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. 97380158801

Issued 06/09/97
Expires 12/09/97
Revenue Code 18754

Establishment

GREG CARLSON
T12N R8E SEC 28
16800 N 134 STREET

FEES: $150.00

TOTAL $150.00

Permittee

GREG CARLSON
16800 N 134 ST
WAVERLY NE 68462

Issued By M. Jane Ford
Health Director

4787

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 16800 N 134 St (no rural route) City Waverly NE, Zip 68462

Legal Description SW80 SW¼ 28 12N PE
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 Greg Carlson Signature Greg Carlson

Address ~~16800 N 134 St~~ same City/State/Zip _____

☐ Check if owner designed system Home Phone _____ Work Phone _____

C. Contractor

Name Waverly Plumbing & Well Company Name Waverly

Address PO Box 111 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 _____ 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 6/5/97 Date frwd 6/6/97 **ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 6/6/97 Date frwd 6/6/97 **ACTION** ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 6/6/97 Date frwd 6/6/97 **ACTION** ☒ Approved ☐ Disapproved Signature Jim Plough

7-9-97 - sewer line + tank run
7-10-97 - drainfield backfilled

Installation Final Written Approval

By Ron Maynard

Date 7-14-97

Business Office Use Only 3077

Date Rec'd 6-4-97

Amt Paid $150.00

Rec'd By CW Cash/Check No 1028

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

6 Carlson

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 134th + Branched Oak (no rural route) City _____ NE, Zip _____

Owner _____ Address _____

Soil Type (SCS): Clay Loam & Sharpsburg Silty Clay Loam Percolation Rate: 60 min./inch

Date of Tests 5-6-97 to 5-7-97 Weather: Precipitation 3/4" Temperature 70

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	5-6	700P	5-7	615	5-7	615P	6"	5-7	645P	30min	3/4	
2	36	5-6	700P	5-7	615P	5-7	615P	6"	5-7	645P	30	1	
3	36	5-6	700P	5-7	615P	5-7	615P	6"	5-7	645P	30	1/2	
4	36	5-6	700P	5-7	615P	5-7	615P	6"	5-7	645P	30	3/4	
5	36	5-6	700P	5-7	615P	5-7	615P	6"	5-7	645P	30	1/2	
6	36	5-6	700P	5-7	615P	5-7	615P	6"	5-7	645P	30	1/2	

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: 60

Person Conducting Percolation Tests

Name: BRIAN R. SHAFER

Phone: 464-0638

Address 2700 DAN AVENUE
LINCOLN, NE 68504

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official Jerrold C. Hood Date JUNE 5, 1997

FORM 23-101 10-96

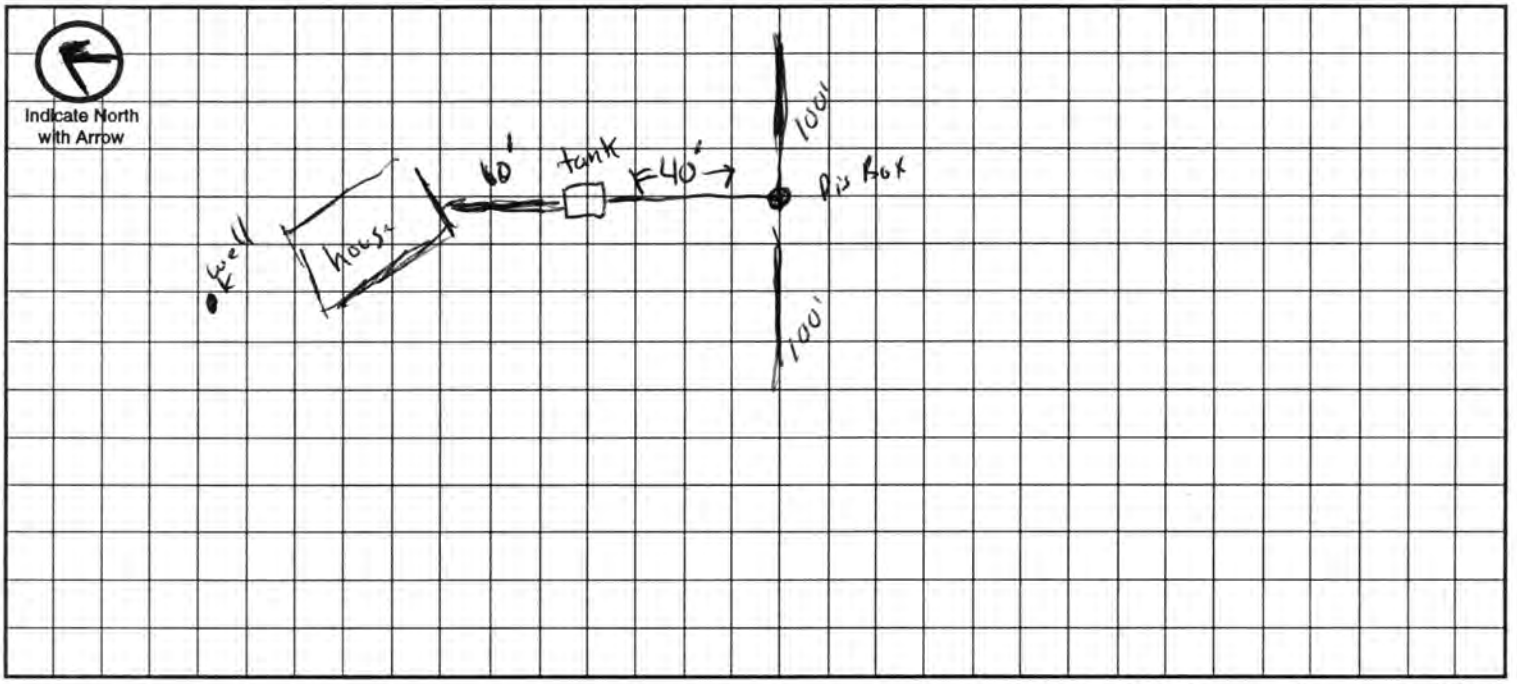
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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 _____

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

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

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

Total Square Feet of Field Required: 660 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 165 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 Dietze Date 6-2-96

FORM 23-102 10-96

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

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 7-9-97

System Location (Indicate correct number and street)

Address 16800 W 134 (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: _____ in.
3. Distance between dwelling and septic tank: 60 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line _____ ft.
   stream None ft.
   pressure line 100' ft.
   property line 500' Plus ft.

B. Septic Tank

1. Material: Concrete Pre CAST
   Number of compartments: 3
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 _____ 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 NO ft.
   Pressure line 100' ft.
   Property line 500' Plus ft.

C. Distribution Box

1. Material: Concrete Pre CAST
   Number available outlets: 4
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 40' ft.

D. Absorption Field

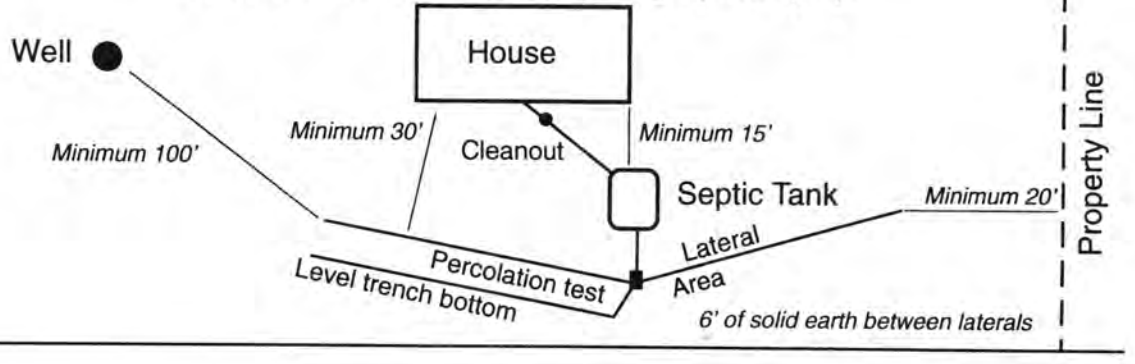
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 18"
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☒ concrete
   ☐ other _____
2. Lateral lines: Number 2
   Length of each line: 100 ft. 65' ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4' ft.
   Slope None in/100 ft.
   Average depth 2½ ft in.
4. Filter material: gravel
   Depth of material _____ in.
5. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

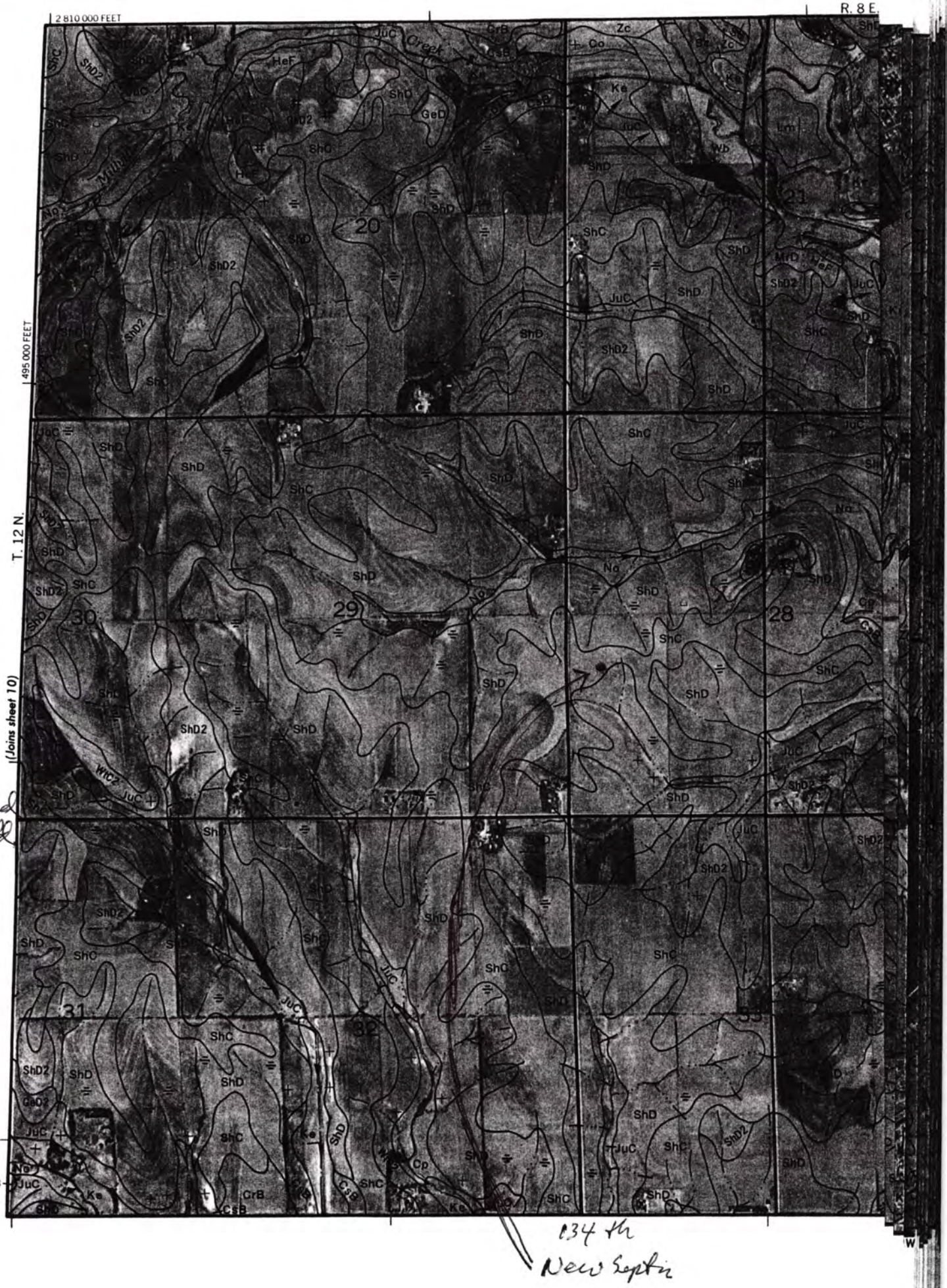
Complete "As Built" drawing on back of this form.

Indicate North with Arrow

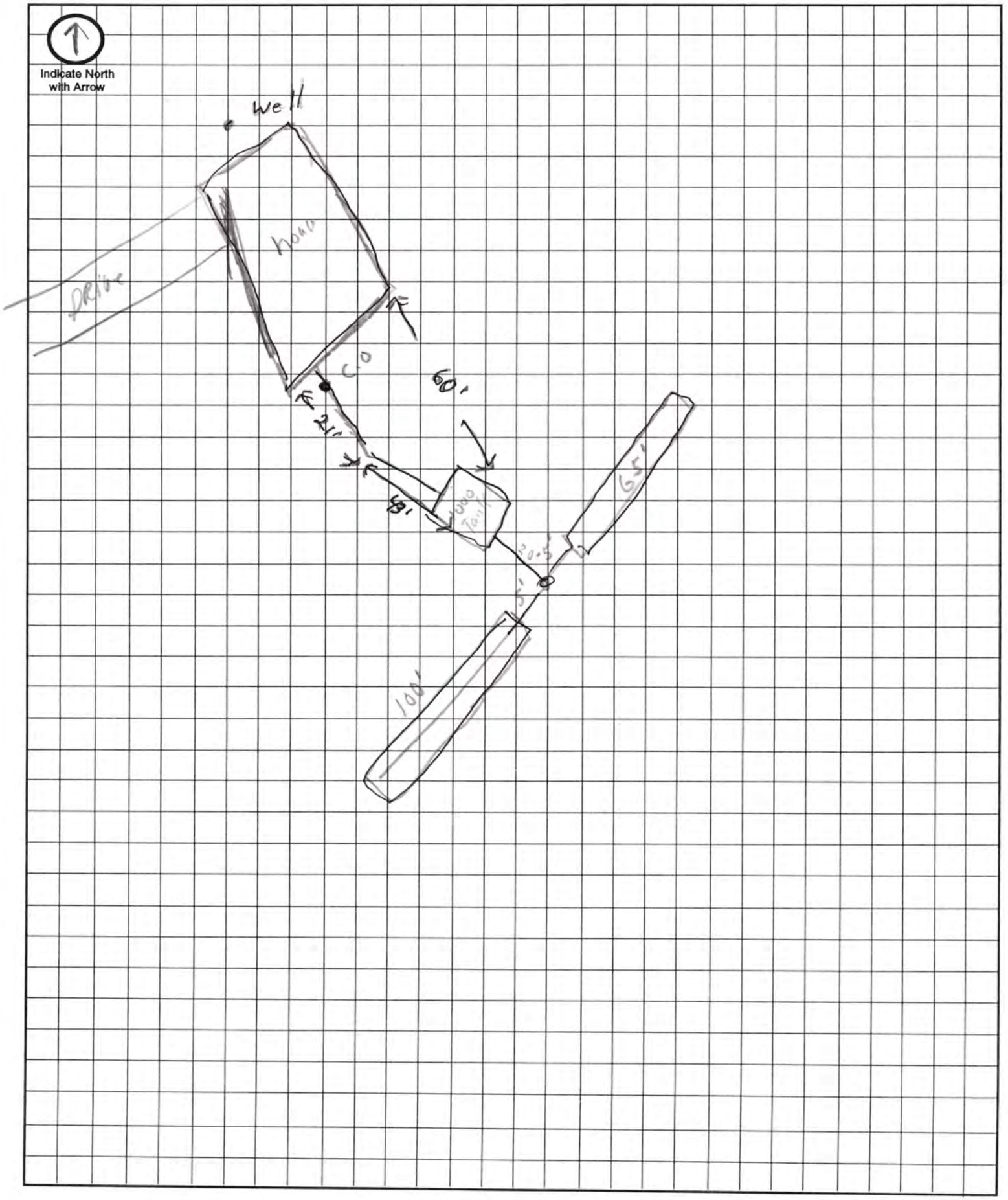
Individual Sewage System Design (Example)



FORM 23-103 10-96


2 810 000 FEET
R. 8 E.
495 000 FEET
T. 12 N.
(Joins sheet 10)
20
21
29
28
30
31
32
33
ShC
ShD
ShD2
JuC
HeF
GeD
Ke
Co
Zc
Lm
Wb
Na
Cp
CsB
GrB
Branched oak Rd
134th
New Septic

As Built Drawing



Approximate Scale: _____ft. = _____ grid line/s