LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET
Lincoln, NE 68510-1514
(402) 441-8000

ENVIRONMENTAL HEALTH DIVISION

NON TRANSFERABLE

PERMIT

Permit No. 97380156701

SEWAGE INSTALLATION
LAGOON

Issued 04/14/97
Expires 10/14/97
Revenue Code 18754

Establishment

PAUL WECKLE
T7N R7E SEC 2
LOT 71
9250 RANAMA ROAD

FEES: $150.00

TOTAL $150.00

Permittee

PAUL WECKLE
22205 S 96 ST
HALLAM NE 68372

4394

Issued By M. Jane Ford
Health Director

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

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

A

Permit Number:

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 9250 Panama Rd (no rural route) City Holland NE, Zip 68372

Legal Description SE 2 7N 7E 6th PM 71
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

B. Owner

Name PAUL Weckle Signature Paul J. Weckle

Address 22205 South 96th St City/State/Zip Holland, NE 68372

☒ Check if owner designed system Home Phone 402 792-2619 Work Phone 402-792-2639

C. Contractor

Name PAUL Weckle Company Name _____

Address 22205 South 96th St City/State/Zip Holland, NE 68372

☐ Check if contractor designed system Work Phone 402-792-2639

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

Designer Name Dougs Backhoe Service Firm _____ Work Phone 794-4773

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 4/10/97 Date frwd 4/10/97 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 4.10.97 Date frwd 4.10.97 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 4/10/97 Date frwd 4/10/97 ACTION ☒ Approved ☐ Disapproved Signature _____

4/24/97 J.C.H. Need fence, barricade.

Installation Final Written Approval

By _____

Date _____

Business Office Use Only 3211

Date Rec'd 4/10/97

Amt Paid 150 =

Rec'd By _____ ~~Cash~~/Check No. 1040

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

Lincoln-Lancaster County Health Department
Environmental Health Division
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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 9256 Panama Rd (no rural route) City Holland NE, Zip 68372

Owner Paul Weckle Addresss 22205 South 96th Holland NE, 68372

Soil Type (SCS): _____ Percolation Rate: _____ min./inch

Date of Tests 4-8 to 4-9 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)
1	25"	4-8	8:00	4-8	12:00	4-9	2:00	20"	4-9	2:30	30	0	
2	25"	4-8	8:00	4-8	12:00	4-9	2:00	20"	4-9	2:30	30	1/8	
3	25"	4-8	8:00	4-8	12:00	4-9	2:00	20"	4-9	2:30	30	1/16	
4	25"	4-8	8:00	4-8	12:00	4-9	2:00	20"	4-9	2:30	30	0	
5	25"	4-8	8:00	4-8	12:00	4-9	2:00	20"	4-9	2:30	30	0	
6	25"	4-8	8:00	4-8	12:00	4-9	2:00	20"	4-9	2:30	30	1/8	

Person Conducting Percolation Tests

Name: Jay Placek

Phone: 794-4773

Address 5405 W. Stagecoach road Hallam NE. 68368

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 _____

FORM 23-101 10-96

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

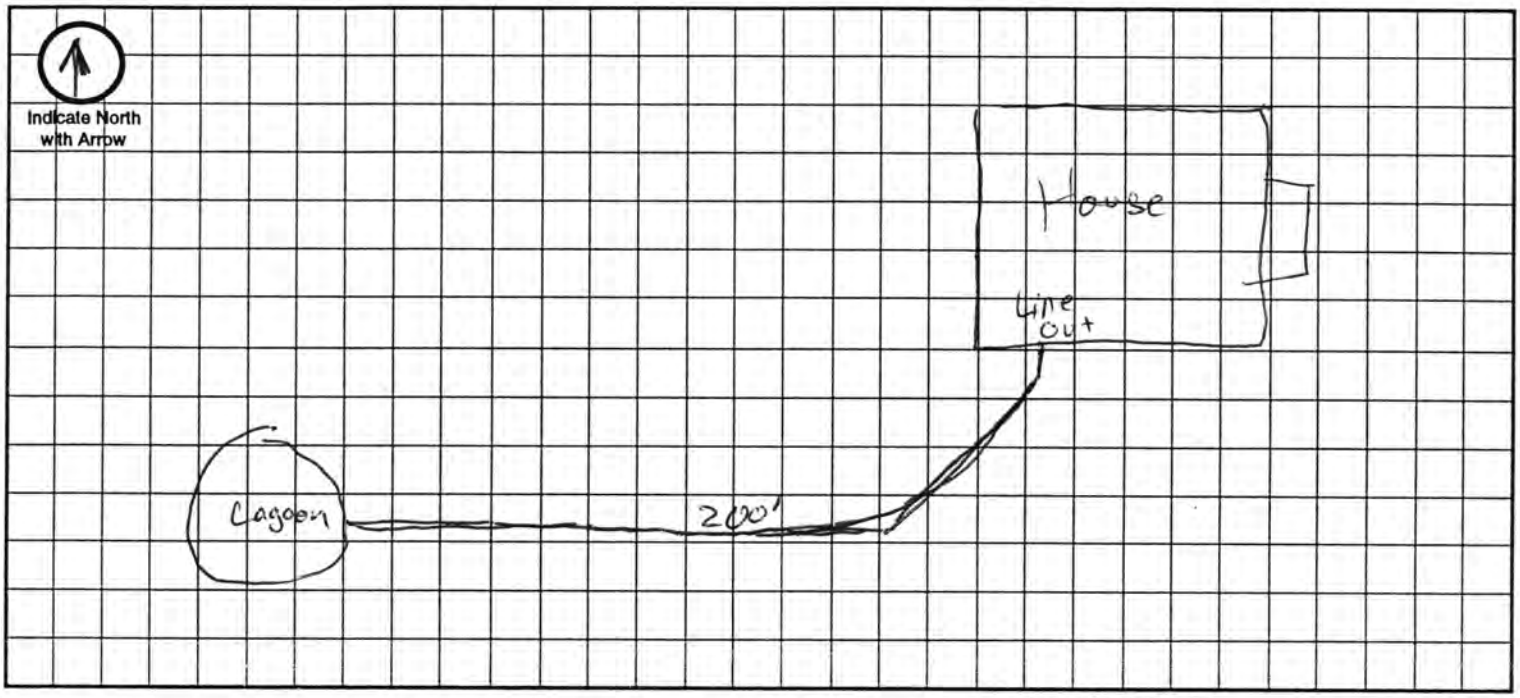
C

Permit Number:

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: _____ ft. = _____ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 9250 Panama Rd City Holland NE, Zip 68372

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 Paul J. Wachle Date _____

Installer Dougs Backhoe Service Date 4-9-97

FORM 23-102 10-96