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. HS000449

System Type: STANDARD

Situs: 17507 SW 25 ST

Legal Description: T08N-R06E-S28-Lot B

Owner:

Permit Fee:	$335.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$335.00

Issued:	01/18/2011
Expires:	01/18/2012

Judith A Halstead

Judith A. Halstead, MS, 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.

Judith A Halstead

Judith A. Halstead, MS
Health Director

WENDELIN CONSTRUCTION
16976 SW 72ND
MARTELL NE 68404

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

SCANNED

A

Permit Number H5000449

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 1705 William St. (no rural route) City Martell, NE Zip 68404

Legal Description The North 150' of Lot B

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

Geographical Location (if known): Lat/Long: _____ PID _____

B. Owner

Name Scott M. Wendelin Signature Scott M. Wendelin

Address 16976 SW 72nd City/State/Zip Martell, Ne. 68404

Home Phone 430-6984 Work Phone 430-6984

C. Certified Installer

Name: H.L. Muhlbach Construction Signature Harry Muhlbach

Address 14305 N 56th St City/State/Zip Lincoln, NE 68524

Work Phone Same

D. Engineer

☐ **Check and complete if engineer designed system** P.E. License Number: _____

Designer Name _____ Firm _____ Work Phone _____

E. This system will serve a

☒ Residential Dwelling Number of Bedrooms 3 Is there a Whirlpool Bathtub? ☐ Yes ☒ No Total Acres Lot

☐ 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 Date rec'd 1/4/11 **ACTION** ☑ Approved ☐ Disapproved
Site visits _____ Date frwd 1/11/11 Signature _____

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

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

Installation Final Written Approval
By _____
Date _____

Business Office Use Only
Date Received 1-5-11 Amount Paid $335.00
Received By BH Cash/Check No. 15632

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

Form A Updated: 5/10

SCANNED

B

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

Permit Number: HS0004449

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address _____ City _____ NE, Zip _____

Owner Scott Hendricks (no rural route) Address 16976 (Home) SW 72nd Martell Ne. 68404

Soil Type (SCS): WTC 1705 William St. Martell Ne. Percolation Rate: _____ min./inch

Date of Tests 6/6 to 6/7/06 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	30	6/6	5/00	6/7	3/00	6/7	3/40	11 7/8	6/10	4/10	30	1/2	60
2			PM		PM			12				1/2	60
3								13 1/8				3/8	80
4								14 1/4				1/2	60
5								16 7/8				1	30
6								13 1/4				1	30

Sum of Percolation Rates: 320

Average of Rates: 54

Rate Used for Calculation: _____

Person Conducting Percolation Tests

Name: Brad Southwick

Phone: 475-2462

Address 105 Locust P.O. Box 191
Hickman, Ne. 68372

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

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

SCANNED

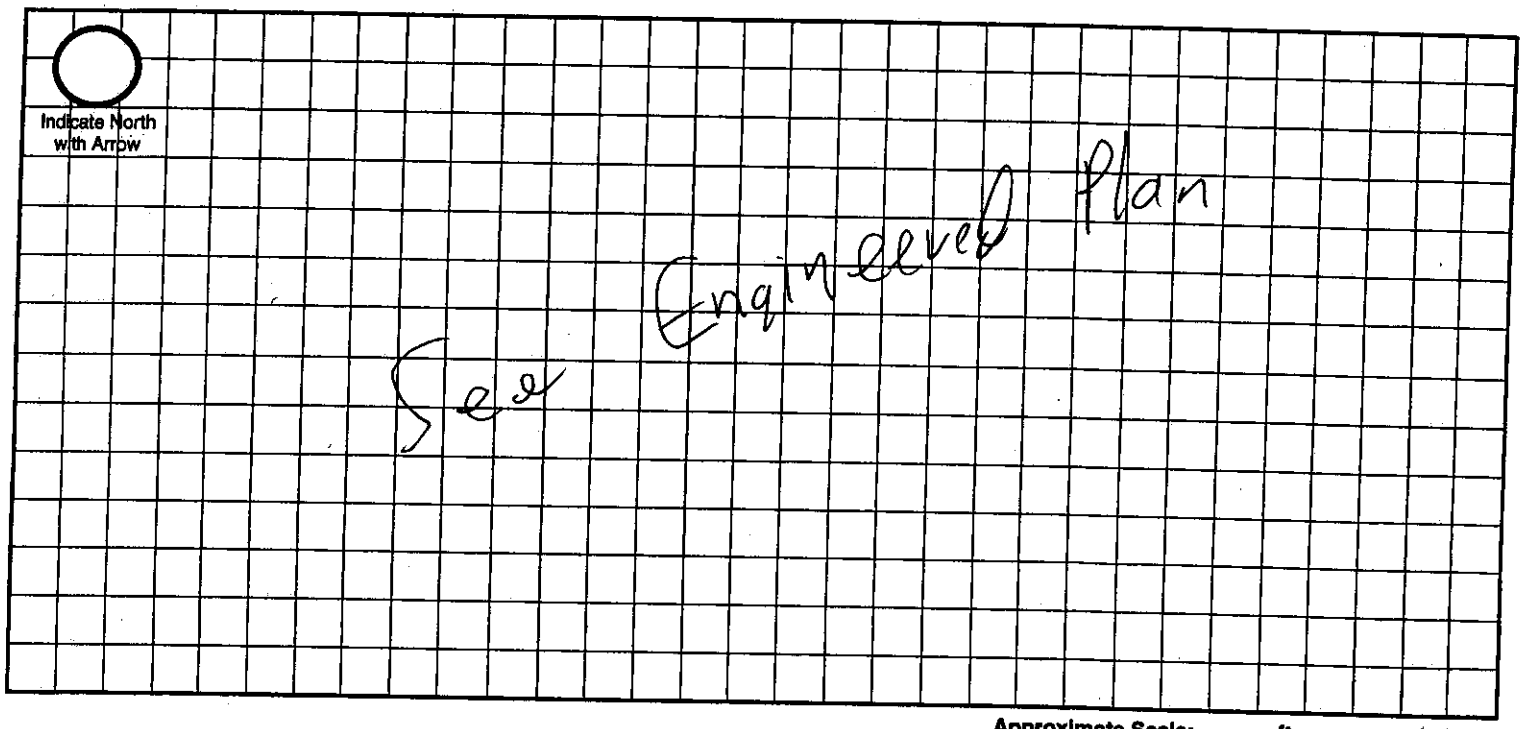
C

Permit Number:

Onsite Wastewater Treatment System

Preliminary Plan Specifications

Draw a plot plan showing onsite system sewer lines, drop of distribution boxes, tank, drainfields, percolation test holes, well, residence, direction of groundwater flow, property lines, and reserve area for replacement onsite system.



Approximate Scale: _____ft. = _____ grid line/s

A. Onsite System Location

Address (no rural route) _____ City _____ NE, Zip _____

B. Proposed Septic Tank/s

Septic Tank Cap._____ gals Tank Material: ☐ Concrete ☐ Plastic ☐ Other_____ ☐ Lagoon(Max. seepage 1/8" per day)

C. Reserve Area for Replacement Onsite System

☐ Drainfield Absorption Area (percoloation test required) ☐ Lagoon

D. Drainfield Absorption System

Percolation Rate_____ (min/inch = mpi) No. of Bedrooms_____ Soil Type_____ Land Slope_____%

☐ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield_____sq.ft.

Total length of laterals_____ Type of distribution: ☐ Perforated pipe ☐ Half-Round ☐ Chamber ☐ Other

No. of absorption trenches_____ Width_____ No. of drop boxes_____ Distrubtion Box_____

No. of absorption beds_____ Width_____ No of Distribution lines per bed_____

E. 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 ☐	☐

F. Required Signatures

Home Building Contractor Matt Wardeli Date _____

Installer _____ Date _____

SCANNED

The Flatwater Group, Inc.

TFG

1618 L Street
Lincoln, NE 68508-2509
Phone: 402.435.5441
Fax: 402.435.7108
www.flatwatergroup.com

15 June 2006

Mr. Scott Wendelin
Wendelin Construction
16976 SW 72nd Street
Martell, NE 68404

RE: Professional Engineering Services Report for Sewage Disposal System Located at 1705 William Street in Martell, Nebraska

Dear Mr. Wendelin:

The Flatwater Group, Inc. (TFG) is pleased to submit this letter report specifying the size and location of the drain field for the sewage disposal system located at the above address. To size and select this location, we relied on information you shared with us during our site visit on 16 May 2006 and information you faxed to us on 12 June 2006. The faxed information included the results of soil absorption testing conducted by Southwick Sewer and Drain and a scaled drawing of the proposed location with a description of the home being moved onto the lot at the above address.

To summarize the provided information, the soil absorption testing conducted at the site showed an average percolation rate of 54 minutes per inch. The description of the home to be moved stated that it was going to be a three bedroom home with a walkout basement having a Class II foundation. The size and location of the home on the lot were also provided.

To size the drain field for the site, a design percolation rate of 60 minutes per inch was used. It was also assumed that the dwelling would have four bedrooms and a Class I foundation. These design considerations resulted in a drain field size of 1,400 square feet.

Figure 1 presents the location of the primary and reserve drain fields along with the proposed location of the home to be moved onto the site. The indicated drain field locations satisfy the distance requirements from drain fields to foundations, property lines, surface water, wells, and water lines set forth in Nebraska Department of Environmental Quality Title 124 – Rules and Regulations for the Design, Operation, and Maintenance of On-Site Wastewater Treatment Systems (Title 124). The layout provides space for the system septic tank and the reserve drain field area provides space on the property for additional lateral fields if necessary in the future.

Thank you for the opportunity to be of service to you. Should you have any questions do not hesitate to contact us at (402) 435-5441.

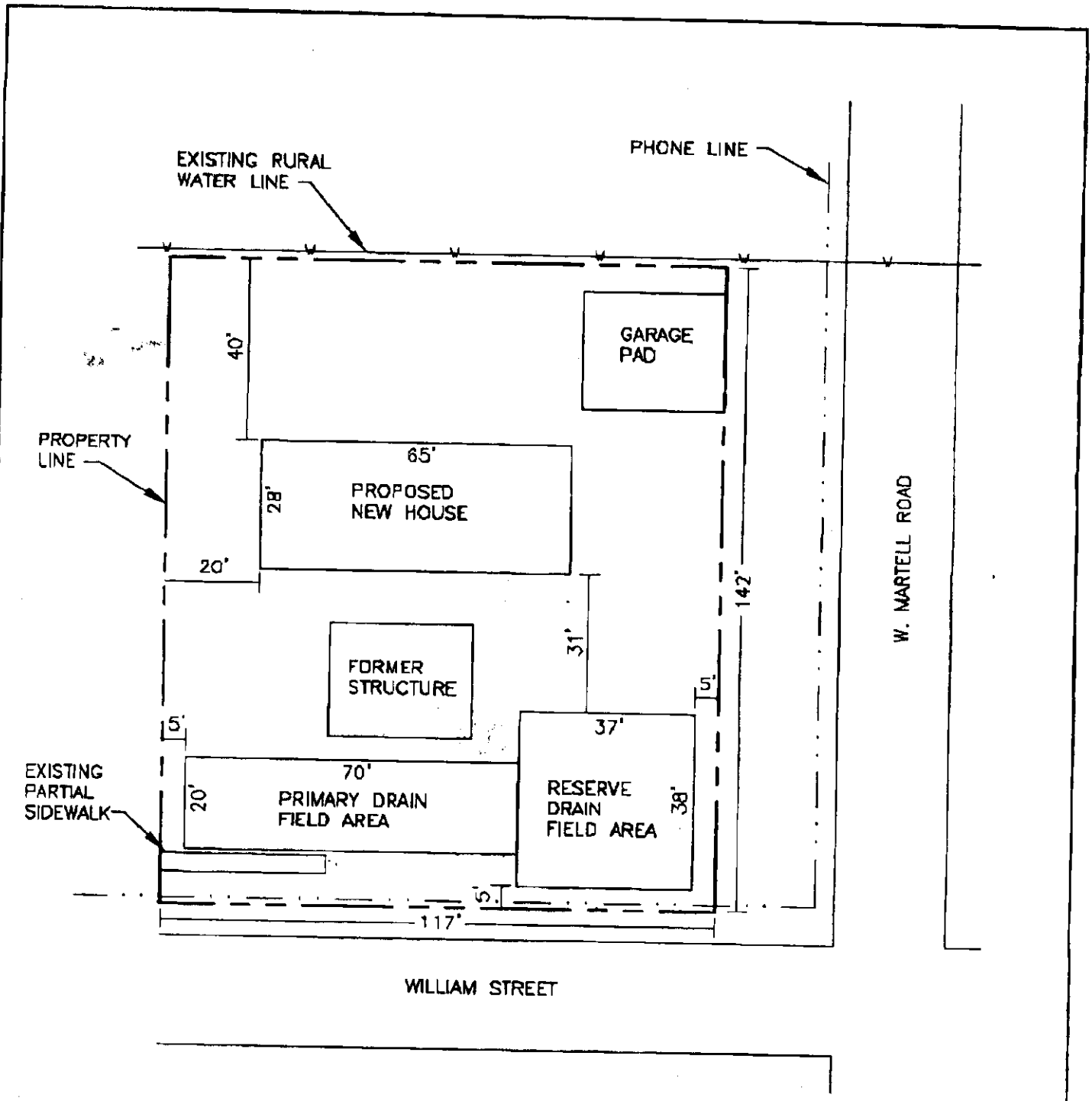
Sincerely,

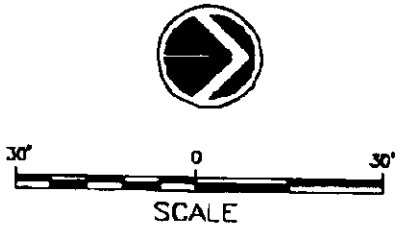


Marc Groff, P.E.
THE FLATWATER GROUP INC.

Cc: Project File: WC-2006-01

SCANNED





F:\CLIENTS\WENDELIN CONSTRUCTION\SITEMAP

	WENDELIN CONSTRUCTION
	1705 WILLIAM STREET
	MARTELL, LANCASTER COUNTY, NEBRASKA
DESIGN: MC	
DRAWN: JSS	TF6 The Flatwater Group, Inc.
CHECKED: MC	The Flatwater Group, Inc. 1918 L Street Lincoln, Nebraska 68508 (402) 435-5441 (402) 435-7108
PROJECT ENGINEER: MC	DATE: JUNE 2008
	SCALE: AS SHOWN
	PROJECT NO: WC-2008-01
	SHEET: 1

Security First Bank

17525 SW 25th St
Martell, NE 688404
Phone: 402-794-5375
Fax: 402-794-5382

FAX

TO: Doug Smith - Nate

FAX #:

PHONE:

RE:

PAGES:

DATE:

FROM: Scott Wondeli

PHONE:

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

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Message:

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 _____ City _____ NE, Zip _____
(no rural route)

Owner Scott Vendelin Addresss _____

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

Date of Tests _____ to _____ 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	30"	12/20	8:00	12/20	8:30	12-21	8:30	8"	12/21	12:30	30	.7"	43/"
2	30"	12/20	8:05	12/20	8:35	12-21	8:35	8"	12/21	12:35	30	.6"	50/"

Person Conducting Percolation Tests

Name: Harry Muhlbach
Phone: 430-7304
Address 14305 N 56th St.
Lincoln, Ne 68514

Sum of Percolation Rates: _____
Average of Rates: _____
Rate Used for Calculation: _____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

LLCHD HS000449

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

A

Permit Number HS000449

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 1705 William St. (no rural route) City Martell, NE Zip 68404

Legal Description The North 150' of Lot 13

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

Geographical Location (if known): Lat/Long: _____ PID _____

B. Owner

Name Scott M. Wendelin Signature Scott M. Wendelin

Address 16976 SW 72nd City/State/Zip Martell NE, 68404

Home Phone 430-6984 Work Phone 430-6984

C. Certified Installer

Name: H & L Muhlbach construction Signature Kay Muhlbach

Address 14305 N 56th St City/State/Zip Lincoln, NE 68504

Work Phone Same

D. Engineer

❑ **Check and complete if engineer designed system** P.E. License Number: _____

Designer Name _____ Firm _____ Work Phone _____

E. This system will serve a

☑ Residential Dwelling Number of Bedrooms 3 Is there a Whirlpool Bathtub? ❑ Yes ☒ No Total Acres Lot

❑ 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 Date rec'd _____ **ACTION** ❑ Approved ❑ Disapproved
Site visits _____ Date frwd _____ Signature _____

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

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

Installation Final Written Approval
By _____
Date _____

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

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

Form A Updated 5/10

1-5-2011 11:5:28

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

B

Permit Number: HS000449

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address _____ City _____ NE, Zip _____

(no rural route)

Owner Scott Hendelin Addresss 16976 (Home) SW 72nd Martell Ne 68404

Soil Type (SCS): WTC 1705 W Main St. Martell Ne. Percolation Rate: _____ min./inch

Date of Tests 6/6 to 6/7/08 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	30	6/6	5:00	6/7	3:00	6/7	3:40	11 7/8	6/10	4:10	30	1/2	60
2			PM		PM			12				1/2	60
3								13 1/8				3/8	80
4								14 1/4				1/2	60
5								16 7/8				1	30
6								13 1/4				1	30

Sum of Percolation Rates: 320

Average of Rates: 54

Rate Used for Calculation: _____

Person Conducting Percolation Tests

Name: Brad Santhuff

Phone: 475-2462

Address 105 Locust P.O. Box 191
Hickman, Ne 68372

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

F-5-2021-111: 5/30

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 _____ (no rural route) City _____ NE, Zip _____

Owner _____ Addresss _____

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

Date of Tests _____ to _____ 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)

Person Conducting Percolation Tests

Name: _____

Phone: _____

Address _____

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: _____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

1-5-2011 11:3:31

LLCHD HS000449

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

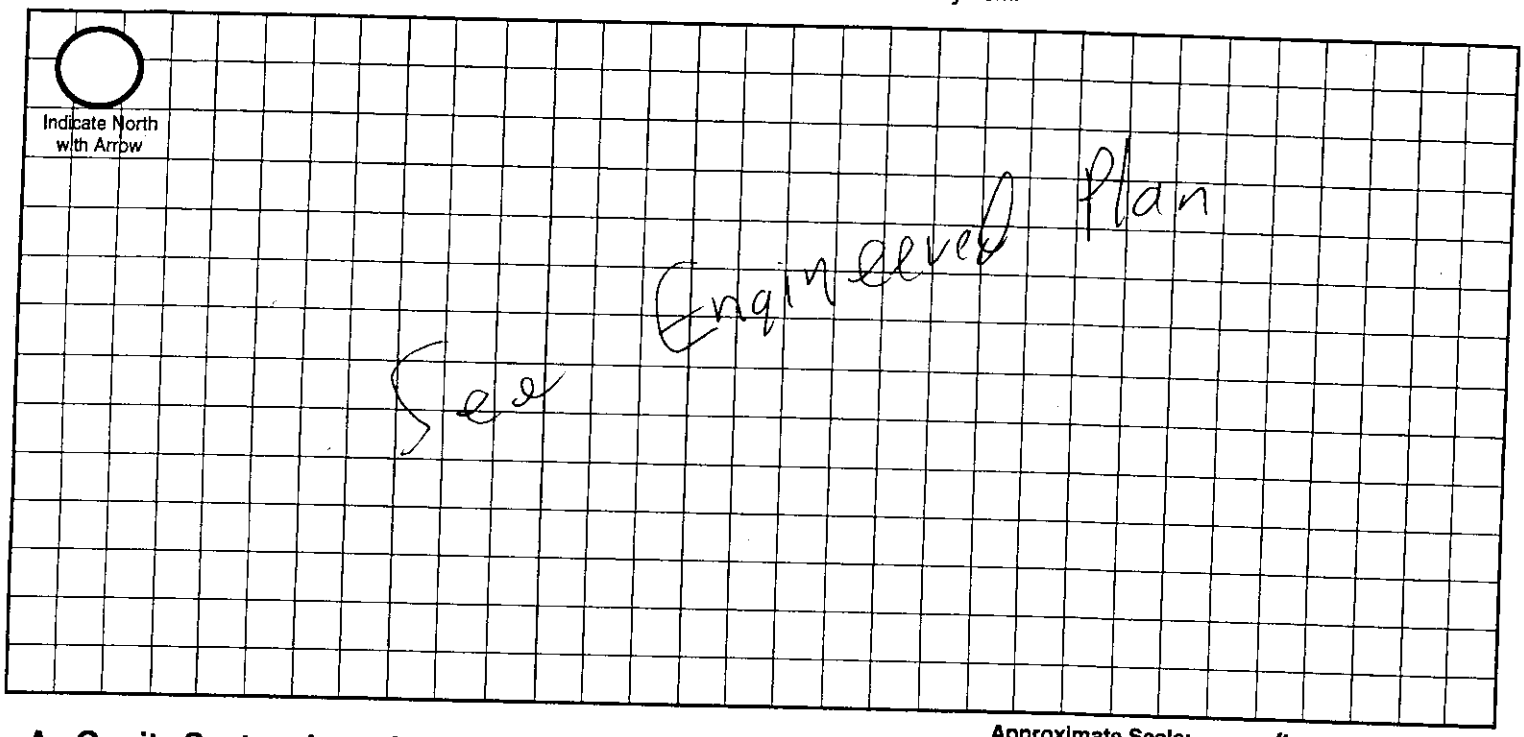
C

Permit Number:

Onsite Wastewater Treatment System

Preliminary Plan Specifications

Draw a plot plan showing onsite system sewer lines, drop of distribution boxes, tank, drainfields, percolation test holes, well, residence, direction of groundwater flow, property lines, and reserve area for replacement onsite system.



Approximate Scale: _____ft. = _____ grid line/s

A. Onsite System Location

Address (no rural route) _____ City _____ NE, Zip _____

B. Proposed Septic Tank/s

Septic Tank Cap._____ gals Tank Material: ❑ Concrete ❑ Plastic ❑ Other_____ ❑ Lagoon(Max. seepage 1/8" per day)

C. Reserve Area for Replacement Onsite System

❑ Drainfield Absorption Area (percoloation test required) ❑ Lagoon

D. Drainfield Absorption System

Percolation Rate_____ (min/inch = mpi) No. of Bedrooms_____ Soil Type_____ Land Slope_____%

❑ Trench ❑ Bed ❑ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield_____sq.ft.

Total length of laterals_____ Type of distribution: ❑ Perforated pipe ❑ Half-Round ❑ Chamber ❑ Other

No. of absorption trenches_____ Width_____ No. of drop boxes_____ Distrubtion Box_____

No. of absorption beds_____ Width_____ No of Distribution lines per bed_____

E. 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 ❑	❑

F. Required Signatures

Home Building Contractor _____ Date _____

Installer _____ Date _____

The Flatwater Group, Inc.

TFG

1618 L Street
Lincoln, NE 68508-2509
Phone: 402.435.5441
Fax: 402.435.7108
www.flatwatergroup.com

15 June 2006

Mr. Scott Wendelin
Wendelin Construction
16976 SW 72nd Street
Martell, NE 68404

RE: Professional Engineering Services Report for Sewage Disposal System Located at 1705 William Street in Martell, Nebraska

Dear Mr. Wendelin:

The Flatwater Group, Inc. (TFG) is pleased to submit this letter report specifying the size and location of the drain field for the sewage disposal system located at the above address. To size and select this location, we relied on information you shared with us during our site visit on 16 May 2006 and information you faxed to us on 12 June 2006. The faxed information included the results of soil absorption testing conducted by Southwick Sewer and Drain and a scaled drawing of the proposed location with a description of the home being moved onto the lot at the above address.

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Figure 1 presents the location of the primary and reserve drain fields along with the proposed location of the home to be moved onto the site. The indicated drain field locations satisfy the distance requirements from drain fields to foundations, property lines, surface water, wells, and water lines set forth in Nebraska Department of Environmental Quality Title 124 – Rules and Regulations for the Design, Operation, and Maintenance of On-Site Wastewater Treatment Systems (Title 124). The layout provides space for the system septic tank and the reserve drain field area provides space on the property for additional lateral fields if necessary in the future.

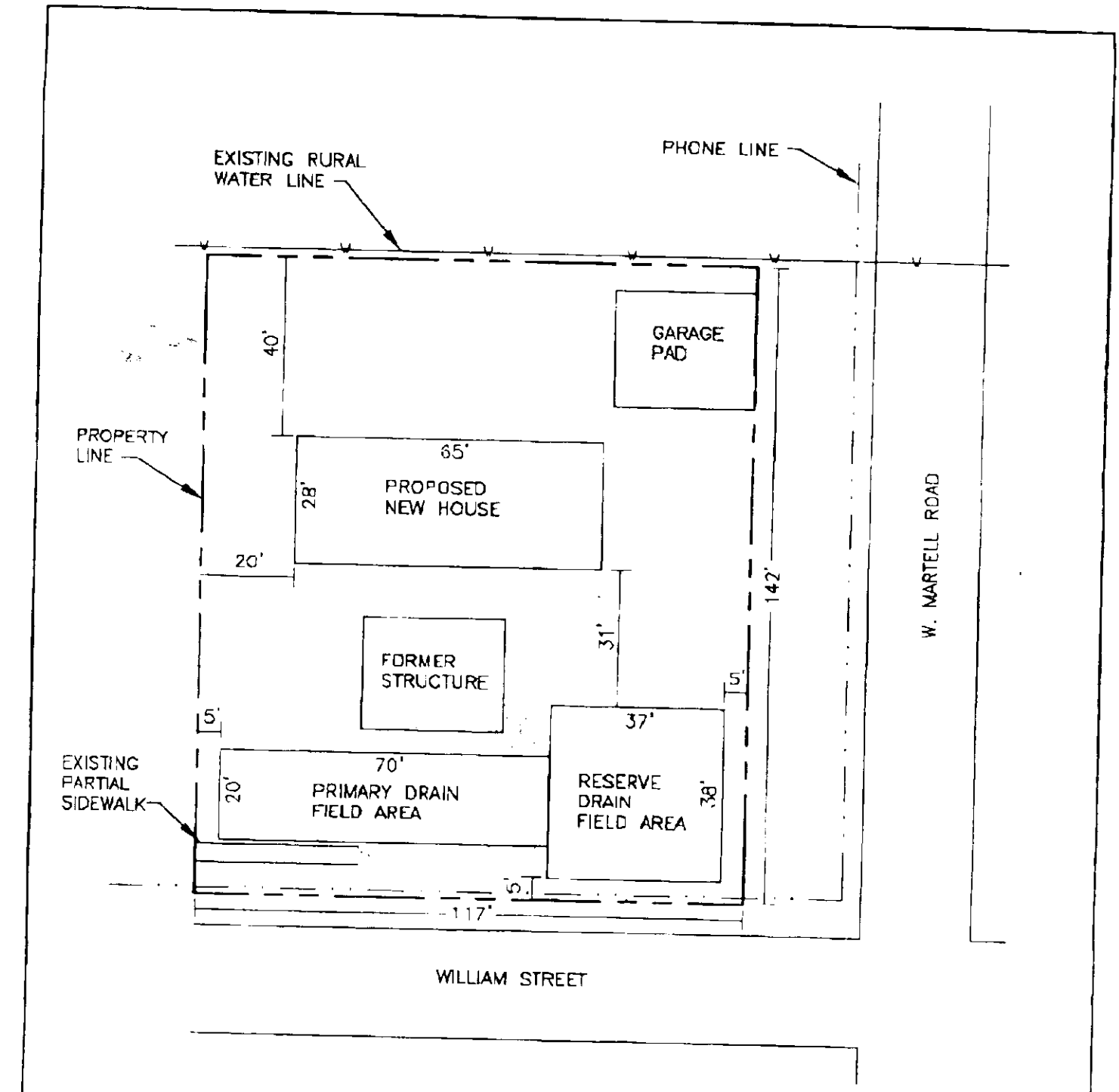
Thank you for the opportunity to be of service to you. Should you have any questions do not hesitate to contact us at (402) 435-5441.

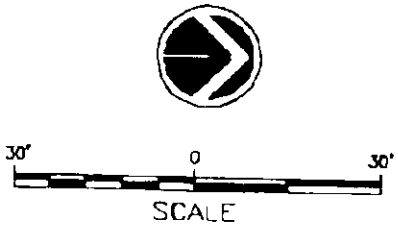
Sincerely,

PROFESSIONAL CIVIL ENGINEER
MARC R. GROFF
E-9095
STATE OF NEBRASKA

Marc Groff, P.E.
THE FLATWATER GROUP INC.

Cc: Project File: WC-2006-01





	WENDELIN CONSTRUCTION
	1705 WILLIAM STREET
	MARTELL, LANCASTER COUNTY, NEBRASKA
DESIGN: MC	
DRAWN: JSS	TF6
CHECKED: MC	The Flatwater Group, Inc.
PROJECT ENGINEER: MC	1918 L Street, Lincoln, Nebraska 68508, (402) 435-3441, (402) 435-7708
	DATE: JUNE 2008
	SCALE: AS SHOWN
	PROJECT NO: WC-2008-01
	SHEET: 1



Security First Bank

17525 SW 25th St
Martell, NE 68404
Phone: 402-794-5375
Fax: 402-794-5382

FAX

TO: Doug Smith - Nade

FAX #:

PHONE:

RE:

PAGES:

DATE:

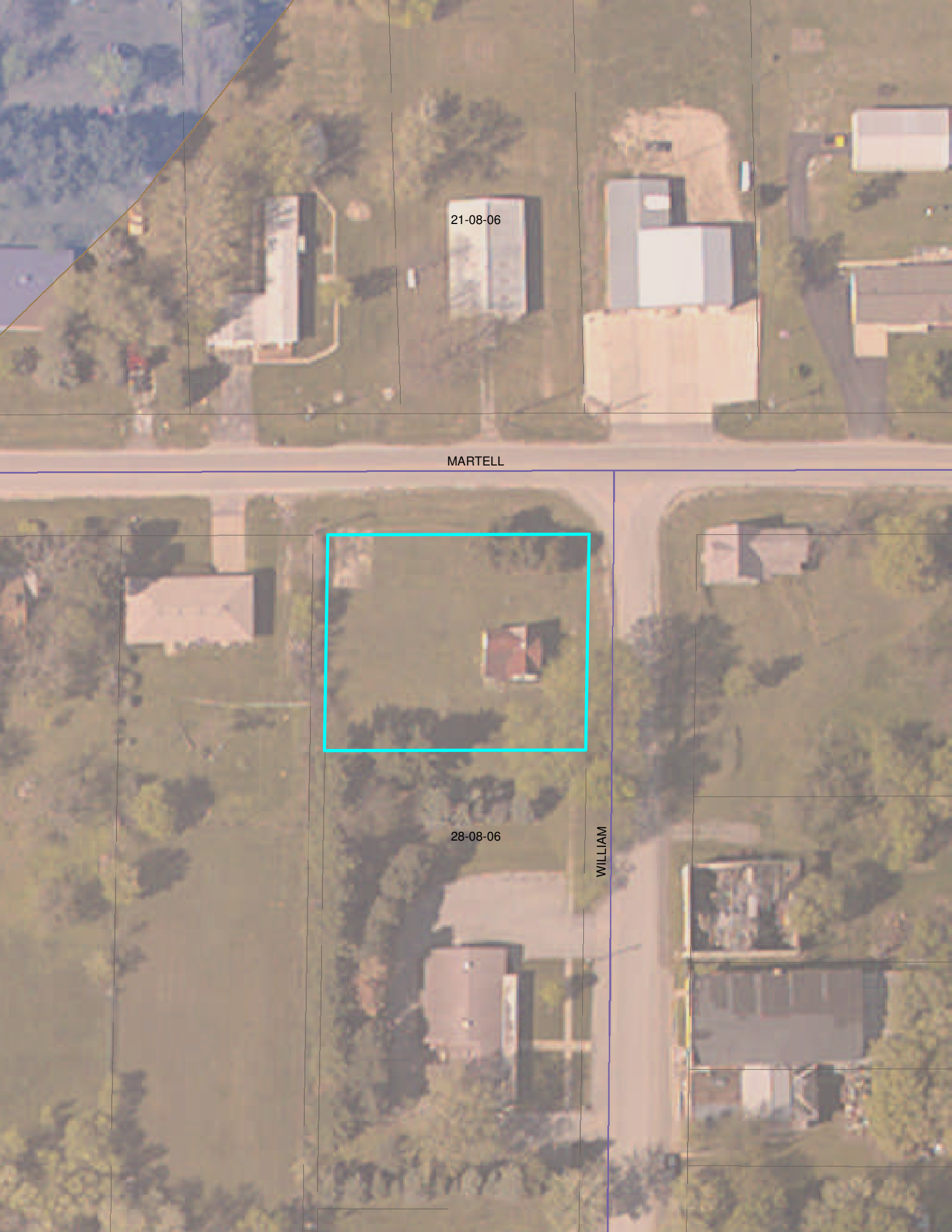
FROM: Scott Wendelin

PHONE:

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

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Message:


21-08-06
MARTELL
28-08-06
WILLIAM