Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514 (402) 441-8000

Permit
SEWAGE INSTALLATION
SEPTIC SYSTEM

Establishment
LYNN NEUJAHR
T11N R8E SEC 33 QTR NW
6700 N 134 ST-WAVERLY

Permitee
LYNN NEUJAHR
6001 N 1 ST
LINCOLN NE 68521-8939

Permit # 99380213001

Issued 12/16/99
Expires 06/16/00
Revenue Code 3157

FEES: $150.00

TOTAL: $150.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

011361

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 6200 N 134th (no rural route) City Waverly NE, Zip 68462

Legal Description ~~NE~~ ~~NW~~ 33 11N 8E Lot 1 Block

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 Lynn Neujahr Signature Lynn Neujahr

Address 6001 N 1st Rt. 5 City/State/Zip Lincoln NE

☐ Check if owner designed system Home Phone 435-6946 Work Phone _____

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 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 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 12/15/99 Date frwd 12/16/99 ACTION ☒ Approved ☐ Disapproved Signature Jerrold E. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 12/16/99 Date frwd 12/16/99 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 12/16/99 Date frwd 12/16/99 ACTION ☒ Approved ☐ Disapproved Signature _____

1-14-99 mm need D. sheet

Installation Final Written Approval

By Ron Mayer

Date 2-2-00

Business Office Use Only

Date Rec'd 12/16/99

Amt Paid 150.00

Rec'd By _____ Cash/Check No. 1458

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 6700 N 134th (no rural route) City Waverly NE, Zip 68462

Owner Lynn Neuhaus Addresss 6001 N 1st Rd. 5

Soil Type (SCS): SHARPSBURG SILTY CLAY LOAM Percolation Rate: 39 min./inch

Date of Tests 11-26-99 to 11-27-99 Weather: Precipitation dry Temperature 60°

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	11-26	11:00	11-27	11:00	11-27	11:00	6	11-27	1130	30	3/4"	40MIN/IN
2	36	11-26	11:00	11-27	11:00	11-27	11:00	6	11-27	1130	30	5/8"	48MIN/IN
3	36	11-26	11:00	11-27	11:00	11-27	11:00	6	11-27	1130	30	5/8"	48MIN/IN
4	36	11-26	11:00	11-27	11:00	11-27	11:00	6	11-27	1130	30	3/4"	40MIN/IN
5	36	11-26	11:00	11-27	11:00	11-27	11:00	6	11-27	1130	30	1"	30MIN/IN
6	36	11-26	11:00	11-27	11:00	11-27	11:00	6	11-27	1130	30	1"	30MIN/IN

Person Conducting Percolation Tests

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

Sum of Percolation Rates:
Average of Rates: 39
Rate Used for Calculation: 39

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Gerald C. Hood R.E.H.S. Date DECEMBER 16, 1999

FORM 23-101 10-96

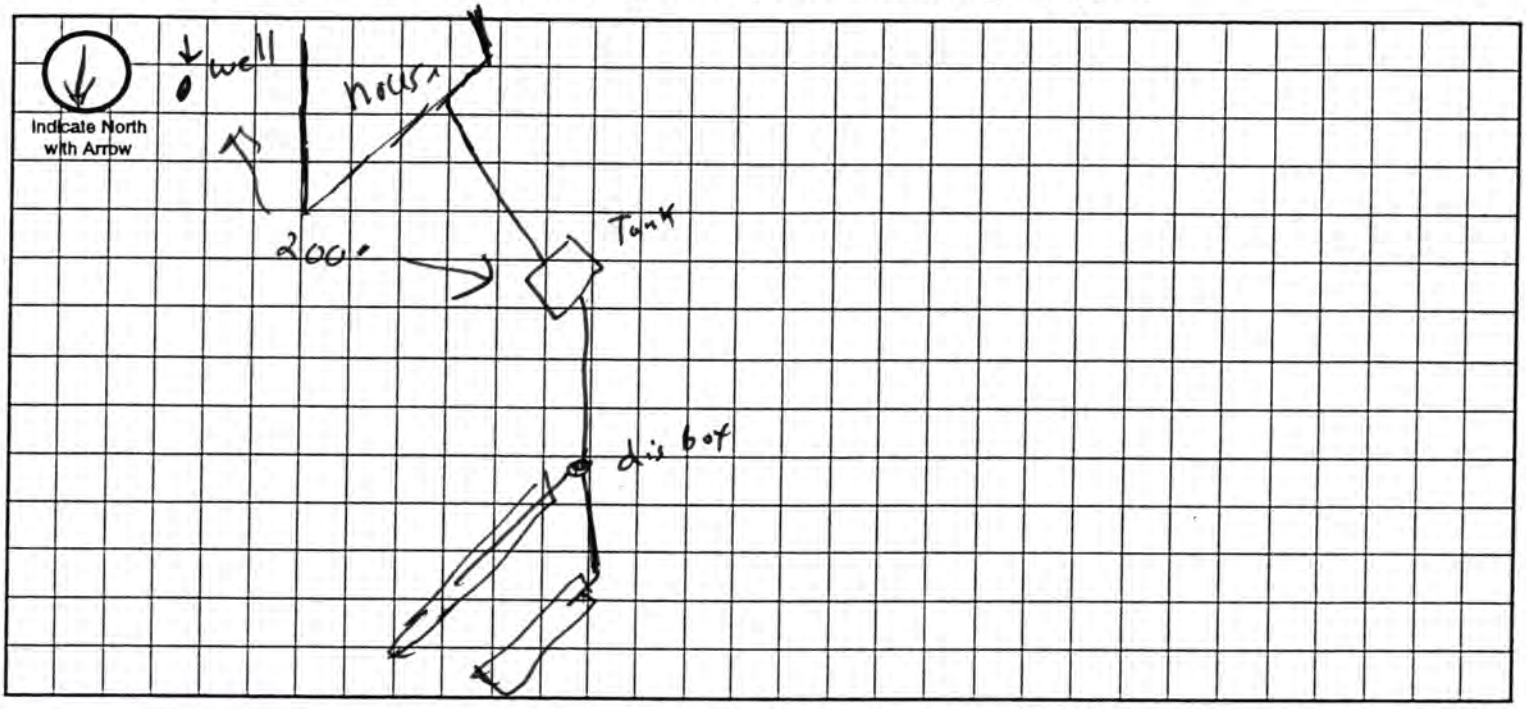
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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) 6700 N 134th 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 39 (min. per inch) Soil Type: SHARPSBURG SILTY CLAY LOAM Land Slope: _____ %

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

Total Square Feet of Field Required: 852 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 213 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 N/A	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 MOVING IN Date _____

Installer Mike Dietz, Waverly Plumbing & Well Date 12-14-99

Lynn Neujahr

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 1-22-00

System Location (Indicate correct number and street)

Address 134 (no rural route) City _____ NE, Zip _____

A. Building Sewer

1. Material: SDR-26
   Diameter: 4" in.
2. Distance above basement floor: NA in.
   or distance below basement floor: 24 in.
3. Distance between dwelling and septic tank: 135 ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line 300' ft.
   stream NA ft.
   pressure line 300' ft.
   property line 400' ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: _____
2. Capacity: 1000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☐ above ☒ below grade 12 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 300 ft.
   Stream NA ft.
   Pressure line 300 ft.
   Property line 400 ft.

C. Distribution Box

1. Material: Concrete
   Number available outlets: 5
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 27 ft.

D. Absorption Field

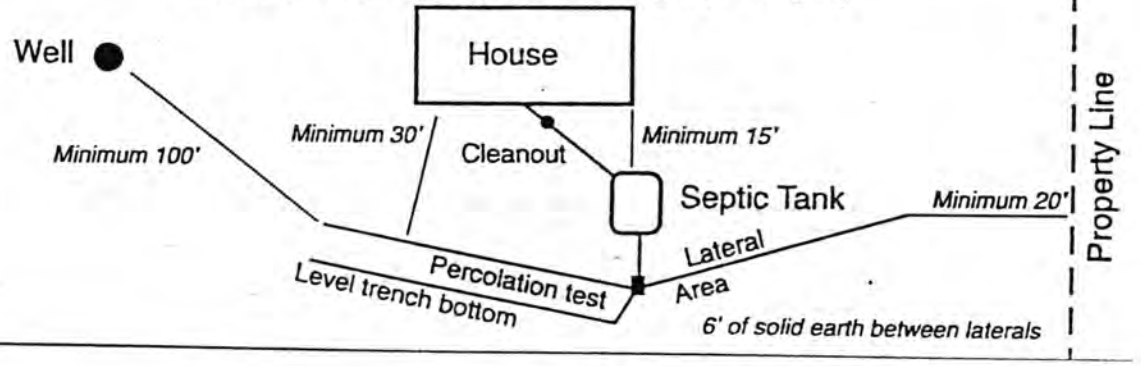
(Provide as-built drawings on back of this form)

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.
   16' 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 600 ft.
   Stream NA ft.
   Pressure line 600 ft.
   Property line 50 ft.

Indicate North with Arrow

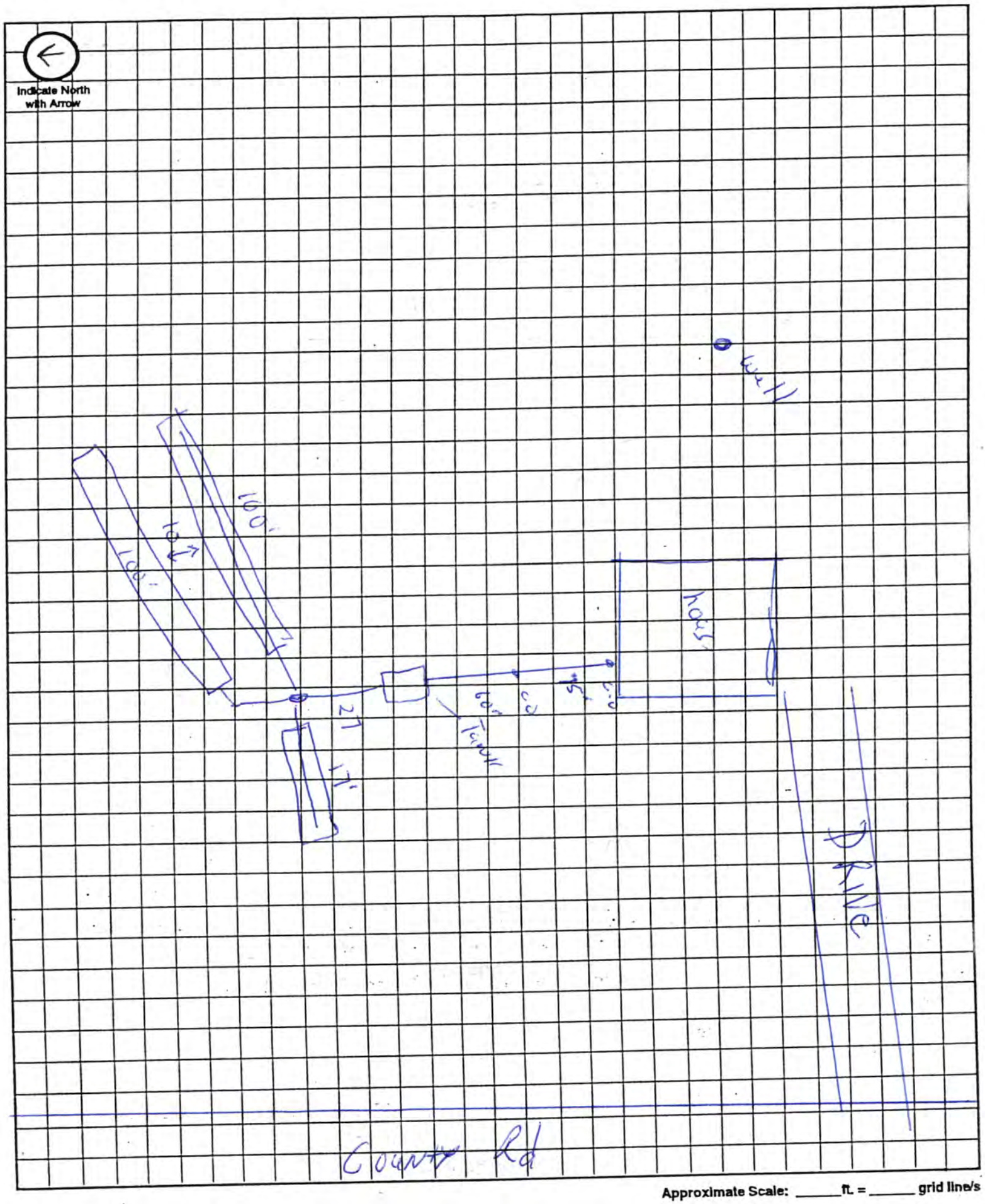
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)

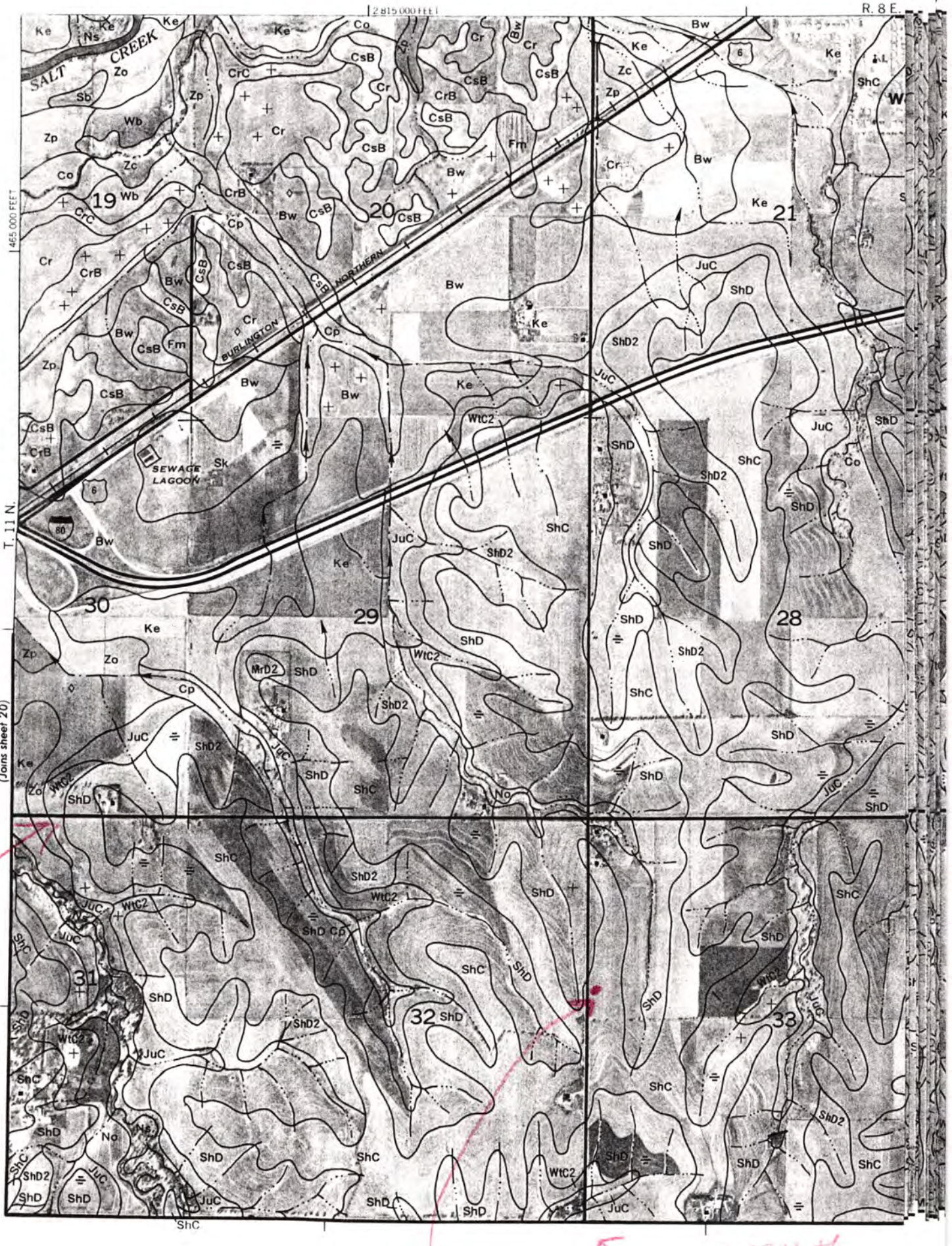


FORM 23-103 10-96

As Built Drawing



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


2815000 FEET
R. 8 E.
465,000 FEET
T. 11 N.
(Joins sheet 20)
SALT CREEK
NORTHERN
BURLINGTON
SEWAGE LAGOON
19
20
21
28
29
30
31
32
33
Ke
Ns
Zo
Sb
Wb
Zp
Zc
Co
CrC
Cr
CrB
CsB
Bw
Cp
Fm
Sk
JuC
ShD
ShD2
ShC
WtC2
MrD2
No
Ne
80
6
Aldo Rd.
N 13th St
New Capital