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. HS000525

System Type:	LAGOON
Situs:	6800 W MARTELL RD
Legal Description:	T08N-R05E-S24-Lot 27
Owner:	CVITAK, GUY & CAMPBELL, CARI 6800 W MARTELL RD MARTELL NE 68404

Permit Fee:	$335.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$335.00
Issued:	08/10/2011
Expires:	08/09/2012

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

GUY CVITAK
6800 MARTELL RD
MARTELL NE 68404

LLCHD HS000525

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

A

Permit Number HS000525

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 → pending witnessing perc test

A. Onsite System Location

Address 6800 "W" MARTell Rd (no rural route) City MARTell, NE Zip 68404

Legal Description NW SE 24 8 5E 27

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

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

B. Owner

Name Guy C. Vitak Signature Guy C. Vitak

Address 6800 "W" MARTell Rd. City/State/Zip MARTell Rd 68404

Home Phone 402-440-2578 Work Phone _____

C. Certified Installer

Name: Melvin Gaguer Signature Melvin Gaguer

Address 4810 "W" Claire Ave City/State/Zip Lincoln NE 68523

Work Phone 402-432-5690

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 20

☐ Commercial Establishment/Other Facility Specify _____ Design flow in gallons per day 400

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 8/1/11
Date frwd 8/1/11
ACTION ☐ Approved ☐ Disapproved
Signature _____

2. Supt. Bldg. Insp. or Village Clerk
Comments _____
Date rec'd 8/4/11
Date frwd 8/4/11
ACTION ☒ Approved ☐ Disapproved
Signature _____

3. 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 8-2-11 Amount Paid 335.—
Received By bdl Cash/Check No. 2706

* Spoke w/ owner about perc test & Contractor agreed to do additional perc tests - will process

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

8-3-2011 11:35:0 Form A Updated: 5/10

LLCHD HS000525

B

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

Permit Number:

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

6800

System Location (Indicate correct number and street)

Address 6800 W "MARTELL Rd (no rural route) City MARTELL NE, Zip 68404

Owner EUG CVITAK Address 1650 VAN DORN LINCOLN NE 68502

Soil Type (SCS): _____ Percolation Rate: 54.67 min./inch

Date of Tests 7-27-05 to 7-28-05 Weather: Precipitation 2 Temperature 82

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	29	7-27	2:30	7-28	4:00	7-28	4:00	6	7-28	4:30	30	1/2	60
2	30	"	"	"	"	"	"	"	"	"	"	1/2	60
3	31	"	"	"	"	"	"	"	"	"	"	5/8	52
4	30	"	"	"	"	"	"	"	"	"	"	5/8	52
5	28	"	"	"	"	"	"	"	"	"	"	5/8	52
6	31	"	"	"	"	"	"	"	"	"	"	5/8	52

Person Conducting Percolation Tests

Name: Mel Eagner

Phone: 432-5698

Address 4810 "W" CLARE DR
LINCOLN NE 68523

Sum of Percolation Rates: 328

Average of Rates: 54.67

Rate Used for Calculation: _____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

8-3FORM 23-1603 12596

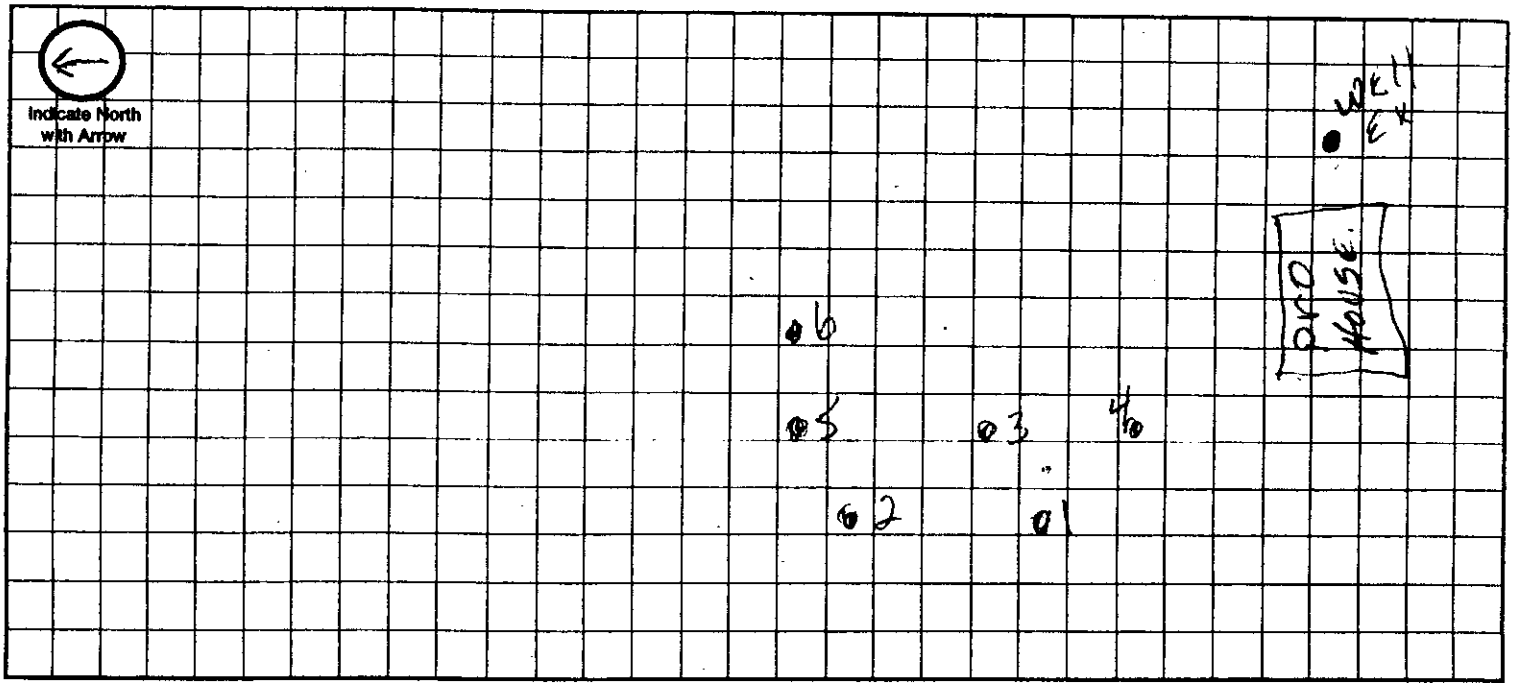
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number:

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) _____ City _____ NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☑ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 54.67 (min. per inch) Soil Type: _____ Land Slope: _____ %

Type of Absorption System: ☑ Trench ☐ Bed ☐ Other _____

Total Square Feet of Field Required: 1050 sq. ft.

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

Capacity of Septic Tank 1000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

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

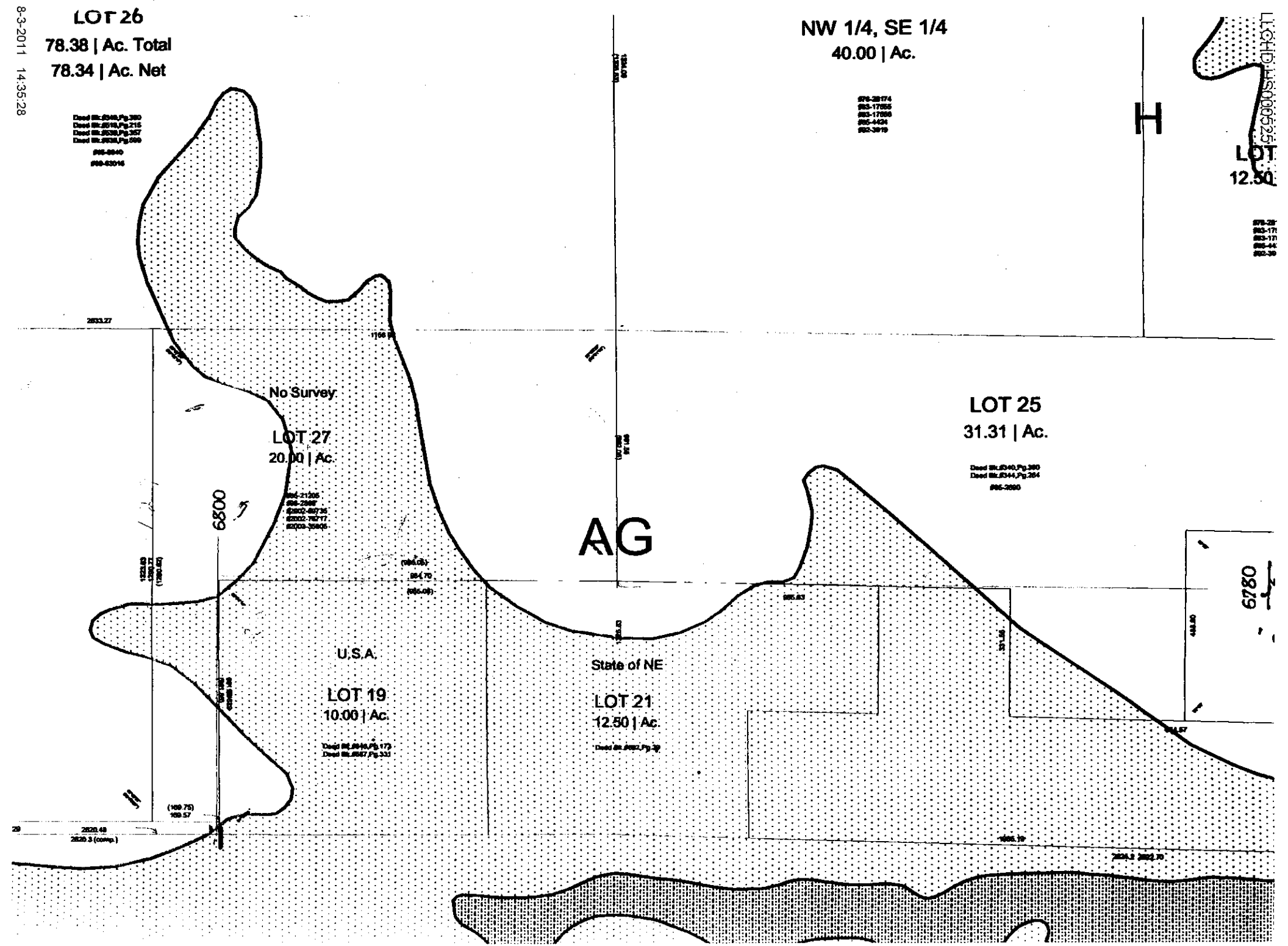
D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

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 Jerry Gerdes Date 7-28-05

Installer Melvin H. Hagen Date 7-28-05


LOT 26
78.38 | Ac. Total
78.34 | Ac. Net
NW 1/4, SE 1/4
40.00 | Ac.
LOT
12.50
No Survey
LOT 27
20.00 | Ac.
LOT 25
31.31 | Ac.
AG
6800
6780
U.S.A.
LOT 19
10.00 | Ac.
State of NE
LOT 21
12.50 | Ac.
8-3-2011 14:35:28

8-3-2011 14:35:30

LLCHD.HS000525

LOT 3

37.96 | Ac.

LOT 15

31.46 | Ac.

H

AG

SE 1/4, NW 1/4

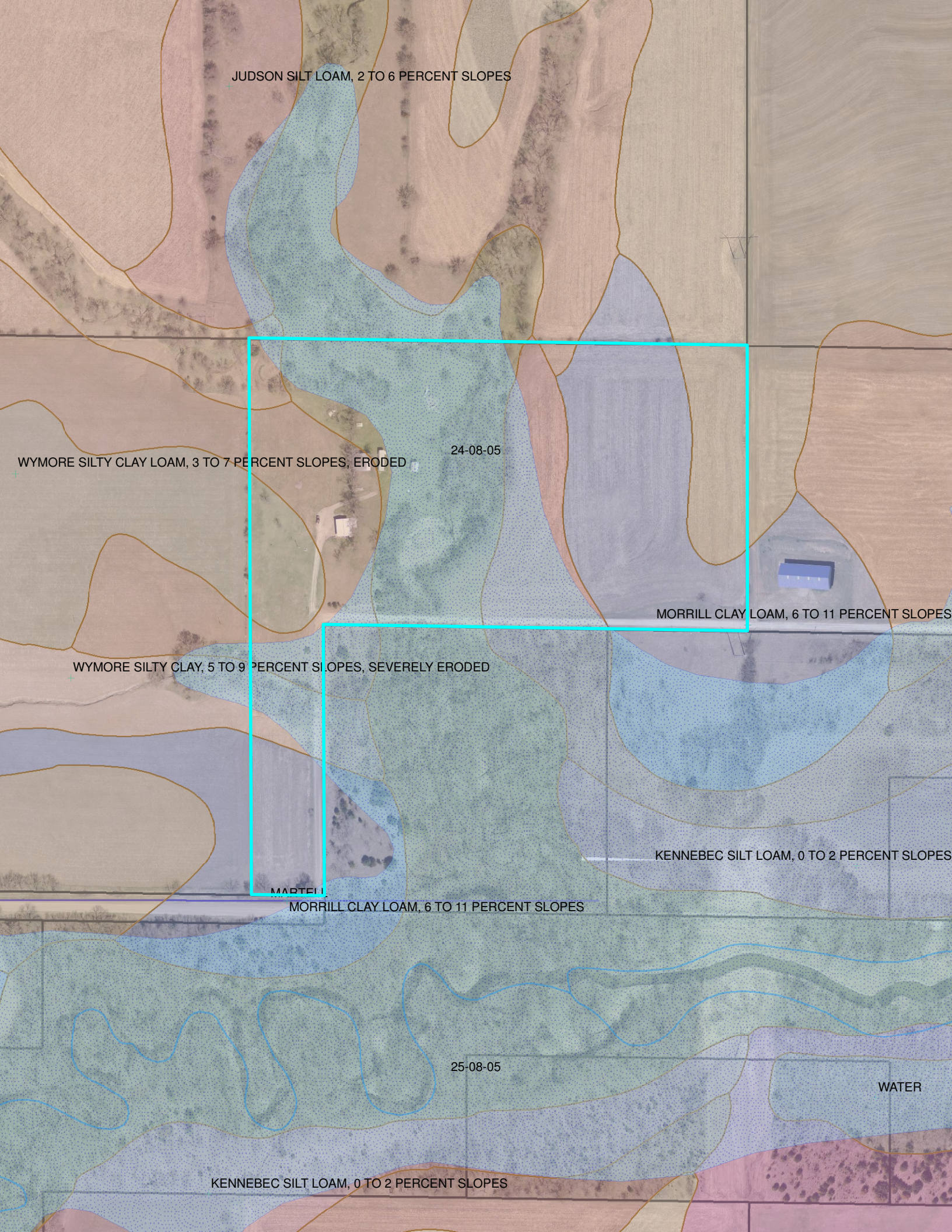
40.00 | Ac.

SW 1/4, NE 1/4

40.00 | Ac.

H

H


JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
24-08-05
WYMORE SILTY CLAY LOAM, 3 TO 7 PERCENT SLOPES, ERODED
MORRILL CLAY LOAM, 6 TO 11 PERCENT SLOPES
WYMORE SILTY CLAY, 5 TO 9 PERCENT SLOPES, SEVERELY ERODED
KENNEBEC SILT LOAM, 0 TO 2 PERCENT SLOPES
MORRILL CLAY LOAM, 6 TO 11 PERCENT SLOPES
25-08-05
WATER
KENNEBEC SILT LOAM, 0 TO 2 PERCENT SLOPES