Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

009511

(402) 441-8000

Permit: SEWAGE INSTALLATION

Permit # 06380323801

Issued 08/18/06

Expires 08/18/07

Revenue Code 3157

Establishment:
KEVIN WOLFE CONSTRUCTION
T11N R6E SEC 25
IRREGULAR TRACT LOT 30&31
2050 ARBOR RD

FEES: $275.00

TOTAL: $275.00

Permittee:
KEVIN WOLFE CONSTRUCTION
24021 NW 27 ST
APT B62A
VALPARAISO NE 68065

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: 06380323801

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 2050 ARBOR Rd (no rural route) City Lincoln NE, Zip 68531

Legal Description 1/4 1/4 Section 25 Township 11N Range 6E Subdivision Addition Block 30+31 Lot I.T.

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name Kevin Wolfe Construction Signature _____

Address 24021 NW 27th Blvd. City/State/Zip Val Paraiso NE

☐ Check if owner designed system Home Phone 783 2204 Work Phone 430 8509

C. Contractor

Name Steve Dankbaar Company Name Diet Works Plus, INC

Address 6667 NW 48th St. City/State/Zip Lincoln NE 68524

☐ Check if contractor designed system Work Phone 560-1208 / 325-0529.

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 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 8/18/06 Date frwd 8/23/06
   ACTION ☒ Approved ☐ Disapproved
   Signature Jerold C. Hood

2. **Supt. Bldg. Insp. or Village Clerk**
   Date rec'd 8-23-06 Date frwd 8-23-06
   ACTION ☒ Approved ☐ Disapproved
   Signature _____

3. **City or County Engineer** TOP OF BERM MUST BE AT LEAST 12" ABOVE BASE FLOOD ELEVATIONS IF IN FLOOD PLAIN
   Date rec'd 8/23/6 Date frwd 8/23/6
   ACTION ☒ Approved ☐ Disapproved
   Signature Ruff Baker

Installation Final Written Approval

By _____

Date 10/30/06

Business Office Use Only
Date Rec'd 8/18/06
Amt Paid 275.00
Rec'd By _____ Cash/Check No. 8912

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: 06386323801

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 2050 Arbor Rd (no rural route) City Rural NE, Zip NE

Owner Kevin Wolfe Const Address 24021 NW 27th Valparaiso NE 68065

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

Date of Tests 10/2/06 to 10/3/06 Weather: Precipitation NONE Temperature 85°

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	27	10/2	8A	10/3	8A	10/2/06	11:00A	6	10/3	11:30A	30	3/4	40
2	28	10/2	8A	10/3	8A	"	"	6	10/3	"	30	3/4	40
3	29	10/2	8A	10/3	8A	"	"	6	10/3	"	30	1/2	60
4	30	10/2	8A	10/3	8A	"	"	6	10/3	"	30	2	15
5	27	10/2	8A	10/3	8A	"	"	6	10/3	"	30	1 1/2	20
6	28	10/2	8A	10/3	8A	"	"	6	10/3	"	30	3/4	40

Person Conducting Percolation Tests

Name: Steve Dambroson - Dirt Works

Phone: 325-0529

Address 6610 NW 48th Ste Lincoln NE 68524

Sum of Percolation Rates: 200

Average of Rates: 40.0

Rate Used for Calculation: 40.0

DO NOT WRITE BELOW THIS LINE

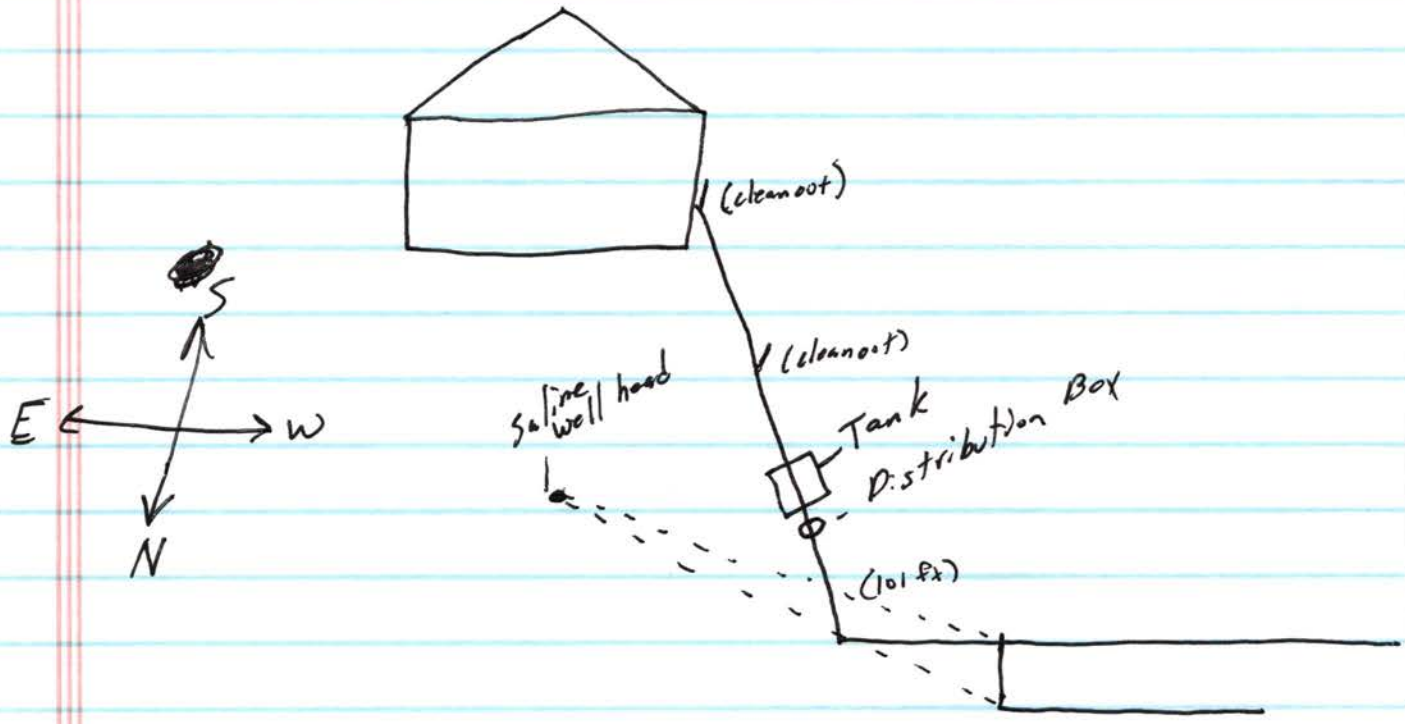
Reviewing Action

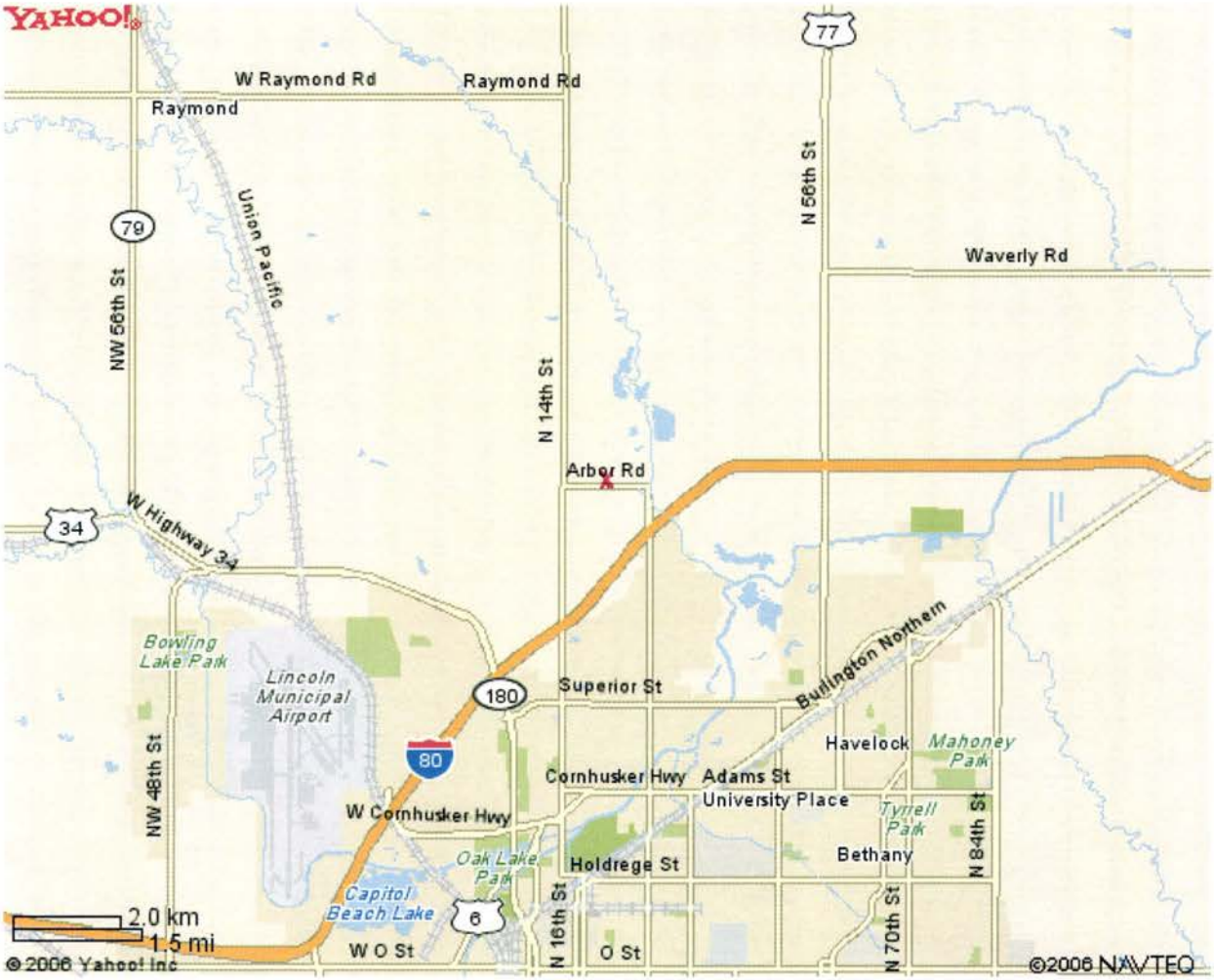
Remarks _____

Signature of Reviewing Official _____ Date _____

10/23/06
Tape measured

2050 Arbor Rd.





3 bed room - no whirlpool

825 ft of lateral necessary