd 6/8/98
   ACTION ☒ Approved ☐ Disapproved
   Signature Gerrold C. Hood

2. **Supt. Bldg. Insp. or Village Clerk**
   Date rec'd 6/8/98 Date frwd 6/8/98
   ACTION ☒ Approved ☐ Disapproved
   Signature Harry Spire

3. **City or County Engineer**
   Date rec'd 6/08/98 Date frwd _____
   ACTION ☒ Approved ☐ Disapproved
   Signature Jerry M Obermier

6-19-98 rm

Installation Final Written Approval

By Ron Maynard

Date 6-22-98

Business Office Use Only 3238

Date Rec'd 6/8/98

Amt Paid #150.00

Rec'd By _____ Cash/Check No. 5345

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

Carlson

B

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

Permit Number:

#3

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 _____ Address _____

Soil Type (SCS): Crete silt loam Sharpsburg Percolation Rate: 35 min/inch

Date of Tests 5-4-98 to 5-5-98 Weather: Precipitation 1/2 Temperature 70

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/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	5-4	7:40	5-5	5:00A	5-5	500A	6	5-5	530A	30	1	30MIN/IN
2	36	5-4	740	5-5	500A	5-5	500A	6	5-5	530A	30	3/4	40MIN/IN
3	36	5-4	740	5-5	500A	5-5	5AM	6	5-5	530A	30	3/4	40MIN/IN
4	36	5-4	740	5-5	500A	5-5	5AM	6	5-5	530A	30	1	30MIN/IN
5	36	5-4	740	5-5	500A	5-5	5AM	6	5-5	530A	30	3/4	40MIN/IN
6	36	5-4	740	5-5	500A	5-5	5AM	6	5-5	530A	30	1	30MIN/IN

Sum of Percolation Rates: _____
Average of Rates: 35
Rate Used for Calculation: 35

Person Conducting Percolation Tests

Name: Brian Shafer
Phone: 464-0638
Address: 2700 Dan Ave

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 21.101 10.97

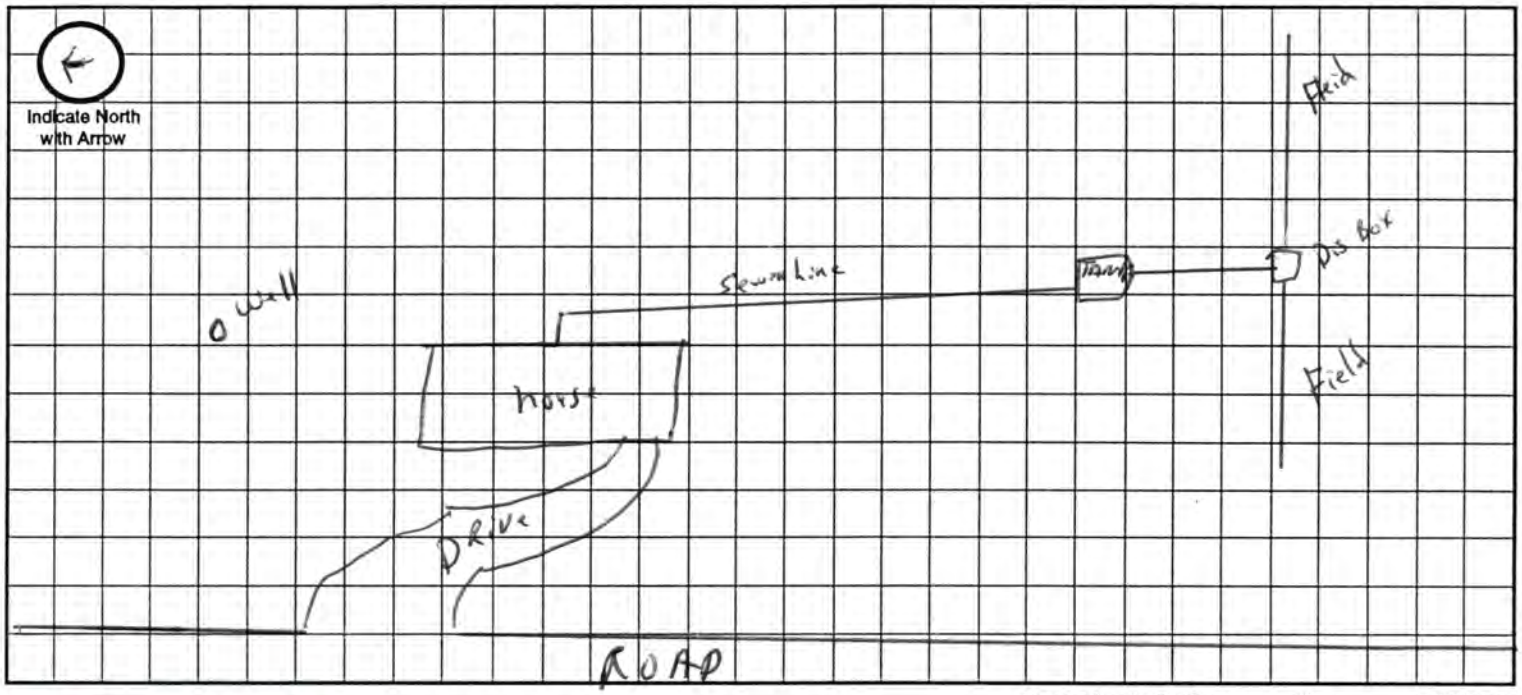
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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) 16700 N. 134th St. 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 35 (min. per inch) Soil Type: SHARPSBURG SILTY CLAY LOAM Land Slope: _____ %

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

Total Square Feet of Field Required: 540 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 135 ft. Number of Trenches 2 Trench Width 4 ft

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	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 Dietze Date 6-4-98

Lincoln-Lancaster County Health Department
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D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 6-19-98

System Location (Indicate correct number and street)

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

A. Building Sewer

1. Material: PVC SDR-26
   Diameter: 4" in.
2. Distance above basement floor: 0 in.
   or distance below basement floor: 12" in.
3. Distance between dwelling and septic tank: 200' ft.
4. Number of clean-outs: 4
5. Distances to: well or suction line 50' ft.
   stream NA ft.
   pressure line 20' ft.
   property line 100' Plus ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: 1
2. Capacity: 1000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 4" in.
   Over outlet, diameter 4" in.
   Riser: ☐ above ☒ below grade 24 in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 15 in.
8. Distances to: Well or suction line 200' ft.
   Stream NA ft.
   Pressure line 200 ft.
   Property line 200' Plus ft.

C. Distribution Box

1. Material: Concrete
   Number available outlets: 4
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 10' ft.

D. Absorption Field

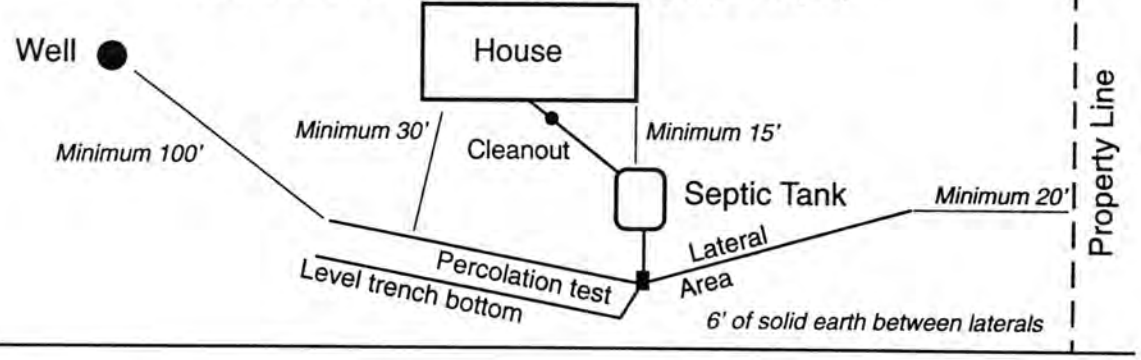
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: IN filAtaker
   or perforated pipe: 6" gravel Below halfmoon
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 2
   Length of each line: 100' ft. 40' ft.
   _____ 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 250 ft.
   Stream NA ft.
   Pressure line 250 ft.
   Property line 300 Plus ft.

Indicate North with Arrow

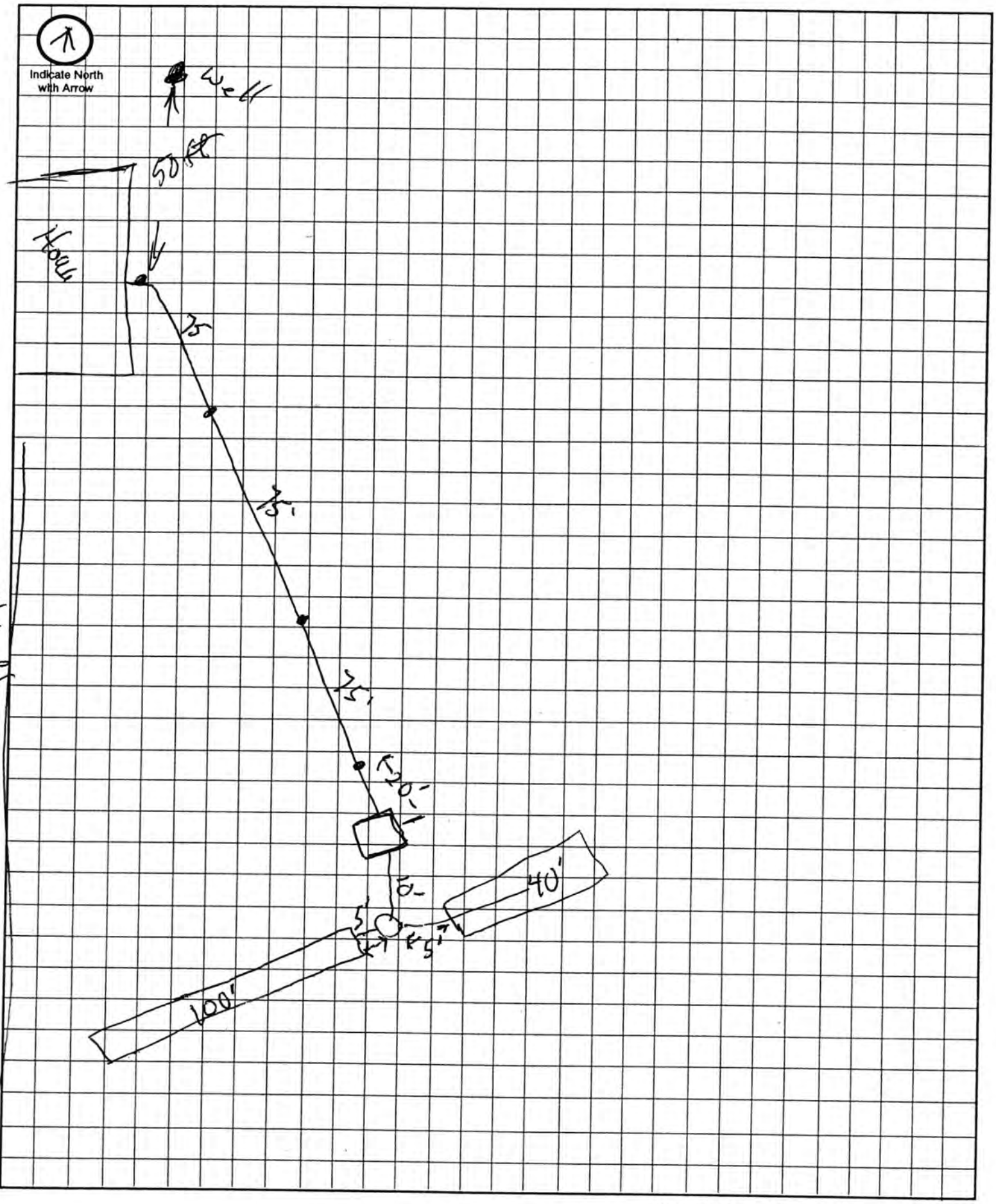
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



Approximate Scale: _____ft. = _____ grid line/s


N. 134th
2 810 000 FEET
R. 8 E.
495 000 FEET
T. 12 N.
(Joins sheet 10)
Branched Oak Rd
Creek
HeF
GeD
ShD
ShD2
ShC
JuC
Ke
Zc
Cd
Lm
MrD
Na
WkC2
CsB
CrB
Cp
20
21
28
29
30
31
33
R. 7 E.
new septic