Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 00380218701

Issued 05/12/00
Expires 11/12/00
Revenue Code 3157

Establishment

NEIL JOHNSON
T11N R7E SEC 11
LOT 50
8650 WAVERLY RD

FEES: $150.00

TOTAL: $150.00

Permitee

NEIL JOHNSON
17402 BLUFF RD
WAVERLY NE 68462

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

013108

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

A

Permit Number: 0038 02187

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 8650 WAVERLY ROAD (no rural route) City LINCOLN NE, Zip 68517

Legal Description: 1/4 1/4 Section 11 Township 11N Range 7E Subdivision ____ Addition ____ Block ____ Lot 50

Geographical Location (if known): Longitude ____ Latitude ____

☐ Check if system mail address is not the same as the owner's address

B. Owner

Name NEIL JOHNSON Signature [signature]

Address 17402 BLUFF ROAD City/State/Zip WAVERLY, NE 68462

☐ Check if owner designed system Home Phone 786-5141 Work Phone 499-5825

C. Contractor

Name ____ Company Name Waverly Plumbing & Well

Address ____ City/State/Zip Waverly NE 68462

☒ Check if contractor designed system Work Phone 402- 786-8620

D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name MIKE DEITZ Firm WAVERLY PLUMBING Work Phone 786-8620

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 5/11/00 Date frwd 5/11/00 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 5/11/00 Date frwd 5/11/00 ACTION ☐ Approved ☐ Disapproved Signature [signature]
3. **City or County Engineer** Date rec'd 5/11/00 Date frwd 5/11/00 ACTION ☒ Approved ☐ Disapproved Signature Chad Baker

9-7-00, tank & sewer line
9-8-00 rim laterals

Installation Final Written Approval

By Ron Mynatt

Date 9-12-00

Business Office Use Only

Date Rec'd 05/10/00
Amt Paid 150 CK
Rec'd By ____ Cash/Check No. 6463

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

Also well

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

B

Permit Number: 0038 02187

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 8650 WAVERLY ROAD (no rural route) City LINCOLN NE, Zip 68517

Owner Neil Johnson Addresss 17402 BLUFF ROAD WAVERLY, NE 68462

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

Date of Tests 5-2-00 to 5-3-00 Weather: Precipitation none Temperature 80

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"	5-2	7:30	5-3	7:30	5-3	7:30	10	5-3	8:00	30	2	15 MIN/IN
2	36"	5-2	7:30	5-3	7:30	5-3	7:30	10	5-3	8:00	30	1 1/4	24 MIN/IN
3	36"	5-2	7:30	5-3	7:30	5-3	7:30	10	5-3	8:00	30	1 1/4	24 MIN/IN
4	36"	5-2	7:30	5-3	7:30	5-3	7:30	10	5-3	8:00	30	1 3/4	17 MIN/IN
5	36"	5-2	7:30	5-3	7:30	5-3	7:30	10	5-3	8:00	30	1 3/4	17 MIN/IN
10	36"	5-2	7:30	5-3	7:30	5-3	7:30	10	5-3	8:00	30	2	15 MIN/IN
			PM				PM			PM			

Person Conducting Percolation Tests

Name: Dave Dietze
Phone: 786-2682
Address 9651 N. 149th Place
Waverly NE 68462

Sum of Percolation Rates: _____
Average of Rates: _____
Rate Used for Calculation: 19

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

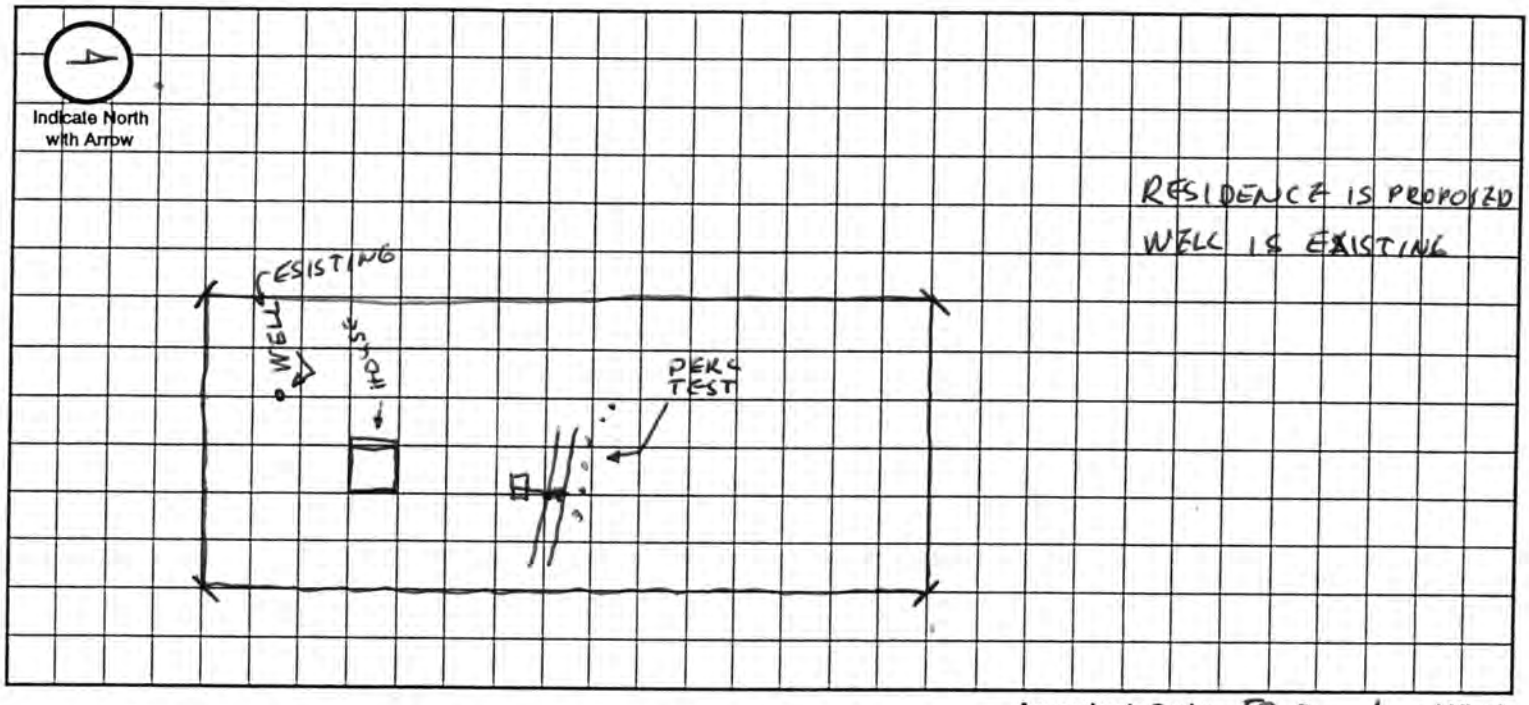
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 00380218 7

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: 50 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 8650 WAVERLY ROAD City LINCOLN NE, Zip 68517

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 19 (min. per inch) Soil Type: _____ Land Slope: _____ %

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

Total Square Feet of Field Required: 840 sq. ft.

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

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

Total Length of Laterals 210 ft. Number of Trenches 3 Trench Width 4 feet

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 Jim Ag. V. President Progressive Bldg Inc Date 5-9-00

Installer Michael P Dut Date 4-4-00

FORM 23-102 10-96

Lincoln-Lancaster County Health Department
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D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 9-8-00

System Location (Indicate correct number and street)

Address 8650 Waverly Rd (no rural route) City _____ NE, Zip _____

A. Building Sewer

1. Material: PVC
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 36" in.
3. Distance between dwelling and septic tank: 42 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line 140' ft.
   stream NA ft.
   pressure line NA ft.
   property line [illegible] ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: _____
2. Capacity: _____ gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 12" in.
   Over outlet, diameter 12" in.
   Riser: ☒ above ☐ below grade _____ in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 6" in.
8. Distances to: Well or suction line 140' ft.
   Stream NA ft.
   Pressure line 140 ft.
   Property line NA ft.

C. Distribution Box

1. Material: Concrete
   Number available outlets: 3
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 18' ft.

D. Absorption Field

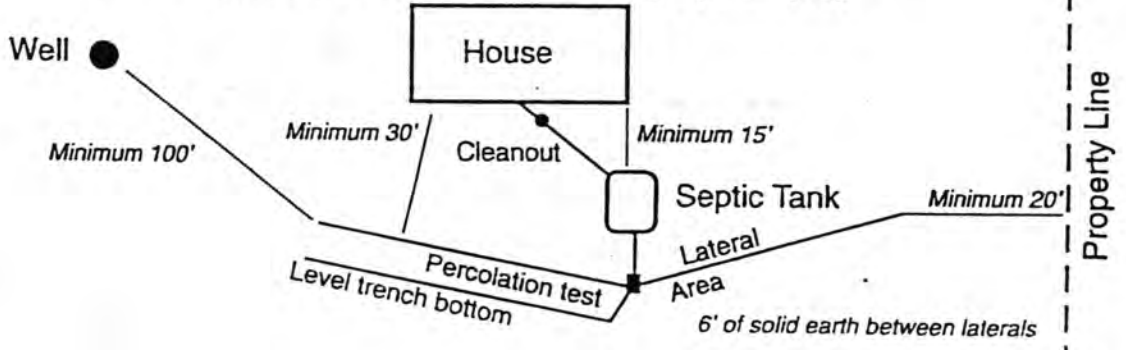
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 10"
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number _____
   Length of each line: 1 ft. 100' ft.
   100' ft. 9' ft., _____ ft.
3. Trench dimensions: Width 4' ft.
   Slope level in/100 ft.
   Average depth 28" in
4. Filter material: gravel
   Depth of material 12" in.
5. Distances to: Well or suction line greater 100' ft.
   Stream NA ft.
   Pressure line greater 100' ft.
   Property line 25' ft.

Indicate North with Arrow

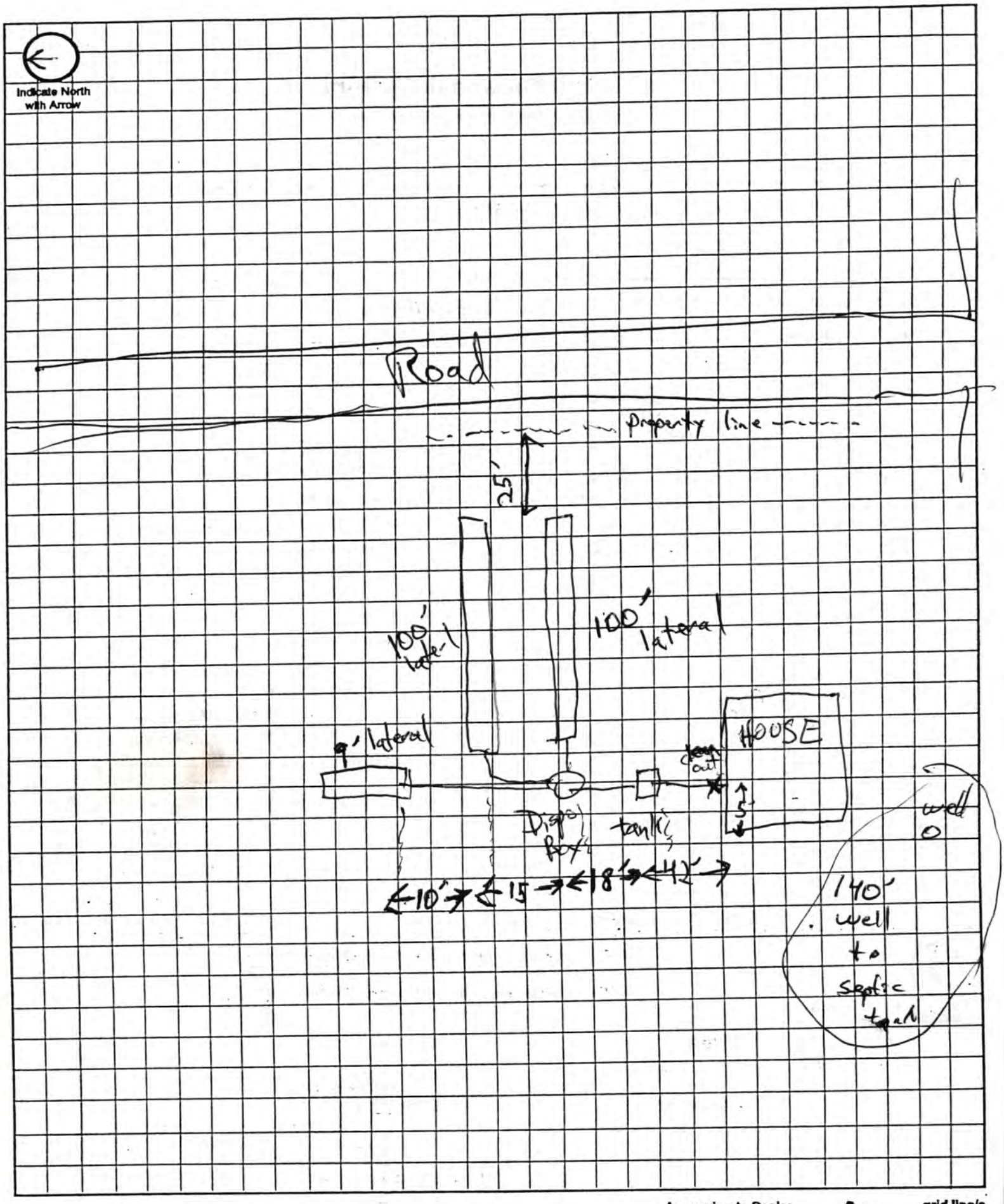
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



8650 WAVERLY ROAD

As Built Drawing



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