LLCHD HS000651

A

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

Permit Number: HS000651

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: 160 acres

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address 1650 SW 42nd STREET (no rural route) City MARTELL NE, Zip 68404

Legal Description 1/4 S19 1/4 T8 Section R6 Township 6TH PRINCIPLE MERIDIAN Range S½ NE 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 TERRY WENDELIN Signature X Terry Wendelin

Address 17000 SW 42nd STREET City/State/Zip MARTELL NE 68404

☐ Check if owner designed system Home Phone 402-794-5695 Work Phone 402-853-1557

C. Contractor

Name TERRY WENDELIN Company Name HOMEOWNER

Address 17000 SW 42nd STREET City/State/Zip MARTELL NE 68404

☐ Check if contractor designed system Work Phone ____

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

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

E. This System Will Serve a

☒ Residential Dwelling X 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 8/3/12 Date frwd 8/3/12 ACTION ☒ Approved ☐ Disapproved Signature ____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 8-3-12 Date frwd 8-3-12 ACTION ☒ Approved ☐ Disapproved Signature ____
3. **City or County Engineer** Date rec'd 8-3-12 Date frwd 8-3-12 ACTION ☒ Approved ☐ Disapproved Signature ____

Installation Final Written Approval

By ____

Date ____

Business Office Use Only

Date Rec'd 8-7-12

Amt Paid 245.00

Rec'd By LNC Cash/Check No. 11179

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

8-7-2012 8:45: 4

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

SEALED LAGOON

PLEASE PRINT OR TYPE

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

System Location (Indicate correct number and street)

X Address 16501 SW42nd STREET (no rural route) City MARTELL NE, Zip 68404

X Owner TERRY WENDELIN Addresss 17000 SW 42nd STREET MARTELL NE 68404

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)

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: _____

Person Conducting Percolation Tests

Name: _____

Phone: _____

Address _____

_____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

_____

_____

Signature of Reviewing Official _____ Date _____

LLCHD HS000651

C

Permit Number:

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

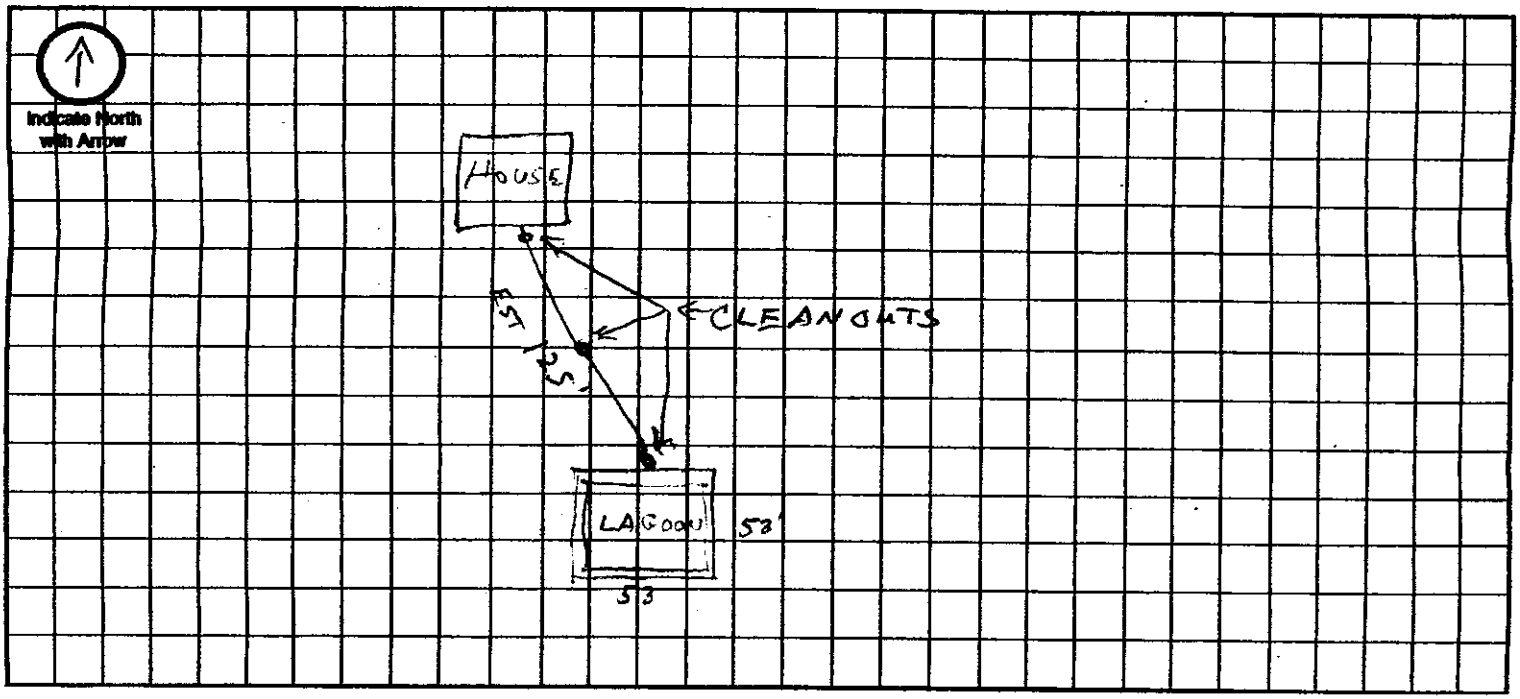
HOLLY CONTRACTING CO Sewage Disposal System

TERRY WENDELIN

71860 567 Ave.
Fairbury, NE 68352

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)

X Address (no rural route) 16501 SW 42nd STREET City MARTELL NE, Zip 68404

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other SEALED LAGOON

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 X _____ Date 7-30-2012

Installer Gary T Holly Holly Contracting Co. Date July 28, 2012

FORM 23-102 10-96
8-7-2012 8:45: 7

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. HS000651

System Type: LAGOON

Situs:

Legal Description: T08N-R06E-S19-S1/2 of NE1/4

Owner: WENDELIN, TERRY
17000 SW 42 ST
MARTELL NE
68404

Permit Fee:	$345.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$345.00
Issued:	08/03/2012
Expires:	08/03/2013

Judith A Halstead

Judith A. Halstead, MS, Health Director

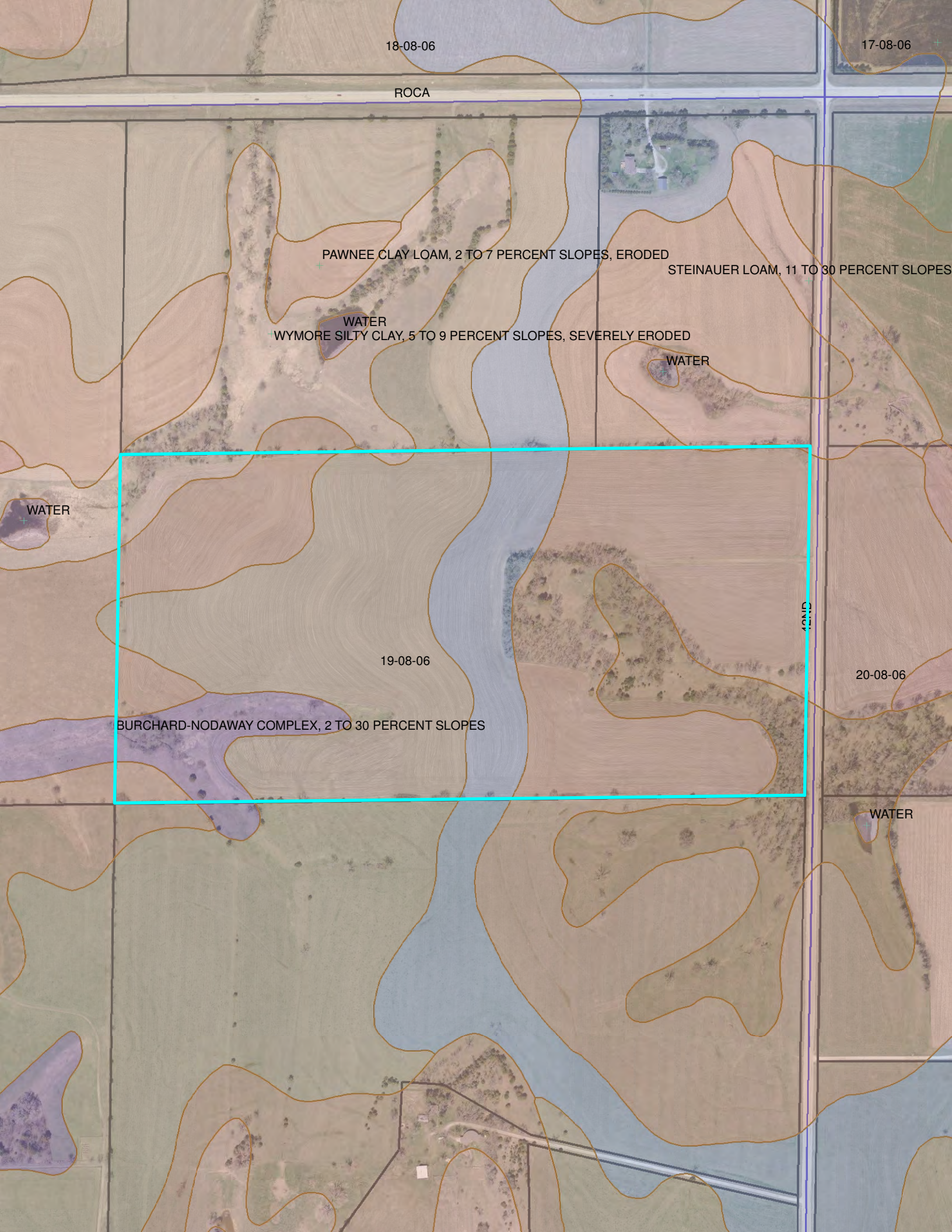
On-site Waste System Permit Holder:

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.

Judith A Halstead

Judith A. Halstead, MS
Health Director

SIEDOFF CONSTRUCTION
1625 FIR AVE
CRETE NE 68333


18-08-06
17-08-06
ROCA
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
STEINAUER LOAM, 11 TO 30 PERCENT SLOPES
WATER
WYMORE SILTY CLAY, 5 TO 9 PERCENT SLOPES, SEVERELY ERODED
WATER
WATER
19-08-06
20-08-06
BURCHARD-NODAWAY COMPLEX, 2 TO 30 PERCENT SLOPES
WATER

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

A

Permit Number: HS-000651

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 16501 SW 42ND ST. (no rural route) City MARTELL NE, Zip 68404

Legal Description _____ 1/4 1/4 Section Township Range Subdivision Addition Block Lot

Geographical Location (if known): Longitude W096° 47' 05.8" Latitude N40° 38' 53.7

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

B. Owner

Name TERRY WENDELIN Signature _____

Address 17000 SW 42ND ST. City/State/Zip MARTELL, NE 68404

☐ Check if owner designed system Home Phone _____ 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 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** 11/16/12 Partial - lateral — 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 Doug Mauer

Date 9/4/13

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: HS 000651

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 16501 SW 42ND ST, (no rural route) City MARTELL NE, Zip 68404

Owner TERRY WENDELIN Addresss 17000 SW 42ND ST MARTELL, NE. 68404

Soil Type (SCS): WYMORE. SILTY CLAY LOAM Percolation Rate: 50.9 min./inch

Date of Tests 11021 2 to 11031 2 Weather: Precipitation NONE Temperature 30's - 50

Percolation Test Data Table

A.	B.	C.	D.	E.	F.	G.	H.	I.	J.	K.	L.	M.	N.
		Pre-Saturation Period				Percolation Readings					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"	1102	1315	1103	0900	1103	0945	6"	1103		1345	LAST 30 MIN .7	43
2	↓	↓	↓	↓	↓	↓	0947	↓	↓	↓	1347	.5	60
3	↓	↓	↓	↓	↓	↓	0949	↓	↓	↓	1349	.6	50
4	↓	↓	↓	↓	↓	↓	0951	↓	↓	↓	1351	.5	60
5	↓	↓	↓	↓	↓	↓	0953	↓	↓	↓	1353	.6	50
6	↓	↓	↓	↓	↓	↓	0955	↓	↓	↓	1355	.7	43
7	↓	↓	↓	↓	↓	↓	0957	↓	↓	↓	1357	.5	60
8	↓	↓	↓	↓	↓	↓	0959	↓	↓	↓	1359	.7	43
9	↓	↓	↓	↓	↓	↓	1001	↓	↓	↓	1401	.6	50
10	↓	↓	↓	↓	↓	↓	1003	↓	↓	↓	1403	.6	50

Sum of Percolation Rates: 509

Average of Rates: 50.9

Rate Used for Calculation: 60 MIN/IN

Person Conducting Percolation Tests

Name: GARY L. HOLLY

Phone: 402-587-0120

Address 71860-567 AVE
FAIRBURY NE, C 1650

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

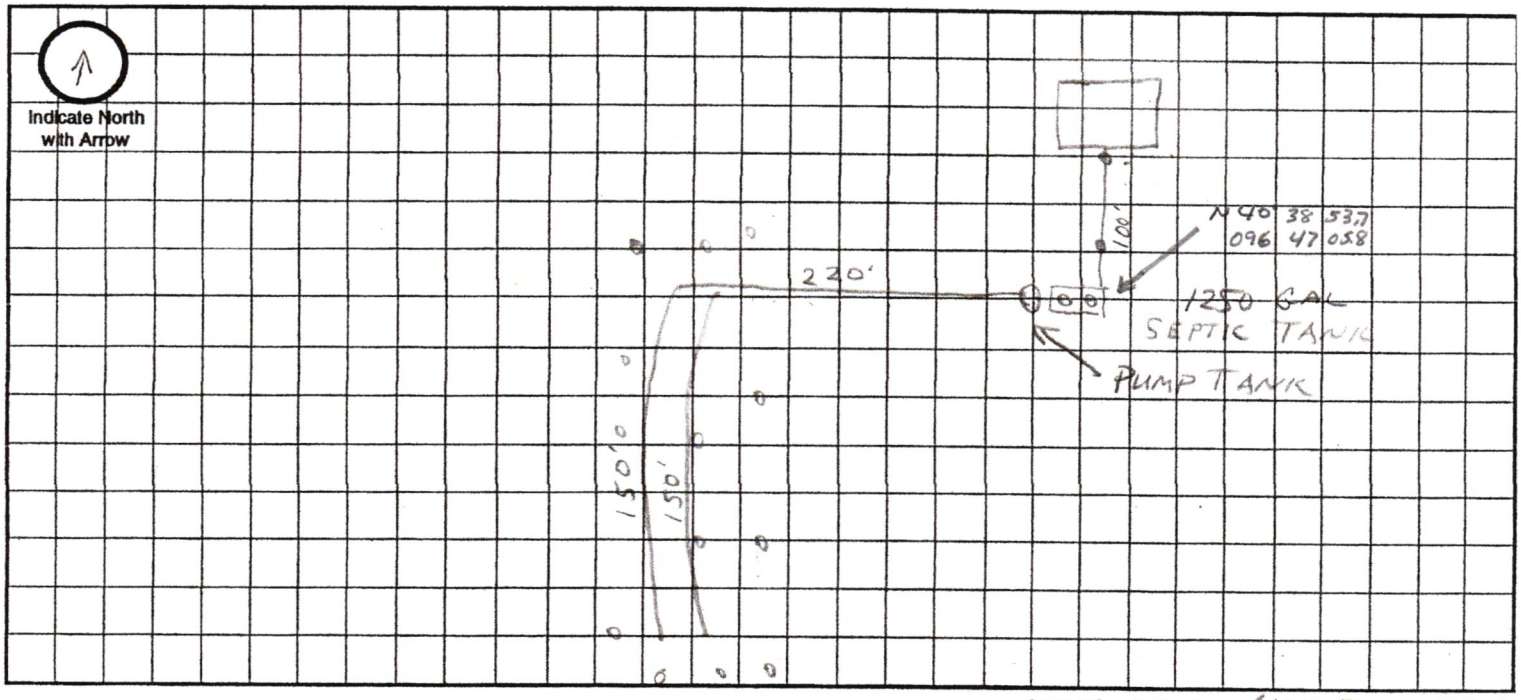
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: HS-000651

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: 20 ft. = 5 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 16501 SW 42ND ST, City MARTELL NE, Zip 68404

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☒ Plastic ☐ Other _____

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

Percolation Rate 51 (min. per inch) Soil Type: WYMORE SILTY CLAY LOAM Land Slope: 2-3 %

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

Total Square Feet of Field Required: 1050 sq. ft. 1200 INSTALLED

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

Capacity of Septic Tank 1250 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 300 ft. Number of Trenches 2 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 _____

Installer Gary T. Holly Date 11/14/12

DEC 03 2012

D

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

Permit Number: HS-000651

TERRY WENDELIN

Sewage Disposal System

As Built Plans & Specifications

Date NOV 24, 2012

System Location (Indicate correct number and street)

Address 16501 SW 42ND ST. (no rural route) City MARTELL NE, Zip 68404

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: FRALO, PLASTIC
   Number of compartments: 1
2. Capacity: 1250 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: 22 in.
8. Distances to: Well or suction line 75'+ ft.
   Stream 500+ ft.
   Pressure line 75+ ft.
   Property line 400+ ft.

C. Distribution Box

1. Material: PLASTIC
   Number available outlets: 5
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 245 ft.

D. Absorption Field

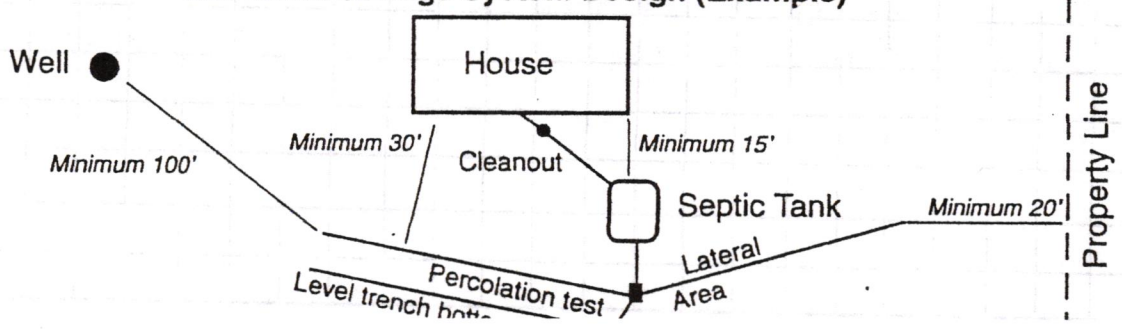
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe ☒ GRAVELL CHAMBERS 34"
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 2
   Length of each line: 150 ft. 150 ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 3 ft.
   Slope 0 in/100 ft.
   Average depth 26 in
4. Filter material: NATURAL
   Depth of material 26 in.
5. Distances to: Well or suction line 350 ft.
   Stream 700+ ft.
   Pressure line 350 ft.
   Property line 400+ ft.

Indicate North with Arrow

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

Individual Sewage System Design (Example)



As Built Drawing

SYSTEM IS ON FARM

