Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

008326

Permit
SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 05380311101

Issued 07/26/05
Expires 07/26/06
Revenue Code 3157

Establishment
MORTON BUILDING SYSTEMS
T11N R8E SEC 20 QTR SW
MORTON OFFICE PARK LOT 3
12055 #6 HWY-WAVERLY

FEES: $200.00

Permittee
MORTON BUILDING SYSTEMS
12055 NE #6 HWY
WAVERLY NE 68462-9647

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

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

OCT 1 1 2005 JUL 2 5 2005

A

Permit Number: 05380311401

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 12055 Hwy 6 (no rural route) City Waverly NE, Zip NE 68462

Legal Description SW¼ 20 T11N R8E MORTON OFFICE PARK 3
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 Morton Building Systems Signature _____

Address 12055 Hwy 6 City/State/Zip WAVERLY NE

☐ Check if owner designed system Home Phone _____ Work Phone 786-3000

C. Contractor

Name Michael P Dietze Company Name Waverly Plumbing & Well

Address PO BOX 116 City/State/Zip Waverly NE 68462

☑ Check if contractor designed system Work Phone 402-560-2923 Cell

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 3 EMPLOYEES

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 7/26/05 Date frwd 10/12/05 ACTION ☒ Approved ☐ Disapproved Signature Gerald E. Hood
2. **Supt. Bldg. Insp. or ~~Village~~ Clerk** (City) Date rec'd _____ Date frwd Oct. 7, 2005 ACTION ☒ Approved ☐ Disapproved Signature Doug Rex
3. **City or County Engineer** Date rec'd 10-12-05 Date frwd 10-12-05 ACTION ☒ Approved ☐ Disapproved Signature Jim Blazek

Installation Final Written Approval

By Ron Mayfield

Date 12-9-05

Business Office Use Only

Date Rec'd 07/26/05

Amt Paid 200.00

Rec'd By _____ Cash/Check No. 23073

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

053803114

FORM 20105-0477
SOIL ABSORBTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

LINCOLN-LANCASTER COUNTY HEALTH DEPT.
Division of Environmental Health
3140 "N" Street
Lincoln, Nebraska 68510
Phone: (402) 441-8000

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Owner: Morton Building Systems
Address: US Hwy 6 & North 120th St, Lot 3, Waverly, NE
Township: T11N
Range: R8E
Sect. & 1/4 Sect.: SW 1/4 of Section 20
Dimensions (ft x ft): 193'x335'x462'x200'
Area (acres): 1.33
(Attach Sheet C with sketch of property)

TEST CONDITIONS
Weather:

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
		Pre-Saturation Period				Percolation Readings					Results		
		Start		End			Start		End				
Perc. Hole No.	Hole Depth (in.)	Date (Mo./ Day)	Time (Hr./ Min.)	Date (Mo./ Day)	Time (Hr./ Min.)	Date (Mo./ Day)	Time (Hr./ Min.)	Water Level (in.)	Time (Hr./ Min.)	Water Level (in.)	Time Elapsed (Min.)	Water Level Drop (in.)	Percolation Rate (Min./in.)
1	36	4/4	11:30	4/5	2:16	4/5	5:46	28.000	6:16	27.125	30	0.875	34
2	36	4/4	11:35	4/5	2:17	4/5	5:47	28.000	6:17	27.500	30	0.500	60
3	36	4/4	11:40	4/5	2:19	4/5	5:49	28.000	6:19	27.250	30	0.750	40
~~4~~	~~36~~	~~4/4~~	~~11:45~~	~~4/5~~	~~2:21~~	~~4/5~~	~~5:51~~	~~28.000~~	~~6:21~~	~~27.750~~	~~30~~	~~0.250~~	~~120~~
5	36	4/4	11:50	4/5	2:22	4/5	5:52	28.000	6:22	27.375	30	0.625	48
6	36	4/4	11:55	4/5	2:24	4/5	5:54	28.000	6:24	27.125	30	0.875	34
NEW HOLE											30	0.625	48

Andrea Brau MC
Signature of Person Conducting Test

Sum of Percolation Rates: 337
Average of Rates: 56
Mean of Rates: 56

Address 5701 North 58th Street, Lincoln, NE Phone: (402) 466-8154

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): _____
Date: _____

Approved Percolation Rate (a)
A. _____ min./inch
B. _____ min./inch
C. _____ min./inch

_____
Signature of Reviewing Official

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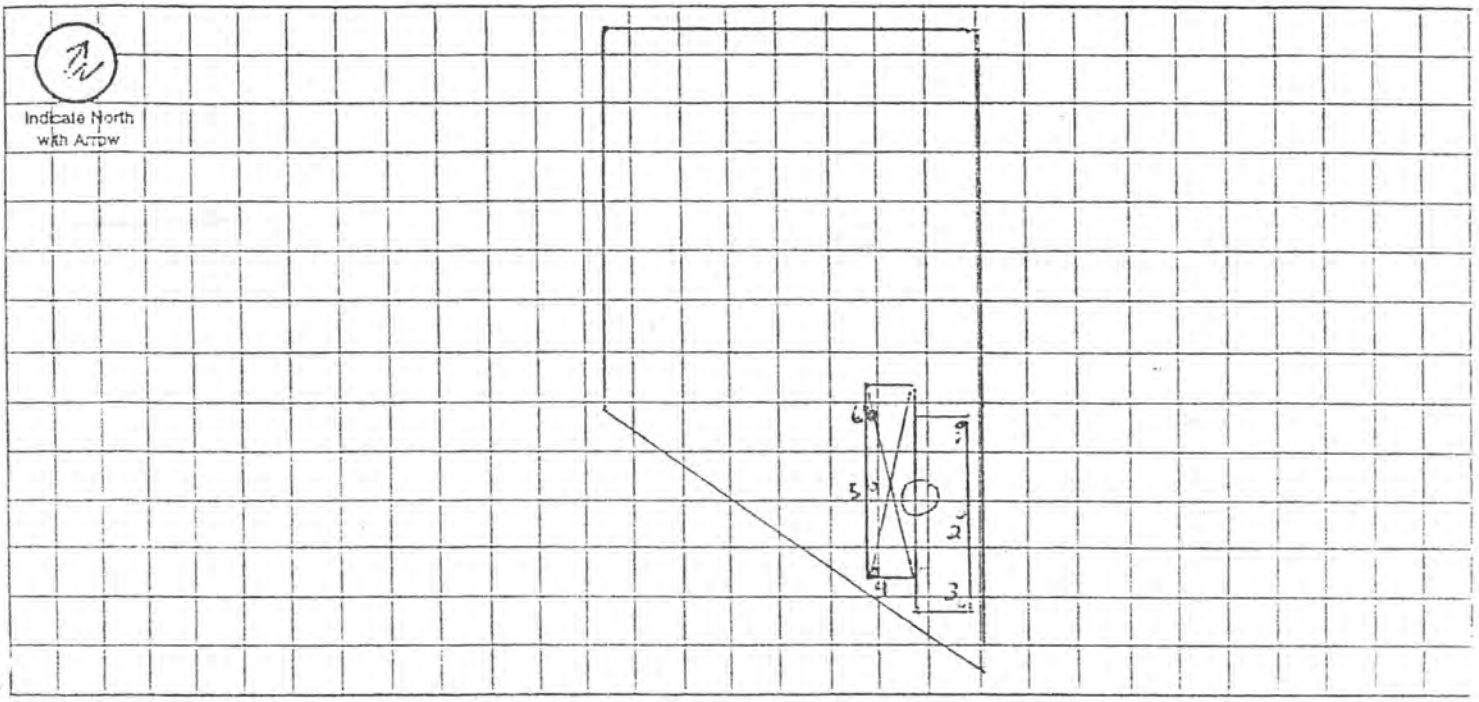
C

Permit Number: 05380314

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: 25 ft. = 1 grid

A. System Location (Indicate correct number and street)

Address (no rural route) Lot 3 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 60 (min. per inch) Soil Type: _____ Land Slope: _____

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

Total Square Feet of Field Required: 75 sq. ft.

Type of Lateral: ☒ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: Hi CAP Infiltra

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

Total Length of Laterals 25 ft. Number of Trenches 1 Trench Width 3'

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 Oti Setba
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 Michael P Duty Date 6-29-05

Morton Morton Building

12-07-05

D

Lincoln-Lancaster County Health Department
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Phone: 402-441-8022

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 10-29-05 20/29-11N, R8E

System Location (Indicate correct number and street)

Address US HWY 6 + No 120ST (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: 12" in.
3. Distance between dwelling and septic tank: _____ ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line 50 ft.
   stream NA ft.
   pressure line 50 ft.
   property line 20 ft.

B. Septic Tank

1. Material: CONCRETE
   Number of compartments: _____
2. Capacity: 1000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 24 in.
   Over outlet, diameter 24 in.
   Riser: ☒ above ☐ below grade 4 in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 14 in.
8. Distances to: Well or suction line _____ ft.
   Stream NA ft.
   Pressure line _____ ft.
   Property line 20 ft.

C. Distribution Box

1. Material: NONE
   Number available outlets: _____
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: _____ ft.

D. Absorption Field

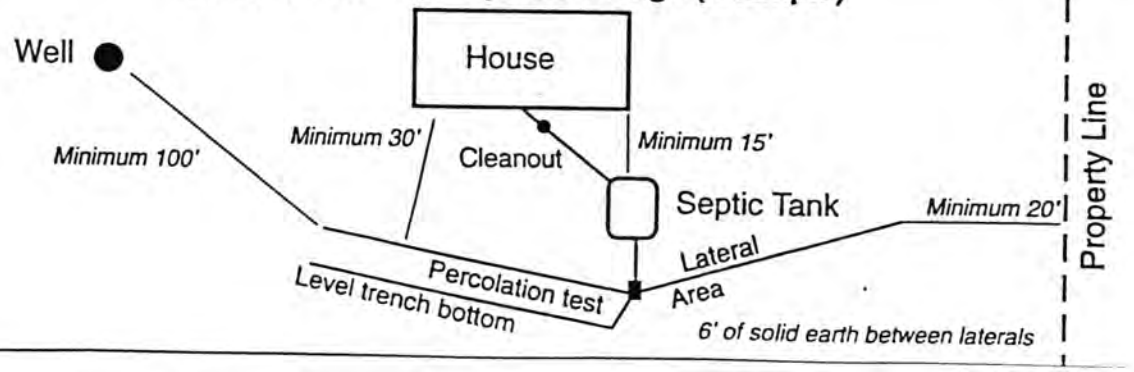
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: IN filtak
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 1
   Length of each line: 50 ft. _____ ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 3 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 150 ft.
   Stream NA ft.
   Pressure line 180 ft.
   Property line 20 ft.

Indicate North with Arrow

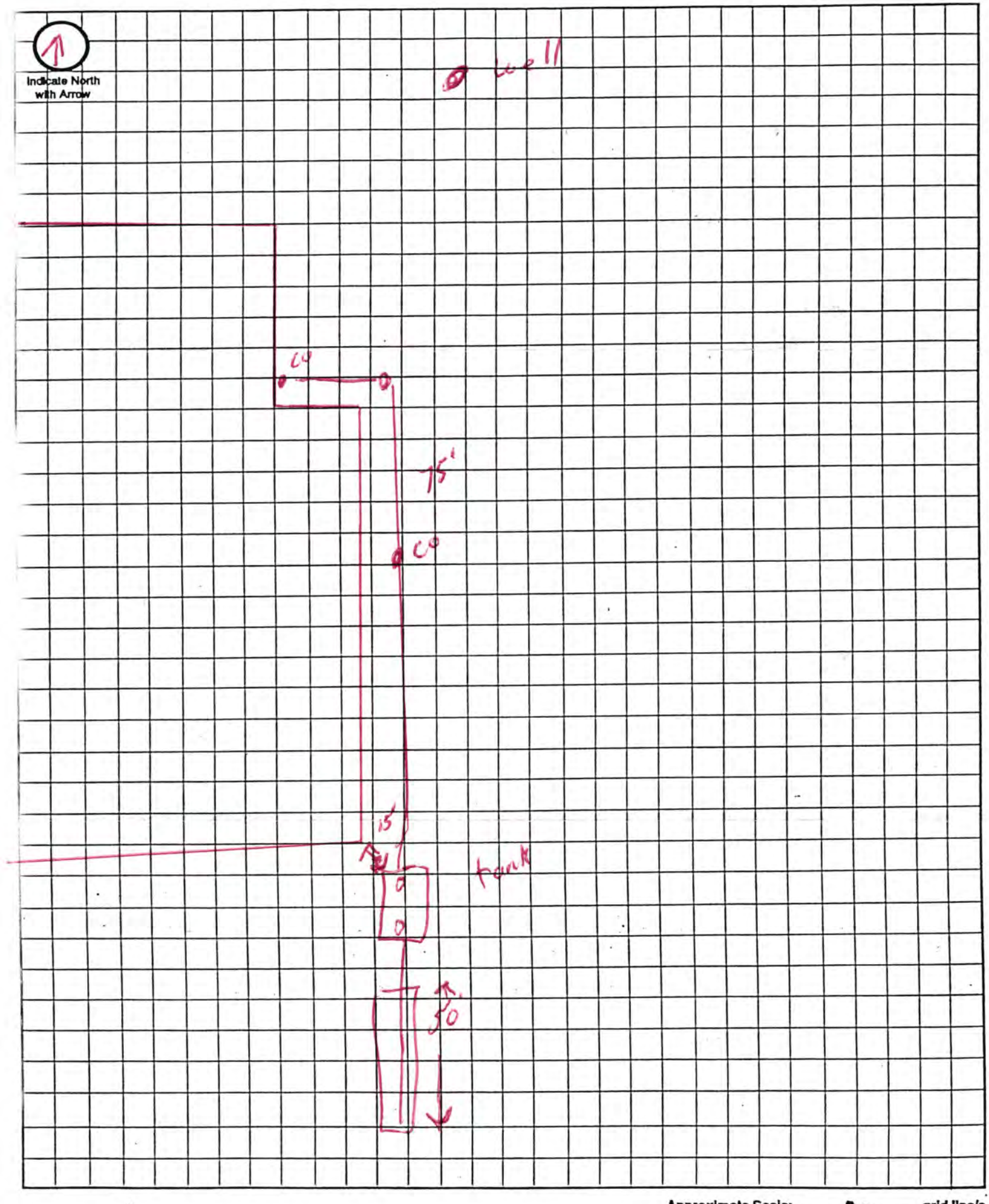
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



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