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. HS000302

System Type: STANDARD

Situs: T9N, R5E, SEC 13, OUTLOT E

Legal Description: T09N-R05E-S13-Lot E

Owner:

Permit Fee:	$325.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$325.00

Issued:	10/23/2009
Expires:	10/23/2010

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

DANA WOLFE
6430 WINDING RIDGE CIR
LINCOLN NE 68512

LLCHD HS000302

OCT 20 2009

A

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

Permit Number: HS000302

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 x address (SW 84th & Pinnacle) City Denton NE, Zip

(no rural route)

Legal Description x 03-13-202-004-000
1/4 1/4 Section Township Range Subdivision Addition Block Lot

Geographical Location (if known): Longitude 096° 48' 08.7 Latitude N40° 44' 58.6"

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

B. Owner

Name DANA + PAM WOLFE Signature x Pam Wolfe

Address 6430 WINDING RIDGE CR. City/State/Zip LINCOLN, NE 68512

☐ Check if owner designed system Home Phone 402-420-9791 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 GARY L. HOLLY Firm HOLLY CONTRACTING CO. Work Phone 402 587 0120

E. This System Will Serve a HORSE BARN OFFICE

☐ Residential Dwelling Number of Bedrooms ____ Is there a Whirlpool Bathtub YES NO

☒ Commercial Establishment (Other Facility) Specify

Design flow in gallons per day EST 200 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 10/23/09 Date frwd 10/23/09 ACTION ☑ Approved ☐ Disapproved Signature
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 10-23-09 Date frwd 10-23-09 ACTION ☒ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 10-23-09 Date frwd 10-23-09 ACTION ☒ Approved ☐ Disapproved Signature Jim Plouzek

Installation Final Written Approval

By

Date

Business Office Use Only
Date Rec'd 10-23-09
Amt Paid $325.00
Rec'd By BHall Cash/Check No. 1113

SCANNED SCANNED

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

10-23-2009 14:34:28

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

SCANNED **B**

Permit Number: HS000302

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address XSW 88th & Pinehurst (0373-202-004-000) (no rural route) City Denton NE, Zip

Owner DANA & PAM WOLFE Address 6430 WINDING RIDGE CR., LINCOLN, NE. 68512

Soil Type (SCS): WYMORE SILTY CLAY LOAM Percolation Rate: min./inch

Date of Tests OCT 7 to OCT 8 Weather: Precipitation RAIN NIGHT BEFORE TEST Temperature 44°

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'	OCT 7	0930	OCT 8	0800	OCT 8	0900	6	OCT 8	1300	LAST 30	.6	50
2	36'	↓	↓	↓	↓	OCT 8	0900	6	↓	1300	30	.7	43
3	36'	↓	↓	↓	↓	OCT 8	0900	6	↓	1300	30	.7	43
4	36'	↓	↓	↓	↓	OCT 8	0900	6	↓	1300	30	.5	40

Person Conducting Percolation Tests

Name: GARY L. HOLLY, HOLLY CONTRACTING CO. C-1650

Phone: 402-587-0120

Address 71860-567 AVE

FAIRBURY, NE. 68352

Sum of Percolation Rates: 176

Average of Rates: 44

Rate Used for Calculation: 50

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

FORM 23-101 10-96
10-23-2009 14:34:29

LLCHD HS000302 DAN + PAM WOLFE

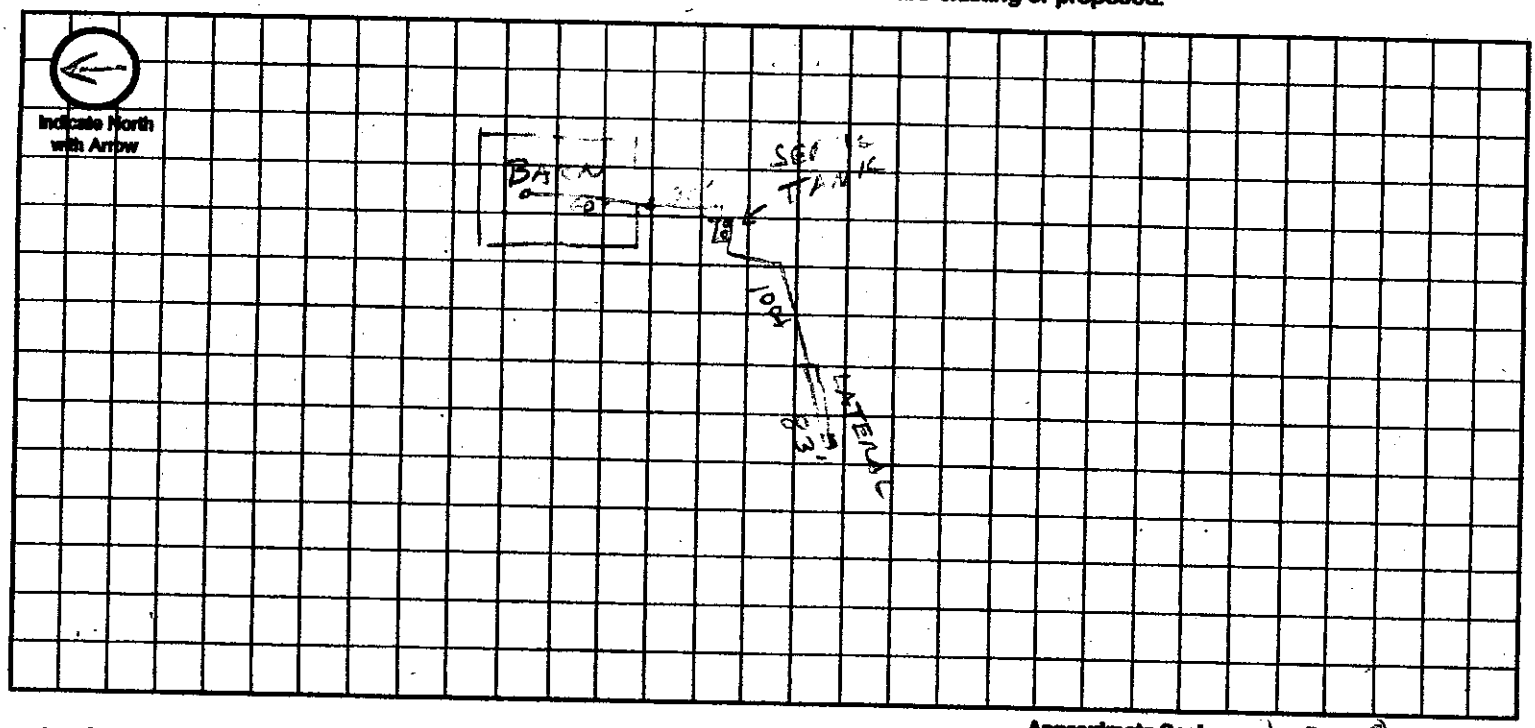
SCANNED C

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

Permit Number: HS000302

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: 5 ft. = 2 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 8058 E Pinkrot (0313-202-004-000) City Denton NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☒ Plastic ☐ Other _____

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

Percolation Rate 50 (min. per inch) Soil Type: WYMORE SILTY CLAY LOAM Land Slope: _____ %

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

Total Square Feet of Field Required: 330 sq. ft.

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

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

Total Length of Laterals 83 ft. Number of Trenches 1 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 X Pam Wolfe Date 10/15/09

Installer Gary L. Holly Holly Contracting Co Date Oct 9, 2009

FORM 23-102 10-96
10-23-2009 14:34:31

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

B

Permit Number: HS000302

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address X SW 58th & Pinehurst (0373-202-004-000) (no rural route) City Denton NE, Zip

Owner DANA & PAM WOLFE Address 6430 WINDING RIDGE CR., LINCOLN, NE 68512

Soil Type (SCS): WYMORE SILTY CLAY LOAM Percolation Rate: min./inch

Date of Tests OCT 7 to OCT 8 Weather: Precipitation RAIN NIGHT BEFORE TEST Temperature 44°

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'	OCT 7	0930	OCT 8	0800	OCT 8	0900	6	OCT 8	1300	LAST 30	.6	50
2	36'	↓	↓	↓	↓	OCT 8	0900	6	↓	1300	↓	.7	43
3	36'	↓	↓	↓	↓	OCT 8	0900	6	↓	1300	↓	.7	43
4	36'	↓	↓	↓	↓	OCT 8	0900	6	↓	1300	↓	.5	40

Person Conducting Percolation Tests

Name: GARY L. HOLLY, HOLLY CONTRACTING CO. C-1650

Phone: 402-587-0120

Address 71860-567 AVE

FAIRBURY, NE, 68352

Sum of Percolation Rates: 176

Average of Rates: 44

Rate Used for Calculation: 50

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

FORM 23-101 10-96

10-23-2009 14:32:39

LLCHD HS000302 DAWN + PAM WOLFE

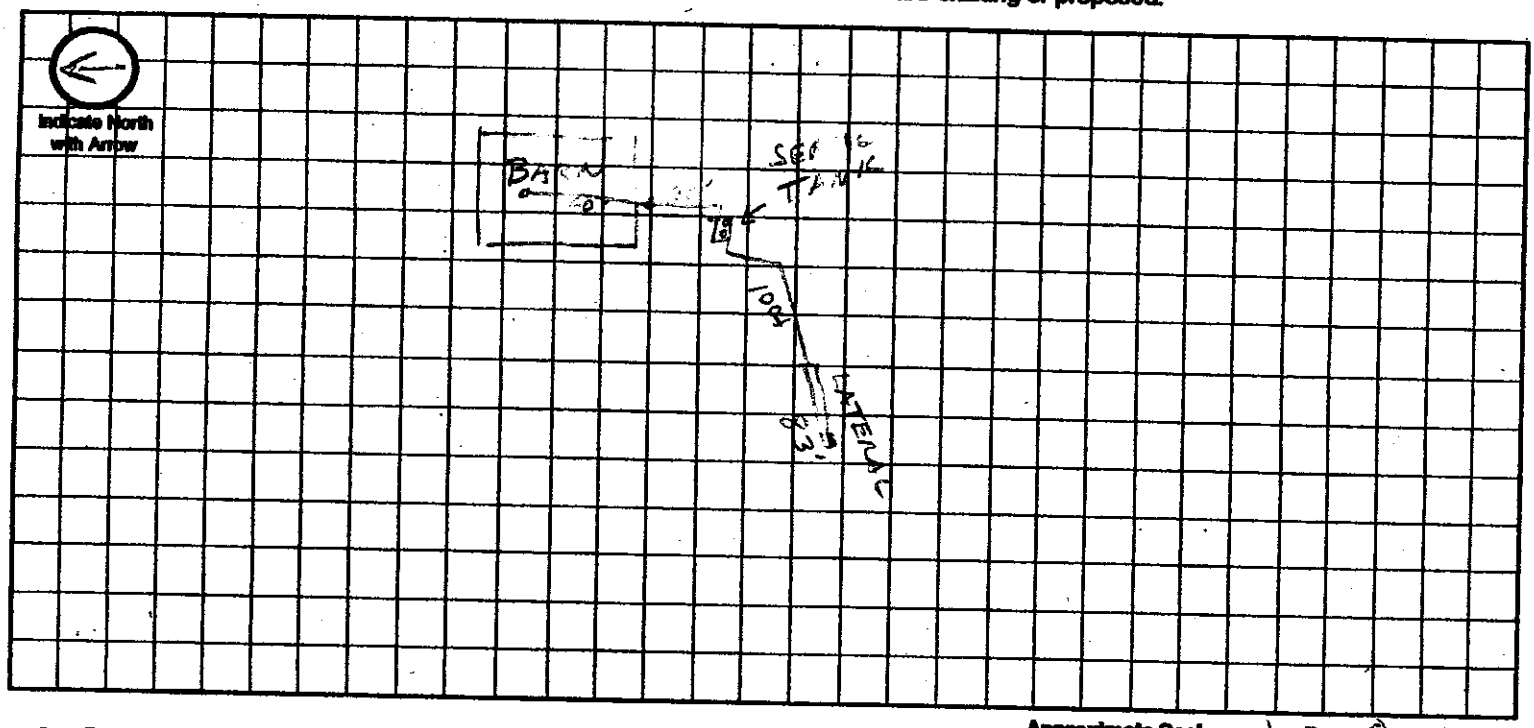
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: HS000302

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: 1 ft. = 2 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 8058 Hunkard (0313-202-004-000) City Denton NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☒ Plastic ☐ Other _____

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

Percolation Rate 50 (min. per inch) Soil Type: WYMORE SILTY CLAY LOAM Land Slope: _____ %

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

Total Square Feet of Field Required: 330 sq. ft.

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

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

Total Length of Laterals 83 ft. Number of Trenches 1 Trench Width 3'

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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 Pam Wolfe Date 10/15/09

Installer Gary L. Holly Holly Contracting Co Date Oct 9, 2009

FORM 23-102 10-96
10-23-2009 14:32:41

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

OCT 20 2009

SCANNED

A

Permit Number: H5000302

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 X ø address (SW 84th + Pinehurst) City Denton NE, Zip

(no rural route)

Legal Description X 03-13-2W-004-000
1/4 1/4 Section Township Range Subdivision Addition Block Lot

Geographical Location (if known): Longitude 096° 48' 08.7 Latitude N40° 44' 58.6"

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

B. Owner

Name DANA + PAM WOLFE Signature X Pam Wolfe

Address 6430 WINDING RIDGE CR. City/State/Zip LINCOLN, NE 68512

☐ Check if owner designed system Home Phone 402-420-9791 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 GARY L. HOLLY Firm HOLLY CONTRACTING CO. Work Phone 402 587 0120

E. This System Will Serve a HORSE BARN OFFICE

☐ Residential Dwelling Number of Bedrooms _____ Is there a Whirlpool Bathtub YES NO

☒ Commercial Establishment (Other Facility) Specify

Design flow in gallons per day EST 200 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 10/23/09 Date frwd 10/23/09 ACTION ☒ Approved ☐ Disapproved Signature
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 10-23-09 Date frwd 10-23-09 ACTION ☒ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 10-23-09 Date frwd 10-23-09 ACTION ☒ Approved ☐ Disapproved Signature Jim Plouzek

Installation Final Written Approval

By Doug Ruser

Date 12/7/09

Business Office Use Only

Date Rec'd 10-23-09

Amt Paid $325.00

Rec'd By BHall Cash/Check No. 1113

SCANNED SCANNED

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

DANA + PAM WOLFE

NOV 23 2009

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: HS000302

T9N-R5E-SEC 13 LOT E

Sewage Disposal System
As Built Plans & Specifications

Date NOV 13, 2009

System Location (Indicate correct number and street)

Address FARM LAND, NO ADDRESS (T9N-R5E-SEC 13 LOT E City _____ NE, Zip _____
(no rural route)

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: 1050 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: 31 in.
8. Distances to: Well or suction line 400+ ft.
   Stream N/A ft.
   Pressure line 90 ft.
   Property line 100+ ft.

C. Distribution Box

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

D. Absorption Field

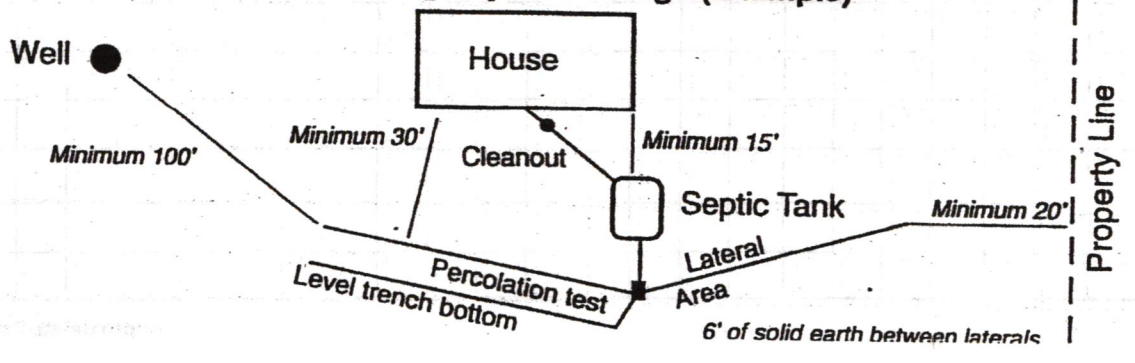
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe ☒ GRAVELLESS CHAMBERS
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 1
   Length of each line: 87.5' ft. _____ ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width ~~36~~ 3 ft.
   Slope 3 in/100 ft.
   Average depth 32 in
4. Filter material: ~~NATIVE~~ NATURAL
   Depth of material 32 in.
5. Distances to: Well or suction line 500+ ft.
   Stream N/A ft.
   Pressure line 200+ ft.
   Property line 200+ ft.

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

Indicate North with Arrow

Individual Sewage System Design (Example)

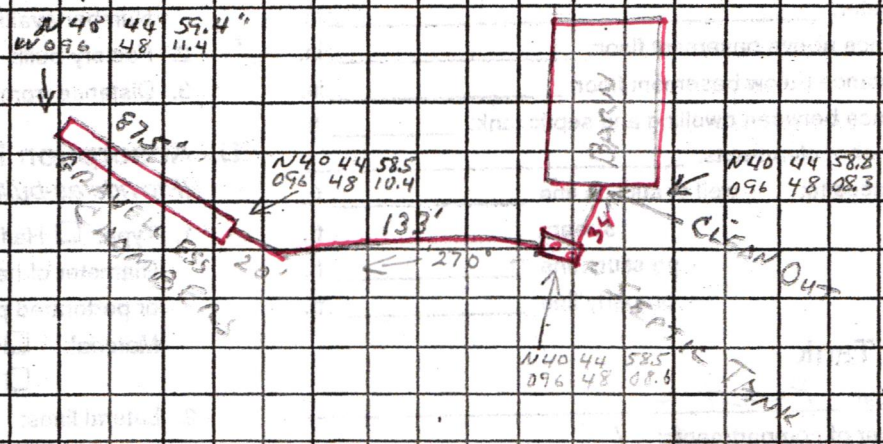


FORM 23-103 10-96

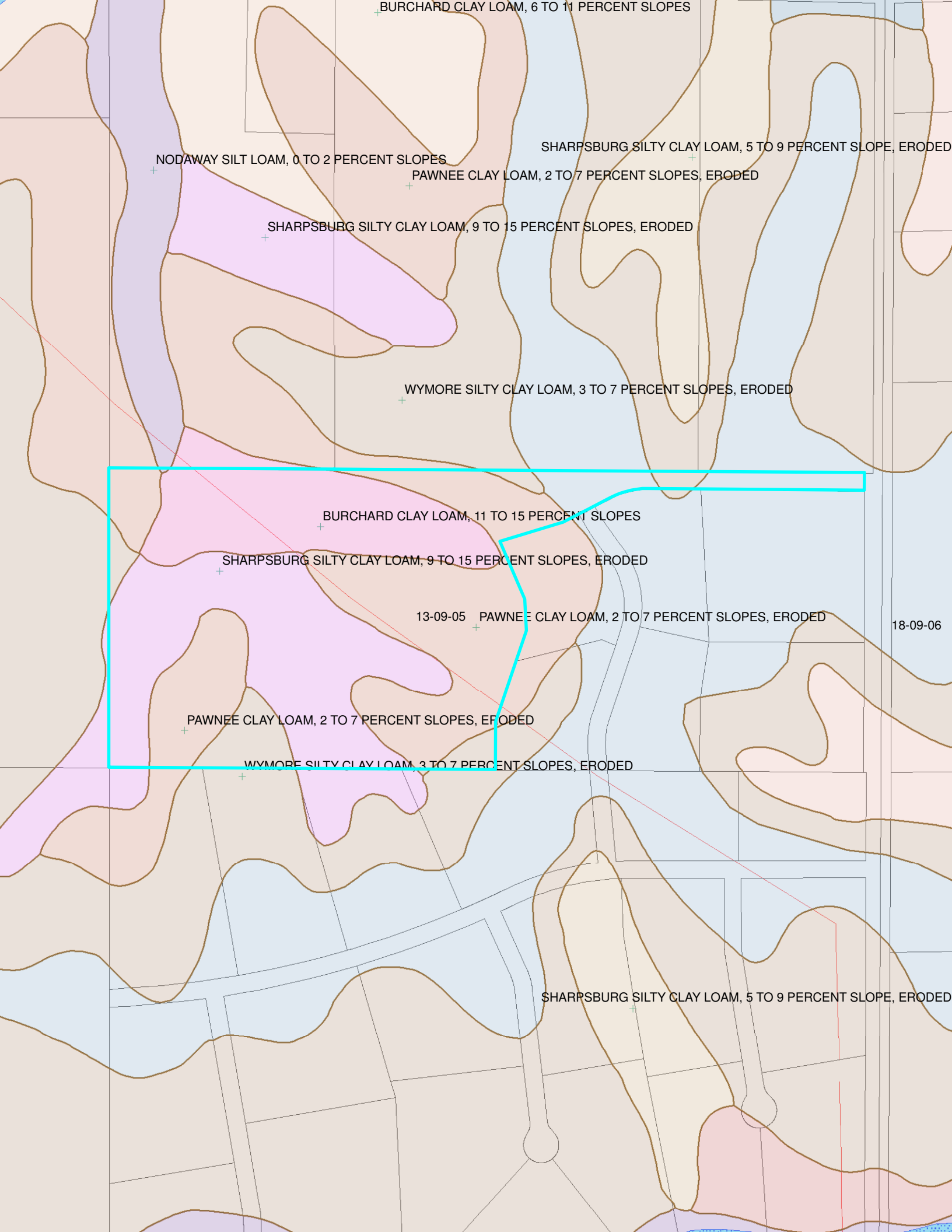
As Built Drawing

40 ACRES

Indicate North with Arrow



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


BURCHARD CLAY LOAM, 6 TO 11 PERCENT SLOPES
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPE, ERODED
NODAWAY SILT LOAM, 0 TO 2 PERCENT SLOPES
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
SHARPSBURG SILTY CLAY LOAM, 9 TO 15 PERCENT SLOPES, ERODED
WYMORE SILTY CLAY LOAM, 3 TO 7 PERCENT SLOPES, ERODED
BURCHARD CLAY LOAM, 11 TO 15 PERCENT SLOPES
SHARPSBURG SILTY CLAY LOAM, 9 TO 15 PERCENT SLOPES, ERODED
13-09-05
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
18-09-06
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
WYMORE SILTY CLAY LOAM, 3 TO 7 PERCENT SLOPES, ERODED
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPE, ERODED