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

JUN 17 2014

A

Permit Number: HS000918

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 N/A - 6411 Leealan Ln. (no rural route) City Crete NE, Zip 68333

Legal Description X 001 (1/4) 307 (1/4) 25 (Section) 8N (Township) 5E (Range) Wendelin Estates (Subdivision) 2nd (Addition) 1 (Block) 1 (Lot)

Geographical Location (if known): Longitude _____ Latitude _____

☒ Check if system mail address is not the same as the owner's address 02-25-307-001-000 SB

B. Owner

Name BRENT WILSON Signature X Brent Wilson

Address 4901 WOODLAND AVE City/State/Zip LINCOLN, NE 68516

☐ Check if owner designed system Home Phone 402-432-7215 Work Phone _____

C. Contractor

Name X Dan Kubr Company Name Vantage Pointe Homes, Inc.

Address 1000 W. Rikeby Rd City/State/Zip Lincoln NE 68523

☐ Check if contractor designed system Work Phone 402-423-8821

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 6/17/14

Amt Paid 365.00

Rec'd By SB Cash/Check No. 2537

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

JUN 17 2014

B

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

Permit Number: HS000918

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

LAGOON

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address X Wendelin Estates 2nd Add Blk 1 Lot 1 City Crete NE, Zip 68333
(no rural route)

Owner BRENT WILSON Address 4901 WOODLAND AVE, LINCOLN, NE 68516

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)

Person Conducting Percolation Tests

Name: _____

Phone: _____

Address _____

_____

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: _____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

_____

_____

Signature of Reviewing Official _____ Date _____

JUN 17 2014

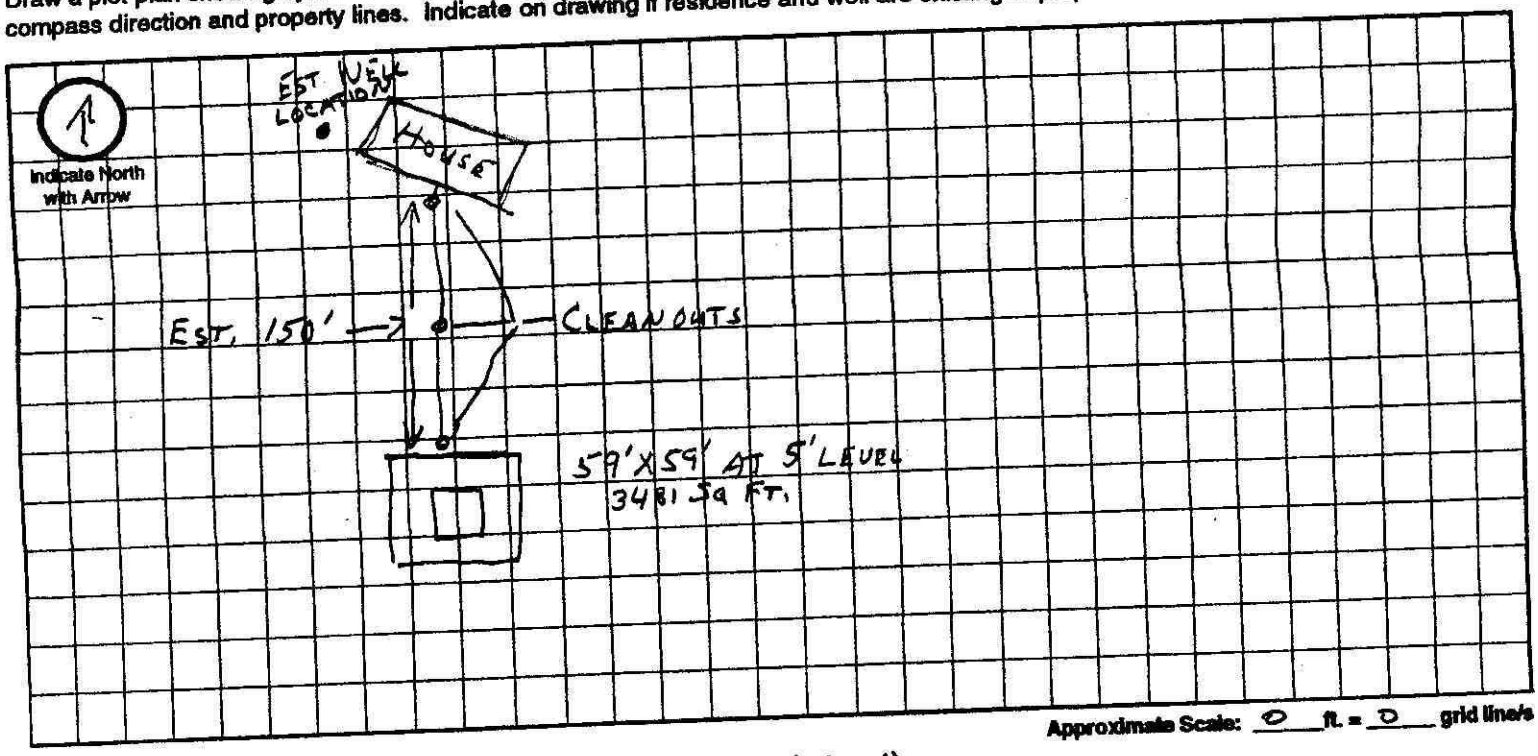
C

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

Permit Number: HS000918

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 lines

A. System Location (Indicate correct number and street)

Address (no rural route) X Wedelin Estates 2nd Add Blk 1 Lot 1 City Creek 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 _____ (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 X _____

Installer Gary T. Holly Date 061014

FORM 23-102 10-96

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

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT
No. HS000918

System Type: Lagoon

Situs: 6411 LEEALAN LN, RURAL, NE

Issued: 6/19/2014

Expires: 6/19/2015

Description: WENDELIN ESTATES 2ND ADDITION, BLOCK 1, Lot 1

Owner: WILSON, BRENT C & SADIE B
4901 WOODLAND AVE
LINCOLN, NE 68516

Judith A Halstead
Judith A. Halstead, MS, Health Director

Dear Applicant:

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

BRENT WILSON
4901 WOODLAND AVE
LINCOLN, NE 68516

OCT 27 2014

D

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

Permit Number: HS000918

BRENT WILSON
4901 WOODLAND AVE.
LINCOLN, NE 68516

Sewage Disposal System
As Built Plans & Specifications

LAGOON SYSTEM

Date OCT 20, 2014

System Location (Indicate correct number and street)

Address 6411 W. LEEALAN LN (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: _____
   Number of compartments: _____
2. Capacity: _____ gal.
3. Factory built: ☐ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☐ above ☐ below grade _____ in.
5. Inlet: ☐ baffle ☐ tee
6. Outlet: ☐ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: _____ in.
8. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. Distribution Box

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

D. Absorption Field

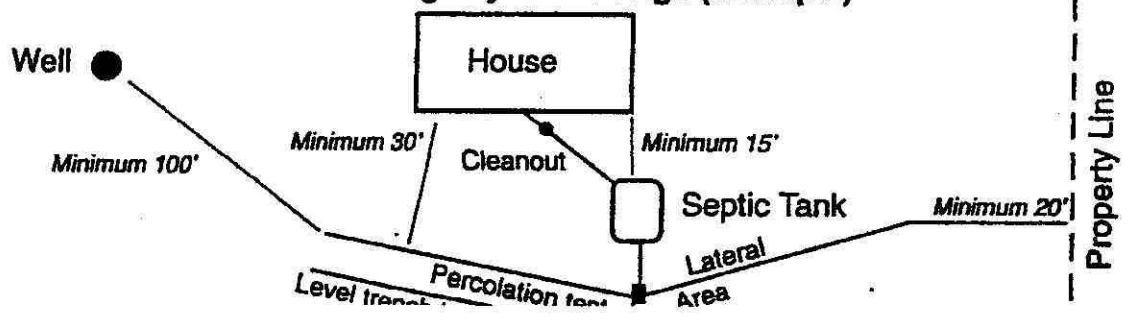
(Provide as-built drawings on back of this form)

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

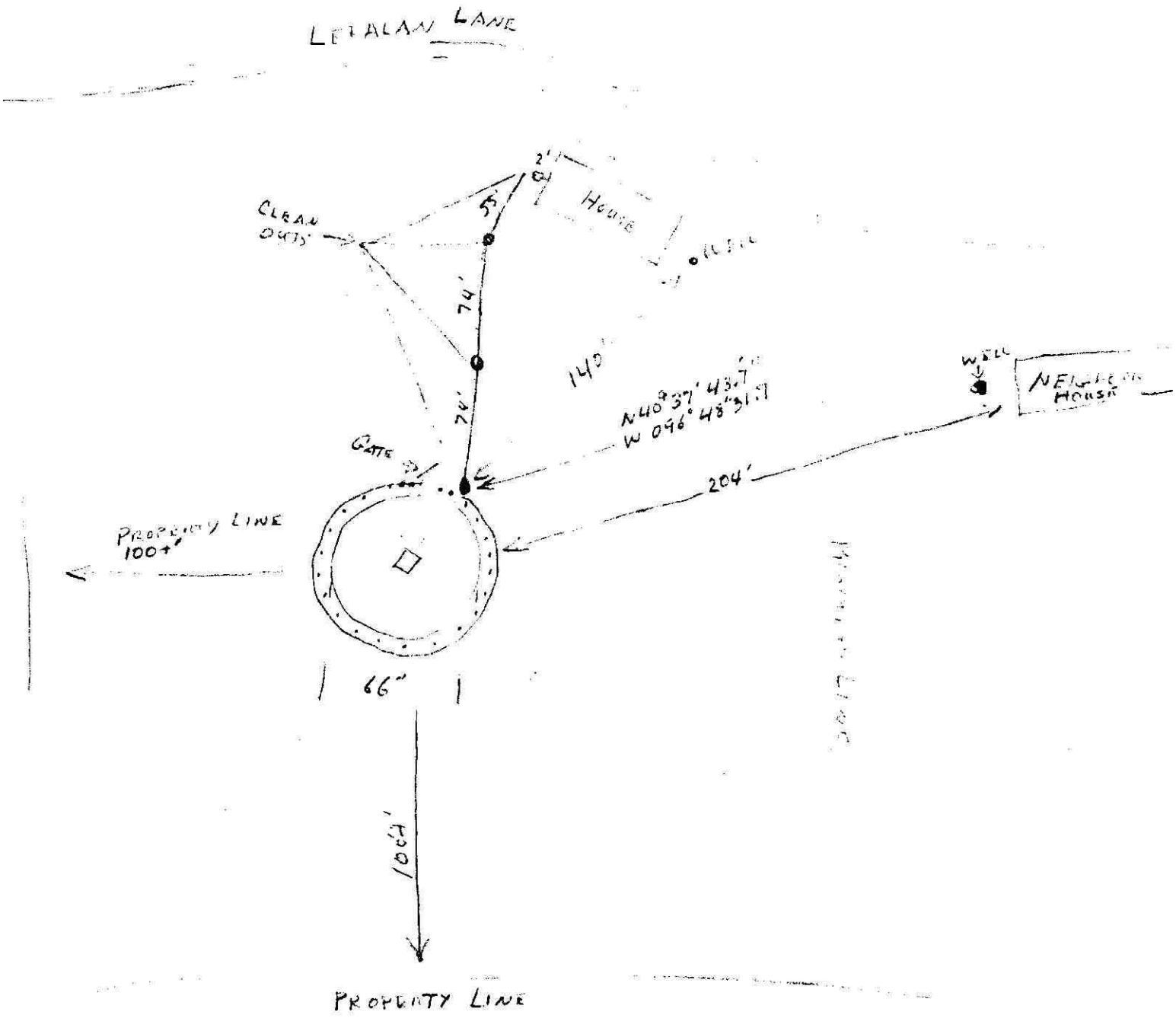
Indicate North with Arrow

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

Individual Sewage System Design (Example)



s Built Drawing



SCANNED

JUN 17 2014

A

Lincoln-Lancaster County Health Department
Environmental Health Division
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Phone: 402-441-8022

Permit Number: HS000918

Sewage Disposal System

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(no rural route)

Legal Description X 001 307 25 8N 5E Wendelin Estates 2nd 1 1
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 02-25-307-001-000 SB

B. Owner

Name BRENT WILSON Signature X [signature]

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☐ Check if owner designed system Home Phone 402-432-7215 Work Phone _____

C. Contractor

Name X ~~Ben~~ Dan Kubr Company Name Vantage Pointe Homes, Inc.

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Design flow in gallons per day _____ Type of Wastewater: ☐ Domestic ☐ Non-Domestic.

7-64 NCP NP

DO NOT WRITE BELOW THIS LINE

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

1. **Health Department** Date rec'd 6/17/14 Date frwd 6/17/14 ACTION ☒ Approved ☐ Disapproved Signature [signature]
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 6/17/14 Date frwd 10/17/14 ACTION ☒ Approved ☐ Disapproved Signature [signature]
3. **City or County Engineer** Date rec'd 6-17-14 Date frwd 6-17-14 ACTION ☒ Approved ☐ Disapproved Signature Kenneth D. Schroeder

Installation Final Written Approval

By [signature]

Date 10/22/14

Business Office Use Only
Date Rec'd 6/17/14
Amt Paid 365.00
Rec'd By SB Cash/Check No. 2527

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