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

A

Permit Number: 07380338201

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 1801 W. PANAMA RD City MARTELL NE, Zip 68404
(no rural route)
LCR 5841
Legal Description NW NE 9 7N 6E
1/4 1/4 Section Township Range Subdivision Addition Block Lot

Geographical Location (if known): Longitude 096° 44' 57.9" Latitude 40° 35' 41.0"

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

B. Owner

Name LARRY HAFER Signature X
Address 1801 W. PANAMA RD City/State/Zip MARTELL, NE. 68404
☐ Check if owner designed system Home Phone 402-297-4456 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 ____ Is there a Whirlpool Bathtub YES (NO)
☐ Commercial Establishment/Other Facility Specify OFFICE BATHROOM IN BARN
Design flow in gallons per day 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 8/21/07 Date frwd 8/21/07 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 7/11/07

Business Office Use Only
Date Rec'd 08/21/07
Amt Paid 290.00
Rec'd By ~~CJ~~ ~~Cash~~/Check No. 4119

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

LARRY HAFER

System Location (Indicate correct number and street)

Address 1801 W. PANAMA RD (no rural route) City MARTELL NE, Zip 68404

Owner LARRY HAFER Addresss 1801 W. PANAMA RD.

Soil Type (SCS): SANDY SOIL/CLAY Percolation Rate: 15 min./inch

Date of Tests 070807 to 070907 Weather: Precipitation NONE. Temperature 80s

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	0708	1800	0709	1000	0709	1030	6"	0709	1430	CAST 30	2.5	12
2	36	↓	↓	0709	↓	↓	↓	6"	↓	↓	30	2.25	13
3	36	↓	↓	↓	↓	↓	↓	6"	↓	↓	30	2	15
4	36	↓	↓	↓	↓	↓	↓	6"	↓	↓	30	2.2	14
5	36	↓	↓	↓	↓	↓	↓	6"	↓	↓	30	2	15
6	36	↓	↓	↓	↓	↓	↓	6"	↓	↓	30	2	15

Person Conducting Percolation Tests

Name: GARY L. HOLLY

Phone: 402-587-0120

Address 71860-567 AV
FAIRBURY NE. 68352

Sum of Percolation Rates: 84

Average of Rates: 14

Rate Used for Calculation: 15

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

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

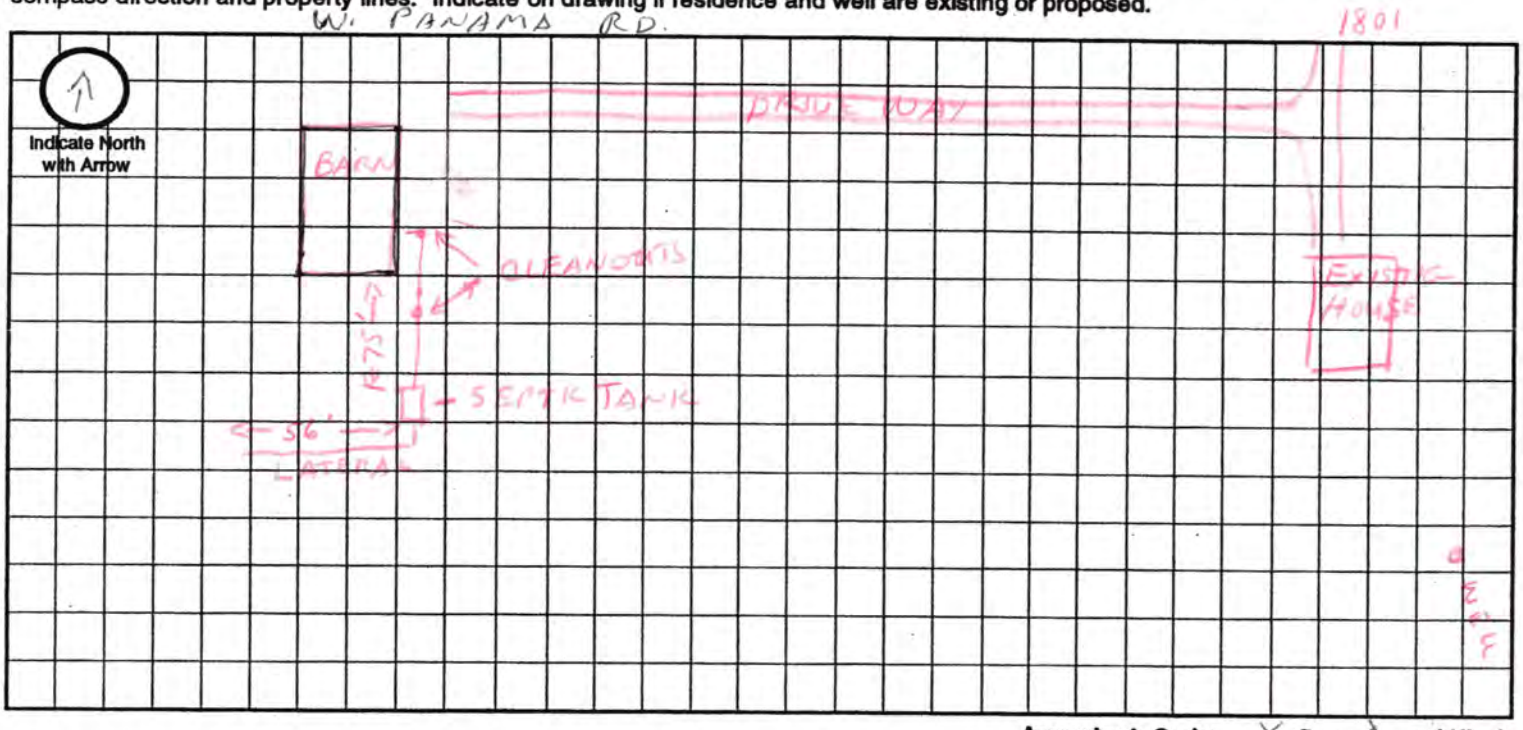
C

Permit Number:

LARRY HAFER

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: X ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 1801 W. PANAMA RD 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 15 (min. per inch) Soil Type: SANDY Land Slope: 8 %

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

Total Square Feet of Field Required: 210 sq. ft.

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

Capacity of Septic Tank 1000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 56 ft. Number of Trenches 1 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 7/16/07

Installer Gary T. Hafer Date 07/16/07

FORM 23-102 10-96

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

A

Permit Number: 06380323501

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)

X Address 1801 W. PANAMA RD (no rural route) City MARTELL NE, Zip NE 68404

Legal Description NW 1/4 NE 1/4 Section 9 Township 7N Range 6E Subdivision Addition Block Lot

Geographical Location (if known): Longitude 096° 47' 54.5" Latitude 40° 35' 40.3"

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

B. Owner

Name LARRY + JANA HAFFER Signature Larry & Hoffer

X Address 612 27TH CIRCLE City/State/Zip BEATRICE NE 68310

☐ Check if owner designed system Home Phone (402) 223-0324 Work Phone (402) 297-4456

C. Contractor

X 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

☒ 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 8/14/06 Date frwd 8/15/06 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd _____ Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature Linda McClure
3. **City or County Engineer** Date rec'd 8-15-06 Date frwd 8-15-06 ACTION ☒ Approved ☐ Disapproved Signature Jim Flanagh

Installation Final Written Approval

By _____

Date 12/5/06

Business Office Use Only

Date Rec'd 08/15/06

Amt Paid 275.00

Rec'd By _____ Cash/Check No. 874

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: 063803235

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

X Address 1801 W. PANAMA ROAD (no rural route) City MARTELL NE, Zip NE. 68404

X Owner LARRY + JANA HAFFER Address 612 27TH CIRCLE BEATRICE NE

Soil Type (SCS): SANDY LOAM Percolation Rate: 22.3 min./inch

Date of Tests 062406 to 062506 Weather: Precipitation NONE Temperature UPPER 70's, HUMID

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	0624	1020	0625	1030	0625	1100	6"	0625	1500	LAST 30	2	15/IN
2	36		1021				1101			1501		1.875	16/IN
3	36		1022				1102			1502		1.75	17/IN
4	36		1023				1103			1503		1.5	20/IN
5	36		1024				1104			1504		.75	40/IN
6	36		1025				1105			1505		1.0	30/IN
7	36		1026				1106			1506		1.0	30/IN
8	36		1027				1107			1507		1.3	23/IN
9	36		1028				1108			1508		2.5	12/IN
10	36	↓	1029	↓	↓	↓	1109	↓	↓	1509	↓	1.5	20/IN

Sum of Percolation Rates: 223

Average of Rates: 22.3

Rate Used for Calculation: 40 MIN/IN

Person Conducting Percolation Tests

Name: GARY L. HOLLY

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 _____

FORM 23-101 10-96

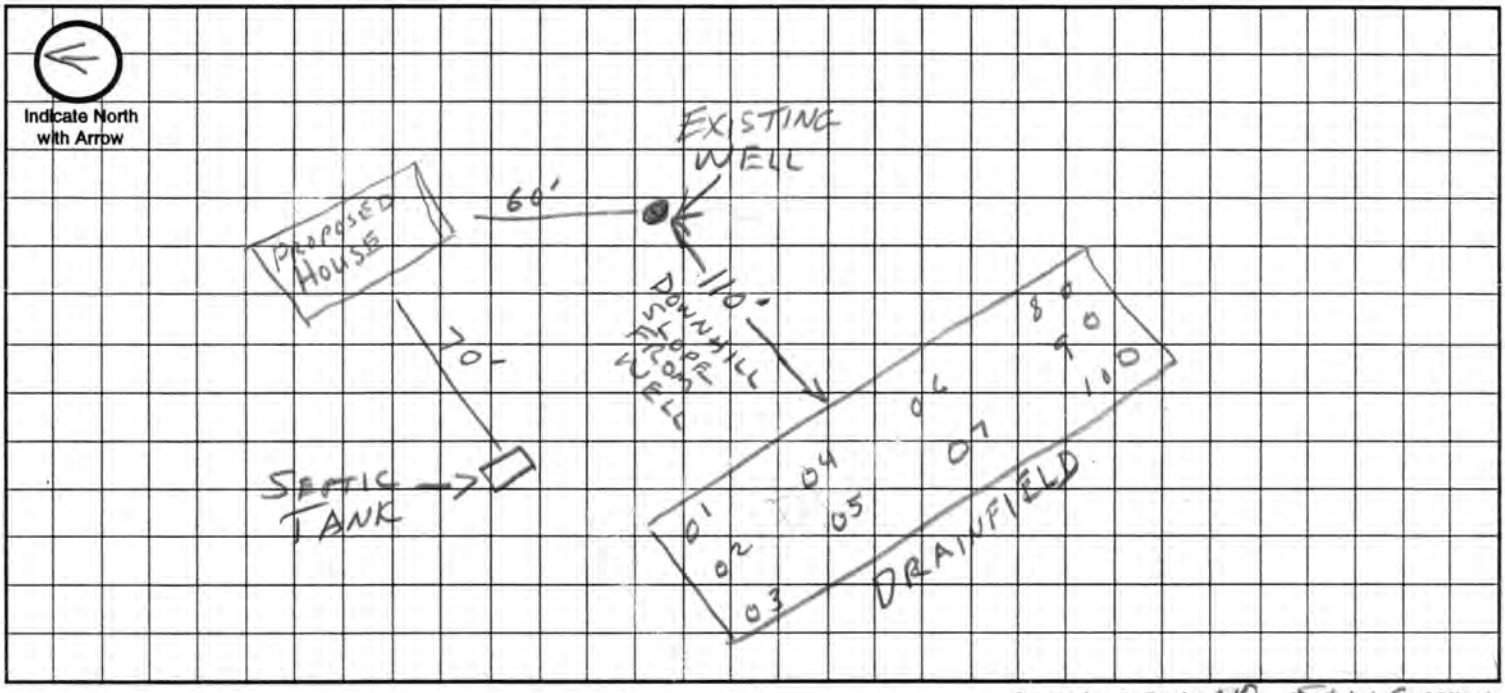
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 063803235

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 = ONE grid line/s

A. System Location (Indicate correct number and street)

X Address (no rural route) 1801 W. PANAMA RD City MARTELL NE, Zip NE 68404

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☒ Plastic ☐ Other _____

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

Percolation Rate 40 (min. per inch) Soil Type: SANDY LOAM Land Slope: 8 %

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

Total Square Feet of Field Required: 1100 sq. ft.

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

Capacity of Septic Tank 1500 gals Number of Absorption Beds: 3 Number of Distribution Laterals per Bed _____

Total Length of Laterals 350 ft. Number of Trenches 3 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 ☐	☐

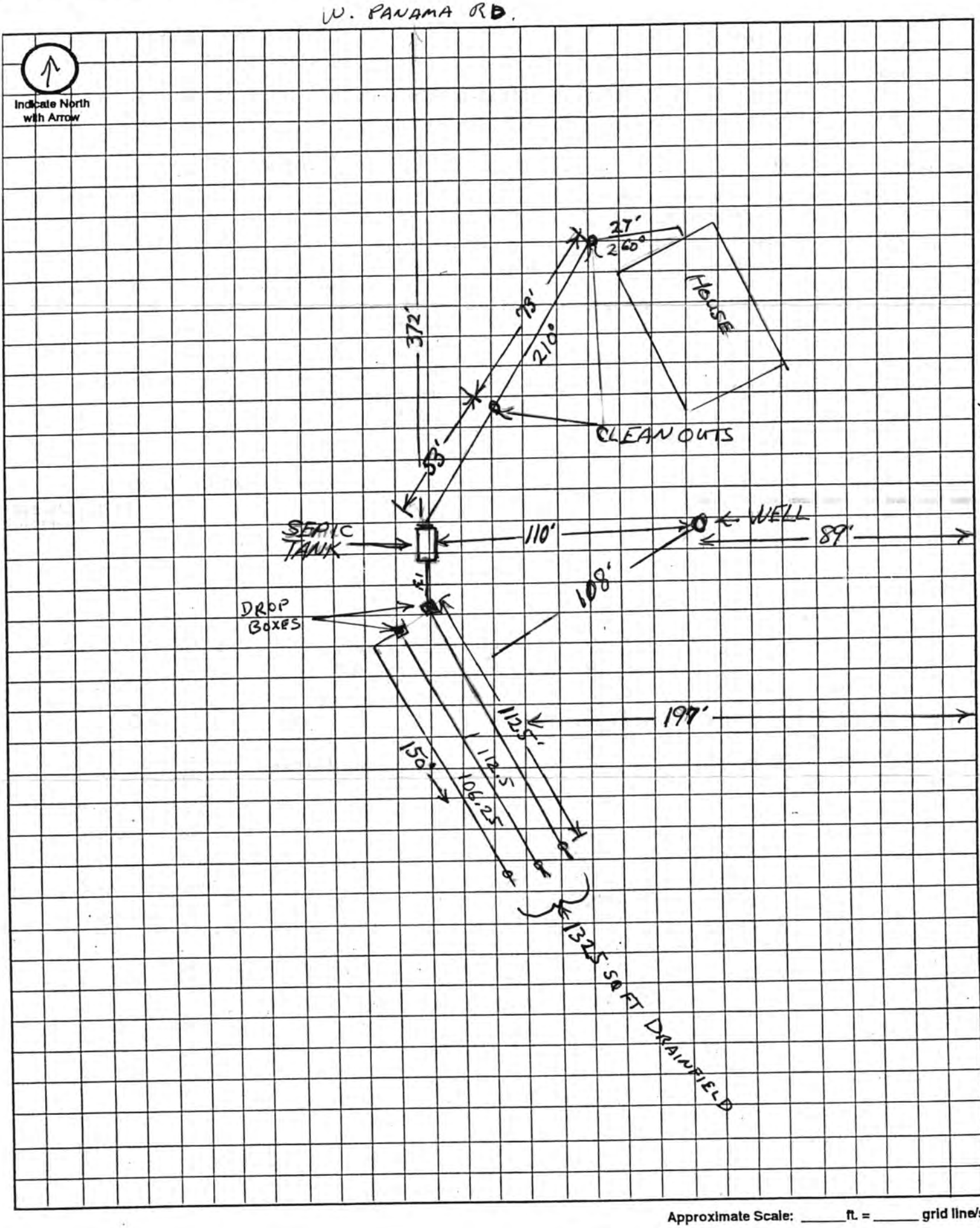
E. Required Signatures

X Home Building Contractor Steve Hamker, Hamker Contracting LLC Date 08/09/06

Installer HOLLY CONTRACTING CO., Gary L Holly Date 080906

FORM 23-102 10-96

As Built Drawing



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

Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

011119

Permit: SEWAGE INSTALLATION
SEPTIC SYSTEM

Establishment: LARRY & JANA HAFER
T7N R6E SEC 9 QTR NE
NW 1/4 OF NE 1/4
1801 W PANAMA RD-MARTELL

Permittee: LARRY & JANA HAFER
1801 W PANAMA RD
MARTELL NE 68404

Permit # 07380338201

Issued 08/21/07
Expires 08/21/08
Revenue Code 3157

FEES: $290.00

TOTAL: $290.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

009514

(402) 441-8000

Permit: SEWAGE INSTALLATION-REPRINT
SEPTIC SYSTEM

Permit # 06380323501

Issued 08/14/06
Expires 08/14/07
Revenue Code 3157

Establishment: LARRY & JANA HAFER
T7N R6E SEC 9 QTR NE
NW 1/4 OF NE 1/4
1801 W PANAMA RD-MARTELL

FEES: $275.00

Permittee: LARRY & JANA HAFER
612 27TH CIR
BEATRICE NE 68310

TOTAL: $275.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

JAN 31 2007

D

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

Permit Number: 0638032350 1

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

Sewage Disposal System

As Built Plans & Specifications

Date DEC. 15, 2006

LARRY + JANA HAFER

System Location (Indicate correct number and street)

Address 1801 W. PANAMA RD (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: PLASTIC
   Number of compartments: 1
2. Capacity: 1500 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 24 X 12 in.
   Over outlet, diameter 24 X12 in.
   Riser: ☒ above ☐ below grade 3 in.
5. Inlet: ☐ baffle ☒ tee
6. Outlet: ☐ baffle ☒ tee
7. Depth to top of tank, below unfinished grade: 18 in.
8. Distances to: Well or suction line 108 ft.
   Stream N/A ft.
   Pressure line 110 ~~108~~ ft.
   Property line 189 ft.

C. ~~Distribution~~ DROP Box

1. Material: PLASTIC
   Number available outlets: 1
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 13 ft.

D. Absorption Field

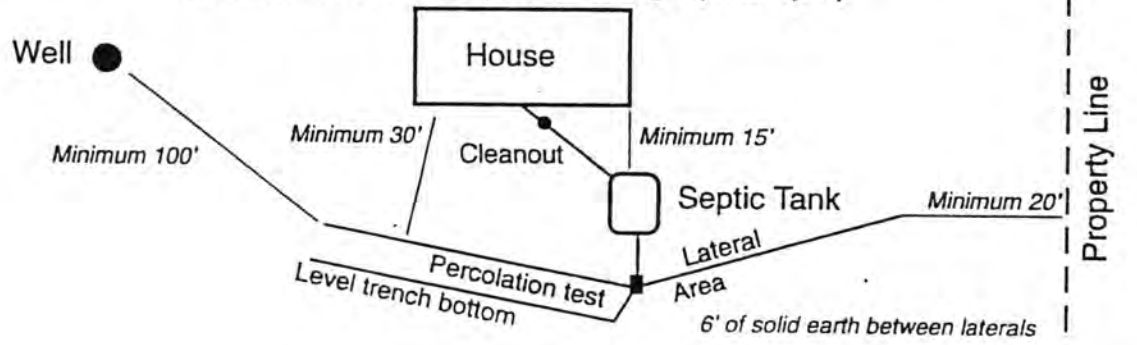
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe ☒ GRAVELLESS CHAMBERS
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 3
   Length of each line: 112.5 ft. 112.5 ft.
   106.25 ft. _____ ft., _____ ft.
3. Trench dimensions: Width 3 ft.
   Slope 0 in/100 ft.
   Average depth 32 in
4. Filter material: NATURAL
   Depth of material _____ in.
5. Distances to: Well or suction line 108 ft.
   Stream N/A ft.
   Pressure line 108 ft.
   Property line 197 ft.

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

Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96