Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

005457

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit
SEWAGE SYSTEM REPAIR
SEWAGE REPAIR-EXTEND DRAINFIELD

Permit # 04390079801

Issued 08/26/04
Expires 02/26/05
Revenue Code 3157

Establishment
DAYLE JOHNSON
T12N R7E SEC 24
18805 N 112-WAVERLY

FEES: $100.00

Permittee
DAYLE JOHNSON
14440 EASTBOURNE ST
WAVERLY NE 68462

TOTAL: $100.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

Individual Sewage Disposal System
Application to Alter, Extend or Repair

❒Municipal Code 24.38 ❒County Resolution Number 2832

Date: _____	File No.: _____

The undersigned hereby applies for a permit to: ❒ **ALTER** ☒ **EXTEND** ❒ **REPAIR** an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. **Legal description of property:**
   Township 12N Range 7E Section 24 1/4 Section _____
   Block _____ Lot _____ Addition _____
   Street Address 18805 N 112th Waverly NE

2. **Property use:** ☒ residential ❒ commercial ❒ other use
   Number of bedrooms 3 Describe _____

3. **Type of Present Individual Disposal System:** ☒ septic tank ❒ lagoon ❒ other

4. **Description of proposed alteration, extension or repair:** ADD DRain field

5. **Work to be done by:** ❒ owner ☒ contractor's name Michael P Dietze
   560-2923

6. **Estimated project:** a. Repair, replace or minor extension with a cost of less than $400.00 (no fee required).
   (b.) Total cost is greater than $400.00 (Return fee with this application).
   c. A "construction permit" is required if the use, operation, location, or type of the system is being changed.

Print Name Dayle Johnson Address 14440 Eastbourne Waverly NE Phone 786-3778
Applicant Signature (owner or lessee) _____

Please include the permit fee ($50.00) with this application

(Please do not write below this line)

Date rec'd 8/26/04 REVIEW: ☒ approved ❒ disapproved By: Jerrold C. Hood

Site visits:
Date _____ By _____
Date _____ By _____
Date _____ By _____

Installation final written approval

Date _____ By _____

Return to: Lincoln-Lancaster County Health Department - Environmental Health Division
3140 "N" Street, Lincoln, NE. 68510
441-8022

White - EH Pink - Business Office Revised 1/98

8/27/04 #22434 $50 ≈ #22438 $50 ≈

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 18805 N 112th st. (no rural route) City Waverly NE, Zip 68462

Owner Dayle Johnson Addresss 14440 Eastbourne Waverly NE

Soil Type (SCS): Silty Clay Percolation Rate: 30 min./inch

Date of Tests 8/4 to 8/5 Weather: Precipitation None Temperature 80+

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	37	8/4	4:00	8/5	4:30	8/5	8:00	33 1/4	8/5	8:30	30	3/4	40
2	39	8/4	4:00	8/5	4:30	8/5	8:00	35 1/16	8/5	8:30	30	15/16	32
3	36	8/4	4:00	8/5	4:30	8/5	8:00	31 1/8	8/5	8:30	30	1 1/4	24
4	37	8/4	4:00	8/5	4:30	8/5	8:00	32 1/2	8/5	8:30	30	1 1/8	27
5	40	8/4	4:00	8/5	4:30	8/5	8:00	34 1/4	8/5	8:30	30	1	30
6	38	8/4	4:00	8/5	4:30	8/5	8:00	31 3/4	8/5	8:00	30	1 1/4	24

Sum of Percolation Rates: 177

Average of Rates: 29.5

Rate Used for Calculation: 30

Person Conducting Percolation Tests

Name: Claude Oie PE-3939

Phone: 402-423-0614

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

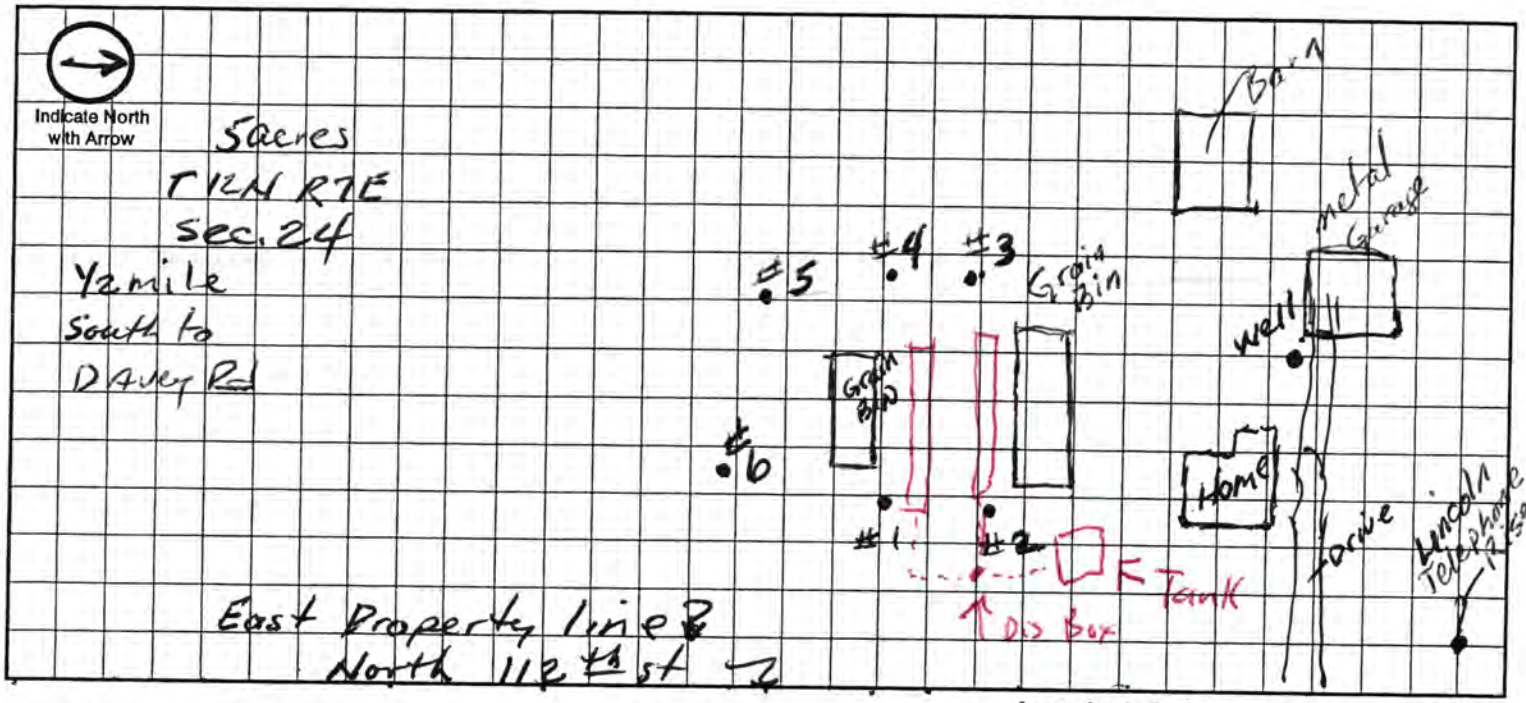
AUG 2 6 2004

C

Permit Number: 04300798

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) 18805 N 112th City Waverly NE, Zip 68462

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☒ Plastic ☐ Other FW filter w/ gravel

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

Percolation Rate 30 (min. per inch) Soil Type: silty Clay Land Slope: 4-5 %

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

Total Square Feet of Field Required: 750 sq. ft.

Type of Lateral: ☒ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: FW filter w/ gravel

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

Total Length of Laterals 188 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 Michael F Duty Date 8-24-04

FORM 23-102 10-96