Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 00380223001

Issued 08/09/00
Expires 02/09/01
Revenue Code 3157

FEES: $150.00

Establishment

HALE DODGE
T11N R8E SEC 23 QTR NE
LOT 11
16901 BLUFF RD-WAVERLY

TOTAL: $150.00

Permitee

HALE DODGE
16901 BLUFF RD
WAVERLY NE 68462

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

013585

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

A

Permit Number: 00380230

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 16901 Bluff Rd (no rural route) City Waverly NE, Zip 68462

Legal Description NE 23 11N 8E (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 Hale Dodge Signature _____

Address 16901 Bluff Rd City/State/Zip Waverly NE 68462

☐ Check if owner designed system Home Phone 402-786-3009 Work Phone _____

C. Contractor

Name Michael Pietz 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 Michael J Pietz Firm Waverly Plumbing & W Work Phone 402-786-5620

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 4 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 8-9-00 Date frwd 8/10/00 ACTION ☒ Approved ☐ Disapproved Signature John E Nunes
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 8/10/00 Date frwd 8/10/00 ACTION ☒ Approved ☐ Disapproved Signature Dale
3. **City or County Engineer** Date rec'd 8-10-00 Date frwd 8-10-00 ACTION ☒ Approved ☐ Disapproved Signature Jim Clough

8-16-00 rm

Installation Final Written Approval

By Ron Nguyen

Date 8-16-00

Business Office Use Only
Date Rec'd 08/09/00
Amt Paid 150.00
Rec'd By _____ Cash/Check No. 19378

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

NEW SYSTEM AT EXISTING HOUSE + WELL

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

B

Permit Number: 003802230

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 16901 BLUFF RD (no rural route) City WAVERLY NE, Zip 68462

Owner Hale Pobge (DODGE) Addresss SAA

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

Date of Tests 7-19 to 7-20 Weather: Precipitation DRY Temperature 85

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	7-19	3 PM	7-20	330P	7-20	330	6	7-20	4 PM	30	3/4	40
2	"	"	"	"	"	"	"	"	"	"	"	3/4	40
3	"	"	"	"	"	"	"	"	"	"	"	1	30
4	"	"	"	"	"	"	"	"	"	"	"	3/8	48
5	"	"	"	"	"	"	"	"	"	"	"	3/4	40
6	"	"	"	"	"	"	"	"	"	"	"	1	30

Person Conducting Percolation Tests

Name: Dave Dietze
Phone: 402-786-2132
Address 9651 N 149
Waverly NE 68462

Sum of Percolation Rates: 228
Average of Rates: 38
Rate Used for Calculation: 38

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks OK

Signature of Reviewing Official _____ Date 8-9-00

FORM 23-101 10-96

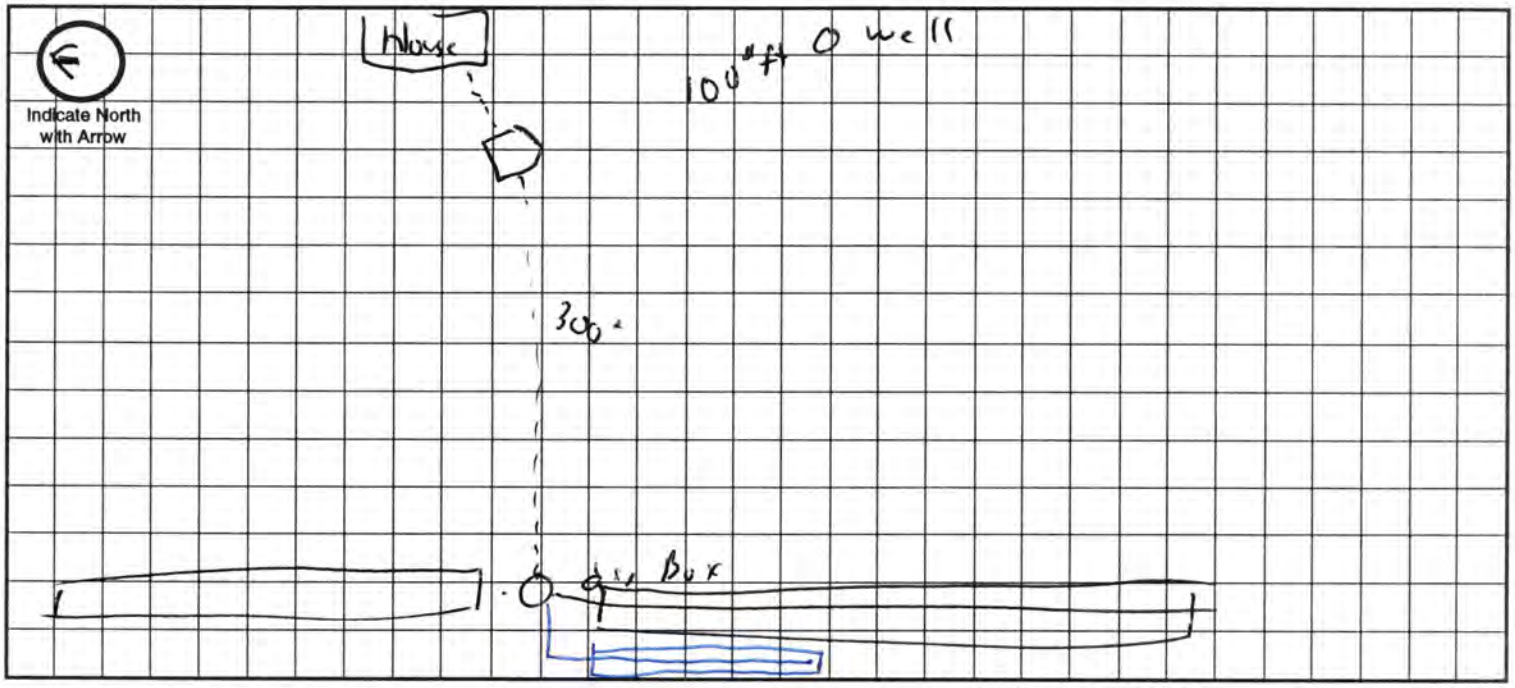
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 003802230

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) 16901 Raff Rd City Waverly NE, Zip 68462

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 38 (min. per inch) Soil Type: _____ Land Slope: _____ %

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

Total Square Feet of Field Required: 1100 sq. ft.

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

Capacity of Septic Tank 1250 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 275 ft. Number of Trenches 3 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 Dutt Date 8-9-06

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:

Sewage Disposal System

As Built Plans & Specifications

Date 8-16-00

System Location (Indicate correct number and street)

Address 16901 Bluff Rd. (no rural route) City Waverly NE, Zip 68462

A. Building Sewer

1. Material: _____
   Diameter: 4" PVC SDR 26 in.
2. Distance above basement floor: 36" in.
   or distance below basement floor: 0 in.
3. Distance between dwelling and septic tank: 50 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line 75 ft.
   stream NA ft.
   pressure line 75 ft.
   property line 500 Plus ft.

B. Septic Tank

1. Material: CONCRETE
   Number of compartments: _____
2. Capacity: 1250 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 8" in.
   Over outlet, diameter 8" in.
   Riser: ☐ above ☐ below grade NA 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 75 ft.
   Stream NA ft.
   Pressure line 75 ft.
   Property line 500 Plus ft.

C. Distribution Box

1. Material: CONCRETE
   Number available outlets: 5
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 217' ft.

D. Absorption Field

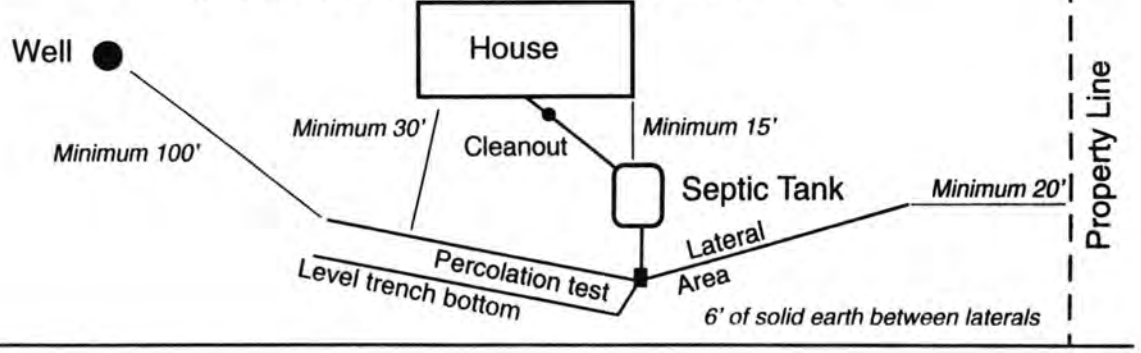
(Provide as-built drawings on back of this form)

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.
   80 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 _____ in.
5. Distances to: Well or suction line 300' Plus ft.
   Stream NA ft.
   Pressure line 300 ft.
   Property line 500' ft.

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

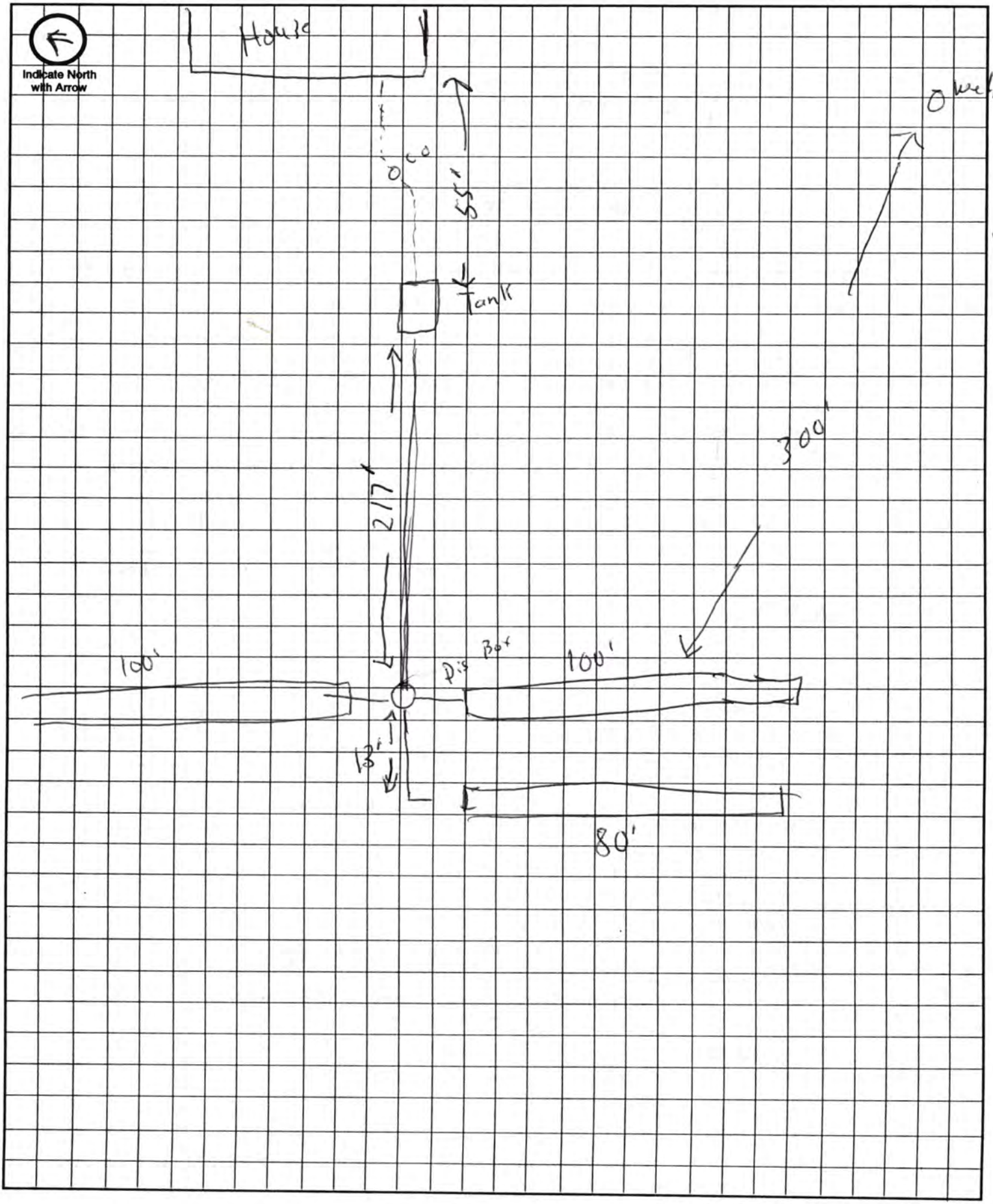
Indicate North with Arrow

Individual Sewage System Design (Example)



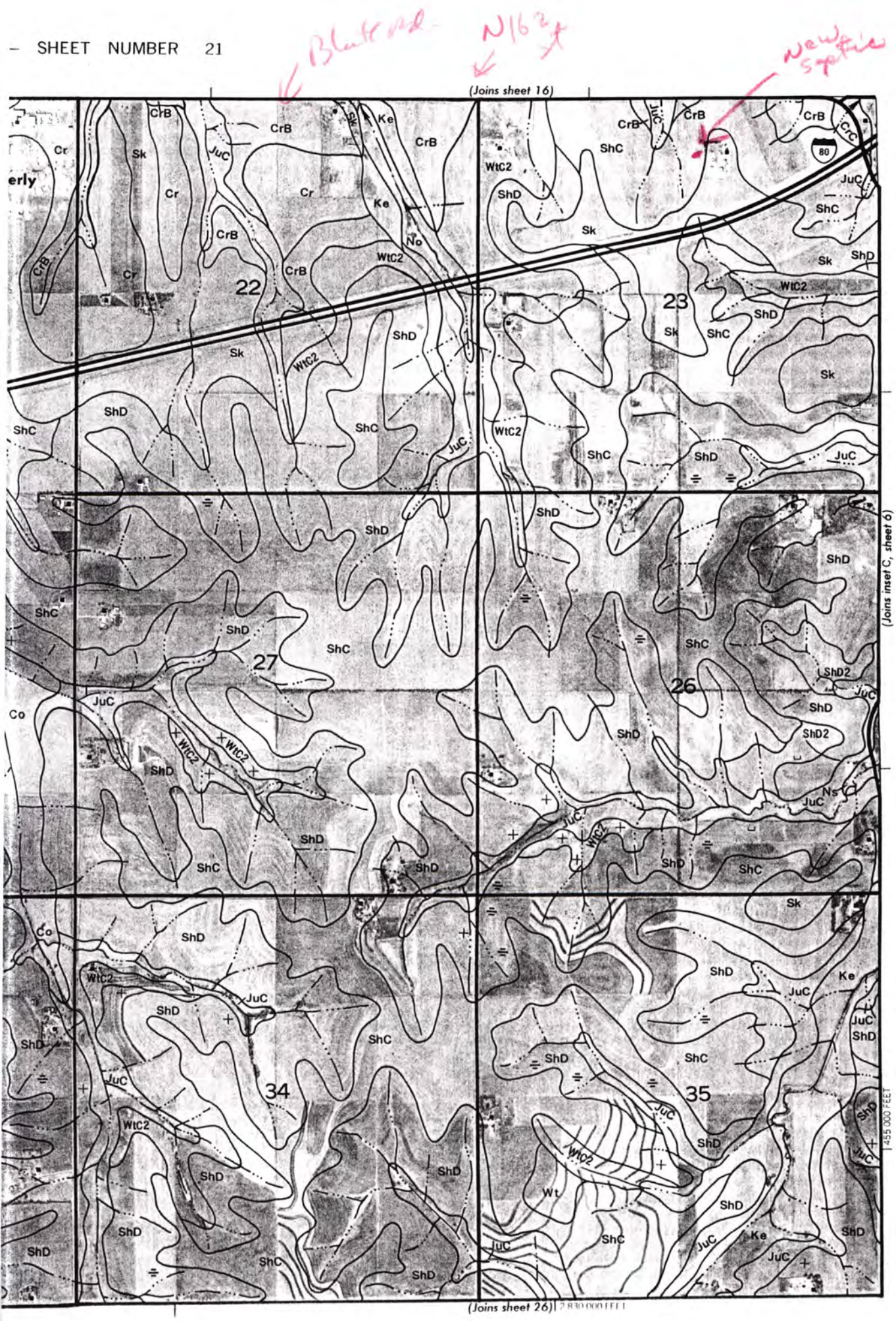
FORM 23-103 10-96

As Built Drawing



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

– SHEET NUMBER 21



21

N