LLCHD HS000398

Aug 25 10 07:00a Scott Subbert 14026242011 p.1

SCANNED

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

**A**

Permit Number HS000398

# 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 20520 Deer Track Avenue (no rural route) City Martel NE Zip 68404

Legal Description NE NW 4 7 6E

1/4 | 1/4 | Section | Township | Range | Subdivison | Addition | Block | Lot

Geographical Location (if known): Longitude: 96 - 45 - 29.84 Latitude: 40 - 36 - 34.56

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

## B. Owner

Name Cam Kenny Oelke Signature

Address City/State/Zip

☐ Check if owner designed system Home Phone Work Phone

## C. Contractor

Name: Scott Subbert Company Name Subbert Well & Septic

Address 1012 Co Rd M City/State/Zip Inland Ne 68401

☑ Check if contractor designed system Work Phone 402-443-6549

## 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 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

**. Health Department**
Site visits
Date rec'd
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature

**. Supt. Bldg. Insp. or Village Clerk**
Comments
Date rec'd
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature

**. City or County Engineer**
Comments
Date rec'd
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature

**Installation Final Written Approval**
By
Date

***Business Office Use Only***
Date Received 8/27/10 Amount Paid 325
Received By BH Cash/Check No. 5888

9-8-2010 11:35:24

LLCHD HS000398

Lincoln-Lancaster County Health Department
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3140 N Street • Lincoln NE 68510-1514
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## A. Onsite System Location

Address 20520 Deer Track Avenue (no rural route) City Martel NE Zip 68404

Legal Description NE NW 4 7 6E Four Stones 2nd. 1 3
1/4 | 1/4 | Section | Township | Range | Subdivison | Addition | Block | Lot

Geographical Location (if known): Longitude: 96 - 45 - 29.34 Latitude: 40 - 36 - 34.46

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

## B. Owner CAM

Name Kelsey Oelke Signature

Address City/State/Zip

☐ Check if owner designed system Home Phone Work Phone

## C. Contractor

Name: Scott Subert Company Name Subert Well & Septic

Address 1012 Cobb Dr City/State/Zip Maud Ne 68064

☑ Check if contractor designed system Work Phone 402-443-6549

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

Designer Name Firm Work Phone

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Date frwd 8-30-10
ACTION ☑ Approved ☐ Disapproved
Signature Jim Clough

**nstallation Final Written Approval**
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ate

***Business Office Use Only***
Date Received Amount Paid
Received By Cash/Check No.

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
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 20520 Deertrack Circle (no rural route) City Martel NE, Zip 68454

Owner Cam Kelly Oelke Address 1835 MAZE ST LINCOLN, NE 68521

Soil Type (SCS): Silty Clay Percolation Rate: 37 min./inch

Date of Tests 7/8/10 to 7/9/10 Weather: Precipitation None Temperature 90°

### 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 | 32 | 7/9 | 10:00 | 9/9 | 1:30 | 7/9 | 2:00 | 24 | 7/9 | 2:30 | 30 | .75 | 40 |
| 2 | 34 | | | | | | | 22 | | | | .75 | 40 |
| 3 | 32 | | | | | | | 27 | | | | .75 | 40 |
| 4 | 30 | | | | | | | 24 | | | | 1 | 30 |
| 5 | 30 | | | | | | | 25 | | | | .75 | 40 |
| 6 | 32 | | | | | | | 24 | | | | 1 | 30 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

### Person Conducting Percolation Tests

Name: Scott Sunberg

Phone: 402-443-6549

Address 1012 County Rd M
Mead NE 68041

Sum of Percolation Rates: 220

Average of Ratas: 37

Rate Used for Calculation:

DO NOT WRITE BELOW THIS LINE

### Reviewing Action

Remarks

Signature of

Title 124
Appendix D

**NDEQ Use Only**
REG # _____
Fee Rcvd? ____

# Onsite System Registration Form G

**Existing System Registration #**_____ **(if previously registered)**

Ver. Dec. 2005

(Please type or print) (Must be filed within 45 days of inspection or completion of work)

**System Address and Ownership:**

| Owner's Last Name | First Name | Middle Init | Owner's Phone number |
|---|---|---|---|
| OeLke | Cam Kenny | | 402-742-0351 |

| Owner's Mailing Address | City | State | Zip code |
|---|---|---|---|
| 1835 M22 Ct. | Lincoln | NE | 68521 |

| System Location Physical Address (if different than owner's) | Nearest Community |
|---|---|
| 20520 Deer Track Circle | Martel |

**System Location (either the Legal Description or the Geographic Coordinates is required):**

| 1/4 | 1/4 | Section # | Township | Range | County | Latitude | Longitude |
|---|---|---|---|---|---|---|---|
| NE | NW | 4 | 7 | 6E | Lancaster | 40-36-34 | 96-45-29.8 |

**System Information**

System is for: ☒ Dwelling with 3 bedrooms, or ☐ Establishment with _____ gal/day flow

| Septic Tank / Soil Absorption System | Lagoon System |
|---|---|
| Rated Tank Capacity = 1500 gallons | Water Surface Area = _____ sq. ft. |
| Total effective trench bottom area = 217 sq. ft. | Tested seepage rate = _____ in/day |
| Number of Trenches = 2 | **Other Type System** |
| Total Trench Length = 200 ft. | |
| Design Percolation Rate = 37 min/inch | NDEQ Construction Permit# _____ |
| Depth to seasonal high groundwater = _____ ft. (if less than 10 feet below ground surface) | |

**Certified professional registering the system:**

| Last Name | First Name | Middle Initial | Professional Certificate # |
|---|---|---|---|
| Subbert | Scott | J | C1996 |

| Signature of Certified Professional | Date of inspection or completion of work |
|---|---|
| Scott Subbert | |

The registration fee must accompany this completed registration form. See Fee Schedule in Appendix A. Include late fee if submitted more than 45 days after completion.
Make checks payable to the **Nebraska Department of Environmental Quality.**
Mail to: NDEQ, Onsite Wastewater Unit, P.O. Box 98922, Lincoln, Nebraska 68509-8922

**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. HS000398**

| | |
|---|---|
| **System Type:** | STANDARD |
| **Situs:** | 20520 SW DEER TRACK CIR |
| **Legal Description:** | T09N-R06E-S04-1-Lot 3 |
| **Owner:** | |

| | |
|---|---|
| Permit Fee: | $325.00 |
| Variance Fee: | $0.00 |
| Extension Fee: | $0.00 |
| Total Fees: | $325.00 |

| | |
|---|---|
| Issued: | 08/31/2010 |
| Expires: | 08/31/2011 |

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

NEIGHBORS FAMILY HOMES
8240 EASTWOOD DR
LINCOLN NE 68506-7338

LLCHD HS000398



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

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Legal Description NE NW 4 7 6E

1/4 1/4 Section Township Range Subdivison Addition Block Lot

Geographical Location (if known): Longitude: 96 - 45 - 29.84 Latitude: 40 - 36 - 34.56

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

**B. Owner**

Name Cam Oelke Signature

Address City/State/Zip

☐ Check if owner designed system Home Phone Work Phone

**C. Contractor**

Name: Scott Subbert Company Name Subbert Well & Septic

Address 1012 Co Rd M City/State/Zip Mead NE 68041

☑ Check if contractor designed system Work Phone 402-443-6549

**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

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

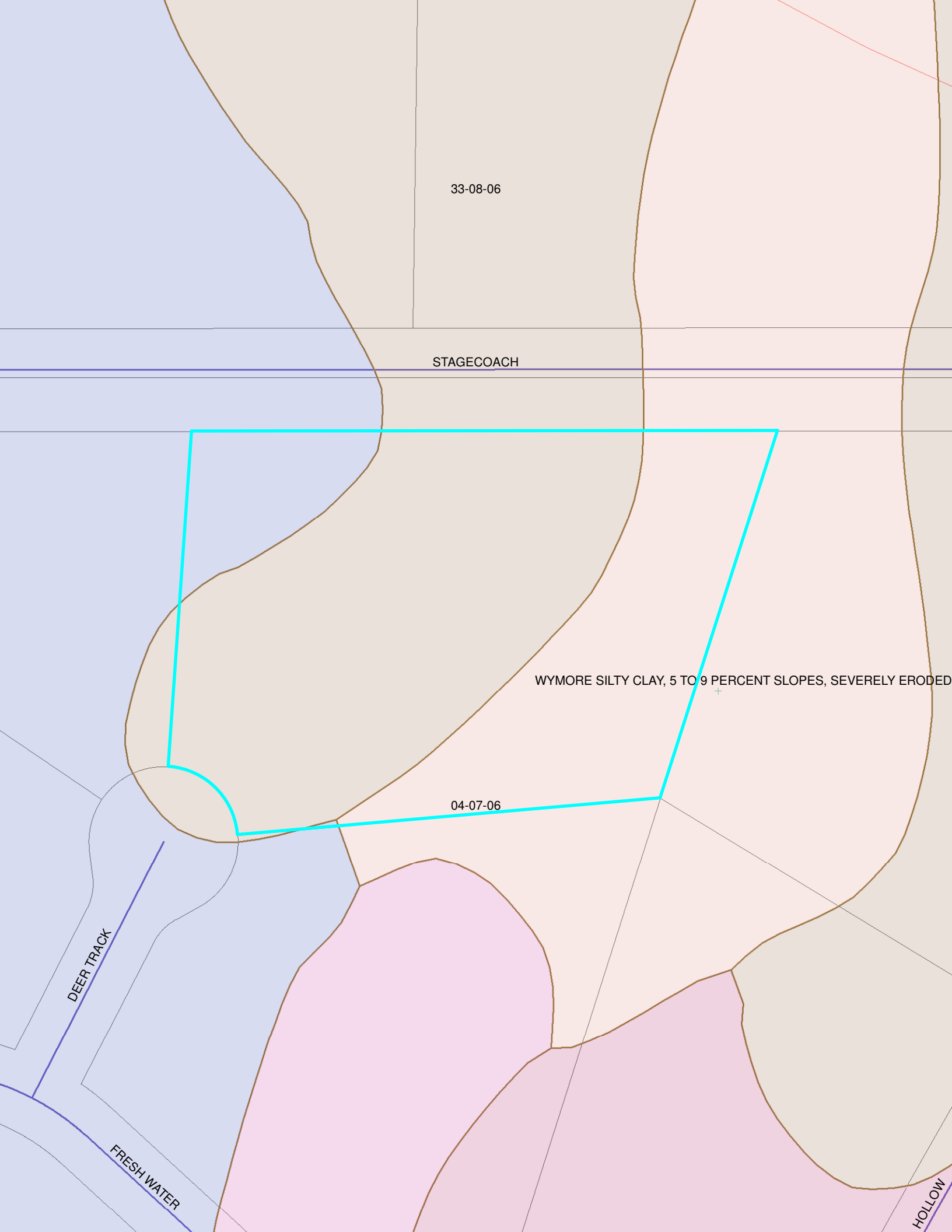
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**. City or County Engineer**
Comments
Date rec'd
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature

**Installation Final Written Approval**
By
Date

***Business Office Use Only***
Date Received 8/27/10 Amount Paid 325
Received By BL Cash/Check No. 5888


33-08-06
STAGECOACH
WYMORE SILTY CLAY, 5 TO 9 PERCENT SLOPES, SEVERELY ERODED
04-07-06
DEER TRACK
FRESH WATER
HOLLOW

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
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## A. Onsite System Location

Address 20525 Deer Track avenue (no rural route) City Malcolm NE Zip 68404

Legal Description NE NW 4 7 6E Four Stones 2nd. 1, 3
1/4 1/4 Section Township Range Subdivison Addition Block Lot

Geographical Location (if known): Longitude: 96 - 45 - 29.34 Latitude: 40 - 36 - 34.55

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

## B. Owner

Name CAM Kelley Oelkers Signature

Address City/State/Zip

☐ Check if owner designed system Home Phone Work Phone

## C. Contractor

Name: Scott Subbert Company Name Subbert Well & Septic

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Comments
Date rec'd 8-30-10
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Signature

3. **City or County Engineer**
Comments
Date rec'd 8-30-10
Date frwd 8-30-10
ACTION ☒ Approved ☐ Disapproved
Signature Jim Theurer

**Installation Final Written Approval**
By
Date 11/1/10

***Business Office Use Only***
Date Received Amount Paid
Received By Cash/Check No.

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