Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Establishment

TREVOR BATT
T11N R7E SEC 9 QTR SE
S 1/2 LOT 12
6750 WAVERLY RD

Permittee

TREVOR BATT
14700 COUNTRY LN
LINCOLN NE 68517

Permit # 02380241901

Issued 01/07/02
Expires 07/07/02
Revenue Code 3157

FEES: $200.00

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

000371

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

A

Permit Number: 0238 0249

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 6750 WAVERLY ROAD (no rural route) City LINCOLN NE, Zip 68517

Legal Description LOT 12 SOUTH HALF OF 9 11 N 7E 12 FT.
1/4 SOUTH EAST 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 TREVOR BATT Signature Trevor Batt

Address 14700 COUNTRY LANE City/State/Zip LINCOLN NE 68517

☑ Check if owner designed system Home Phone 402-785-9595 Work Phone 402-304-2990

C. Contractor

Name TREVOR BATT Company Name BATT CONSTRUCTION

Address 14700 COUNTRY LANE City/State/Zip LINCOLN NE 68517

☑ Check if contractor designed system Work Phone 402-304-2990

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

Designer Name TREVOR BATT Firm BATT CONSTRUCTION Work Phone 402-304-2990

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 300 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 1-7-02 Date frwd 1-7-02 **ACTION** ☒ Approved ☐ Disapproved Signature Ron Mayhew
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 3-26-02 Date frwd 3-26-02 **ACTION** ☒ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 1-8-02 Date frwd 1-8-02 **ACTION** ☒ Approved ☐ Disapproved Signature

1-9-02 rm, need O.S. sketch on it

Installation Final Written Approval

By Doug Koch

Date 12/21/06

Business Office Use Only

Date Rec'd 01/07/02

Amt Paid 200.00

Rec'd By LS Cash/Check No. 20446

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

Trevor

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

B

Permit Number: 023802419

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 6750 Waverly Rd. (no rural route) City _____ NE, Zip _____

Owner _____ Addresss _____

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

Date of Tests _____ to _____ Weather: Precipitation _____ Temperature _____

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"	12-21	3:30	12-22	4:00	12-22	4:30	6"	12-22	5:00	30	7/8	34
2	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	1.00	30 mpi
3												1.00	30 mpi
4												1.25	24
5												1.25	24
6												1.00	30
													172 29
													6 172 24 5 29

Person Conducting Percolation Tests

Name: Dave Dietze
Phone: 402-786-2682
Address: 9651 N. 149th Place
Waverly NE 68462

Sum of Percolation Rates: 172
Average of Rates: 29 mpi
Rate Used for Calculation: 29

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks: Sharpsburg soil

Signature of Reviewing Official: Ron Yaggust Date: 1-7-02

FORM 23-101 10-96

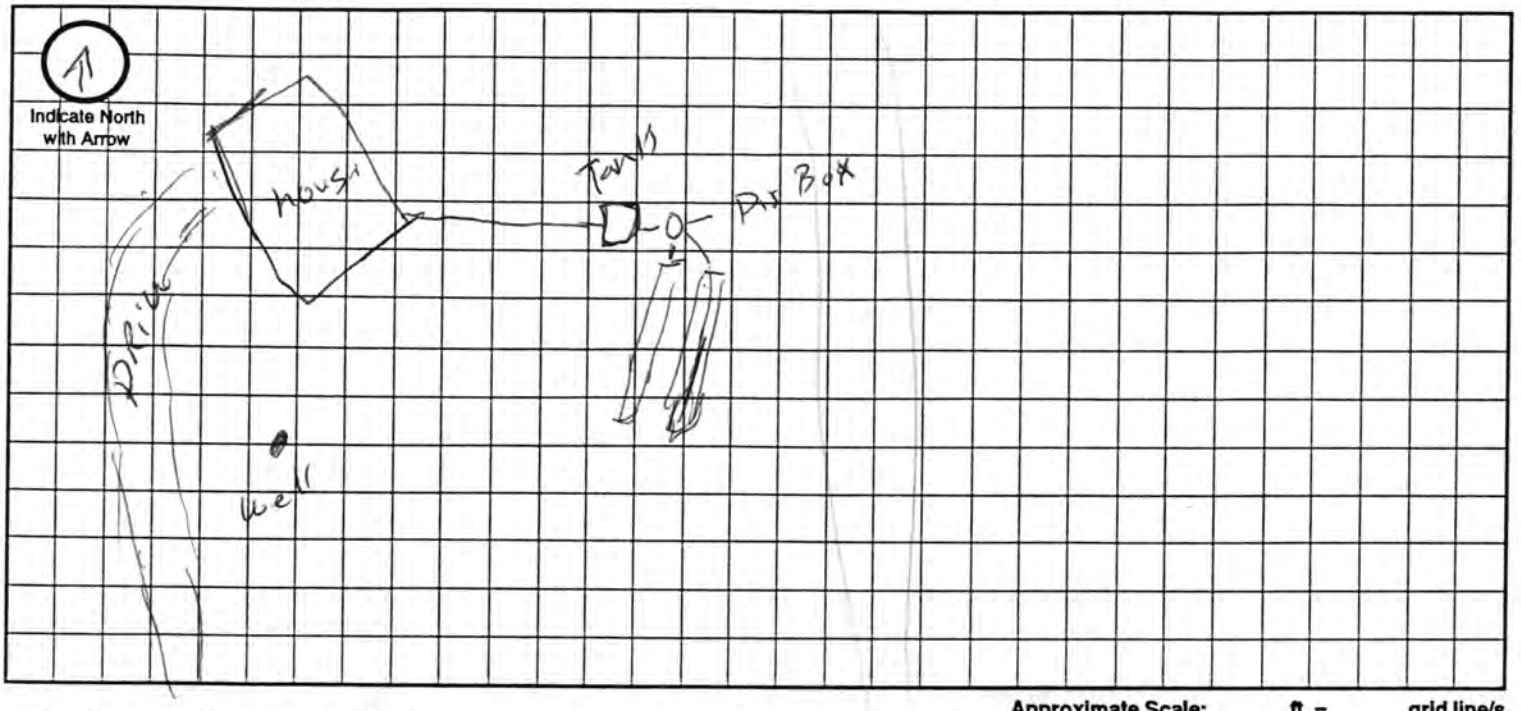
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 023E02419

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) 6750 Waverly Rd City Lincoln NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 29 (min. per inch) Soil Type: Shrewsbury Land Slope: _____ %

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

Total Square Feet of Field Required: 500 sq. ft.

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

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

Total Length of Laterals 125 ft. Number of Trenches 2 Trench Width 4"

D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

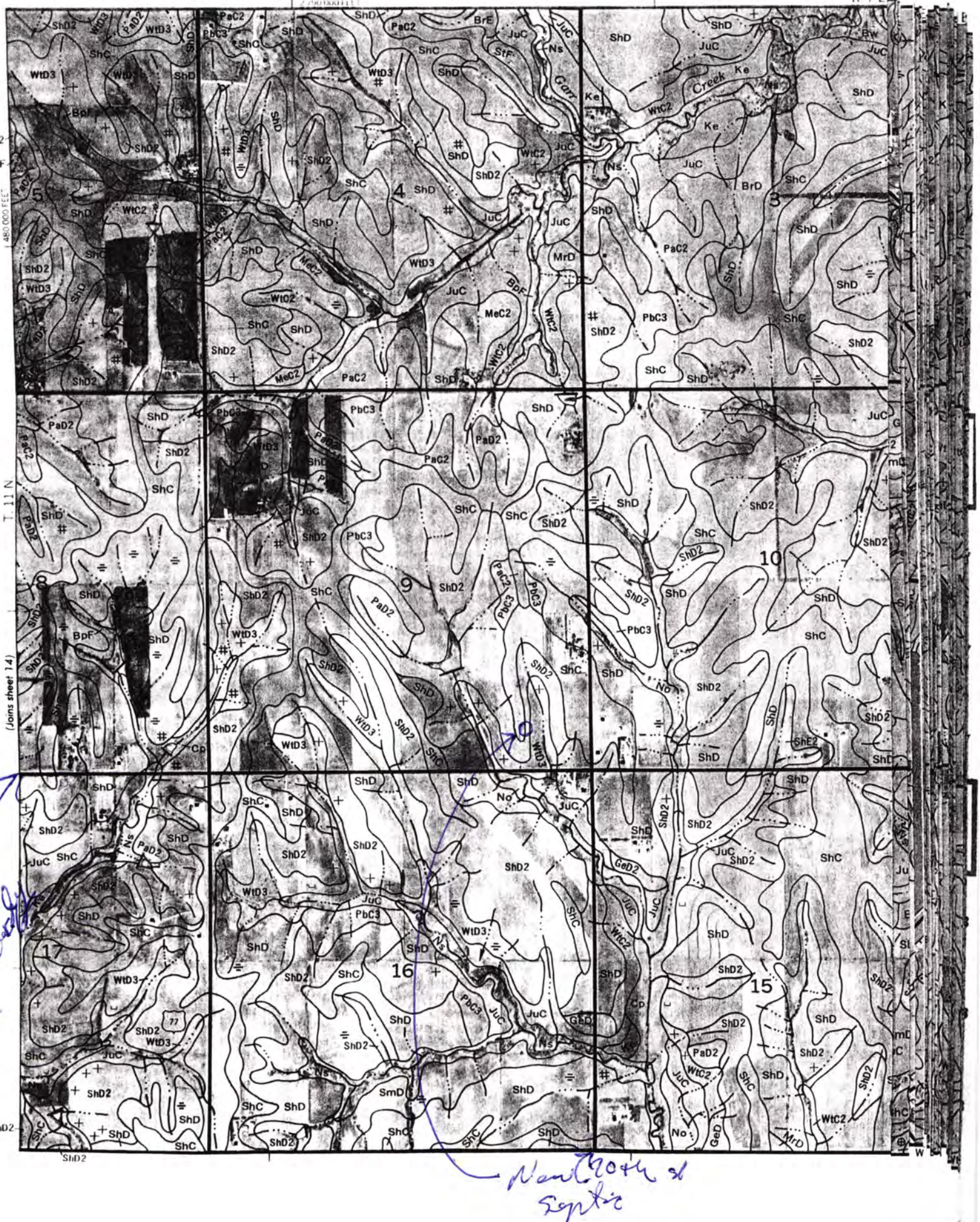
Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☒	500 ☒	50 ☒	NA ☒	25 ☒	20 ☒	15 ☒	25 ☒	☒
Field (ft)	100 ☒	500 ☒	50 ☒	4 ☒	30 ☒	20 ☒	30 ☒	40 ☒	☒
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

E. Required Signatures

Home Building Contractor _____ Date _____

Installer Michael P Duffy Date 1-7-02

FORM 23-102 10-96


R 7 E
T. 11 N
(Joins sheet 14)
Creek
Gor
ShD
ShD2
ShC
WtD3
PaD2
PaC2
PbC3
BpF
JuC
Ns
Ke
WtC2
BrE
StF
MeC2
MrD
BrD
Bw
PbC3
No
GeD2
GeD
SmD
CP
77
5
4
3
8
9
10
1
16
15
Need both of septic