LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

NON TRANSFERABLE

PERMIT

Permit No. 97380166301

SEWAGE INSTALLATION
SEPTIC SYSTEM

Issued 09/18/97
Expires 03/18/98
Revenue Code 18754

Establishment

RANDY COLTON
T11N R8E SEC 8
13200 WAVERLY ROAD

FEES: $150.00

Permittee

RANDY COLTON
13200 WAVERLY RD
WAVERLY NE 68462

TOTAL $150.00

Issued By M. Jane Ford
Health Director

5261

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

REPAIR
A

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

Permit Number:

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 13200 Waverly Road (no rural route) City Waverly NE, Zip 68462

Legal Description SE 8 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 Randy Colton Signature Randy Colton 432-1749

Address 13200 Waverly Road City/State/Zip Waverly Nebr

☑ Check if owner designed system Home Phone 786-3056 Work Phone Pager 790 6261

C. Contractor

Name Waverly Plumbing Company Name Mike Dietze 786-5620 cell 432-2923

Address _____ City/State/Zip Waverly Nebr

☐ Check if contractor designed system Work Phone _____

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 2 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 _____ Date frwd _____
   ACTION ☐ Approved ☐ Disapproved
   Signature _____

2. **Supt. Bldg. Insp. or Village Clerk**
   Date rec'd 5/27/97 Date frwd 5/27/97
   ACTION ☒ Approved ☐ Disapproved
   Signature Allan Pfeffer

3. **City or County Engineer**
   Date rec'd _____ Date frwd _____
   ACTION ☐ Approved ☐ Disapproved
   Signature _____

9-18-97 mm

Installation Final Written Approval

By Ron Magenau

Date 9-19-97

Business Office Use Only 3006

Date Rec'd 5/29/97

Amt Paid $150.00

Rec'd By CW Cash/Check No. 11787

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:

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 13200 Waverly Rd (no rural route) City Waverly NE, Zip 68462

Owner RANDY Colton Addresss 13200 WAVERLY Rd

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

Date of Tests 5-15 to 5-15 Weather: Precipitation 0" Temperature 52° F.

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"	5-15	10 30 AM	5-15	6 30 pm	5-15	6 34 pm		5-15	10 34 p	240		
2	36"	5-15	10 35 AM				6 37 pm			10 37 p	240		
3	36"	5-15	10 40 AM				6 39 pm			10 39 p	240		
4	36"	5-15	10 44 AM				6 41 pm			10 41 p	240		
5	36"	"	10 48 AM				6 43 pm			10 43 p	240		
6	36"	"	10 52 AM	↓		↓	6 45 pm		↓	10 45 p	240		

Person Conducting Percolation Tests

Name: JACKIE COLTON

Phone: (W) 436-4256

Address 13200 Waverly Rd

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: _____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks SEE ATTACHED SHEET

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

time/drop 6" water in test holes

test hole						
1	7⁰⁴ pm	1½"	7³⁴ pm	2 5/8"	8⁰⁴ pm	3 3/4"
2	7⁰⁸ pm	1⅛"	7³⁷ pm	2¼"	8⁰⁷ pm	3¼"
3	7¹⁰ pm	1¼"	7³⁹ pm	2⅛"	8¹⁰ pm	3¼"
4	7¹¹ pm	1¼"	7⁴¹ pm	2½"	8¹¹ pm	3½"
5	7¹³ pm	1½"	7⁴³ pm	2¼"	8¹³ pm	3½"
6	7¹⁴ pm	1⅛"	7⁴⁵ pm	2¼"	8¹⁴ pm	3⅜"

added water to 6" level

1	8³⁴ pm	1⅛"	9⁰⁴ pm	2⅜"	9³⁴ pm	3⅛"
2	8³⁷ pm	1"	9⁰⁷ pm	2"	9³⁷ pm	3"
3	8⁴⁰ pm	1"	9¹⁰ pm	2⅛"	9⁴⁰ pm	3¼"
4	8⁴¹ pm	1"	9¹¹ pm	2"	9⁴¹ pm	3"
5	8⁴³ pm	1¼"	9¹³ pm	2⅛"	9⁴³ pm	3⅛"
6	8⁴⁴ pm	1⅛"	9¹⁴ pm	2⅛"	9⁴⁴ pm	3¼"

1	10⁰⁴ pm	7/8"	10³⁴ pm	1 5/8"	6/8
2	10⁰⁷ pm	¾"	10³⁷ pm	1 3/8"	5/8
3	10¹⁰ pm	7/8"	10⁴⁰ pm	1 5/8"	6/8
4	10¹¹ pm	¾"	10⁴¹ pm	1 3/8"	5/8
5	10¹³ pm	7/8"	10⁴³ pm	1 5/8"	6/8
6	10¹⁴ pm	¾	10⁴⁴ pm	1 3/8"	5/8

4.125/6 = .6875

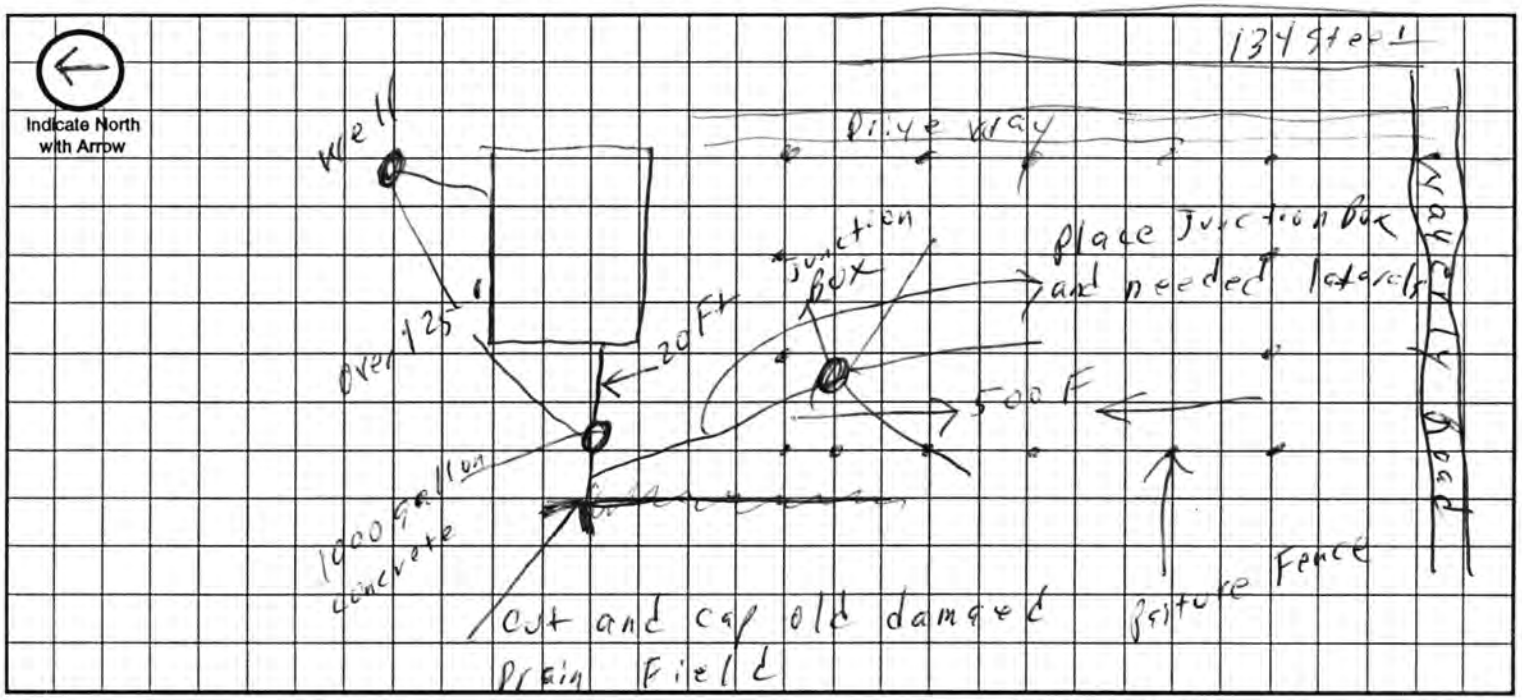
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number:

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) 13200 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 44 (min. per inch) Soil Type: _____ Land Slope: _____ %

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

Total Square Feet of Field Required: 596 sq. ft. 3 198 596 198 34 wide

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

Capacity of Septic Tank 1000 gals Number of Absorption Beds: 2 3 4 Number of Distribution Laterals per Bed _____

Total Length of Laterals 149 ft. Number of Trenches _____ Trench Width Backhoe 4 foot

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 ☐	N/A ☐	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 Waverly Plumbing Date 5-19-97

Installer Michael J Plett Date 5-27-97

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 5-14-97

System Location (Indicate correct number and street)

Address 13200 Waverly Road (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: 20 ft.
4. Number of clean-outs: _____
5. Distances to: well or suction line over 100 ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: _____
2. Capacity: 1000 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: 20 in.
8. Distances to: Well or suction line over 100 ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. Distribution Box

1. Material: _____
   Number available outlets: _____
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: _____ ft.

D. Absorption Field

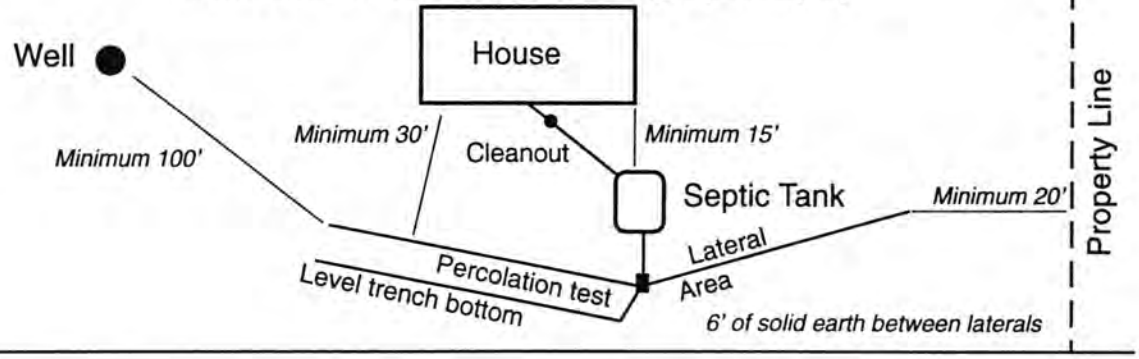
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   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: gravel
   Depth of material _____ in.
5. Distances to: Well or suction line over 200 ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

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

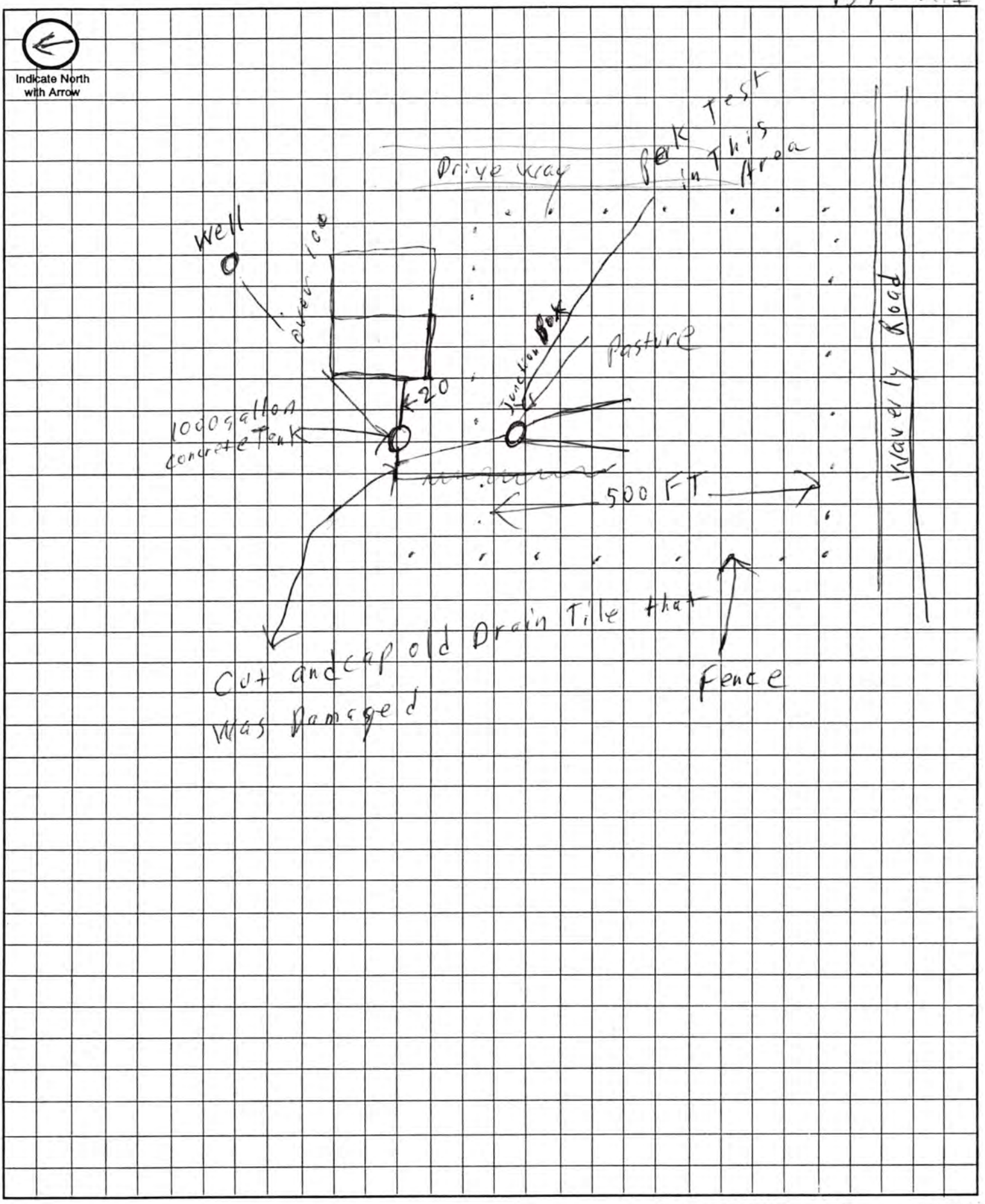
Indicate North with Arrow

Individual Sewage System Design (Example)



As Built Drawing

1345 Street



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

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 9-18-97

System Location (Indicate correct number and street)

Address 13200 Waverly Rd (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: _____
   Number of compartments: _____
2. Capacity: _____ 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: _____ in.
8. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. Distribution Box

1. Material: CONCRETE
   Number available outlets: 4
2. Factory built: ☒ Yes ☐ No
3. Distance from ~~septic tank~~ Lift: 37.5 ft.

D. Absorption Field

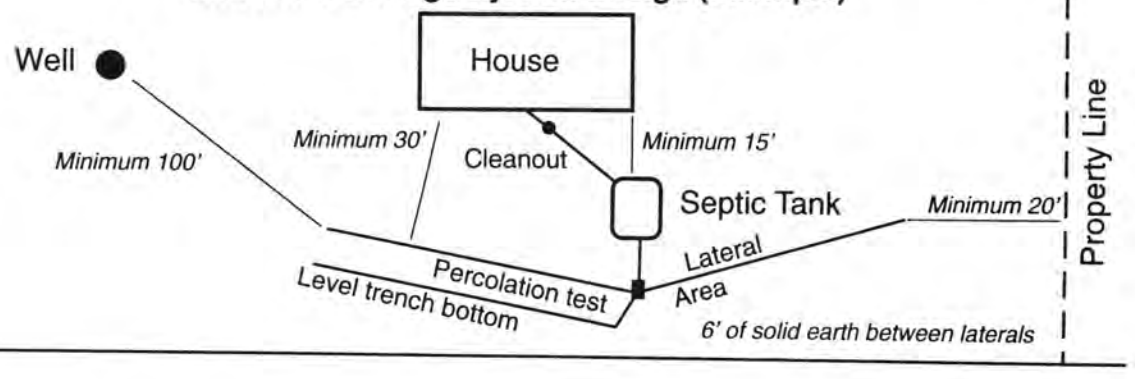
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☒ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: 4"
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 2
   Length of each line: 100 ft. 100 ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 3 ft.
   Slope 0 in/100 ft.
   Average depth 24 in
4. Filter material: gravel
   Depth of material 24 in.
5. Distances to: Well or suction line 100 Plus ft.
   Stream 0 ft.
   Pressure line 100 Plus ft.
   Property line 40 ft.

Indicate North with Arrow

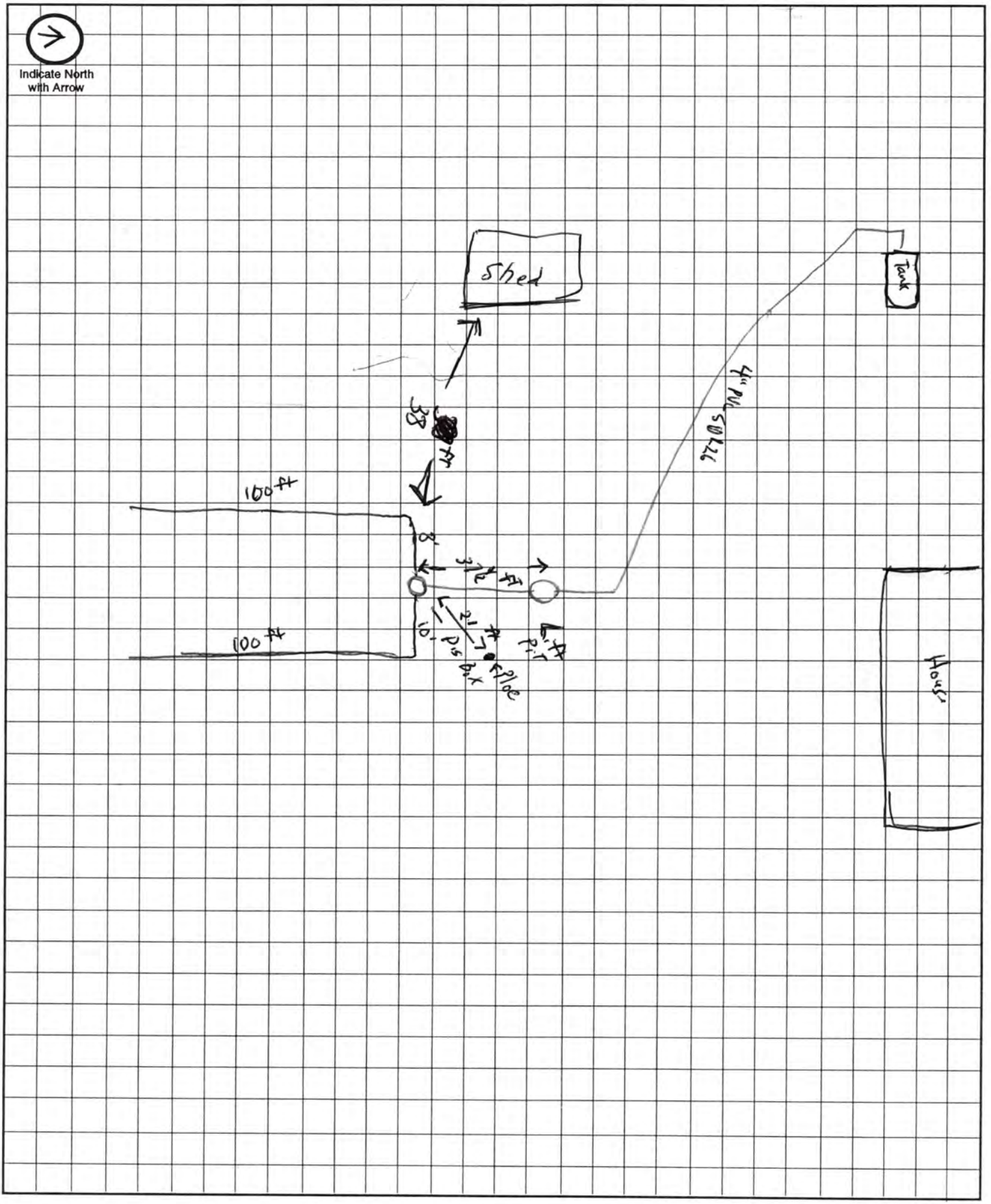
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



Approximate Scale: _____ft. = _____ grid line/s

O.M.B. No 3067-0077
Expires May 31, 1993

ELEVATION CERTIFICATE

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

ATTENTION: Use of this certificate does not provide a waiver of the flood insurance purchase requirement. This form is used only to provide elevation information necessary to ensure compliance with applicable community floodplain management ordinances, to determine the proper insurance premium rate, and/or to support a request for a Letter of Map Amendment or Revision (LOMA or LOMR).

Instructions for completing this form can be found on the following pages.

SECTION A PROPERTY INFORMATION

FOR INSURANCE COMPANY USE

POLICY NUMBER

COMPANY NAIC NUMBER

BUILDING OWNER'S NAME: MR. & MRS. Randy Colton

STREET ADDRESS (Including Apt., Unit, Suite and/or Bldg. Number) OR P.O. ROUTE AND BOX NUMBER: 13200 Waverly Road

OTHER DESCRIPTION (Lot and Block Numbers, etc.): Lot 13 I.T. in the SW¼ Sec. 8, T.11N., R.8E., 6th P.M.

CITY: Waverly (Lancaster County) STATE: NE. ZIP CODE: 68462

SECTION B FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

Provide the following from the proper FIRM (See Instructions):

1. COMMUNITY NUMBER	2. PANEL NUMBER	3. SUFFIX	4. DATE OF FIRM INDEX	5. FIRM ZONE	6. BASE FLOOD ELEVATION (in AO Zones, use depth)
310140	0001	B	April 15, 1982	A7	1113.5

7. Indicate the elevation datum system used on the FIRM for Base Flood Elevations (BFE): ☒ NGVD '29 ☐ Other (describe on back)

8. For Zones A or V, where no BFE is provided on the FIRM, and the community has established a BFE for this building site, indicate the community's BFE: ☐ ☐ ☐ ☐ ☐ feet NGVD (or other FIRM datum–see Section B, Item 7).

SECTION C BUILDING ELEVATION INFORMATION

1. Using the Elevation Certificate Instructions, indicate the diagram number from the diagrams found on Pages 5 and 6 that best describes the subject building's reference level 2.

2(a). FIRM Zones A1-A30, AE, AH, and A (with BFE). The top of the reference level floor from the selected diagram is at an elevation of ☐ 1 ☐ 1 ☐ 0 ☐ 7 . ☐ 9 feet NGVD (or other FIRM datum–see Section B, Item 7). First floor = 1116.5

(b). FIRM Zones V1-V30, VE, and V (with BFE). The bottom of the lowest horizontal structural member of the reference level from the selected diagram, is at an elevation of ☐ ☐ ☐ . ☐ feet NGVD (or other FIRM datum–see Section B, Item 7).

(c). FIRM Zone A (without BFE). The floor used as the reference level from the selected diagram is ☐ ☐ . ☐ feet above ☐ or below ☐ (check one) the highest grade adjacent to the building.

(d). FIRM Zone AO. The floor used as the reference level from the selected diagram is ☐ ☐ . ☐ feet above ☐ or below ☐ (check one) the highest grade adjacent to the building. If no flood depth number is available, is the building's lowest floor (reference level) elevated in accordance with the community's floodplain management ordinance? ☐ Yes ☐ No ☐ Unknown

3. Indicate the elevation datum system used in determining the above reference level elevations: ☒ NGVD '29 ☐ Other (describe under Comments on Page 2). *(NOTE: If the elevation datum used in measuring the elevations is different than that used on the FIRM [see Section B, Item 7], then convert the elevations to the datum system used on the FIRM and show the conversion equation under Comments on Page 2.)*

4. Elevation reference mark used appears on FIRM: ☐ Yes ☒ No (See Instructions on Page 4)

5. The reference level elevation is based on: ☒ actual construction ☐ construction drawings
(NOTE: Use of construction drawings is only valid if the building does not yet have the reference level floor in place, in which case this certificate will only be valid for the building during the course of construction. A post-construction Elevation Certificate will be required once construction is complete.)

6. The elevation of the lowest grade immediately adjacent to the building is: ☐ 1 ☐ 1 ☐ 1 4 . ☒ feet NGVD (or other FIRM datum-see Section B, Item 7).

SECTION D COMMUNITY INFORMATION

1. If the community official responsible for verifying building elevations specifies that the reference level indicated in Section C, Item 1 is not the "lowest floor" as defined in the community's floodplain management ordinance, the elevation of the building's "lowest floor" as defined by the ordinance is: ☐ ☐ ☐ . ☐ ☐ feet NGVD (or other FIRM datum–see Section B, Item 7).

2. Date of the start of construction or substantial improvement ___ . ___ . ___ ___

SECTION E CERTIFICATION

This certification is to be signed by a land surveyor, engineer, or architect who is authorized by state or local law to certify elevation information when the elevation information for Zones A1–A30, AE, AH, A (with BFE),V1–V30,VE, and V (with BFE) is required. Community officials who are authorized by local law or ordinance to provide floodplain management information, may also sign the certification. In the case of Zones AO and A (without a FEMA or community issued BFE), a building official, a property owner, or an owner's representative may also sign the certification.

Reference level diagrams 6, 7 and 8 - Distinguishing Features–If the certifier is unable to certify to breakaway/non-breakaway wall, enclosure size, location of servicing equipment, area use, wall openings, or unfinished area Features in the list the Feature(s) not included in the certification under Comments below. The diagram number, Section C, Item 7, must still be entered.

I certify that the information in Sections B and C on this certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

REGISTERED LS467 SURVEYOR CHARLES H. PORTER

Charles H. Porter — Nebraska LS. 467 — 467
CERTIFIER'S NAME — LICENSE NUMBER

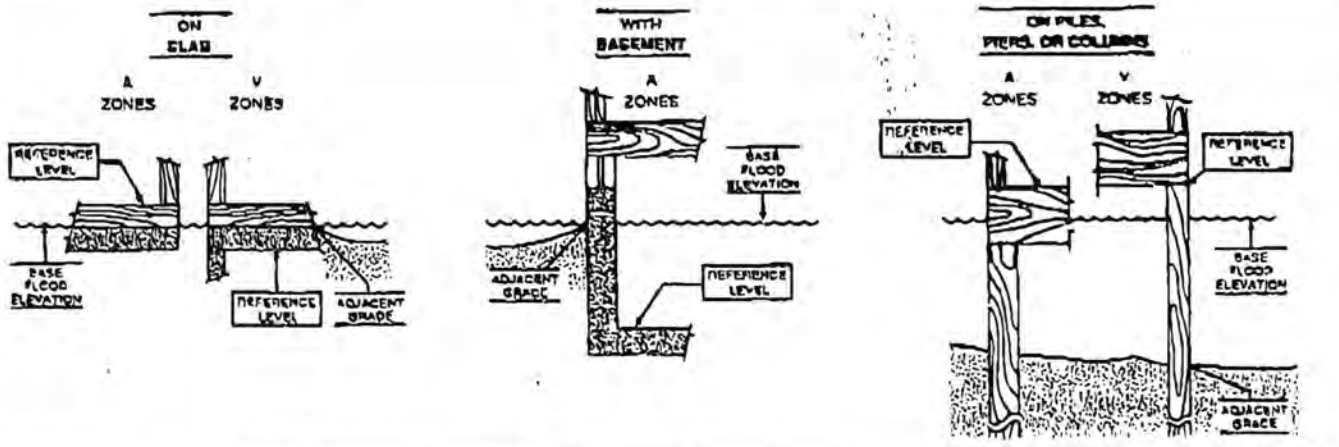
L.S. Surveyor — Porter & Associates, Inc.
TITLE — COMPANY NAME

7501 "O" Street, Suite 104 — Lincoln — NE. — 68510-2485
ADDRESS — CITY — STATE — ZIP

C. H. Porter — 6-16-97 — (402) 488-8339
SIGNATURE — DATE — PHONE

Copies should be made of this Certificate for: 1) community official, 2) insurance agent/company, and 3) building owner.

COMMENTS:



The diagrams above illustrate the points at which the elevations should be measured in A Zones and V Zones.

Elevations for all A Zones should be measured at the top of the reference level floor.

Elevations for all V Zones should be measured at the bottom of the lowest horizontal structural member.



N134
Sanitary sewer system