Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

009118

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: SEWAGE INSTALLATION
OTHER SEPTIC SYSTEM

Permit # 06380322201

Issued 07/20/06
Expires 07/20/07
Revenue Code 3157

Establishment:
TOM & PAT CHOUTKA
T10N R8E SEC 1
STEVENS CREEK ESTS BLK 2 LOT 3
4600 MADDIE LN-WAVERLY

FEES: $275.00

Permittee:
TOM & PAT CHOUTKA
5440 W BRIXTON DR
LINCOLN NE 68521

TOTAL: $275.00

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: 06380322201

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 [redacted] 4600 Maddie Ln (no rural route) City Waverly NE, Zip 68527

Legal Description 14 (1/4) 1/4 Section 10N Township 8E Range Stevens Creek Estates Subdivision Addition 1 Block 3 Lot

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name Tom & Pat Chountka Signature Patricia R Chountka

Address 5440 W. Brixton Dr. City/State/Zip Lincoln, NE 68521

☐ Check if owner designed system Home Phone 435-7208 Work Phone _____

C. Contractor

Name Tom & Pat Chountka Company Name _____

Address _____ City/State/Zip _____

☐ Check if contractor designed system Work Phone _____

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

Designer Name Scott Haes Firm Haes Contracting Inc Work Phone 402 499 1166

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 7/19/06 Date frwd 7/20/06 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Wood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 7/20/06 Date frwd 7/20/06 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 7-20-06 Date frwd 7-20-06 ACTION ☐ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By _____

Date 11/14/06

Business Office Use Only
Date Rec'd 7/20/06
Amt Paid 275.00
Rec'd By _____ Cash/Check No. 6324

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: 063803222

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 18400 Havelock Ave (no rural route) City Waverly NE, Zip 68462

Owner Tom & Pat Choutka Addresss

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

Date of Tests 4-19 to 4-20 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	24	4-19	1:00	4-20	10:00	4-20	10:00	24	4-20	2:00	30	3/8	78
2			pm		AM		AM	27 1/4		pm		1/4	120
3								26 3/4				3/8	78
4								29 1/2				1/4	120
5								29 1/4				3/8	78
6								30 3/4				3/8	78

Person Conducting Percolation Tests

Name: Hoes

Phone: 423-3553

Address 4760 UNION HILL

Sum of Percolation Rates: 552

Average of Rates: 92

Rate Used for Calculation:

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks Too slow for conventional system

Signature of Reviewing Official Jerrold C. Hood Date JULY 19, 2006

FORM 23-101 10-96

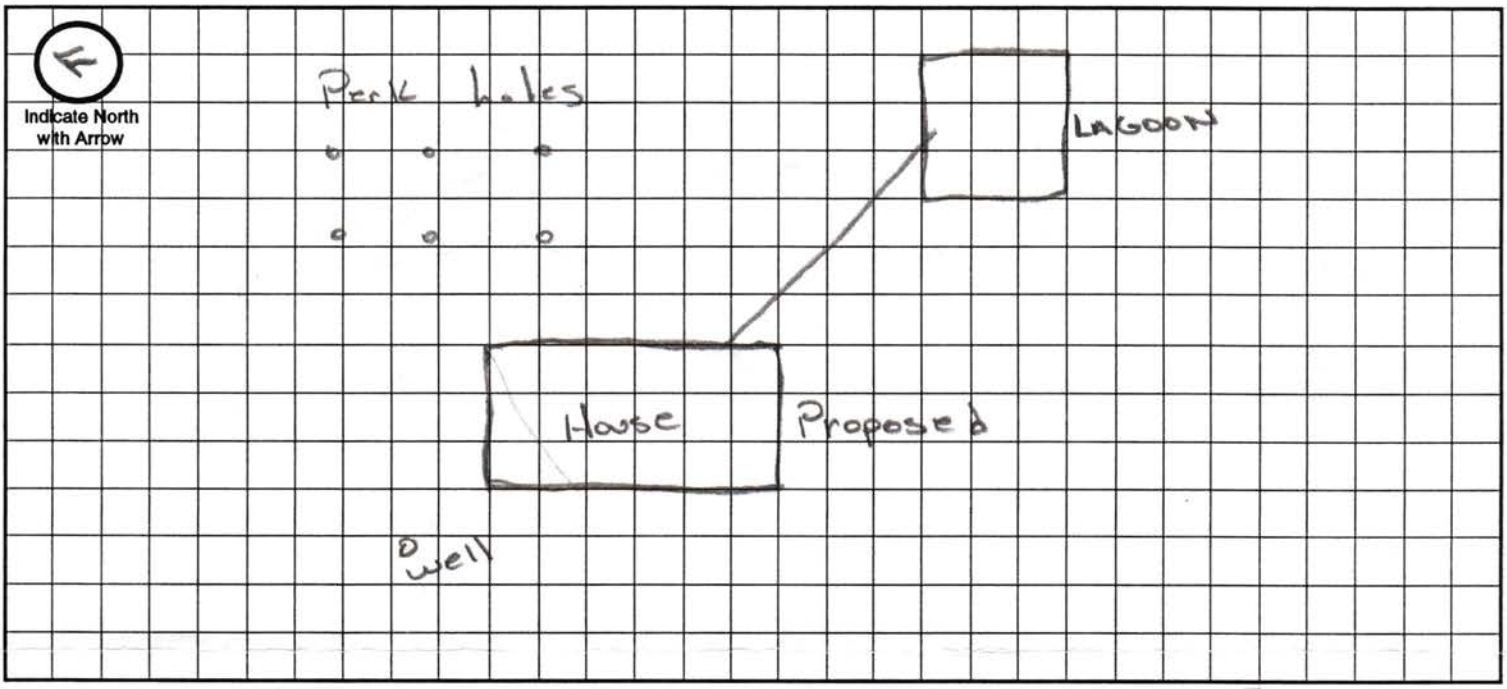
Lincoln-Lancaster County Health Department
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C

Permit Number: 063803222

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: 15 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 4600 Maddie Ln City Waverly NE, Zip 68357

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other _____

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

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

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

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

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

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

Total Length of Laterals _____ ft. Number of Trenches _____ Trench Width _____

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

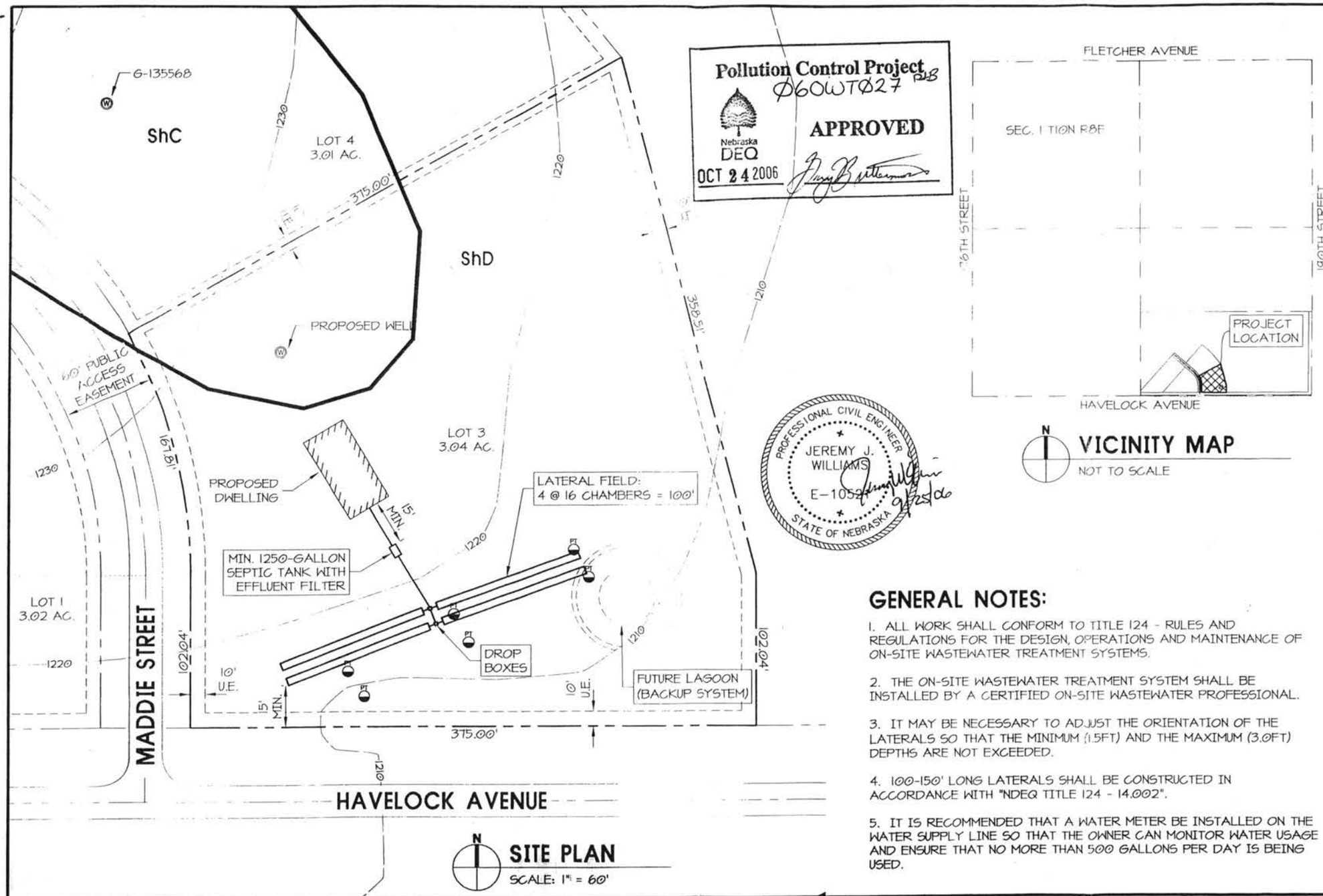
Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
Lagoon (ft)	100 ☒	500 ☒	50 ☒	N/A ☐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

E. Required Signatures

Home Building Contractor Tom - Pat Choutka Date 11-18-06

Installer _____ Date 11-18-06

FORM 23-102 10-96



GENERAL NOTES:

1. ALL WORK SHALL CONFORM TO TITLE 124 - RULES AND REGULATIONS FOR THE DESIGN, OPERATIONS AND MAINTENANCE OF ON-SITE WASTEWATER TREATMENT SYSTEMS.

2. THE ON-SITE WASTEWATER TREATMENT SYSTEM SHALL BE INSTALLED BY A CERTIFIED ON-SITE WASTEWATER PROFESSIONAL.

3. IT MAY BE NECESSARY TO ADJUST THE ORIENTATION OF THE LATERALS SO THAT THE MINIMUM (1.5FT) AND THE MAXIMUM (3.0FT) DEPTHS ARE NOT EXCEEDED.

4. 100-150' LONG LATERALS SHALL BE CONSTRUCTED IN ACCORDANCE WITH "NDEQ TITLE 124 - 14.002".

5. IT IS RECOMMENDED THAT A WATER METER BE INSTALLED ON THE WATER SUPPLY LINE SO THAT THE OWNER CAN MONITOR WATER USAGE AND ENSURE THAT NO MORE THAN 500 GALLONS PER DAY IS BEING USED.

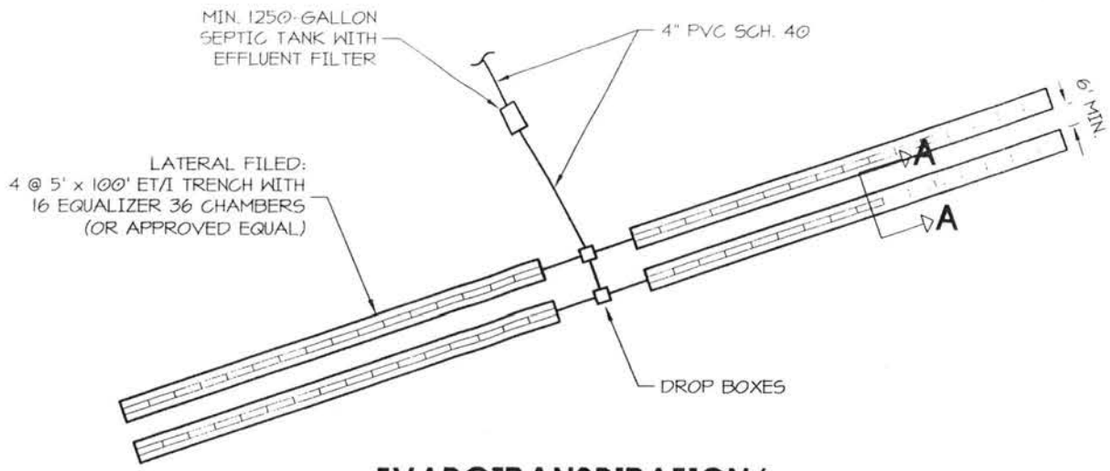
date: 25 SEP 2006
revised

4600 MADDIE STREET
ON-SITE WASTEWATER TREATMENT SYSTEM
WAVERLY, NEBRASKA

project no.
sheet name: SITE PLAN

Design Associates of Lincoln, Inc.
ARCHITECTS • ENGINEERS • PLANNERS
PERSHING SQUARE 1609 'N' STREET LINCOLN NEBRASKA 68508
voice:402.474.3000 designassoc@inebraska.com fax:402.474.4045

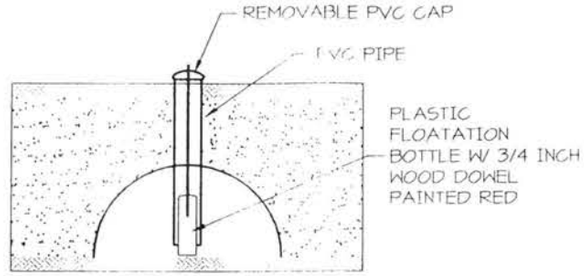
sheet no. 1 OF 2



EVAPOTRANSPIRATION/ INFILTRATION TRENCH PLAN

NOT TO SCALE

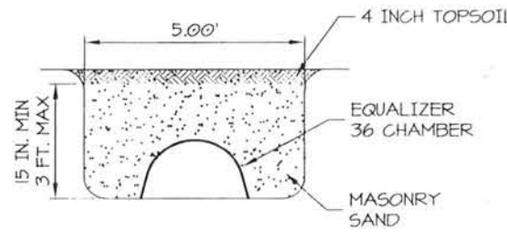




HIGH WATER INDICATOR

NO SCALE

(REQUIRED ON END OF EACH LATERAL)



SECTION A-A

NO SCALE

25 SEP 2006

revised

4600 MADDIE STREET
ON-SITE WASTEWATER TREATMENT SYSTEM
WAVERLY, NEBRASKA

DETAILS

Design Associates of Lincoln, Inc.
ARCHITECTS • ENGINEERS • PLANNERS
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voice:402.474.3000 designassoc@inebraska.com fax:402.474.4045

project no.

sheet name

sheet no. 2 OF 2