LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health
2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

NON TRANSFERABLE

PERMIT

SEWAGE INSTALLATION

No. 91380077801

Issued 11/15/91
Expires 05/15/92

ESTABLISHMENT

WAYNE HEATHER
T11N R8E SEC 5 QTR SW

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE

WAYNE HEATHER
RR0001
BOX 0128C
WAVERLY NE 68462

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT
11/15/91	PAID

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

FORM 20103-0477
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

A

FILING FEE: $_____

FILE NO._____

DATE:_____

The undersigned hereby requests SITE CLEARANCE and PERMIT to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

1. Legal description of property: Twp. 11N ; Range 8E ; Section 5 ; E/4 S W/4
   Block_____: Lot_____: Addition_____
   Street Address_____

2. Property Use: Residential ☑ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe_____

3. Type of Individual Sewage Disposal System: Septic Tank ☒ ; Other ☐

4. Distance to public sewer: _____ft.

Part of this property Lies in Flood Plain. Permits required if System is Located in Zone "A"

Wayne Heather
Signature of Applicant (Owner or Lessee)

Rt 1 Box 128C, Waverly (12500 Mill ROAD
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 11/5/91. Date Frwd. 11/5/91. ACTION: Approved ☑ Disapproved ☐ Signature: Jerold C. Hoop

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 11-5-91. Date Frwd. 11-5-91. ACTION: Approved ☑ Disapproved ☐ Signature: Paul Bauma

3. City or County Engineer: Date Rec'd. 11-5-91. Date Frwd. 11-5-91. ACTION: Approved ☑ Disapproved ☐ Signature: Larry V. Worrell

REMARKS OR REASONS FOR DISAPPROVAL_____

Site Visits:
Date: 12-3-91 by: RM Pabst
Date: 12-4-91 by: RM
Date:_____ by:_____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 12-4-91 By: Lon Mayurnik

White: Health Dept. Copy
Yellow: Engineers Copy
Pink: Bldg. Inspector's Copy

FORM 23-43

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

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
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B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township _____; Range _____; Section & ¼ Section _____.
Property Dimensions: _____ ft. x _____ ft. Area: 80 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐
Dates of Tests: _____ to _____. Weather: Precip. 0 Temp. 75

OWNER: Wayne Heather
Address: Rt 1 Box 128C Waverly Ne.

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				
Hold 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./Day)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1	36	10/8	4P	10/9	3P	10/9	6:30P	17"	7:00P	19	30	2	30/2
2	36							15½		16½		1	30/1
3	36							17¼		18½		1¼	30/1¼
4	36							17½		18⅜		⅞	30/⅞
5	36							17½		18½		1	30/1
6	36							18½		19¼		¾	30/¾

Sum of Percolation Rates: 6⅞
Average of Rates: 1.15
Mean of Rates: 1.15

Wayne Heather
Signature of Person Conducting Test
Address Rt 1 Box 128C Waverly Phone 786-2741

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Crete Silt Loam
Date: November 5, 1991

Approved Percolation Rate (a)
A. 27 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
Signature of Reviewing Official

FORM 20102-0477 PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application) City Ordinance No. 9150 ☐ County Resolution No. 2832 ☒	LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT Division of Environmental Health 2200 St. Marys Avenue Lincoln, Nebraska 68502 Phone: 471-7800 C
Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.	FILE NO._____

Indicate on sketch if residence and well are exisiting or proposed.

REVIEWING ACTION

Remarks: _____

_____

Date: November 5, 1991

$3\overline{)713}\ 238$ $4\overline{)713}\ 178$

Minimum Design Requirement

1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed 713 sq.ft.

Jerrold C. Hood

Signature of Reviewing Official

FORM 20104-0477
PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

D

DATE: 12-4-91

FILE NO. _____

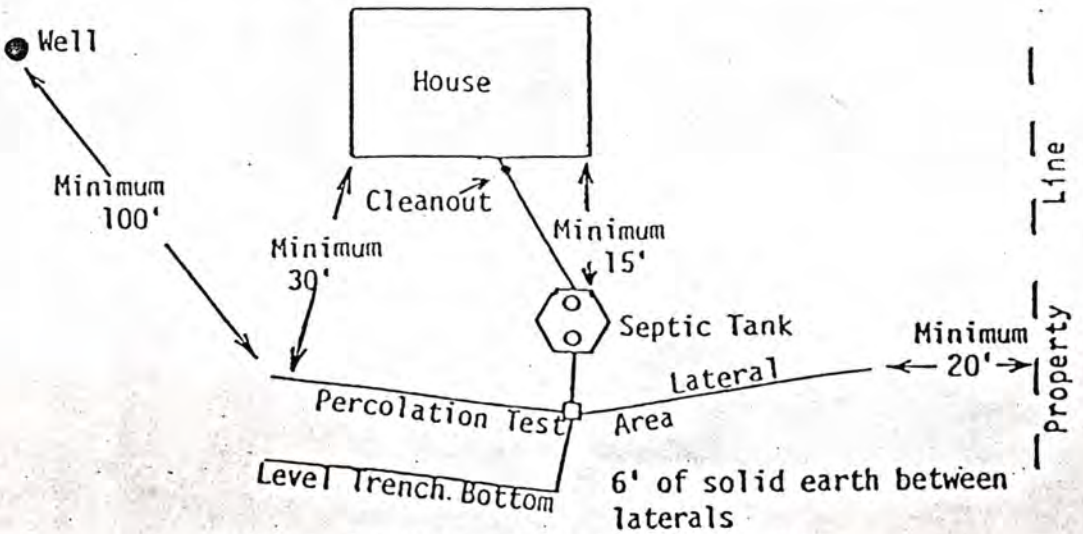
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC SDR-26 2241; Diameter 4" in.
2. Distance above basement floor _____ in., or below basement floor _____ in.
3. Distance between dwelling and septic tank _____ ft.
4. Number of clean-outs 1 in basement.
5. Distances to:
Well or Suction Line 100' Plus ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

B. SEPTIC TANK:
1. Material Concrete Precast; No. of compartments _____.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company PRECAST)
4. Manholes: Over Inlet; diam. _____ in.
Over Outlet; diam. _____ in.
Riser Above ☐ Below ☐ Grade _____ in.
5. Inlet: Baffle ☒ ; or Tee ☐
6. Outlet: Baffle ☒ ; or Tee ☐
7. Depth of top of tank below finished grade 1'6" in.
8. Distances to:
Well or Suction Line 100' ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRICTION BOX:
1. Material Concrete; Number - available outlets _____.
2. Factory Built: Yes ☒ No ☐
(Company PRECAST)
3. Distance from Septic Tank _____ ft.

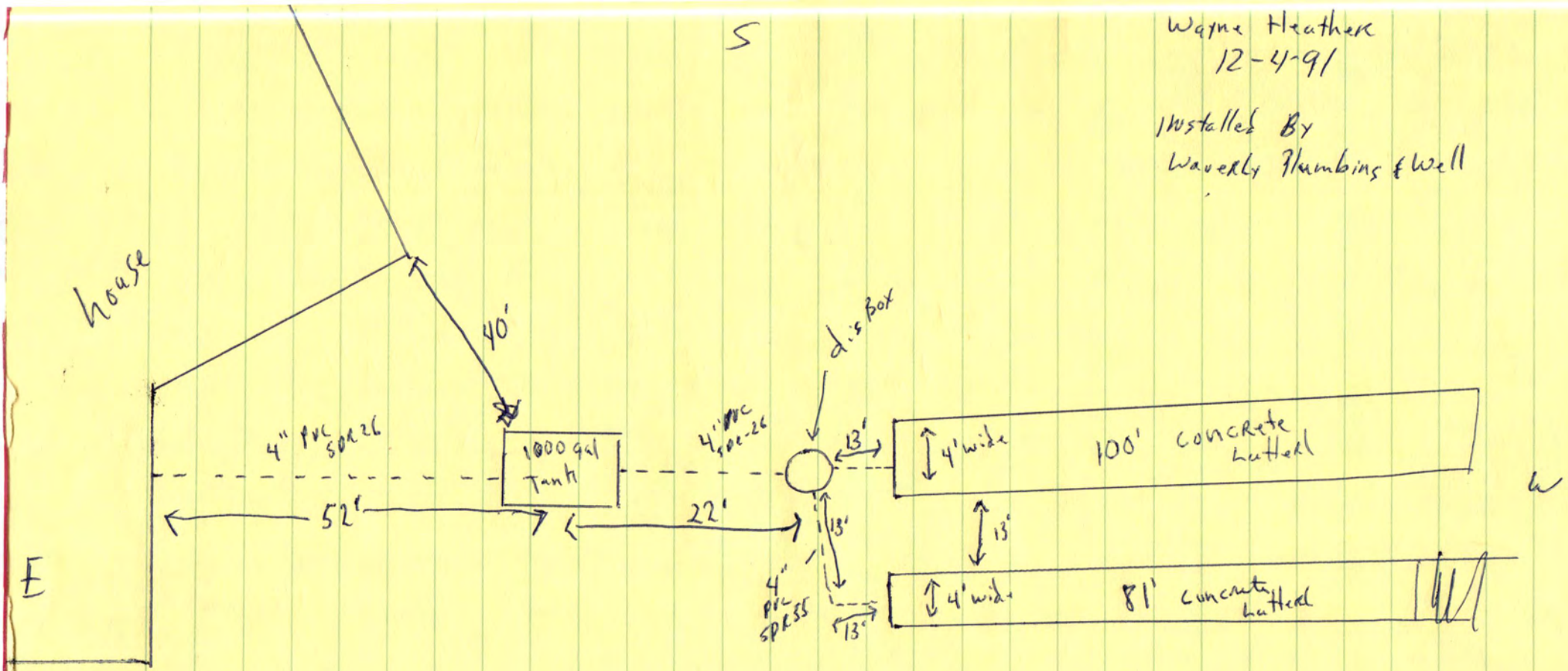
D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☒ Perforated Pipe ☐
Diameter of Half Round 24" or Perforated Pipe _____.
Material: fiberglass ☐ ; plastic ☐ ; concrete ☒ ; other _____.
2. Lateral Lines:
Number 2 ; Length of each line 100', 81', _____, _____, _____ ft.;
Total length of laterals 181' ft.;
Distance between lateral lines 13' ft.
3. Trench dimensions: Width 4 ft.; Slope NONE in/100 ft.; Average Depth 3'-4' in.
4. Filter Material: gravel
Depth of Material _____ in.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

Wayne Heathers
12-4-91

Installed By
Waverly Plumbing & Well



60 ton gravel

Overall ~100' plus

N