Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
OTHER SEWAGE DISPOSAL SYSTEM
DESIGN ASSOCIATES

Establishment

SOUTHWICK SEWER & DRAIN SERV.
T11N R8E SEC 14
LOT 4IT
11310 N 162 ST-WAVERLY

Permitee

BRAD SOUTHWICK
701 E 4TH ST
HICKMAN NE 68372

Permit # 00380216301

Issued 03/31/00
Expires 10/01/00
Revenue Code 3157

FEES: $150.00

TOTAL: $150.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

012008

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

A

Permit Number: 00380263

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 11310 N162 (no rural route) City Waverly NE, Zip 68462

Legal Description 1/4 1/4 Section 14 Township T11N Range R8E Subdivision Addition Block Lot H.I.T.

Geographical Location (if known): Longitude _____ Latitude _____

☒ Check if system mail address is not the same as the owner's address

B. Owner

Name Shiela Sutter Signature _____

Address _____ City/State/Zip _____

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

C. Contractor

Name Brad Southwick Company Name Southwick Sewer & Drain

Address 17201 S 72nd City/State/Zip Hickman, Ne 68372

☐ Check if contractor designed system Work Phone 430-7606

D. Engineer/Installer ☒ Check and complete if engineer designed system

Designer Name T. MUSLEH Firm Design Associates 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 3/31/00 Date frwd 3/31/00 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd _____ Date frwd _____ ACTION ☐ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 04/03/00 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature _____

3-31-00, rm
4-5-00, rm

Installation Final Written Approval

By Ron Meyer

Date 4-10-00

Business Office Use Only

Date Rec'd 03/31/00
Amt Paid 150.00
Rec'd By _____ ~~Cash~~/Check No. 3860

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

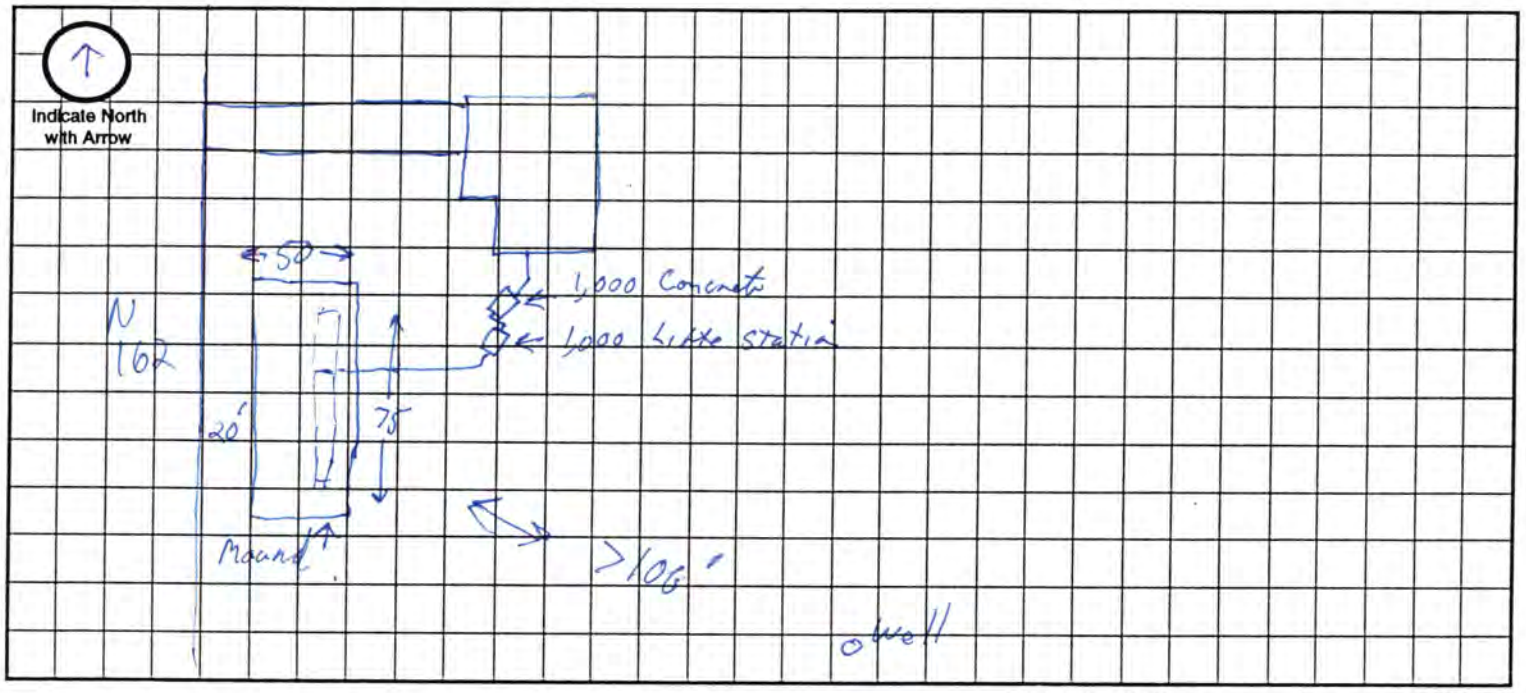
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 00380263

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 Existing

Tank Material: ☒ Concrete ☐ Plastic ☒ Other add 1,000 Tank for Lift Station (250 gallon per dose)

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 Mound

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

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

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

Total Length of Laterals _____ ft. Number of Trenches _____ Trench Width _____

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
Existing 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 Brad Smith Date 3-22-00

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: 00380263

Sewage Disposal System

As Built Plans & Specifications

Date 3-30-00

System Location (Indicate correct number and street)

Address 11310 N 162 (no rural route) City Waverly NE, Zip 68462

A. Building Sewer

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

B. Septic Tank

1. Material: Concrete
   Number of compartments: 1
2. Capacity: 1,000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☐ above ☐ below grade _____ in.
5. Inlet: ☐ baffle ☐ tee
6. Outlet: ☐ baffle ☒ tee
7. Depth to top of tank, below unfinished grade: 11 in.
8. Distances to: Well or suction line > 100 ft.
   Stream > 50 ft.
   Pressure line > 30 ft.
   Property line > 20 ft.

C. ~~Distribution Box~~ Lift Station

1. Material: Concrete 1,000
   Number available outlets: _____
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 4 ft.

D. Absorption Field Pressure Mound - 250 gallon/dose

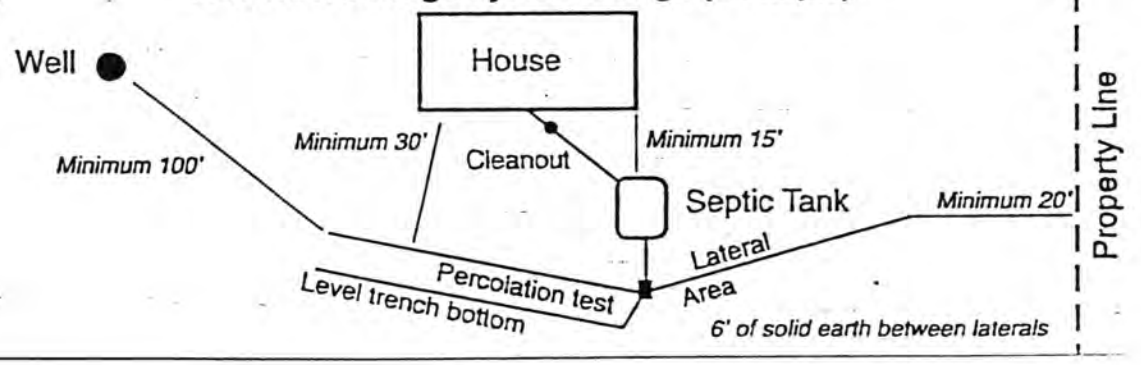
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number _____
   Length of each line: _____ ft. _____ ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width _____ ft.
   Slope _____ in/100 ft.
   Average depth _____ in
4. Filter material: _____
   Depth of material _____ in.
5. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

Indicate North with Arrow

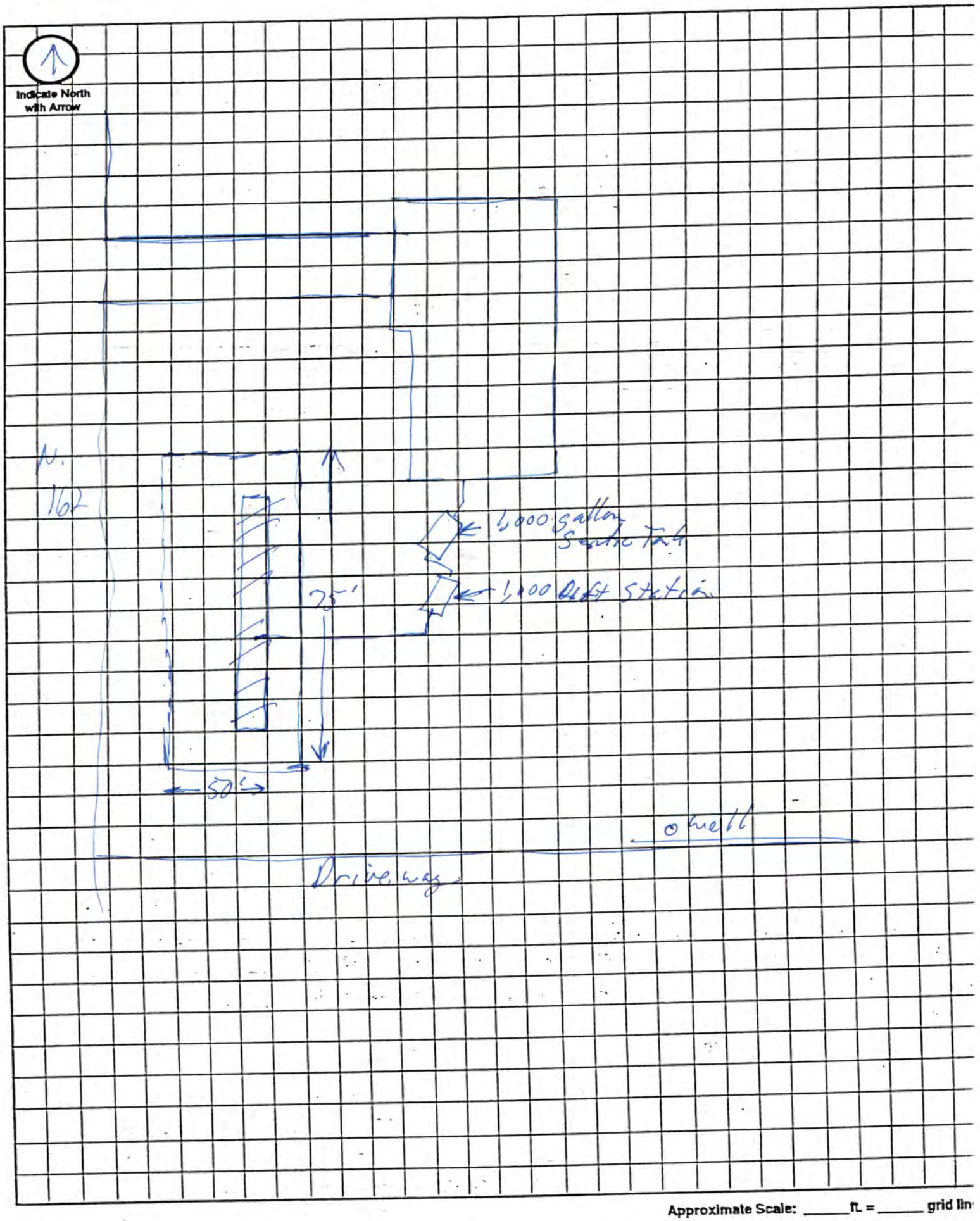
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)

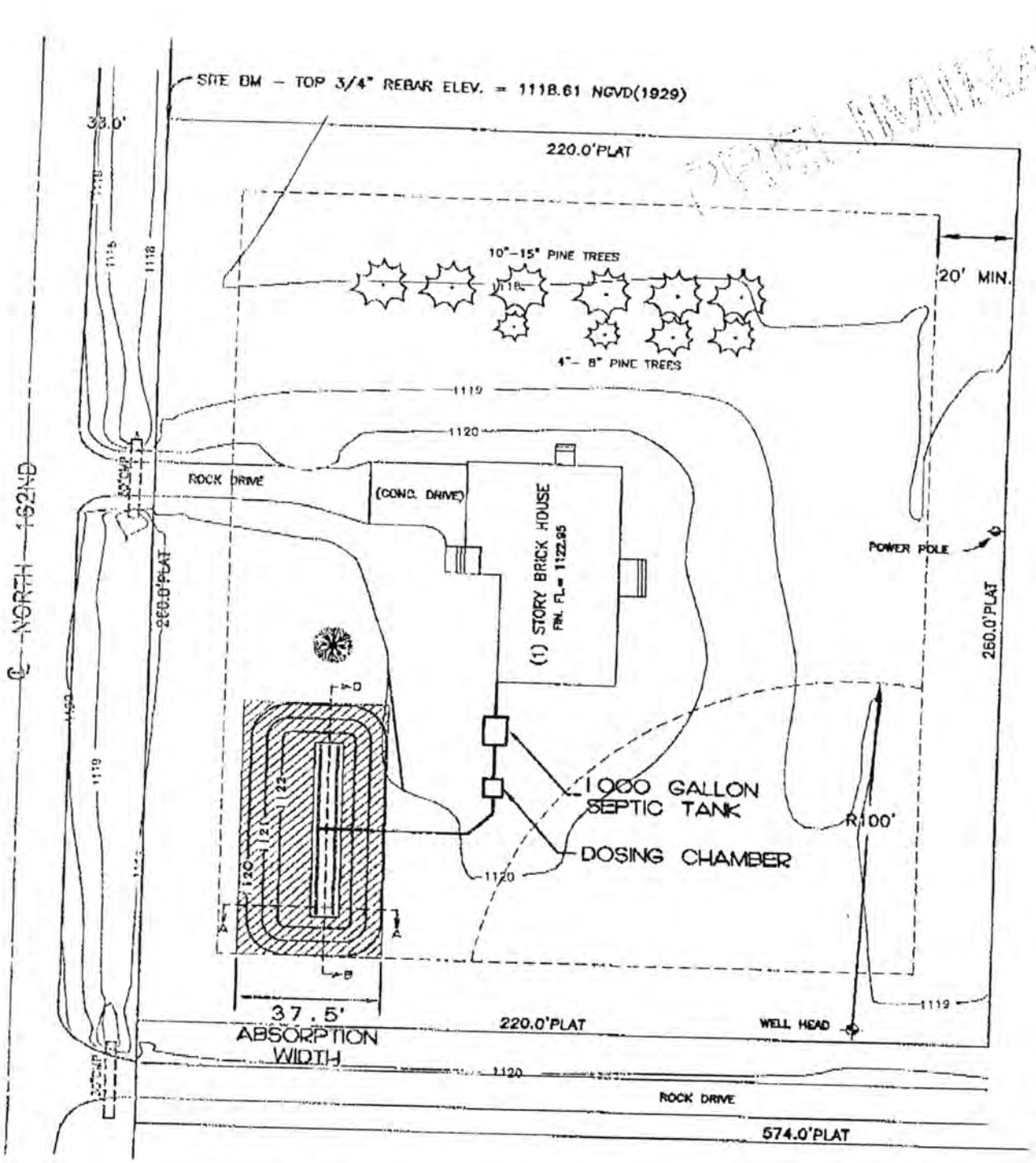


FORM 23-103 10-96

As Built Drawing



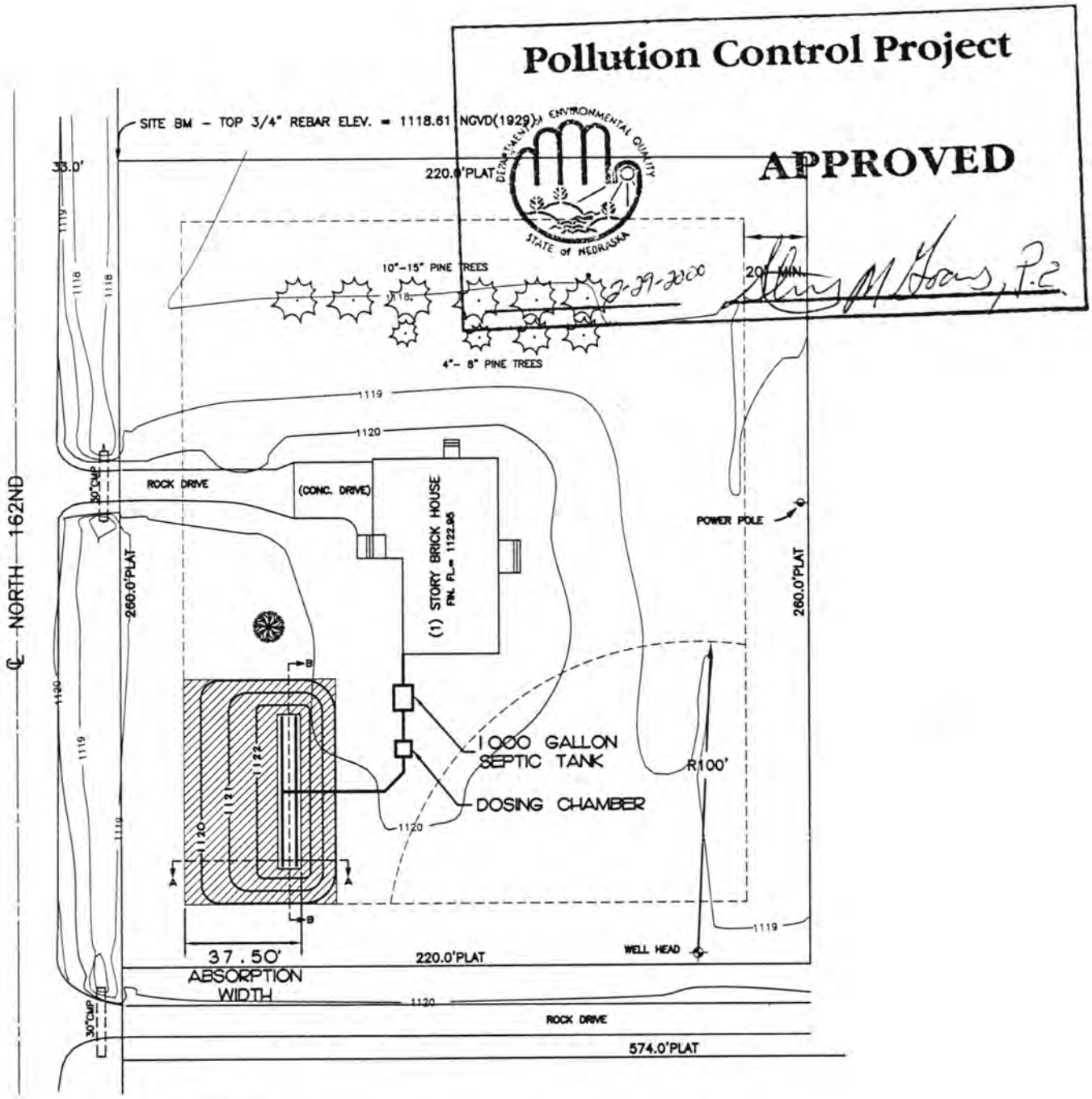
Approximate Scale: _____ ft. = _____ grid lin



N

SUTTER SEPTIC

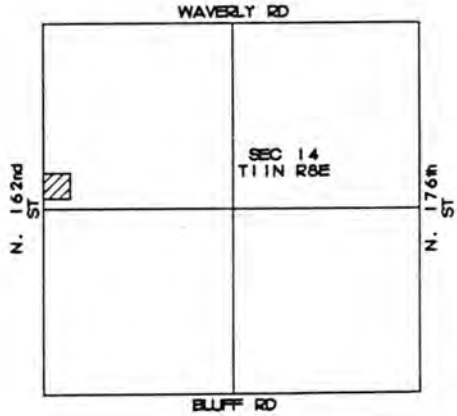
SCALE: 1" = 40'



SUTTER SEPTIC

SCALE: 1" = 50'

PROFESSIONAL CIVIL ENGINEER
T. MUSLEH
E-8351
STATE OF NEBRASKA



VICINITY MAP

NOT TO SCALE


162nd st.
R. 8 E.
2 830 000 FEET
480 000 FEET
T. 11 N.
ROCK CR.
CREEK
Camp Creek
NORTHERN
BURLINGTON
Wavedge Road
(Joins inset B, sheet 6)
3
2
10
11
15
14
Ke
Ns
Co
Zp
Wb
Lm
Sc
Sb
MrD
ShD
JuC
Sk
Fm
Bw
CrC
CsB
Cr
ShC
CrB
ShD2
Zo
WtC2

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

FOR PROPERTY IN **LANCASTER COUNTY** ONLY

This form must be completed and returned with payment to request a real estate transfer inspection.

MAKE CHECK PAYABLE TO: "Lincoln-Lancaster County Health Department" or "LLCHD"

☑ Enclosed is $150.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 11310 N. 162nd, Waverly, Ne. 68462

Twp 11 Range 8 Section 14 1/4 ___ 1/4 ___ Block ___ Lot 4 Addition ___

Directions to Property East of Waverly on Hwy 6 to 162nd, go South ½ mile, Red Brick House on East side of Road.

Location of Well 105' South East of House Tap Location: Inside ☐ Outside ☐

Location of Sewage System South of House Year Installed 65

Approx 3/15/00 * NEW SYSTEM TO BE INSTALLED BY SOUTHWICK (Plans Attached)

	NAME	ADDRESS	PHONE
Present Owner:	Suzanne Tyrrell-Lopez	1713 S. 17th Ave Lincoln, NE 68130	758-9369
Tenant/Buyer:	Patrick & Sherdine Kimmen	10631 N. 139th Waverly, Ne 68462	786-2723
Return to:	John E Wiedel FAX 436-3299	5115 Deerwood Cir Lincoln, NE 68516	560-0251 421-2655

Signature of Applicant John E Wiedel (Realtor) Home Real Estate Address 5115 Deerwood Cir Lincoln, NE 68516 Date 2/10/00

HEALTH DEPARTMENT USE ONLY

RECEIVED		DATA ENTRY	
Date	02/10/00	Date	___/___/___
Initials	m	Case No.	
Amount	150.00	Initials	
Check No.	8467		

PRELIMINARY STATUS--By R. Marquart **DATE:** 2/11/00

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM		Additional Site Visits
Construction	☒ Corrected	☒ Cap loose, vent too short	Approved	☐	Date 2/22/00 by JM
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional	☐	Date ___/___/___ by ___
Nitrate	☒ 0.2 ppm *	☐ ___ ppm	Disapproved	☒	Date ___/___/___ by ___

Comments: The sewage disposal violation west of the house must be corrected before occupants move into the the home. The present existing sewage system is disapproved. ☐ See Attached Letter

FINAL STATUS

* Approval for nitrate is for treated water only, not raw water. The raw water must not be used for infant feeding.

WATER SYSTEM: Approved ☒ **SEWAGE DISPOSAL SYSTEM:** Approved ☐ Provisional Approval ☐

Approved by Ron Marquart Date 2/24/00

Approval or disapproval is based on State and local standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operations.

White - Applicant after approval Yellow - Environmental Health Pink - P15087-13

Revised/Reprint: 10-95

P11685-27

NO RECHECK 7/15/99

P7726-59

JUL 9 1999

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

P14291-14

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

FOR PROPERTY IN **LANCASTER COUNTY** ONLY

This form must be completed and returned with payment to request a real estate transfer inspection.

MAKE CHECK PAYABLE TO: "Lincoln-Lancaster County Health Department" or "LLCHD"

☒ Enclosed is $150.00. Allow two weeks for processing. Incomplete information will delay processing.
You have already

Legal Description of Property: Street Address 11,310 NORTH 162ND STREET

Twp 11N Range 8E Section 14 1/4 ___ 1/4 ___ Block ___ Lot 4 Addition ___

Directions to Property 1 mile east of Waverly on Hwy. 6. Turn right on 162nd and go 1/2 mile. Red brick ranch on east side of Road

Location of Well ___ Tap Location: Inside ☐ Outside ☐

Location of Sewage System ___ Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	Estate of Nancy Tyrrell	11310 N. 162	786-3800, vacant
Tenant/Buyer:			
Return to:			

Signature of Applicant Sheila Sutter 483-4627 Address 2501 S. 36 Lincoln NE 68506 Date 7/8/99

HEALTH DEPARTMENT USE ONLY

RECEIVED
Date 06/30/99
Initials S
Amount 150.00
Check No. 3368

DATA ENTRY
Date ___/___/___
Case No. ___
Initials ___

PRELIMINARY STATUS--By Jerrold C. Nord **DATE:** 7/13/99

WATER SYSTEM:	Approved	Disapproved
Construction	☐	☒
Bacteria	☐ ___/ml	☐ ___/ml
Nitrate	☒ 8.9 ppm	☐ ___ppm

SEWAGE SYSTEM	
Approved	☐
Provisional	☒
Disapproved	☒

Additional Site Visits
Date 7/15/99 by J.C.A.
Date 9/30/99 by MM
Date 2/10/00 by MM

Comments: WELL CAP MUST BE BOLTED ON RATHER THAN WIRED. AIR VENT SHOULD POINT DOWN RATHER THAN OUT TO THE SIDE. ALL DEPRESSIONS FOR TEN FEET AROUND WELL MUST BE FILLED IN. SEPTIC TANK MUST BE CHECKED TO SEE IF IT NEEDS PUMPING. UNABLE TO LOCATE SEPTIC COMPONENTS. SYSTEM PREDATES REGULATIONS. ☐ See Attached Letter

FINAL STATUS
WATER SYSTEM: Approved ☐ **SEWAGE DISPOSAL SYSTEM:** Approved ☐ Provisional Approval ☐

Approved by ___ Date ___/___/___

Approval or disapproval is based on State and local standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operations. SOME PART OF WASTE WATER SYSTEM GOES TO THE ROAD DITCH.

White - Applicant after approval Yellow - Environmental Health Pink - Business Office

Revised/Reprint: 10-95