LLCHD HS000134

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

A

SCANNED

Permit Number
HS000134

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 5200 W. Roca Road (no rural route) City Martell, NE Zip 68404

Legal Description 18 8N 6E 2 10
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:

B. Owner

Name Eric Spence Signature

Address 5200 W. Roca Rd. City/State/Zip Martell, Ne 68404

☐ Check if owner designed system Home Phone Work Phone 440-0767

C. Contractor

Name: Brad Southwick Company Name Southwick Sewer + Drain

Address 505 Locust P.O. Box 191 City/State/Zip Hickman, Ne 68372

☒ Check if contractor designed system Work Phone 430-7606

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 2 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
Date rec'd Date frwd
ACTION ☑ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd Date frwd
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Signature

3. City or County Engineer
Comments
Date rec'd Date frwd
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Signature

Installation Final Written Approval
By
Date

1-17-08 CK 1216 DC

Business Office Use Only
Date Received 7/17/08 Amount Paid 305 cc
Received By Cash/Check No. 1216

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

Form A Updated: 5-07

7-23-2008 10:32:36

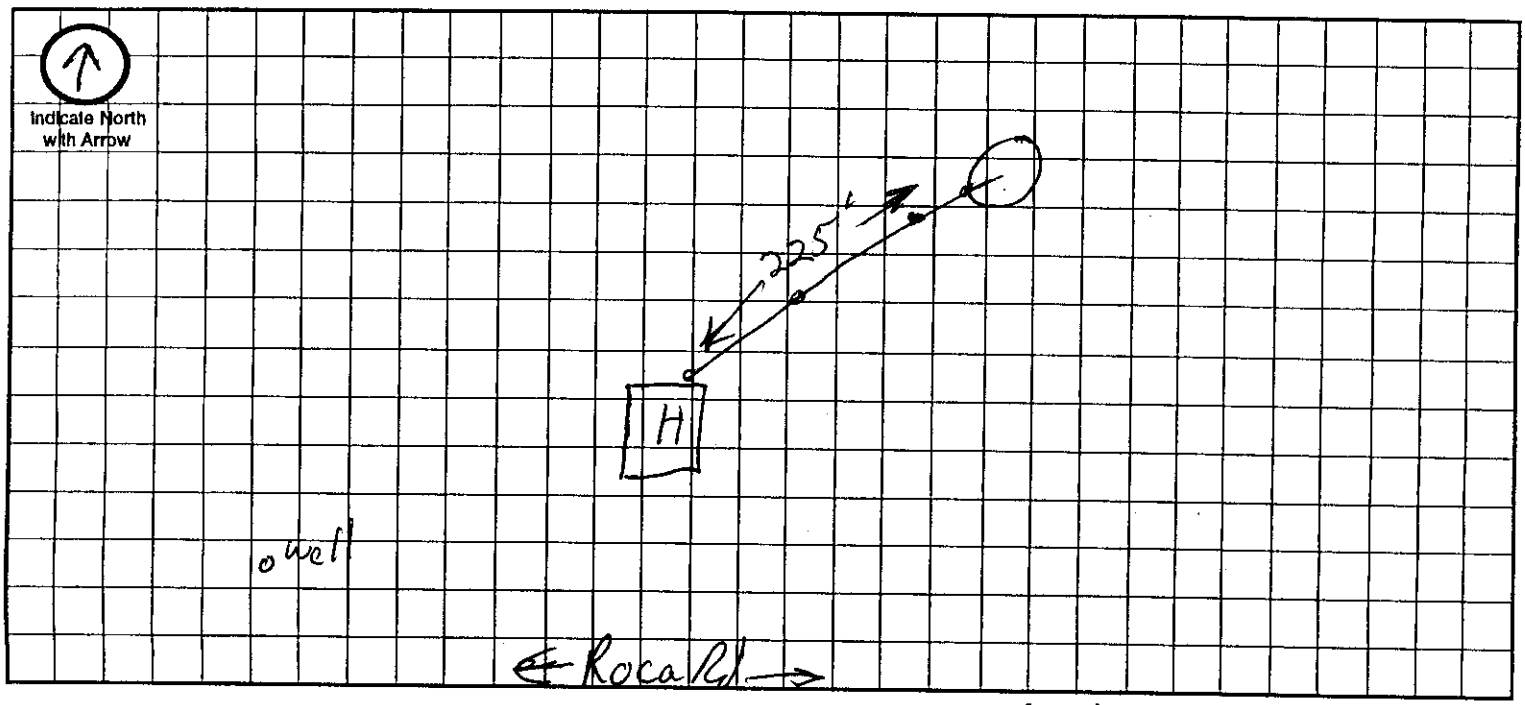
Lincoln-Lancaster County Health Department
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C

Permit Number: HS000134

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) 5200 W. Roca, 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 _____ (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 _____ Date _____

Installer Brad Smith Date 7/16/08

FORM 23-102 10-96

Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3140 N Street Lincoln, NE 68510-1514

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT

No. HS000134

System Type:	LAGOON
Situs:	5200 W ROCA RD RUR
Legal Description:	T08N-R06E-S18-Lot 10
Owner:	SPENCE, RONALD L & SHARON LEE 5200 W ROCA RD MARTELL NE 68404

Permit Fee:	$305.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$305.00
Issued:	07/22/2008
Expires:	07/22/2009

Bruce D. Dart, PhD, Health Director

On-site Waste System Permit Holder:

The above document is your permit to construct a new On-site Waste Water System at the location listed. Please contact this office once the sytem is complete in order to schedule a final inspection before use.

Bruce D. Dart, PhD
Health Director

SOUTHWICK SEWER
PO BOX 191
HICKMAN NE 68372

LLCHD HS000134

Lincoln-Lancaster County Health Department
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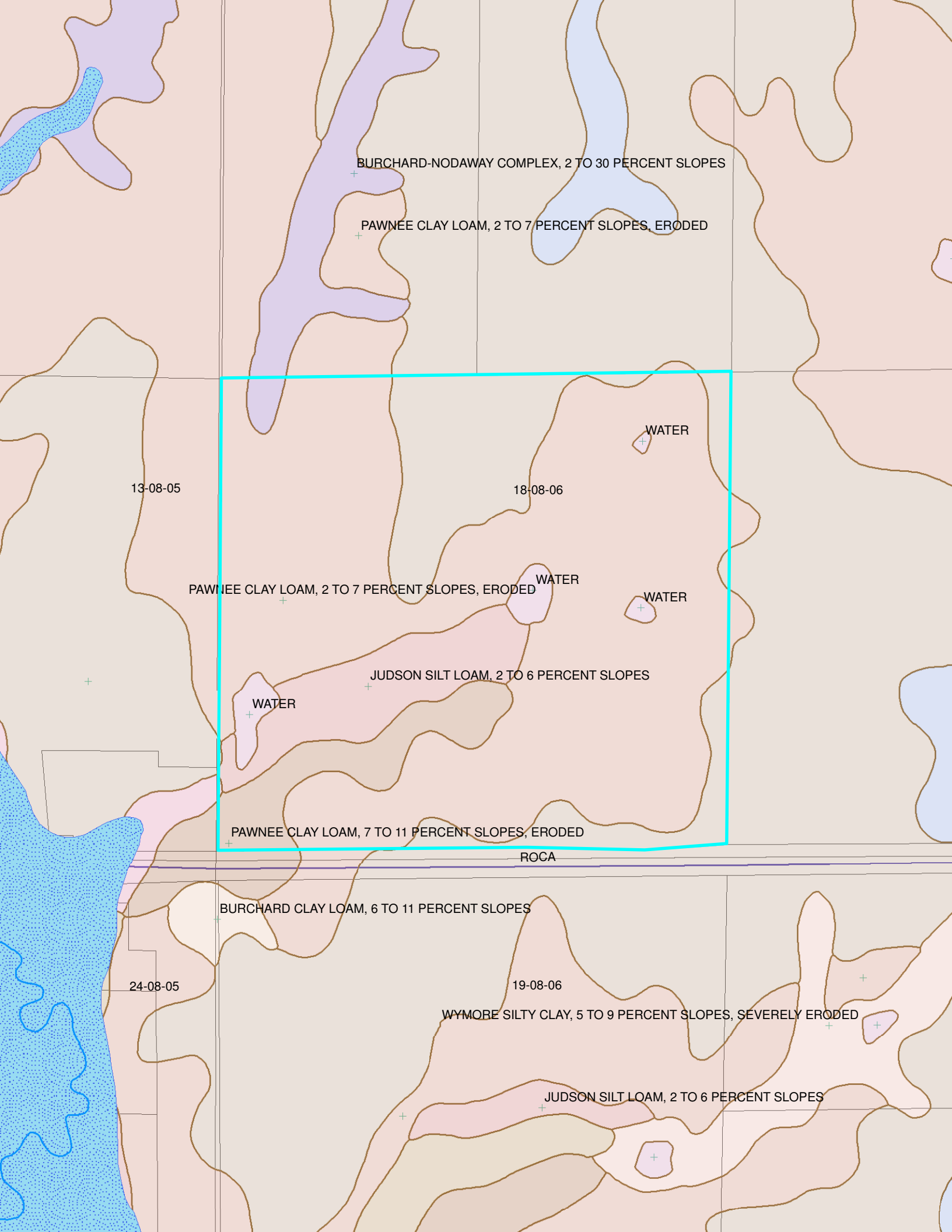
1-17-08 CK1216 DGL

Business Office Use Only
Date Received 7/17/08 Amount Paid 305 cc
Received By Cash/Check No. 1216

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

Form A Updated: 5-07

7-21-2008 9:46:14


BURCHARD-NODAWAY COMPLEX, 2 TO 30 PERCENT SLOPES
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
WATER
13-08-05
18-08-06
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
WATER
WATER
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
WATER
PAWNEE CLAY LOAM, 7 TO 11 PERCENT SLOPES, ERODED
ROCA
BURCHARD CLAY LOAM, 6 TO 11 PERCENT SLOPES
24-08-05
19-08-06
WYMORE SILTY CLAY, 5 TO 9 PERCENT SLOPES, SEVERELY ERODED
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES

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

SCANNED

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Rainfall on line D.S. 9/25/01 lagoon 9/28/08 1-17-08 CK1214 DW

Installation Final Written Approval
By Doug Anderson
Date 1/28/09

Business Office Use Only
Date Received 7/17/08 Amount Paid 305 cc
Received By AF Cash/Check No. 1216

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Form A Updated: 5-07