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. HS000214

System Type:	STANDARD
Situs:	99999 **NO SITUS** ST L
Legal Description:	T12N-R08E-S02-Lot 18
Owner:	WELLING, PETER B & JILL A 319 S 54 ST LINCOLN NE 68510

Permit Fee:	$315.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$315.00
Issued:	04/28/2009
Expires:	04/28/2010

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

REINHOLD CONTRACTING INC
1045 W Q STREET
LINCOLN NE 68528

LLCHD HS000214

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

A

Permit Number: HS000214

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 17400 LITTLE SALT RD City WAVERLY NE, Zip 68462
(no rural route)

X Legal Description That part of Lot 10, irregular tract located in south half of the Southeast Quarter of Sect. 2 (see attached)
1/4 1/4 Section Township Range Subdivision Addition Block Lot

Geographical Location (if known): Longitude 096° 29' 09.4" Latitude 41° 01' 58.8"

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

B. Owner

Name PETE WELLING Signature X

Address 319 So. 54TH ST. City/State/Zip LINCOLN, NE. 68510

☐ Check if owner designed system Home Phone 402 486 4419 Work Phone

C. Contractor

Name GARY L. HOLLY Company Name HOLLY CONTRACTING CO.

Address 71860 -567 AV City/State/Zip FAIRBURY, NE. 68352

☒ Check if contractor designed system Work Phone 402-587-0120

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 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 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

Amt Paid

Rec'd By Cash/Check No.

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

4-27-2009 11: 6: 3

Site Clearance Map: HS000214



0 195 390 780 Feet

April 27, 2009

Source M:\records

Legend

- PID
- PID
- ARCIMS_BUFFER_3MILE_02032009
- Lincoln
- streets arc
- Proposed On-site System Location
- ARCIMS.FLOODPRONE
- **flood polygon**
- **POLY-CODE**
- 100 year
- Flood Plain
- 500 year

N W E S

LINCOLN LANCASTER COUNTY HEALTH DEPARTMENT

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

A

Permit Number: HS000214

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A. System Location (Indicate correct number and street)

Address 17400 LITTLE SALT RD City WAVERLY NE, Zip 68462

Legal Descr. Lot 18 IT (no rural route)
T12N R8E sec 2
Legal Description ~~That part of Lot 10, irregular tract located in south half of the Southeast Quarter of Sect. 2~~ (see attached)

1/4	1/4	Section	Township	Range	Subdivision	Addition	Block	Lot

Geographical Location (if known): Longitude 096° 29' 09.4" Latitude 41° 01' 58.8"

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

B. Owner

Name PETE WELLING Signature X [signature]

Address 319 So. 54TH ST. City/State/Zip LINCOLN, NE. 68510

☐ Check if owner designed system Home Phone 402 486 4419 Work Phone

C. Contractor

Name GARY L. HOLLY Company Name HOLLY CONTRACTING CO.

Address 71860 -567 AV City/State/Zip FAIRBURY, NE. 68352

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DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☒ County Resolution No. 2832

1. **Health Department** Date rec'd 4/27/2009 Date frwd 4/27/2009 ACTION ☒ Approved ☐ Disapproved Signature [signature]
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd Date frwd ACTION ☒ Approved ☐ Disapproved Signature Todd Stalter
3. **City or County Engineer** Date rec'd 4/27/09 Date frwd 4/27/09 ACTION ☒ Approved * ☐ Disapproved Signature [signature]

* System must be outside 100 yr flood plain. 6/23/09 - tank + partial on line O.K.

Installation Final Written Approval

By [signature]

Date 7/15/09

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

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

B

Permit Number:

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 17400 LITTLE SALT RD (no rural route) City WAVERLY NE, Zip 68462

Owner PETE WELLING Addresss 319 So. 54th ST.

Soil Type (SCS): SILTY, SL, SANDY SOIL Percolation Rate: 18.57 min./inch

Date of Tests 04/509 to 041509 Weather: Precipitation EARLY MORN SPINKLES 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	0415	0830	0415	1230	0415	1245	6	0415	1645	30	1.75	17.14
2	36	"	"	"	"	"	1246	"	"	1646	"	1.5	20
3	36	"	"	"	"	"	1248	"	"	1648	"	1.75	17.14
4	36	"	"	"	"	"	1249	"	"	1649	"	1.5	20
5	36	"	"	"	"	"	1251	"	"	1651	"	1.5	20
6	36	"	"	"	"	"	1252	"	"	1652	"	1.75	17.14
7	36	"	"	"	"	"	1253	"	"	1653	"	1.75	17.14
8	36	↓	↓	↓	↓	↓	1254	↓	↓	1654	↓	1.5	20

Sum of Percolation Rates: 148.56
Average of Rates: 18.57
Rate Used for Calculation: 20

Person Conducting Percolation Tests

Name: GARY L. HOLLY
Phone: 402-587-0120
Address 71860-567AV.
FAIRBURY, NE 68352

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

FORM 23-101 10-96

PETE WELLING

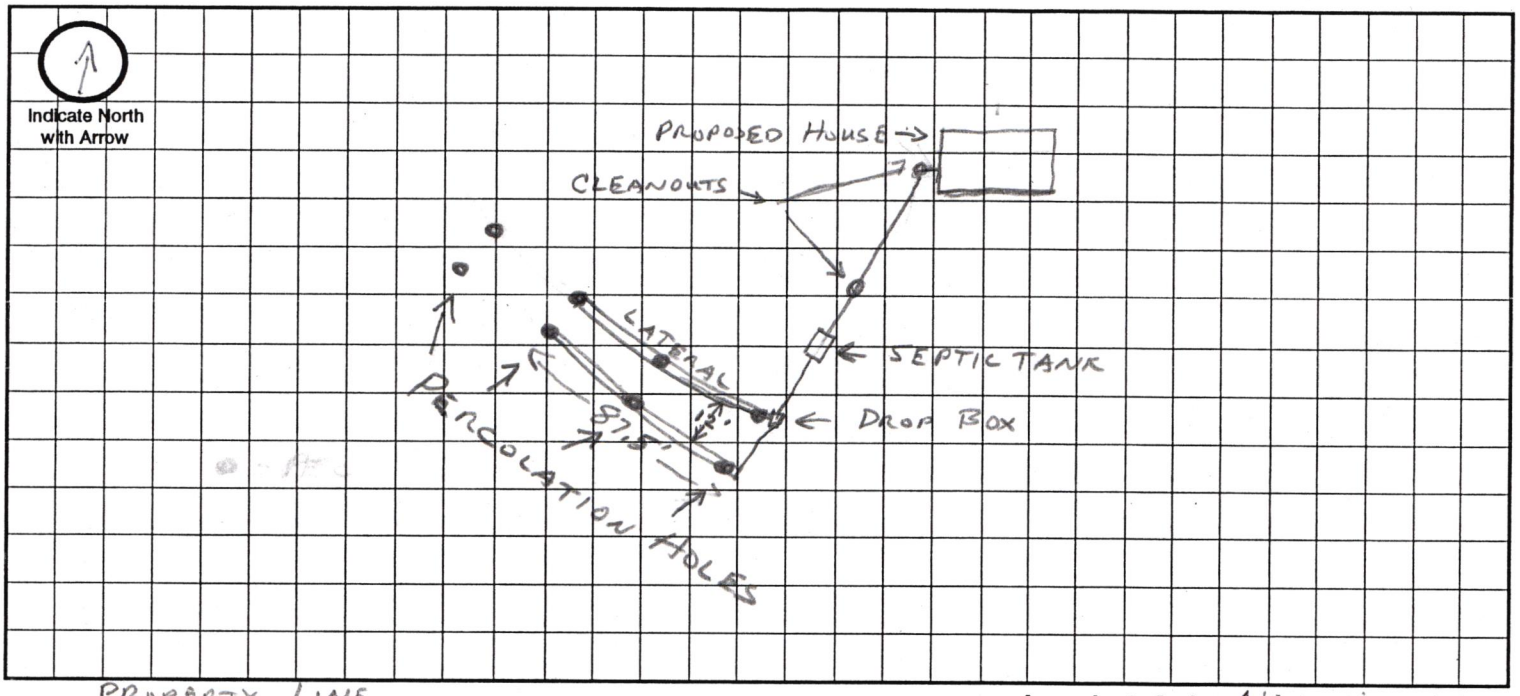
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number:

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: No ft. = _____ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 17400 LITTLE SALT RD City WAVERLY NE, Zip 68462

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☒ Plastic ☐ Other _____

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

Percolation Rate 20 (min. per inch) Soil Type: SILTY SL. SANDY Land Slope: 5 %

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

Total Square Feet of Field Required: 630 sq. ft.

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

Capacity of Septic Tank 1050 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 175 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 X Pete Welling Date X 4-22-09

Installer Gary J Holly, HOLLY CONTRACTING CO. Date 042209

FORM 23-102 10-96

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

JUL 14 2009

D

Permit Number:

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

Sewage Disposal System
As Built Plans & Specifications

PETE WELLING
4 BEDROOM HOME

Date JULY 13, 2009

System Location (Indicate correct number and street)

Address 17400 LITTLE SALT RD. (no rural route) City WAVERLY NE, Zip 68462

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: 1250 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 20 in.
   Over outlet, diameter 20 in.
   Riser: ☒ above ☐ below grade 2 in.
5. Inlet: ☐ baffle ☒ tee
6. Outlet: ☐ baffle ☒ tee
7. Depth to top of tank, below unfinished grade: 12 in.
8. Distances to: Well or suction line 240+ ft.
   Stream 400+ ft.
   Pressure line 200 ft.
   Property line 200+ ft.

C. ~~Distribution Box~~ DROP BOX

1. Material: PLASTIC
   Number available outlets: 3
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 6 ft.

D. Absorption Field

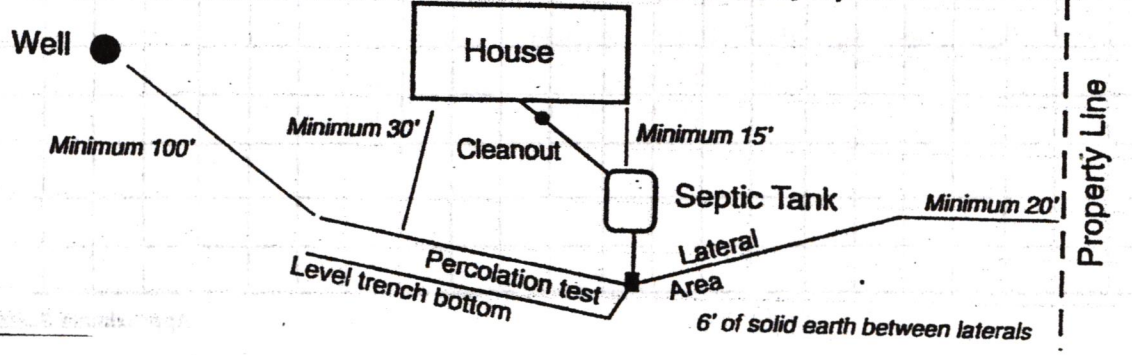
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe ☒ GRAVELESS CHAMBERS
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 2
   Length of each line: 112.5 ft. 100 ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 36" ft.
   Slope 10' in/100 ft.
   Average depth 32" in
4. Filter material: NATURAL
   Depth of material 32 in.
5. Distances to: Well or suction line 260' ft.
   Stream 300+ ft.
   Pressure line 200+ ft.
   Property line 150 ft.

Indicate North with Arrow

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

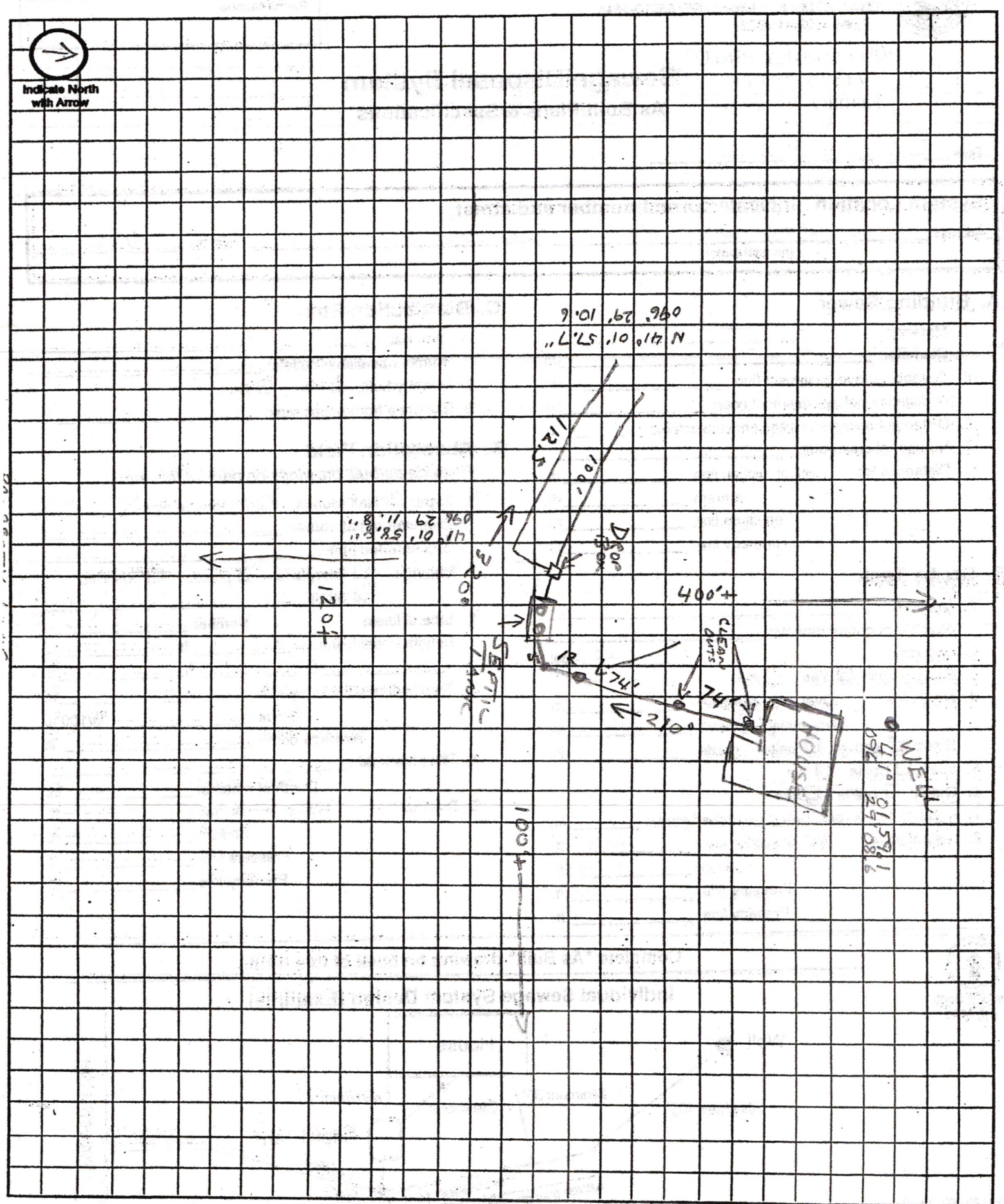
Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing

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



Approximate Scale: 0 ft. = 0 grid line/s