Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

011075

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 07380336301

Issued 07/12/07
Expires 07/12/08
Revenue Code 3157

Establishment: JIM WUDEL
T10N R8E SEC 31
WINDHOEK-8TH BLK 1 LOT 1
1925 S 116 ST-WALTON

FEES: $290.00

Permittee: JIM WUDEL
6401 CAMPBELL DR
LINCOLN NE 68510

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
Phone: 402-441-8022

A

Permit Number

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

Include Form B and C. Submit correct fee with this Application

3 acres or more required for: ☑ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Wastewater Treatment System in conformance with appropriate regulations.

PLEASE PRINT OR TYPE

A. Onsite System Location

Address ? So 116 Street Circle City Walton, NE Zip
(no rural route)

Legal Description 31 10N 8E Windhoek 6th 1 4
1/4 1/4 Section Township Range Subdivison Addition Block Lot

Geographical Location (if known): Longitude: Latitude:

☐ Check if system mail address is not the same as the owner's address Total Acres: 3.0

B. Owner

Name Dr. Jim Wudel Signature

Address City/State/Zip Lincoln NE

☐ Check if owner designed system Home Phone Work Phone

C. Contractor

Name: Matt Kleinschmit Company Name Pride Homes

Address 1544 So 1st. City/State/Zip Linc. NE 68502

☐ Check if contractor designed system Work Phone 450632

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

Designer Name Brad Southwick Firm Southwick Sewer & Drain Work Phone

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 Well Permit Applied for ☑ Yes ☐ No ☐ Not Applicable

DO NOT WRITE BELOW THIS LINE

Approval Process ☑ Municipal Code 24.38 ☐ County Resolution No. 02-30

1. Health Department
Site visits
*Must be built out of floodplain!
Date rec'd 7/11/07
Date frwd 7/11/07
ACTION ☑ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd
Date frwd
ACTION ☑ Approved ☐ Disapproved
Signature as per Mike Peterson Vic phone 1:30 7/24/07

3. City or County Engineer
Comments
Date rec'd 7-12-07
Date frwd 7-12-07
ACTION ☑ Approved ☐ Disapproved
Signature Dennis Bartels

~~**Installation Final Written Approval**~~
By
Date 6/12/08

Business Office Use Only
Date Received 3/12/07 Amount Paid 290.00
Received By CW Cash/Check No 14565

White - Health Department Yellow - Engineer Pink - Building & Safety

Form A Updated: 5-07

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B

Permit Number:

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

Lot 4
Windhoek

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address ? 116th Street Circle (no rural route) City Walton NE, Zip

Owner Dr. Jim Wudel Addresss

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

Date of Tests 1/13 to 1/14/06 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	24	1/13	5/00 PM	1/14	6/45 AM	1/14	8/45	19 3/4	1/14	9/15 AM	30	3/4	40
2								20 1/8				5/8	34
3								20 3/4				3/4	40
4								20 1/4				~~7/8~~	34
5								19 5/8			1	~~30~~	30
6								17 3/8				~~40~~ 3/4	40

Sum of Percolation Rates: 218
Average of Rates: 37
Rate Used for Calculation: 40

Person Conducting Percolation Tests

Name: Brad Southwick
Phone: 430-7606
Address 17201 So 72
Hickman, Ne 68372

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

FORM 23-101 10-96

sec. 31, T 10N, Range 8E

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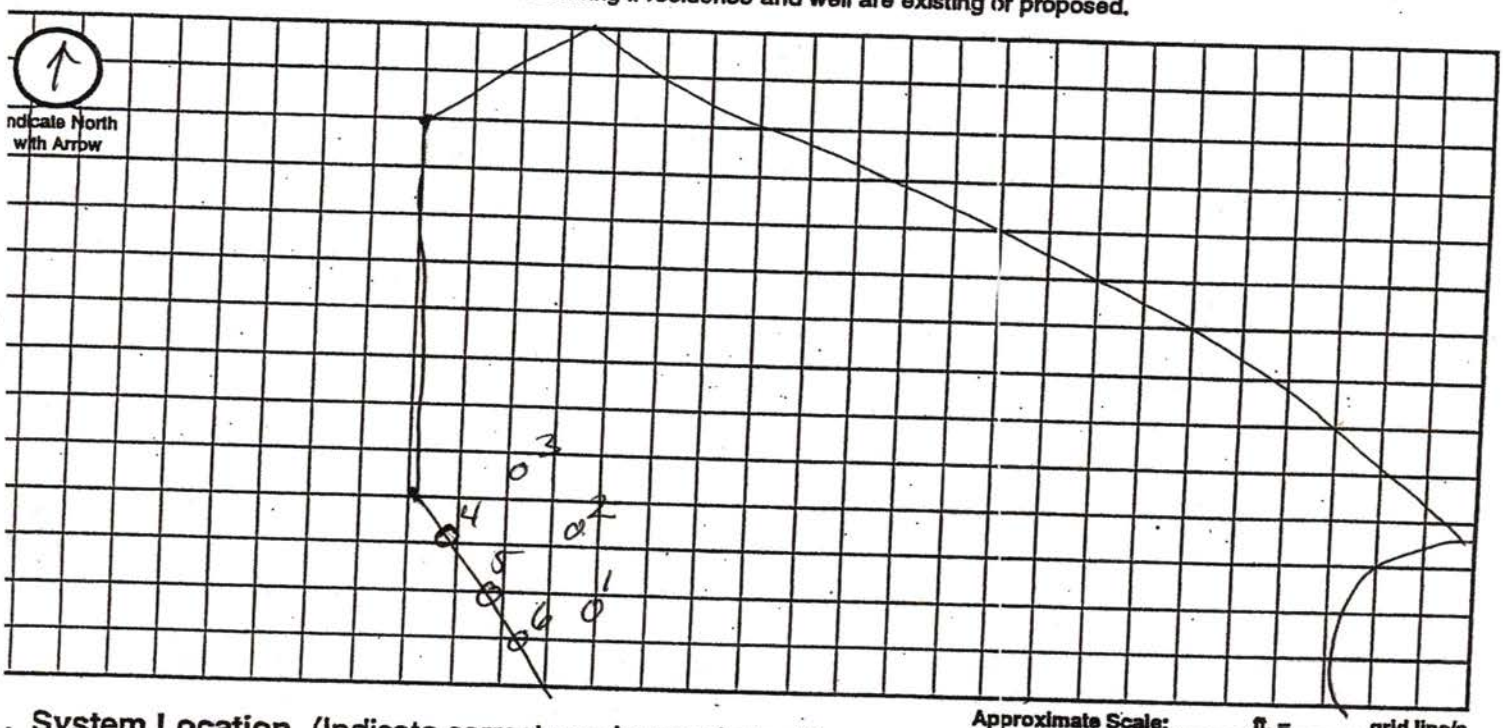
C

Permit Number:

Sewage Disposal System
Preliminary Plan Specifications

LOT 4 Windhoek

raw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, ompass direction and property lines. Indicate on drawing if residence and well are existing or proposed.



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

. System Location (Indicate correct number and street)

ldress (no rural route) ? 116th Street Circle City Walton NE NE, Zip _____

. Proposed Septic Tank/s

nk Material: ☐ Concrete ☒ Plastic ☐ Other _____

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

rcolation Rate 40 (min. per inch) Soil Type: JUC Land Slope: _____ %

pe of Absorption System: ☐ Trench ☐ Bed ☐ Other _____

al Square Feet of Field Required: _____ sq. ft.

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

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

al Length of Laterals _____ ft. Number of Trenches _____ Trench Width _____

Setbacks Check the Boxes Below if the Required Setback has been Satisfied

istance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
ank (ft)	50 ☒	500 ☒	50 ☒	NA ☐	25 ☒	20 ☑	15 ☒	25 ☒	☒
eld (ft)	100 ☑	500 ☑	50 ☑	4 ☑	30 ☑	20 ☒	30 ☒	40 ☒	☒
oon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

Required Signatures

e Building Contractor _____ Pride Homes Date _____

ller _____ Date 1-14-06

3-102 10-96