Nate C Hartman/Notes
04/23/2008 10:54 AM

To Richard D Faubel/Notes@Notes
cc Mark A Kenne/Notes@Notes, John J Chess/Notes@Notes, Diana G Lane/Notes@Notes
bcc
Subject Permits`

Richard:

I am sending you 2 checks. Mark is working on a way to receipt them. The checks are both for $135 each for the difference in fees from a standard to a non-standard system. Please make a note that check number 1690 is going to be applied to permit number HS000078 and check number 1692 is going to be applied to permit HS000025, I will keep record of the checks up here.

Thanks!!

Nate Hartman C.P.
Environmental Health Specialist I
NPDES Program Specialist
Lincoln-Lancaster County Health Department
(402)-441-8643

HS000025

HOLLY CONTRACTING COMPANY
GARY L HOLLY & PATRICIA L HOLLY
71860 567TH AVE PH. 402-587-0120
FAIRBURY, NE 68352-4018

1690
76-336/1049
BRANCH 82

April 17, 2008
DATE

PAY TO THE ORDER OF Lincoln Lancaster County Health Dept. $ 135.00

One hundred thirty five and no/100 DOLLARS

Farmers and Merchants Bank
Jansen, NE 68377

FOR Crete Lumber Doremus Permit (Caption) Gary J. Holly

⑆104903362⑆ 7005182179 1690

HOLLY CONTRACTING COMPANY
GARY L HOLLY & PATRICIA L HOLLY
71860 567TH AVE PH. 402-587-0120
FAIRBURY, NE 68352-4018

1692
76-336/1049
BRANCH 82

April 17, 2008
DATE

PAY TO THE ORDER OF Lincoln-Lancaster Co. Health Dept. $ 135.00

One hundred thirty five and no/100 DOLLARS

Farmers and Merchants Bank
Jansen, NE 68377

FOR WENDELIN SEPTIC PERMIT Gary J. Holly

⑆104903362⑆ 7005182179 1692

APR 11 2008

Nebraska Department of Environmental Quality

Construction Permit No. 08OWT005

is hereby issued to

Eric Wendelin

for the

On-site Wastewater Treatment System

located at

15380 Bobwhite Trail, Crete, NE 68333
Elsner Lakeside Estates, Block 2, Lot 4
SW ¼, Sec. 17, T8, R5E
Lancaster County

Pursuant to a Delegation Memorandum dated January 12, 1999, and signed by the Director, the undersigned hereby executes this document on behalf of the Director.

Signed March 11, 2008

Patrick W. Rice

Patrick W. Rice, Assistant Director

Suite 400, The Atrium, 1200 "N" Street, P. O. Box 98922, Lincoln, Nebraska, 68509-8922
Phone (402) 471-2186, Fax (402) 471-2909, e-mail Pubinfo@mail.deq.state.ne.us

Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3140 N Street Lincoln, NE 68510-1514

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT

No. HS000025

System Type: STANDARD

Situs: 15380 Bobwhite Trail-Crete

Legal Description: T08N-R05E-S17-LAKESIDE ESTATES 1ST-Blo

Owner: ERIC WENDELIN
629 LINDEN AVE
CRETE NE
68333

Permit Fee:	$305.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$305.00
Issued:	10/22/2007
Expires:	10/21/2008

Bruce D. Dart, PhD, Health Director

On-site Waste System Permit Holder:

The above document is your permit to construct a new On-site Waste Water System at the location listed. Please contact this office once the sytem is complete in order to schedule a final inspection before use.

Bruce D. Dart, PhD
Health Director

ERIC WENDELIN
629 LINDEN AVE
CRETE NE 68333

LLCHD HS000025

A

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

Permit Number: H50000025

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: 2.83 acres

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address 15380 BOB WHITE TR. (no rural route) City CRETE NE, Zip 68333

Legal Description X 17 8 5 EGNORES LAKESIDE ESTATES 1ST 2 4
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 ERIC WINDELIN Signature X Eric Windelin

Address 629 LINDEN AV. City/State/Zip CRETE, NE 68333

☐ Check if owner designed system Home Phone 402-826-5705 Work Phone _____

C. Contractor

Name _____ 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 GARY L. HOLLY Firm HOLLY CONTRACTING CO Work Phone 402-587-0120

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 10-19-07 Date frwd 10-22-07	**ACTION** ☑ Approved ☐ Disapproved Signature Jim Mennel	
2. **Supt. Bldg. Insp. or Village Clerk**	Date rec'd 10-19-07 Date frwd 10-19-07	**ACTION** ☒ Approved ☐ Disapproved Signature _____	
3. **City or County Engineer**	Date rec'd 10-22-07 Date frwd 10-22-07	**ACTION** ☒ Approved ☐ Disapproved Signature Jim Dougherty	

Installation Final Written Approval

By _____

Date _____

Business Office Use Only

Date Rec'd _____

Amt Paid _____

Rec'd By _____ Cash/Check No. _____

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

10-23-2007 11:59:13

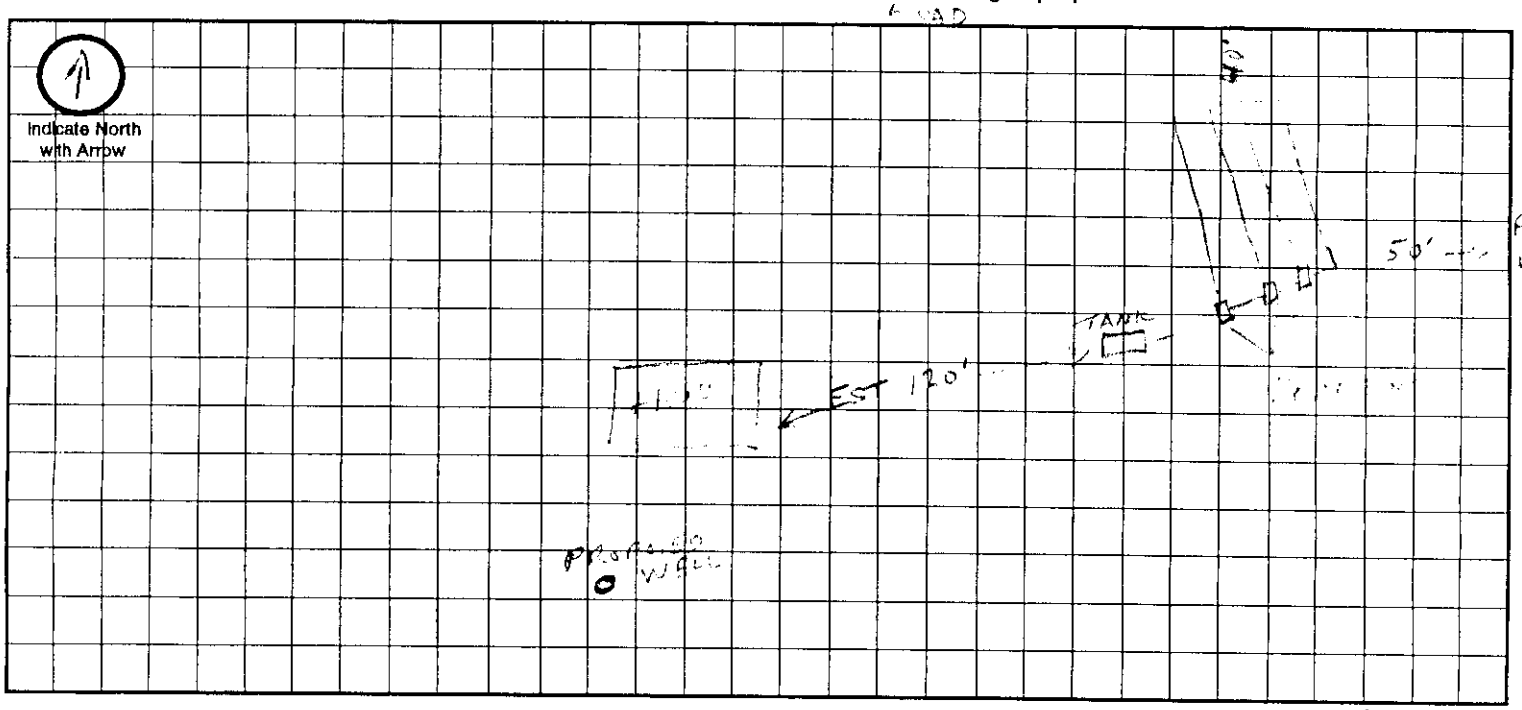
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: H9060025

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) 15380 Bobwhite Ln. City Crete NE, Zip 68333

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☒ Plastic ☐ Other _____

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

Percolation Rate 45 (min. per inch) Soil Type: Silty Land Slope: 5 %

Type of Absorption System: ☒ Trench ☐ Bed ☐ Other Gravelless Chambers

Total Square Feet of Field Required: 1320 sq. ft.

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

Capacity of Septic Tank 1500 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 330 ft. Number of Trenches 4 Trench Width 36"

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 X _____ Date 10/10/07

Installer Gary L Holly, Holly Contracting Co. Date 100807

FORM 23-102 10-96

10-23-2007 11:59:16

B

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

Permit Number: HS000025

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 15380 BOBWHITE TRAIL (no rural route) City CRETE NE, Zip 68333

Owner ERIC WENDELIN Addresss 624 LINDEN AV. CRETE, NE 68333

Soil Type (SCS): BURCHARD CLAY LOAM & SILTY TAN Percolation Rate: 49 min./inch

Date of Tests 07 20 07 to 07 21 07 Weather: Precipitation NONE Temperature 80's

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			Water Level Drop (in) LAST 30 MIN	
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)		Percolation Rates (Min/in)
1	36	0720	11 15	0721	0645	0721	0645	6	0721	1115	30	.5	50
2								6		1117	30	.8	37.5
3								6		1118	30	.75	40
4								6		1120	30	.7	43
5								6		1122	30	.6	50
6								6		1123	30	.6	50
7								6		1125	30	.75	40
8								6		1127	30	.75	40

Sum of Percolation Rates: 372.5

Average of Rates: 42.5

Rate Used for Calculation: 45

Person Conducting Percolation Tests

Name: GARY L. HOLLY, HOLLY CONTRACTING CO.

Phone: 402-587-0120

Address 71860-567 AV, FAIRBURY, NE 68352

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

LLCHD HS000025

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

OCT 10 2007

A

Permit Number: HS000027

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 6931 W. Remington Dr. 3.17 acres

A. System Location (Indicate correct number and street)

Address TBD W. Remington (no rural route) City Lincoln NE, Zip 68522

Legal Description 1/4 36 1/4 10 Section 5 Township W. Van Dorn Heights Range Subdivision Addition 3 Block 5 Lot

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name Aspen Builders Signature _____

Address 1640 Normandy Ct. Ste A City/State/Zip Lincoln NE 68512

☐ Check if owner designed system Home Phone _____ Work Phone 423-6811

C. Contractor

Name Bob Benes Company Name Aspen Builders

Address 1640 Normandy Ct. Ste. A City/State/Zip Lincoln NE 68512

☒ Check if contractor designed system Work Phone 423-6811

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 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 10/15/07 Date frwd 10/15/07	ACTION ☐ Approved ☐ Disapproved Signature _____	
2. Supt. Bldg. Insp. or Village Clerk	Date rec'd 10-19-07 Date frwd 10-19-07	ACTION ☒ Approved ☐ Disapproved Signature _____	
3. City or County Engineer	Date rec'd 10-22-07 Date frwd _____	ACTION ☒ Approved ☐ Disapproved Signature _____	

Installation Final Written Approval

By _____

Date _____

Business Office Use Only

Date Rec'd _____

Amt Paid _____

Rec'd By _____ Cash/Check No. _____

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

10-23-2007 12: 1:38

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

B

Permit Number: HS000027

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address TBD W. Remington (no rural route) City Lincoln NE, Zip 68522

Owner Aspen Builders Addresss 1640 Normandy Ct. Lincoln NE 68522

Soil Type (SCS): ShC, WfC2 Percolation Rate: _____ min./inch

Date of Tests 9-27 to 9-28 Weather: Precipitation sunny 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	9-27	1 PM	9-28	9:30AM	9-28	9:35	17"	9-28	10:05	30	1 3/8"	21
2							9:36	16 1/2"		:06		1 1/8"	26.6
3							9:38	20"		:08		1 "/4"	24
4							9:40	14"		:10		1 5/8"	18.5
5							9:42	15 1/2"		:12		1 1/8"	26.6
6							9:45	19"		:15		1 5/8"	18.5

Sum of Percolation Rates: 135

Average of Rates: 22.5

Rate Used for Calculation: 21-30

Person Conducting Percolation Tests

Name: Bob Benes

Phone: 416-4660

Address: 1640 Normandy Ct

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

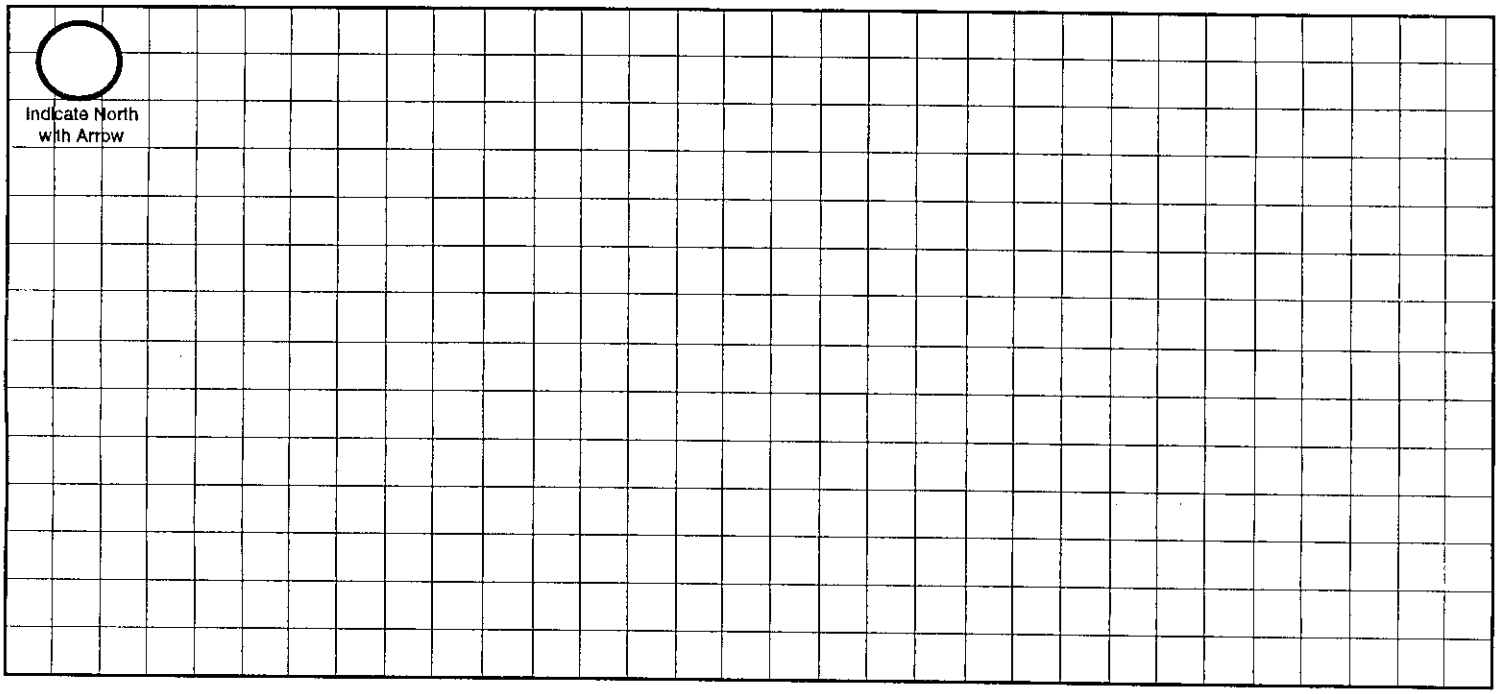
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: HS000027

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) TBD W. Remington City Lincoln NE, Zip 68522

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☒ Plastic ☐ Other _____

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

Percolation Rate 22.5 (min. per inch) Soil Type: ShC, WtC 2 Land Slope: _____ %

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

Total Square Feet of Field Required: 1000 sq. ft.

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

Capacity of Septic Tank 1500 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 250 ft. Number of Trenches 3 Trench Width 3'

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

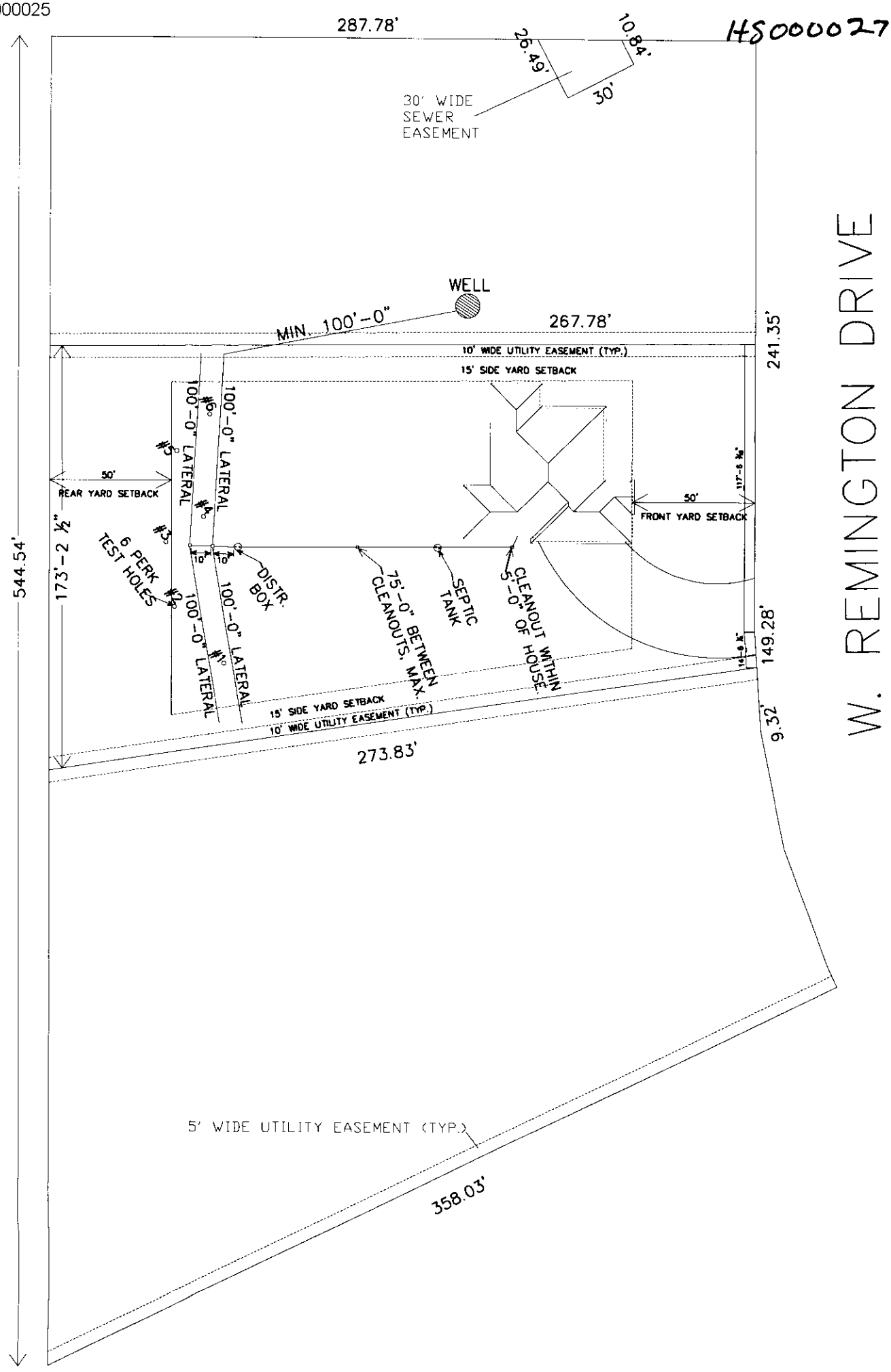
Home Building Contractor _____ Date 10-5-07

Installer _____ Date _____

FORM 23-102 10-96

LLCHD HS000025

HS000027



10-23-2007 12: 1:49

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street
Lincoln, NE 68510-1514
(402) 441-8022

APPLICATION
Site Clearance and Permit for
Individual Water Well
Permit No. HS000025

INSTRUCTIONS: *REVIEW this application. Write in any missing or incorrect information in the space provided. If there are any questions, contact the Environmental Health Water Program at (402) 441-8030. Please make a photocopy for your records.*

The undersigned hereby requests approval for site celearance and a permit to construct a new water well at this location within the **STANDARD**limits of Lincoln, Nebraska:

1. Well Site Address: 15380 Bobwhite Trail-Crete

2. Legal Description: Township: 08N Range: 05E Section: 17 1/4 Section:
Subdivision: LAKESIDE ESTATES 1ST Block: 2 Lot: 4

3. Parcel ID:

4. Well Use: ? Domestic (Residential) ? Commercial
? Irrigation ? Heat Pump
Other: ??

5. Sewage Permit Applied for: ??

6. Address has City Water connection: ?

7. Applicant:
ERIC WENDELIN

629 LINDEN AVE
CRETE NE

68333

Phone:
FAX #:
email:

8. Owner:
ERIC WENDELIN

629 LINDEN AVE
CRETE NE

68333

402-826-5705

_____ ___/___/____
9. Applicant Signature Date

_____ ___/___/___
10. Owner Signature Date

Please submit Permit Fee with this request. **(Fee must be included before application is proccessed. Incomplete information will delay processing)**

Permit Fee: $305.00
Total Amount Due: **$305.00**

Make Checks Payable to LLCHD.

Legal notices for this permit are mailed to:

ERIC WENDELIN
629 LINDEN AVE
CRETE NE 68333

APD Number: **HS000025**

FOR OFFICE USE ONLY	
Rec'd By _____	Date _____
Amt $ _____	Check # _____
Posted By _____	Date _____
HOLD _____	ISSUED _____
Permit Printed By _____	Date _____
Permit Mailed By _____	Date _____
Application Complete and Verified By _____	Date _____
Scanned By _____	Date _____

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

SCANNED

A

Permit Number: H5000025

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: 2.83 acres

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address 15380 BOB WHITE TR. (no rural route) City CRETE ESNORES NE, Zip 68333

Legal Description X 1/4 1/4 17 Section 8 Township 5 Range LAKESIDE ESTATES Subdivision 1ST Addition 2 Block 4 Lot

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name ERIC WENDELIN Signature X Eric Wendelin

Address 629 LINDEN AV. City/State/Zip CRETE, NE. 68333

☐ Check if owner designed system Home Phone 402-826-5705 Work Phone _____

C. Contractor

Name _____ 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 GARY L. HOLLY Firm HOLLY CONTRACTING CO Work Phone 402-587-0120

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 10-19-07 Date frwd 10-22-07 ACTION ☑ Approved ☐ Disapproved Signature Jim Nemer
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 10-19-07 Date frwd 10-19-07 ACTION ☒ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 10-22-07 Date frwd 10-22-07 ACTION ☒ Approved ☐ Disapproved Signature Jim Rounds

Installation Final Written Approval

By Doug Ruhl

Date 9/4/08

Business Office Use Only

Date Rec'd 4-23-08

Amt Paid $135.00

Rec'd By MF Cash/Check No. 1690

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

A

Permit Number: H5000025

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: 2.83 acres

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address 15380 BOB WHITE TR. (no rural route) City CRETE NE, Zip 68333

X Legal Description 17 8 5 LAKESIDE ESTATES 1ST 2 4
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 ERIC WENDELIN Signature X Eric Wendelin

Address 629 LINDEN AV. City/State/Zip CRETE, NE. 68333

☐ Check if owner designed system Home Phone 402-826-5705 Work Phone _____

C. Contractor

Name _____ 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 GARY L. HOLLY Firm HOLLY CONTRACTING CO Work Phone 402-587-0120

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 _____ Date frwd _____ **ACTION** ☐ Approved ☐ Disapproved Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd _____ Date frwd _____ **ACTION** ☐ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd _____ Date frwd _____ **ACTION** ☐ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By _____

Date _____

Business Office Use Only

Date Rec'd 10/15/07

Amt Paid 305.00

Rec'd By LS Cash/Check No. 2454

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

HOLLY
CONTRACTING COMPANY

Gary L. Holly
71860 567th Ave. Fairbury, Ne. 68352
402-587-0120

ON-SITE WASTEWATER TREATMENT SYSTEM	SOIL ABSORPTION DATA REPORT	PROPERTY ADDRESS 15380 BOBWHITE TRAIL CRETE, NE. 68333

SOIL TEST PROPERTY

OWNER ADDRESS ERIC WENDELIN	PROPERTY LOCATION LAKE SIDE ESTATES 1ST ADDITION BLK 2 LOT. 4
629 LINDEN AV.	LEGAL DESCRIPTION
CRETE, NE 68333	GPS N40° 39' 35.5" W096° 53' 20.4"
PHONE NO. 402-826-5705 HOME 418-0328 CELL	
PROPERTY ACRES	TEST DATES DEC 4
SOIL TYPE CLAY LOAM BURCHARD	WEATHER 30°-50° PARTLY CLOUDY

PERCOLATION TEST DATA

DATE PRE-SATURATION PERIOD START NOV 29 END DEC 4

PERCOLATION READINGS DATE DEC 4 2007

HOLE NO.	HOLE DEPTH	HOLE DIA.	START TIME	END TIME	GAL. USED	TIMES (HOLES FILLED TO 6" LEVEL EACH READING) 1045	1115	1145	1215	1245	1315	1345	1415	1445	1515	PERC-END RESULT MIN/INCH
1	32"	8"				.25	.25	.125	.125	.125	.125	.125	.125	.125	.125	240 MIN/IN
2	↓	↓				.4	.4	.4	.375	.375	.375	.375	.375	.375	.375	80
3						.375	.375	.375	.375	.375	.375	.375	.375	.375	.375	80
4						.7	.6	.6	.6	.6	.6	.6	.6	.6	.6	50
5						.7	.7	.7	.7	.7	.7	.7	.7	.7	.7	43
6						.75	.75	.7	.6	.6	.6	.6	.6	.6	.6	50
7						.25	.25	.25	.25	.25	.25	.25	.25	.25	.25	120
8						.5	.5	.5	.5	.5	.5	.5	.5	.5	.5	60
9						.5	.5	.4	.4	.4	.4	.4	.4	.4	.4	75
10						.6	.6	.5	.5	.5	.5	.5	.5	.5	.5	60
11	↓	↓				.75	.75	.6	.6	.6	.5	.5	.5	.5	.5	60
12																
13																
14																
15																

DROP IN INCHES

TEST CONDUCTED BY: GARY L. HOLLY — SUM OF RATES 918

NDEQ LICENSE NO: C-1650 — AVERAGE OF RATES 83 MIN/IN.

ABSORPTION FIELD DRAWING: DRAWING ON NEXT PAGE ON SOIL REPORT

PRESOAK HOLES FILLED TO 12" FROM BOTTOM ON NOV 29, 30 + DEC. 3RD RAIN + SNOW ON DEC. 1+2, I DIDN'T GO TO JOB SITE.

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

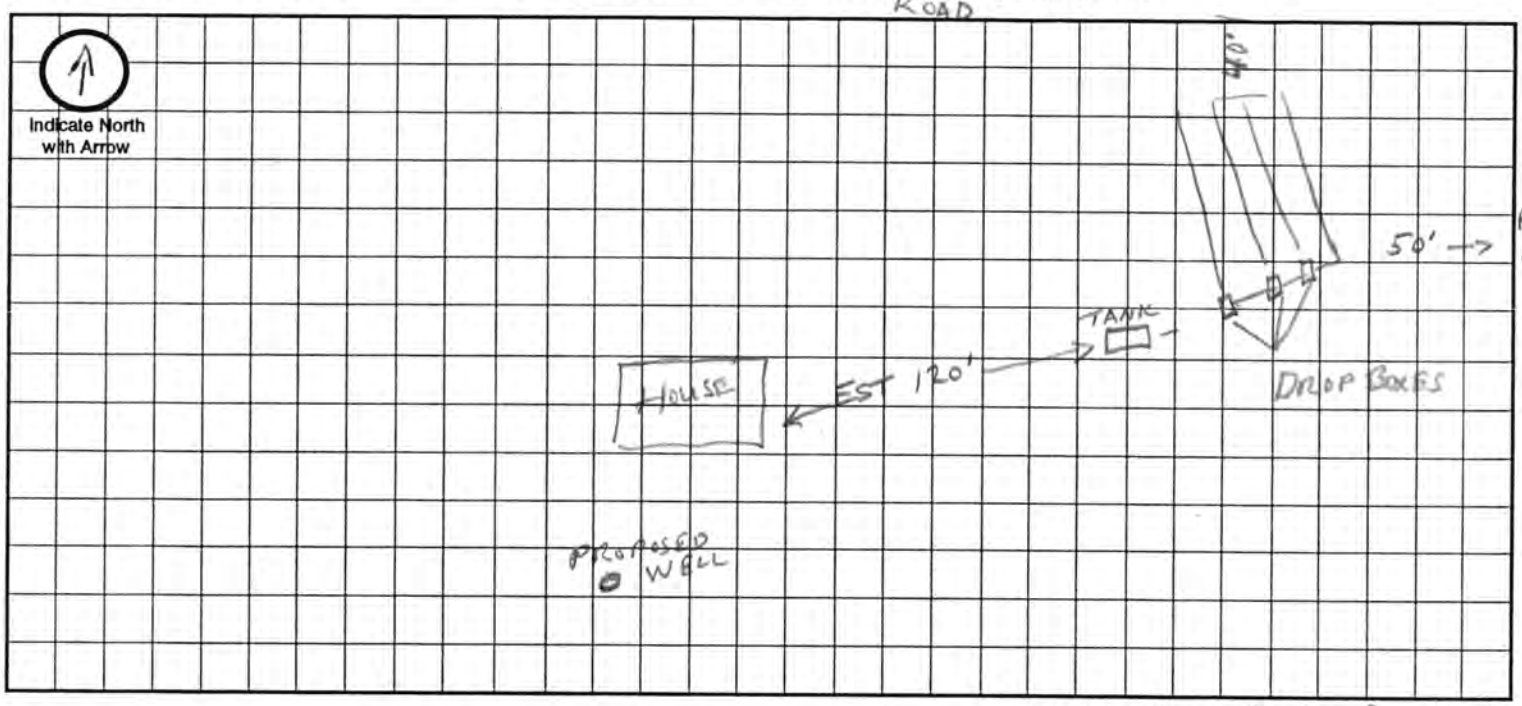
SCANNED

C

Permit Number: HS 060025

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: 0 ft. = 0 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 15380 BOBWHITE TR. City CRETE NE, Zip 68333

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☒ Plastic ☐ Other _____

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

Percolation Rate 45 (min. per inch) Soil Type: SILTY Land Slope: 5 %

Type of Absorption System: ☒ Trench ☐ Bed ☐ Other GRAVELLESS CHAMBERS

Total Square Feet of Field Required: 1320 sq. ft.

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

Capacity of Septic Tank 1500 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 330 ft. Number of Trenches 4 Trench Width 36"

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 X _____ Date X 10/10/07

Installer Gary L. Holly, Holly Contracting Co. Date 100807

FORM 23-102 10-96

HOLLY CONTRACTING CO.
71860 567 Ave.
Fairbury, NE 68352

D

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

Permit Number: HS000025

NDEQ CONSTRUCTION PERMIT # 080WT 00

Sewage Disposal System
As Built Plans & Specifications

Date SEPT. 15, 2008 ERIC WENDELIN

System Location (Indicate correct number and street)
Address 15380 BOBWHITE TRAIL (no rural route) City CRETE NE, Zip 68333

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: PLASTIC
   Number of compartments: 1
2. Capacity: 1500 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 24 in.
   Over outlet, diameter 24 in.
   Riser: ☒ above ☐ below grade 2 in.
5. Inlet: ☐ baffle ☒ tee
6. Outlet: ☐ baffle ☒ tee
7. Depth to top of tank, below unfinished grade: 24 in.
8. Distances to: Well or suction line 150+ ft.
   Stream NA ft.
   Pressure line 100+ ft.
   Property line 70 ft.

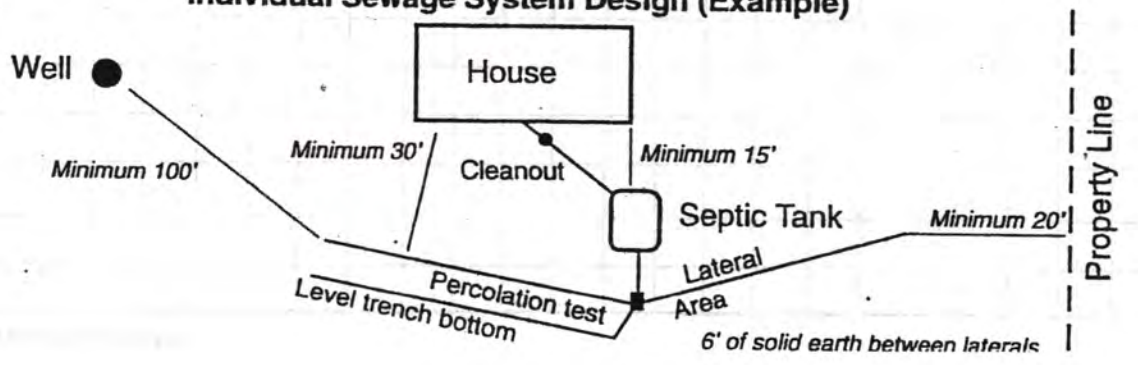
C. Distribution Box
1. Material: PLASTIC 3 BOXES
   Number available outlets: 3
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 14 ft.

D. Absorption Field
(Provide as-built drawings on back of this form)
1. Type: ☐ Half rounds ☐ Perforated pipe ☒ GRAVELLESS CHAMBERS
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 4
   Length of each line: 140 ft. 140 ft.
   130 ft. 90 ft., _____ ft.
3. Trench dimensions: Width 5 ft.
   Slope 0 in/100 ft.
   Average depth 24 in
4. Filter material: MASONARY SAND
   Depth of material 20 in.
5. Distances to: Well or suction line 150+ ft.
   Stream NA ft.
   Pressure line 100+ ft.
   Property line 25 ft.

Indicate North with Arrow

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

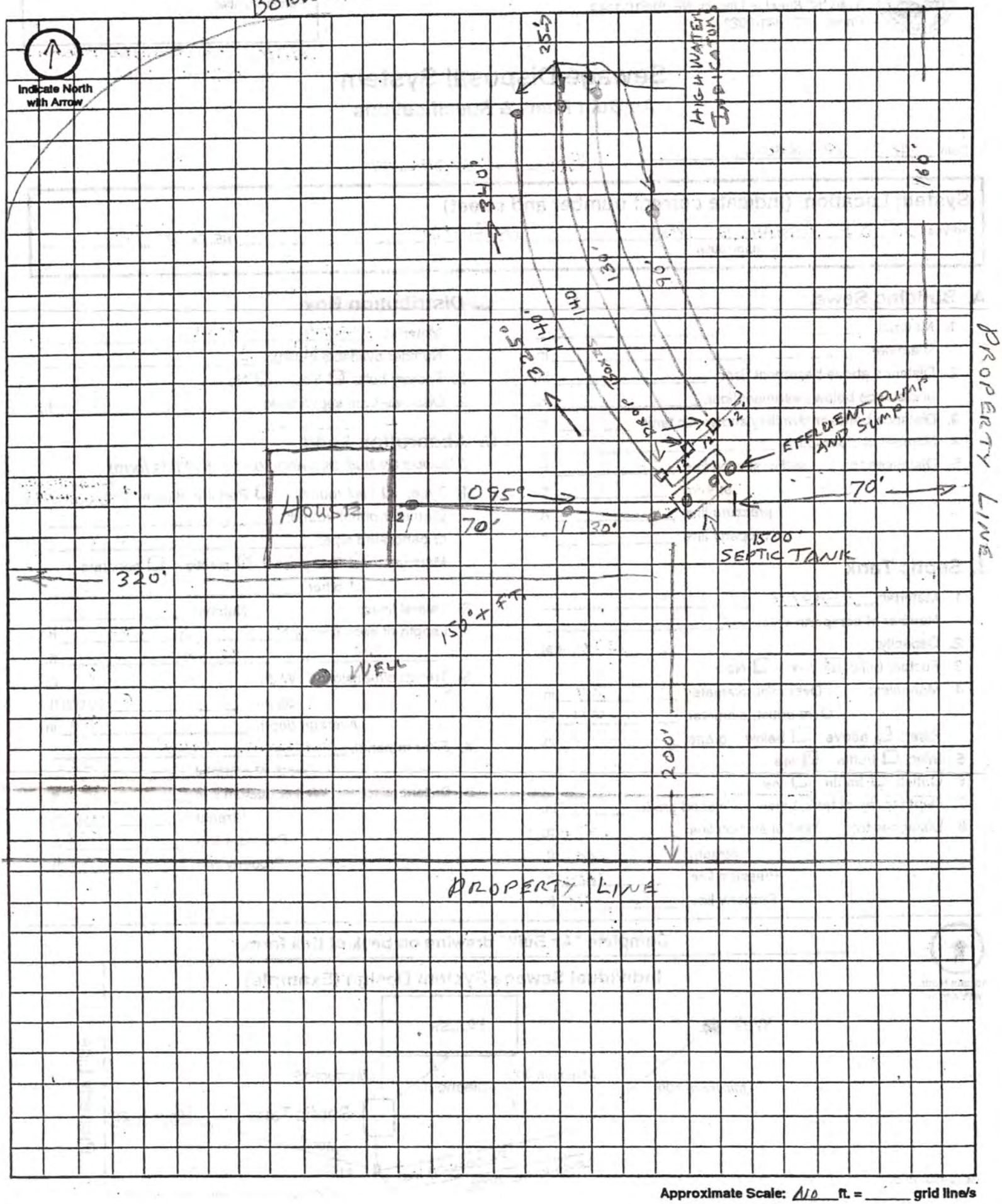
Individual Sewage System Design (Example)



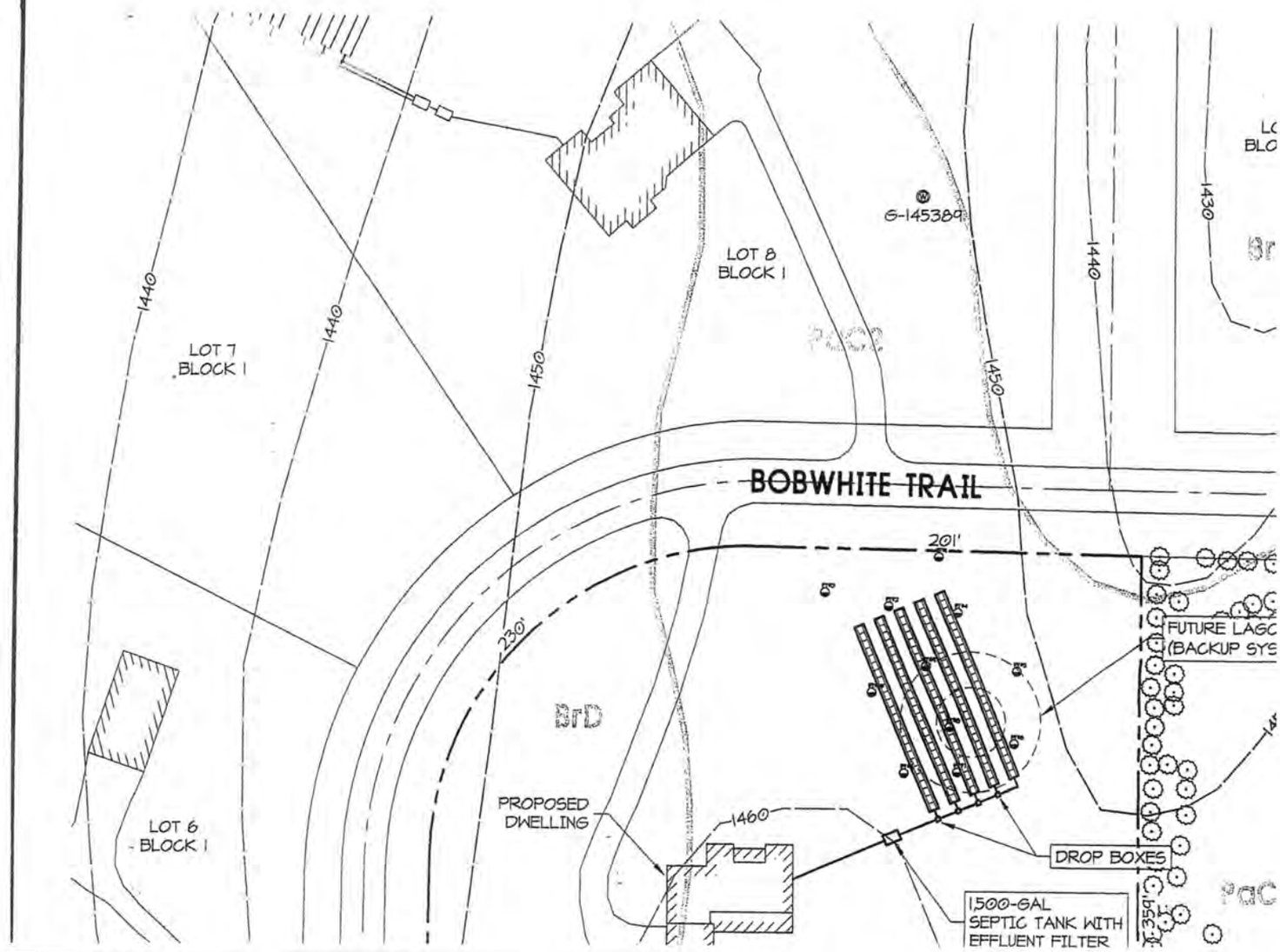
FORM 23-103 10-96

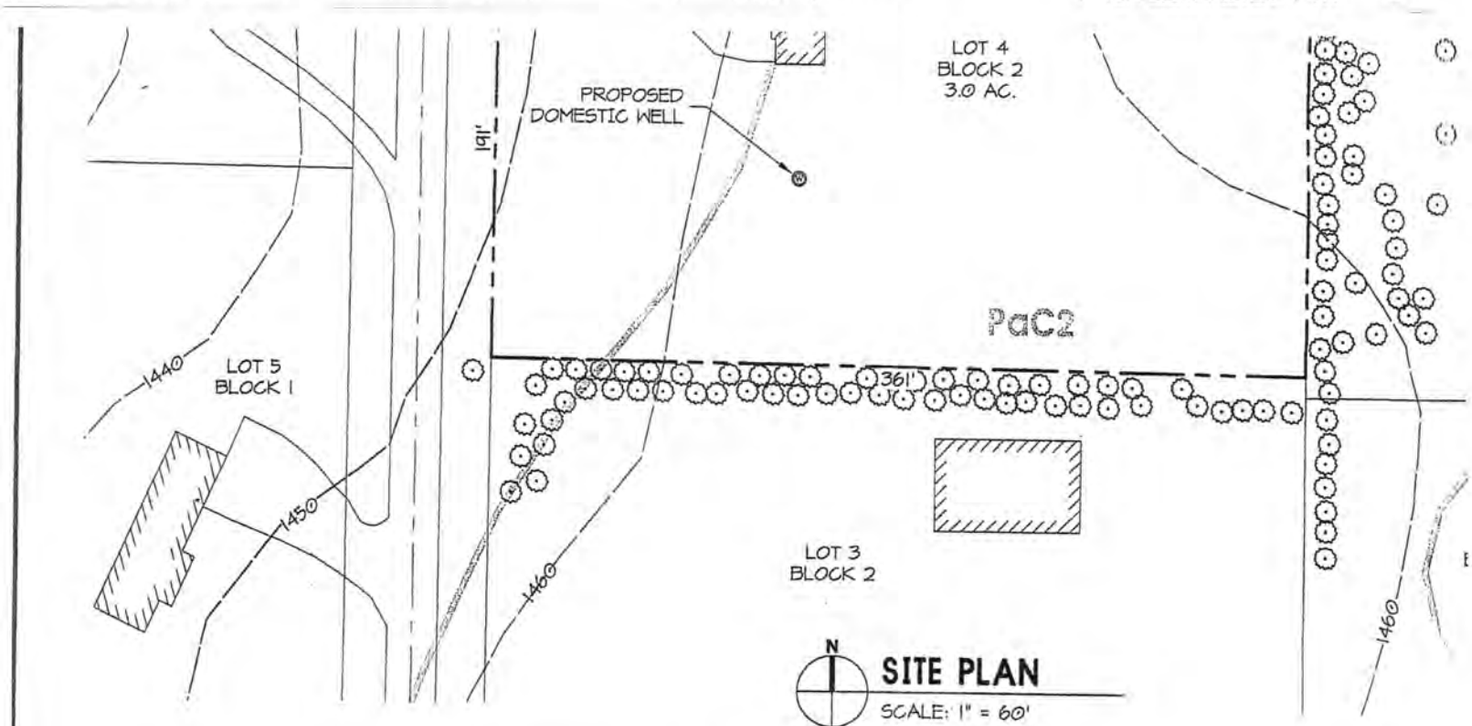
DESIGN BY DESIGN ASSOCIATES OF LINCOLN

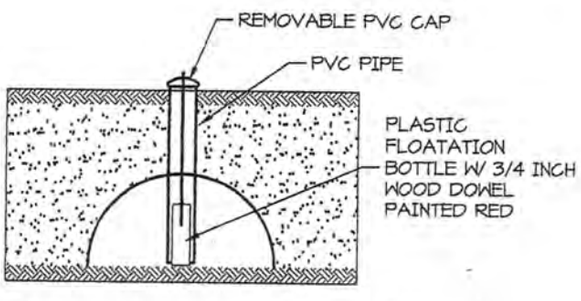
As Built Drawing



Approximate Scale: 10 ft. = _____ grid line/s

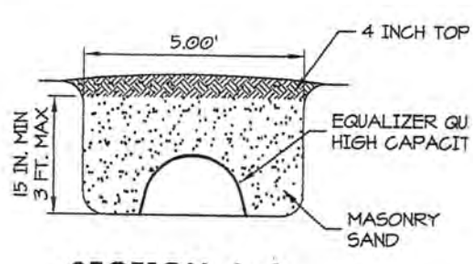






HIGH WATER INDICATOR

NO SCALE



SECTION A-A

NO SCALE

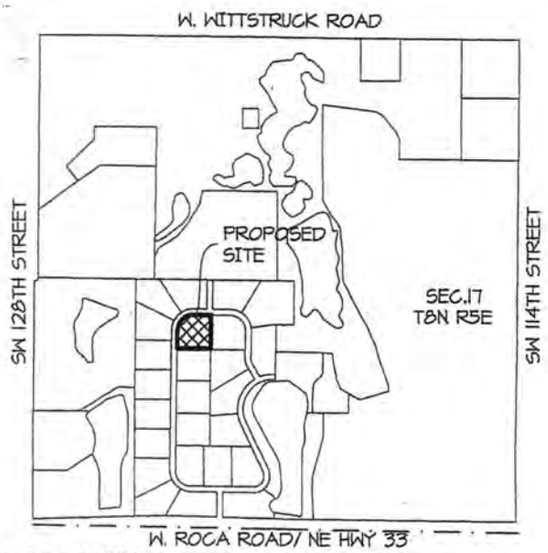
DIAL BEFORE YOU DIG

DIAL BEFORE YOU DIG. CALL 1-800-331-5666 FOR LOCATION OF UNDERGROUND TELEPHONE, ELECTRIC, GAS MAINS, CABLE TELEVISION, AND CITY UTILITIES.

LEGAL DESCRIPTION:

LOT 4, BLOCK 2
ELSNER LAKESIDE ESTATES 1ST ADDITION

SW 1/4 SEC. 17 T8N R5E
LANCASTER COUNTY, NEBRASKA



VICINITY MAP

NOT TO SCALE

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".

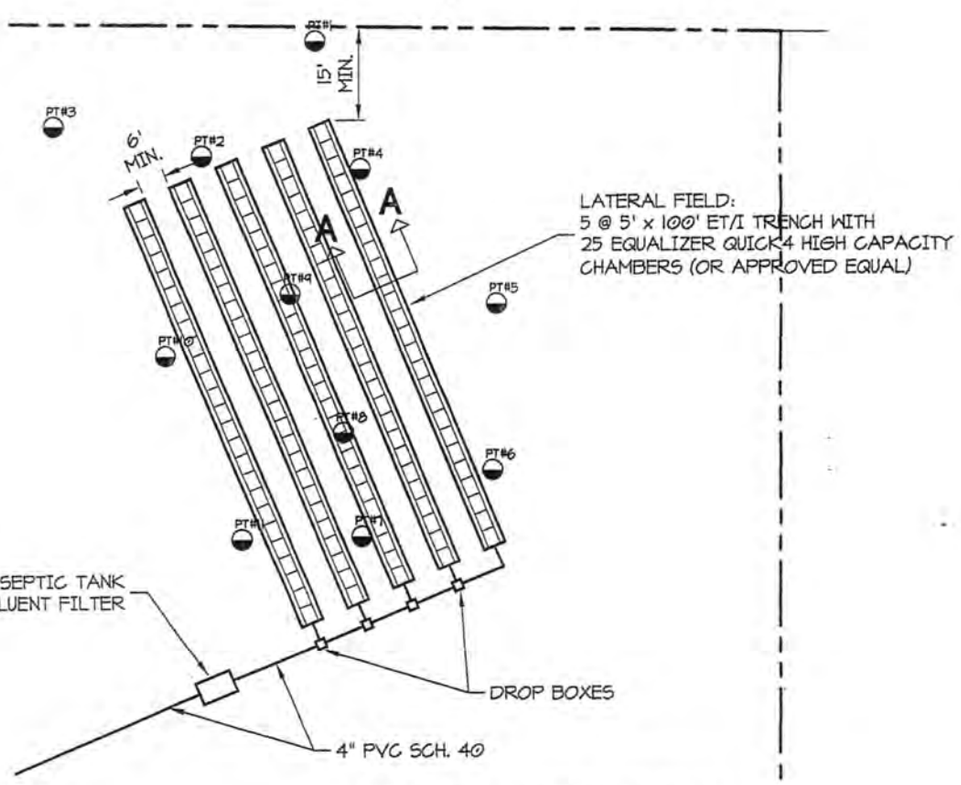
5. IT IS RECOMMENDED THAT A WATER METER BE INSTALLED ON THE WATER SUPPLY LINE SO THAT THE OWNER CAN MONITOR WATER USAGE AND ENSURE THAT NO MORE THAN 500 GALLONS PER DAY IS BEING USED.

RECEIVED
FEB 27 2008
Nebraska Department of Environmental Quality

PROFESSIONAL CIVIL ENGINEER
JEREMY J. WILLIAMS
E-10521
STATE OF NEBRASKA
2/26/08

Pollution Control Project
Ø80WTØØ5 P+B

DEQ
MAR 11 2008



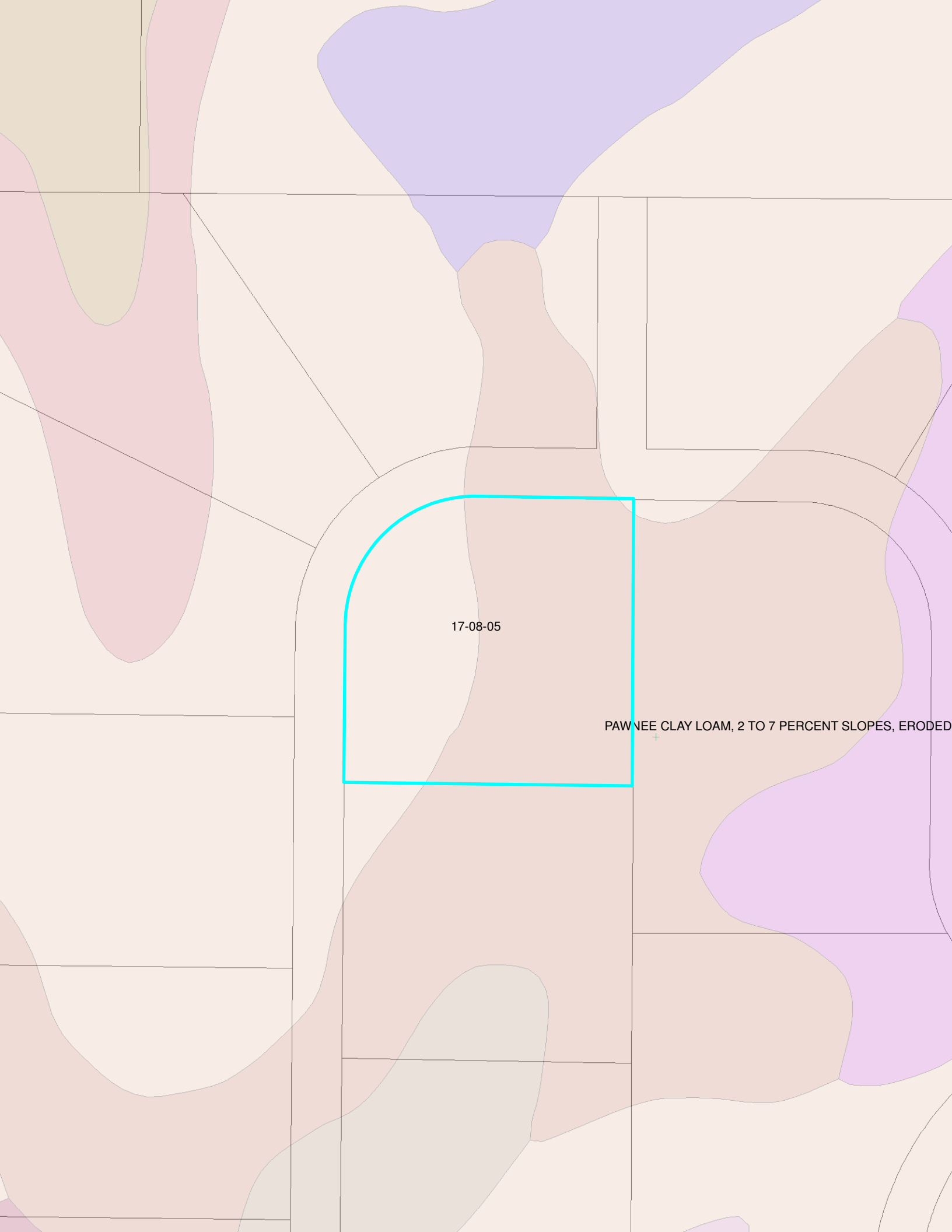
EVAPOTRANSPIRATION/ INFILTRATION TRENCH PLAN

SCALE: 1" = 30'

380 BOBWHITE TRAIL

Design Associates

date: 26 FE
revised:
project no:


17-08-05
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED