Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

008139

(402) 441-8000

Permit: SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 05380307701

Issued 08/22/05
Expires 08/22/06
Revenue Code 3157

Establishment: RANDY COLTON
T11N R8E SEC 8
LOT 13
12400 WAVERLY RD-WAVERLY

FEES: $200.00

Permittee: RANDY COLTON
13200 WAVERLY RD
WAVERLY NE 68462

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

A

Permit Number: 053803077

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 12400 WAVERLY ROAD (no rural route) City WAVERLY NE, Zip 68462

Legal Description 8 11N 8E 13
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 RANDALL COLTON Signature Randall Colton

Address 13200 WAVERLY RD City/State/Zip WAVERLY, NE 68462

☐ Check if owner designed system Home Phone 402-786-3056 Work Phone 402-432-6783

C. Contractor

Name Michael P Dietze Company Name Waverly Plumbing + Well Co.

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 8-22-05 Date frwd 8-22-05 ACTION ☒ Approved ☐ Disapproved Signature Ron Mayhew
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 8-23-05 Date frwd 8-23-05 ACTION ☒ Approved if not in Flood Plain ☐ Disapproved Signature Shawn Schmitz
3. **City or County Engineer** Date rec'd 8-23-05 Date frwd 8-23-05 ACTION ☐ Approved ☐ Disapproved Signature Larry Worrell

Installation Final Written Approval

By Jerrold C. Nood R.E.H.S.

Date FEBRUARY 8, 2006

Business Office Use Only

Date Rec'd 08/22/05

Amt Paid 200.00

Rec'd By _____ Cash/Check No. 15863

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: 053803077

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 12400 WAVERLY ROAD (no rural route) City WAVERLY NE, Zip 68462

Owner RANDALL COLTON Addresss 13200 WAVERLY ROAD

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

Date of Tests 8-6-05 to 8-7-05 Weather: Precipitation 0 Temperature 88°

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"	8-6	12:00	8-7	1:00	8-7	4:00	6"	8-7	4:30	30	7/8	
2	↓	↓	12:00	↓	1:00	↓	4:00	↓	↓	4:30	↓	1	
3	↓	↓	12:00	↓	1:00	↓	4:00	↓	↓	4:30	↓	1	
4	↓	↓	12:00	↓	1:00	↓	4:00	↓	↓	4:30	↓	3/4	
5	↓	↓	12:00	↓	1:00	↓	4:00	↓	↓	4:30	↓	7/8	
6	↓	↓	12:00	↓	1:00	↓	4:00	↓	↓	4:30	↓	1 1/8	

Person Conducting Percolation Tests

Name: Michael P. Dietze
Phone: 402 786-5620
Address 14150 Lancashire ST
Waverly, NE 68462

Sum of Percolation Rates: _____
Average of Rates: _____
Rate Used for Calculation: 32

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official Gerald C. Hood Date _____

FORM 23-101 10-96

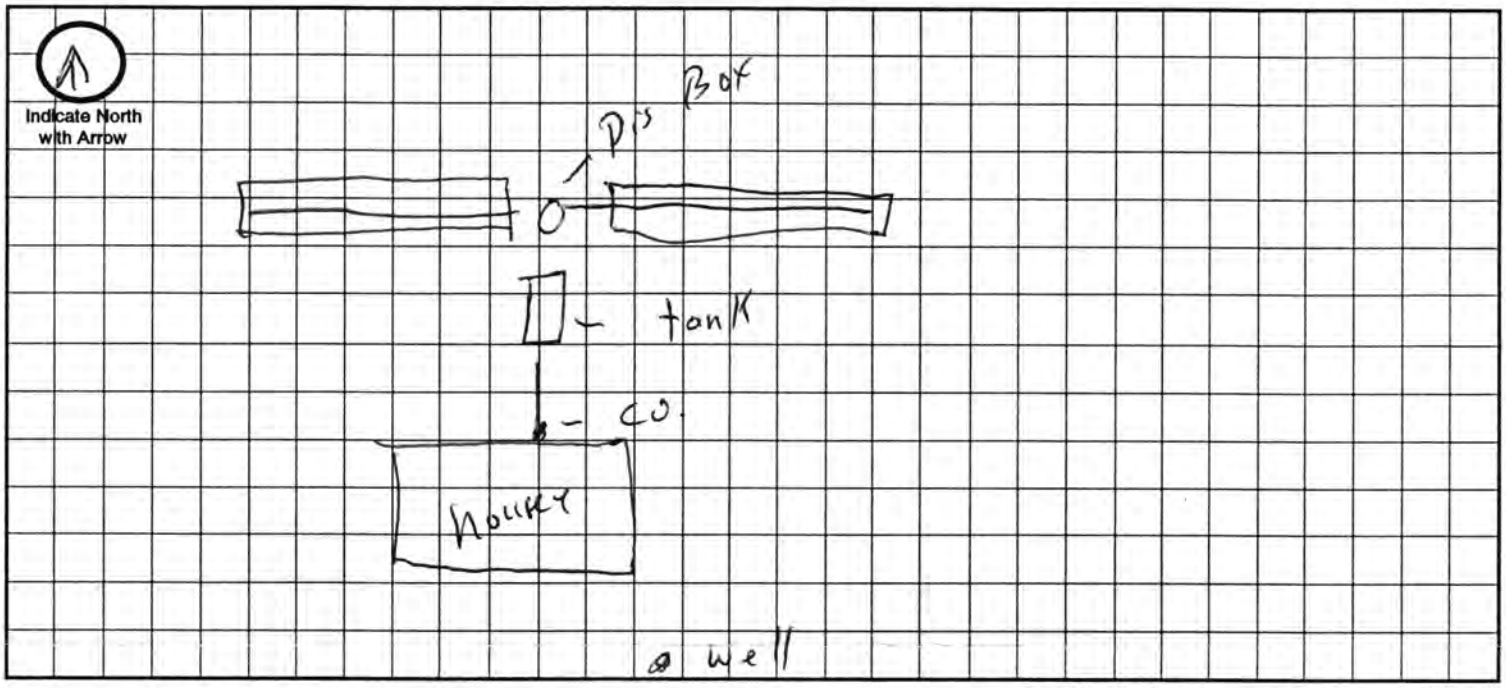
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 053803077

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) 12400 WAVERLY ROAD 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 32 (min. per inch) Soil Type: _____ Land Slope: _____ %

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

Total Square Feet of Field Required: 825 sq. ft.

Type of Lateral: ☒ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: Hi CAP Infiltrator w gravel

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

Total Length of Laterals 206 ft. Number of Trenches 2 Trench Width 3 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 P Duda Date 8-11-05

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 2-8-06

System Location (Indicate correct number and street)

Address 12400 Waverly RD (no rural route) City Waverly NE, Zip 68462

A. Building Sewer

1. Material: PVC SDR26
   Diameter: 4 in.
2. Distance above basement floor: 60 in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: _____ ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line 100 Plus ft.
   stream N/A ft.
   pressure line 60 ft.
   property line 100 Plus 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 EVEN in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 18 in.
8. Distances to: Well or suction line 100 Plus ft.
   Stream N/A ft.
   Pressure line 60 ft.
   Property line 100 Plus ft.

C. Distribution Box

1. Material: Plastic
   Number available outlets: 11
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 13 ft.

D. Absorption Field

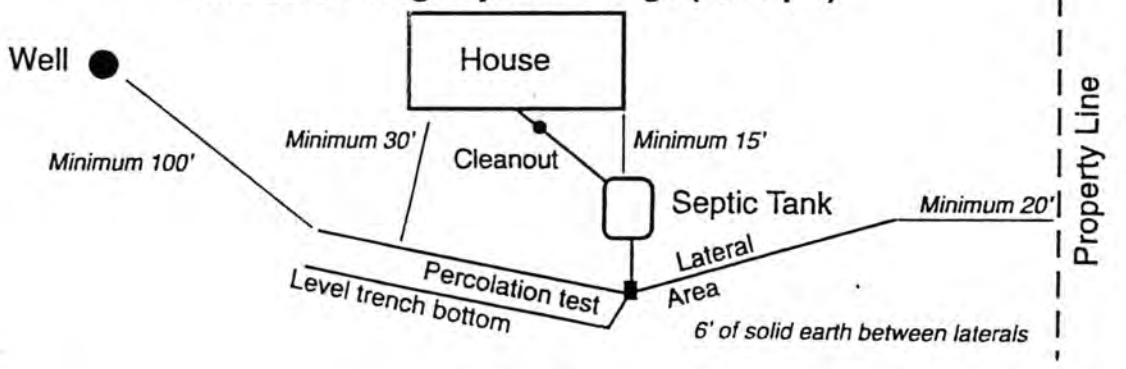
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: HiCAP
   or perforated pipe: INFILTAR
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 2
   Length of each line: ~~150~~ 133 ft. ~~100~~ 75 ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width _____ ft.
   Slope _____ in/100 ft.
   Average depth 38 in
4. Filter material: gravel
   Depth of material 24 in.
5. Distances to: Well or suction line 100 Plus ft.
   Stream N/A ft.
   Pressure line 100 ft.
   Property line _____ ft.

Indicate North with Arrow

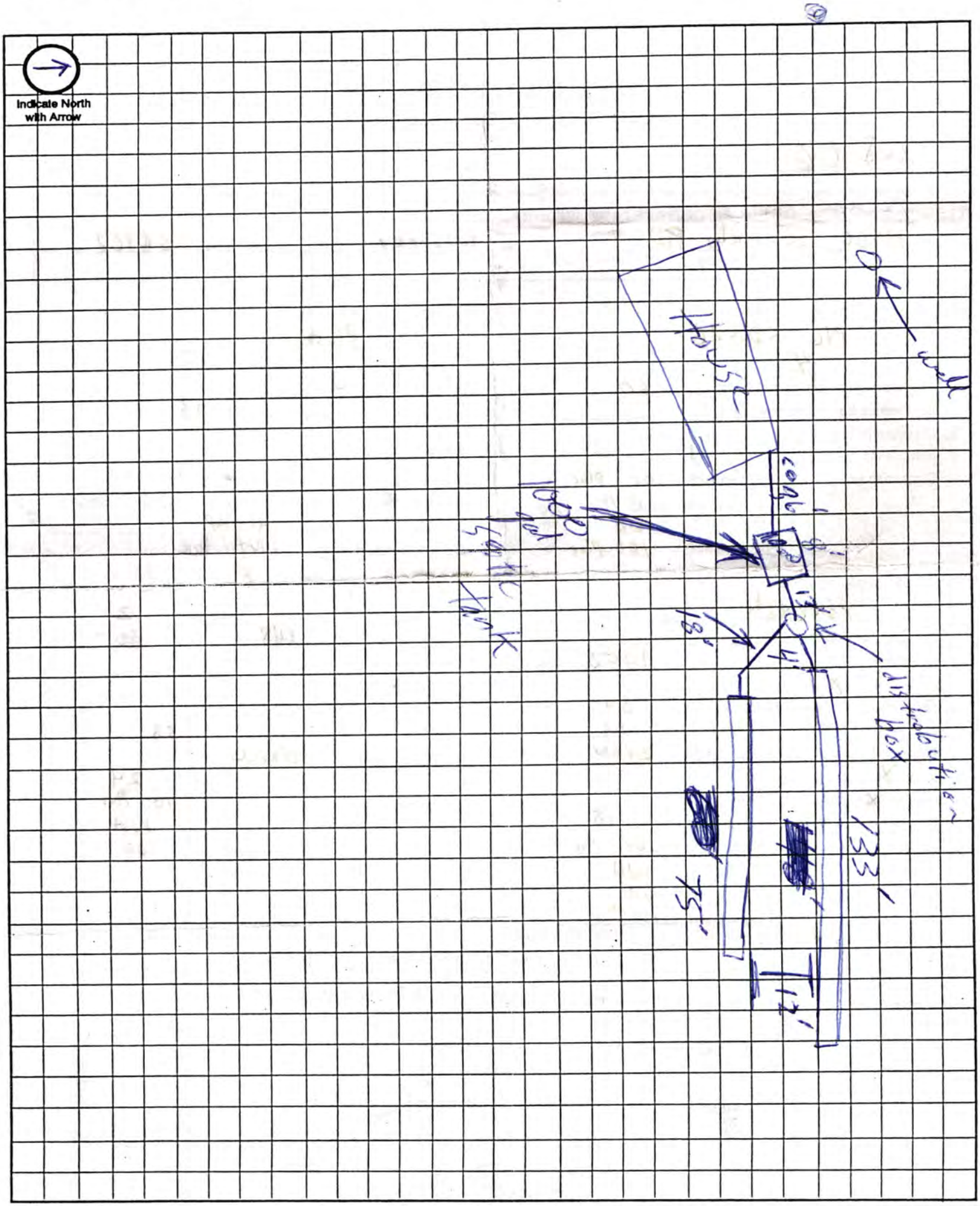
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



Approximate Scale: _____ft. = _____ grid line/s

ESRI ArcExplorer 2.0

12400 Waverly Road



streets
flood1

N

Tuesday, Aug 23 2005