Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
LAGOON

Establishment

PAVERS LLC
T11N R8E SEC 20 QTR SW
SE 1/4 OF SW 1/4
12303 HWY#6-WAVERLY

Permitee

PAVERS LLC
BOX 0067009
LINCOLN NE 68506-7009

Permit # 00380217701

Issued 04/26/00
Expires 10/26/00
Revenue Code 3157

FEES: $150.00

TOTAL: $150.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

012997

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

A

Permit Number: 003802177

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 12303 Hwy 6 (no rural route) City Waverly NE, Zip 68462

Legal Description SE SW 20 11N 8E Note Area in Lincoln 3 Mile
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 Pavers LLC Signature [signature]

Address PO Box 67009 City/State/Zip Lincoln Ne 68506

☒ Check if owner designed system Home Phone _____ Work Phone 420 2899

C. Contractor

Name Pavers Utility Division Company Name _____

Address PO Box 67009 City/State/Zip Lincoln Ne 68506

☐ Check if contractor designed system Work Phone 420 2899

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 _____ 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 4/20/00 Date frwd 4/21/00 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 4/21/00 Date frwd 4/21/00 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 4/21/00 Date frwd 4/21/00 ACTION ☒ Approved ☐ Disapproved Signature Chase Bolen

4-28-00, rcvd. Need fence & 6-1-00 No Creek Crossing drawing.

Installation Final Written Approval

By _____

Date _____

Business Office Use Only
Date Rec'd 04/21/00
Amt Paid 150 CK
Rec'd By LS Cash/Check No. 29172

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: 003802177

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 12303 Hwy 6 (no rural route) City Waverly NE, Zip 68462

Owner _____ Addresss _____

Soil Type (SCS): Glacial Till Percolation Rate: _____ min./inch

Date of Tests _____ to _____ Weather: Precipitation _____ Temperature _____

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)

Person Conducting Percolation Tests

Name: _____

Phone: _____

Address _____

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: _____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

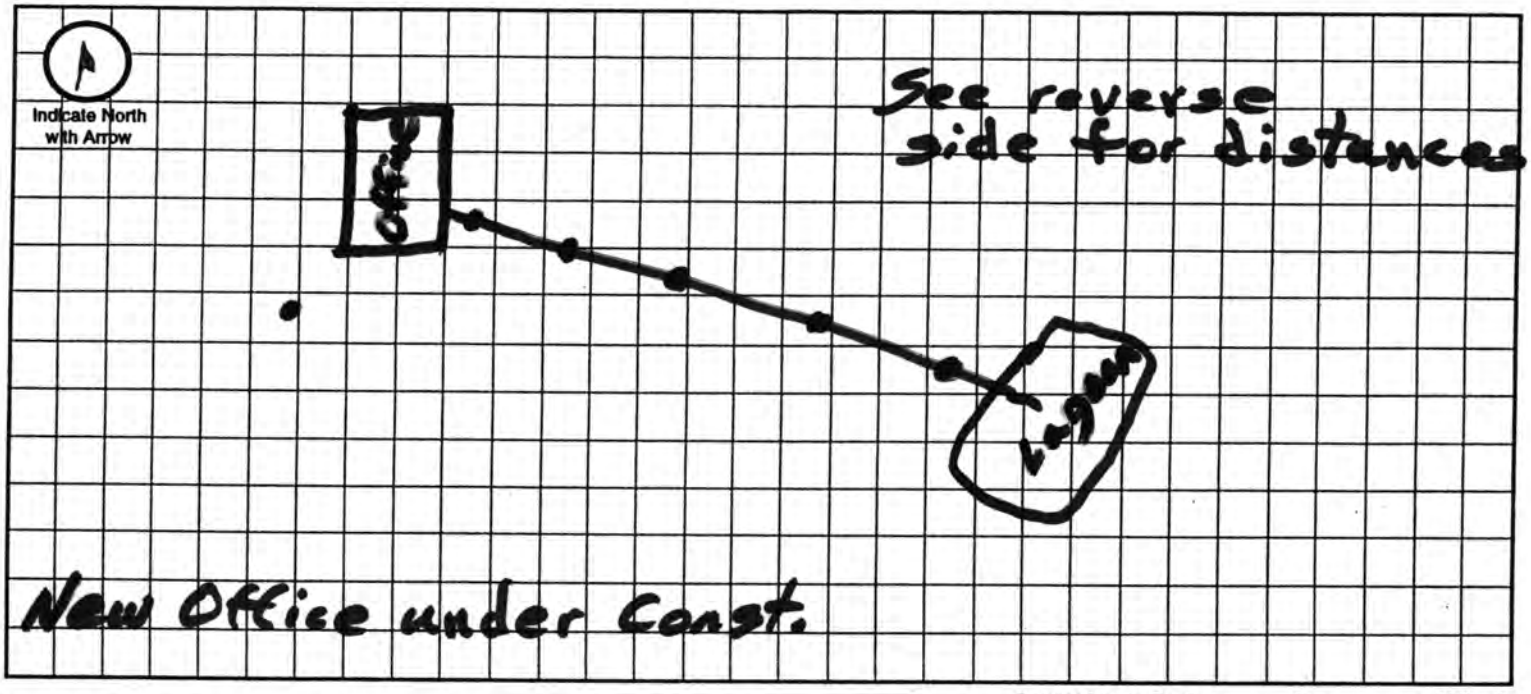
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 00380217

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) 12303 Hwy 6 City Waverly NE, Zip 68462

B. Proposed Septic Tank/s

Note: Property within Lincoln 3 mile

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: _____ 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
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

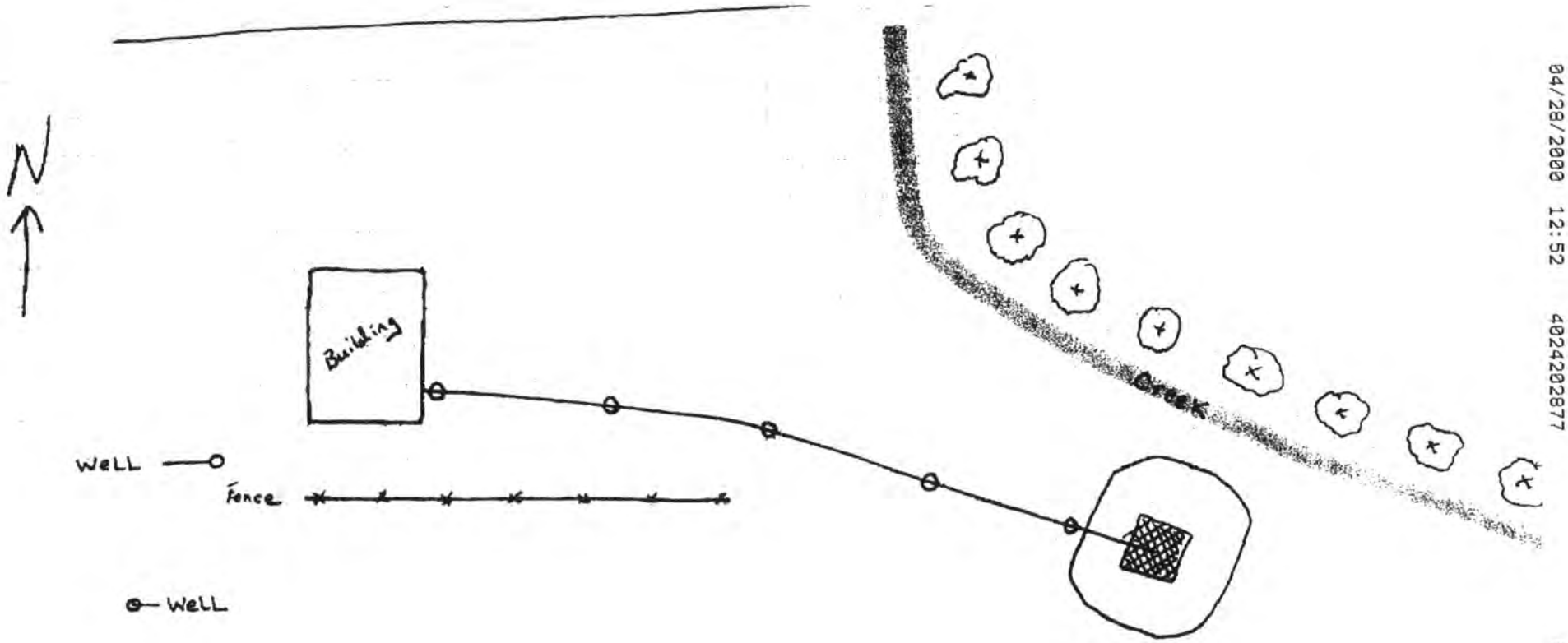
Home Building Contractor Pavers Inc Michael M Gillis Date 4-20-00

Installer Pavers Inc Utility Division Michael M Gillis Date 4-20-00

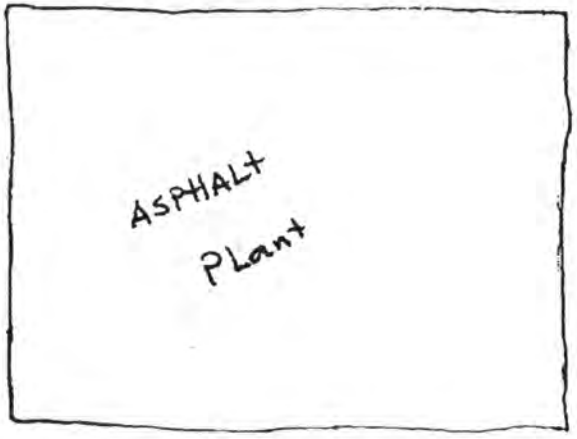
FORM 23-102 10-96

Notes:

1. Lagoon to be 215' from Bldg
2. 5 Cleanouts 53' Apart
3. 16'x16' Lagoon Bottom
4. Nearest Surface Water 68'
5. Lagoon 338' from North Property Line
6. Lagoon 915' from East Property Line
7. Lagoon 287' from nearest Well
8. Lagoon to be 88' across top of dike
9. Designed according to Title 124 NDEQ Chapter 18 Lagoons
10. Office to have two tolits, four sinks and no showers. Office has 6 person approx. capcity.



Pavers



Notes:

1.) Lagoon 215' From Building.
2.) 5 clean outs 53' apart.
3.) 16'x16' Lagoon bottom.
4.) Nearest Creek = 68'
5) Lagoon is 338' From Road, North property line
6.) 915' to East Property Line
7.) 287' to nearest well
8.) 88' Top of Dike to Top of Dike.