Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

003317

(402) 441-8000

Permit: SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 04380276801

Issued 01/20/04
Expires 07/20/04
Revenue Code 3157

Establishment: CRAIG WULF
T12N R6E SEC 14 QTR NW
20500 N 1 ST

FEES: $200.00

Permittee: CRAIG WULF
1451 MEADOW LARK CT
LINCOLN NE 68521

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

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

A

Permit Number: 04380276801

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 20500 N 1ST ST (no rural route) City Lincoln NE, Zip Ne

Legal Description NW 1/4, 1/4 Section 14 Township 12 North, Range 6 East of 6TH P.M. 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 CRAIG WULF Signature Craig Wulf

Address 1451 Meadowlark CT. City/State/Zip Lincoln Ne 68521

☐ Check if owner designed system Home Phone _____ Work Phone _____

C. Contractor

Name McGill & Wulf Constr INC Company Name McGill & Wulf Constr. INC.

Address _____ City/State/Zip _____

☐ Check if contractor designed system Work Phone (402) 450-1001 or (402) 476-1602

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

Designer Name Capital City TRENCHING Firm _____ Work Phone _____

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 4 Is there a Whirlpool Bathtub YES ~~NO~~ X

☐ 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 1/20/04 Date frwd 1/21/04 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 2/4 Date frwd 2/6 ACTION ☒ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 1/21/04 Date frwd 1/21/04 ACTION ☒ Approved ☐ Disapproved Signature

4-19-04 rm

Installation Final Written Approval

By Ron Mayfield

Date 4-22-04

Business Office Use Only

Date Rec'd 1/8/04

Amt Paid 200.00

Rec'd By CW Cash/Check No. Cash

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: 04380276B

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 20500 N 1ST ST City Lincoln NE, Zip NE
(no rural route)
Owner CRAIG & Melissa Wulf Addresss 1451 Meadowlark Ct. Lincoln Ne 68521
Soil Type (SCS): Silty Clay Percolation Rate: _____ min./in
Date of Tests 12/19 to 12/20 Weather: Precipitation None Temperature 30-40

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 Rat (Min/in)
1	37	12/19	2:00	12/20	1:00	12/20	4:30	34 1/4	12/20	5:00	30	7/8	34
2	36	12/19	2:00	12/20	1:00	12/20	4:30	32 1/2	12/20	5:00	30	15/16	32
3	39	12/19	2:00	12/20	1:00	12/20	4:30	34 1/8	12/20	5:00	30	3/4	40
4	37	12/19	2:05	12/20	1:05	12/20	4:35	31 5/8	12/20	5:05	30	1/2	60
5	36	12/19	2:05	12/20	1:05	12/20	4:35	30 7/8	12/20	5:05	30	5/8	48
6	38	12/19	2:05	12/20	1:05	12/20	4:35	31 1/4	12/20	5:05	30	5/8	48

Person Conducting Percolation Tests

Name: Claude Oie
Phone: 402-423-0614
Address 5910 So. 52nd St. Ct.
Lincoln Ne. 68516

Sum of Percolation Rates: 262
Average of Rates: 720÷6 = 44
Rate Used for Calculation: 60

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks Appears to be in Shrampsburg silty clay loam

Signature of

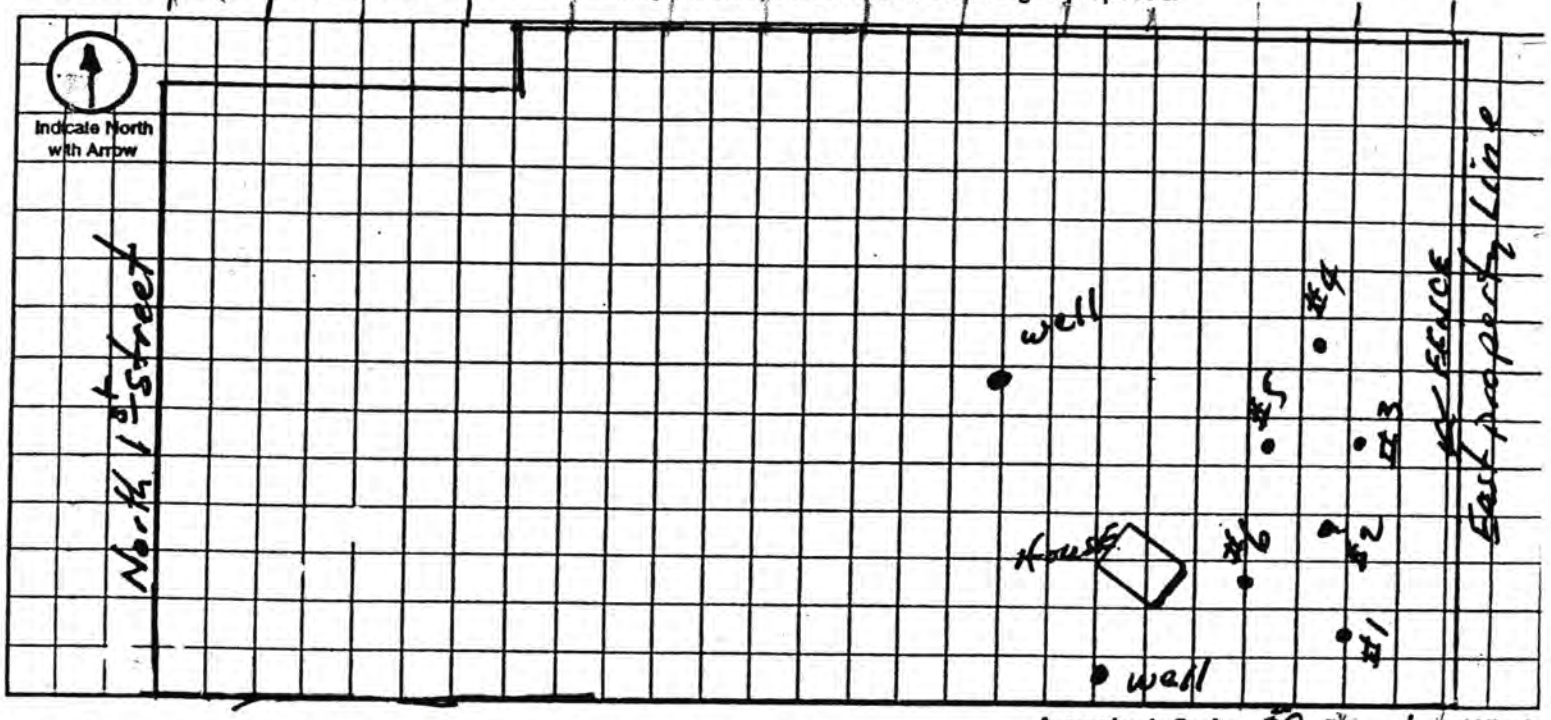
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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: 30 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 20500 N 15th St. City Lincoln NE, Zip NE

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☒ Plastic ☐ Other Infiltrator thus 350 ft equivalent

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: 1400 sq. ft. (460 × 3 = 1400)

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

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

Total Length of Laterals 467 (350) ft. Number of Trenches 5 (4) Trench Width 3 ft (4 equivalent)

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

Capital City Trenching 1-6-04

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

D

Permit Number:

Sewage Disposal System
As Built Plans & Specifications

Date 4/20/04 CRAIG WOLF

System Location (Indicate correct number and street)
Address 20500 N 1ST (no rural route) City RAYMOND NE, Zip

A. Building Sewer
1. Material: CLS 160
   Diameter: 4 in.
2. Distance above basement floor: ~~80~~ in.
   or distance below basement floor: 36 in.
3. Distance between dwelling and septic tank: 75 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line 100+ ft.
   stream 100+ ft.
   pressure line 100+ ft.
   property line 100+ ft.

B. Septic Tank
1. Material: CONC
   Number of compartments: 1
2. Capacity: 1250 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter ____ in.
   Over outlet, diameter ____ in.
   Riser: ☑ above ☐ below grade 6 in.
5. Inlet: ☑ baffle ☐ tee
6. Outlet: ☑ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 6 in.
8. Distances to: Well or suction line 100+ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 100+ ft.

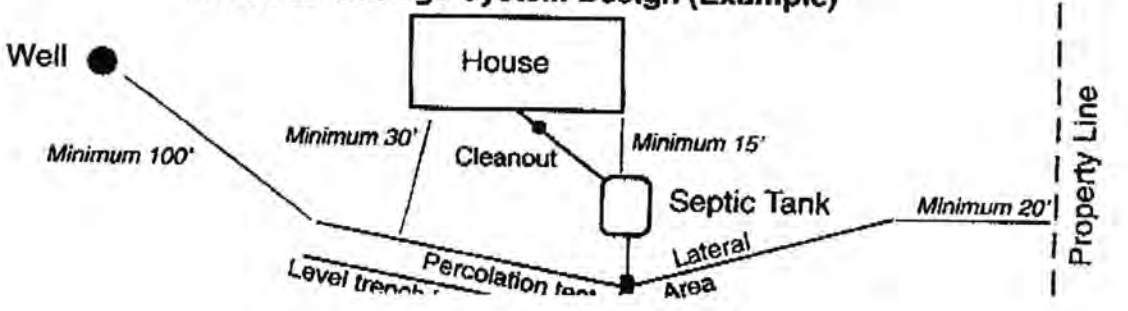
C. Distribution Box
1. Material: CONC
   Number available outlets: 5
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 15 ft.

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 INFILTRATOR
2. Lateral lines: Number 3
   Length of each line: 150 ft. 100 ft.
   100 ft. ____ ft., ____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 0 in/100 ft.
   Average depth 36 in
4. Filter material: GRAVEL-LESS
   Depth of material ____ in.
5. Distances to: Well or suction line 100+ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 100+ ft.

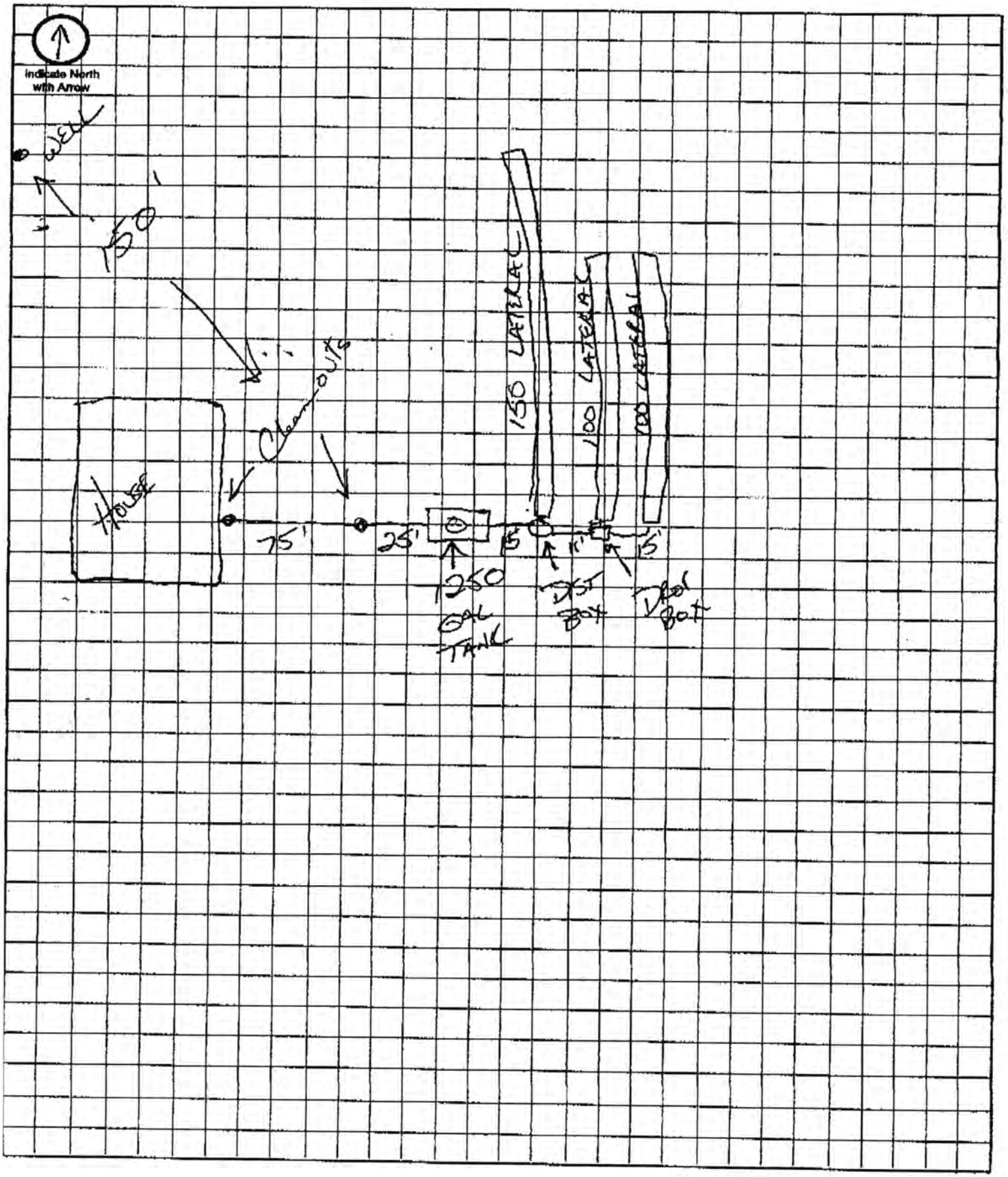
Indicate North with Arrow

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

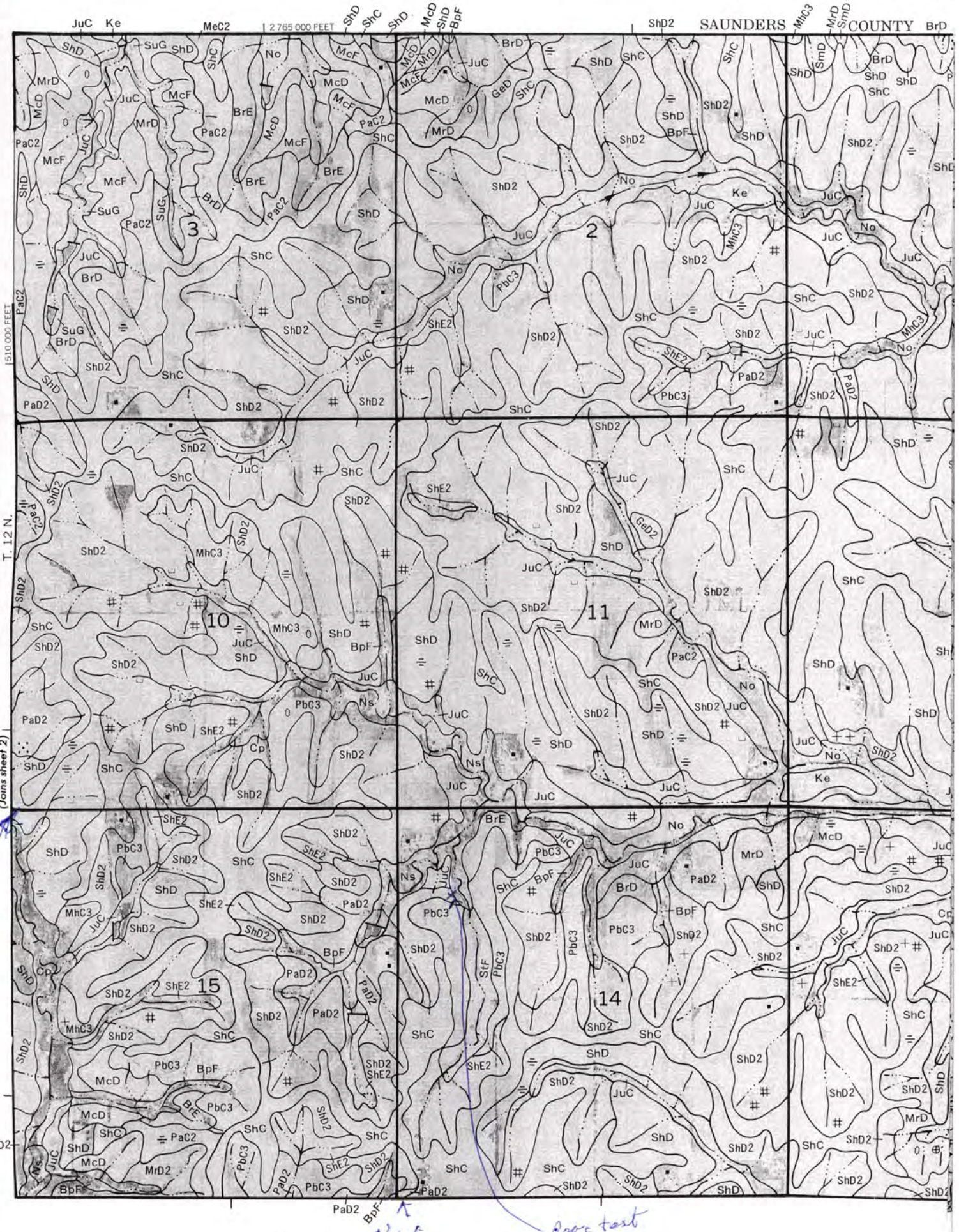
Individual Sewage System Design (Example)



As Built Drawing



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



This map is compiled on 1972 aerial photography by the U.S. Department of Agriculture, Soil Conservation Service and cooperating agencies.