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

A

Permit Number HS000661

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 17850 SW 26th (no rural route) City Markell , NE Zip 68404

Legal Description S28, T8, R6, 6th Principal Meridian, Lots 17, 18, 21 NW

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

Geographical Location (if known): Lat/Long: _____ PID 08-28-100-007-000

B. Owner

Name Ryan Huschka Signature _____

Address 2630 W. Lyman City/State/Zip Markell NE 68404

Home Phone 770-4228 Work Phone 481-9425

C. Certified Installer

Name: Paul Weber Weber Well Signature Paul Weber

Address 10133 Willow Cove Lane City/State/Zip Firth Nebr 68358

Work Phone Firth Ne 68358 (402) 791-3008 (402) 580-8311

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 4 Is there a Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 1.03

☐ 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 9-4-12 Amount Paid 345.00
Received By BA Cash/Check No. CC
VISA 9159 512836

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

Form A Updated: 5/10

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 17850 SW 26th City Marshall NE Zip 68404
(no rural route)

Legal Description S28, T8, R6, 6th Principal Meridian, Lots 17, 18, 21 NW
1/4 1/4 Section Township Range Subdivison Addition Block Lot

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Home Phone 770-4228 Work Phone 481-9425

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Work Phone Firth Ne 68358 (402) 791-3008 (402) 580-8311

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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 Approved Matt Olsen
Date rec'd 9-5-12
Date frwd 9-5-12
ACTION ☒ Approved ☐ Disapproved
Signature _____ 9-13-12

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 _____ Amount Paid _____
Received By _____ Cash/Check No. _____

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

Form A Updated: 5/10

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 17850 SW 26th (no rural route) City Martell NE, Zip 68404

Owner Ryan Haschka Address 2630 D St.

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

Date of Tests 4/16 to 4/17/12 Weather: Precipitation T Temperature 50

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	4/16	4/00 PM	4/17	11/00 AM	4/17	2/30 PM	12½	4/17	3/00 PM	30	7/8	34
2	↓							26¾				1 3/8	24
3								13½				1 3/8	24
4								24 7/8				1 3/8	24
5								8				7/8	34
6								15 3/8				1 7/8	18

Sum of Percolation Rates: 158

Average of Rates: 26

Rate Used for Calculation: 30 /min /in

Person Conducting Percolation Tests

Name: Brad Smith

Phone: 430-7606

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

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

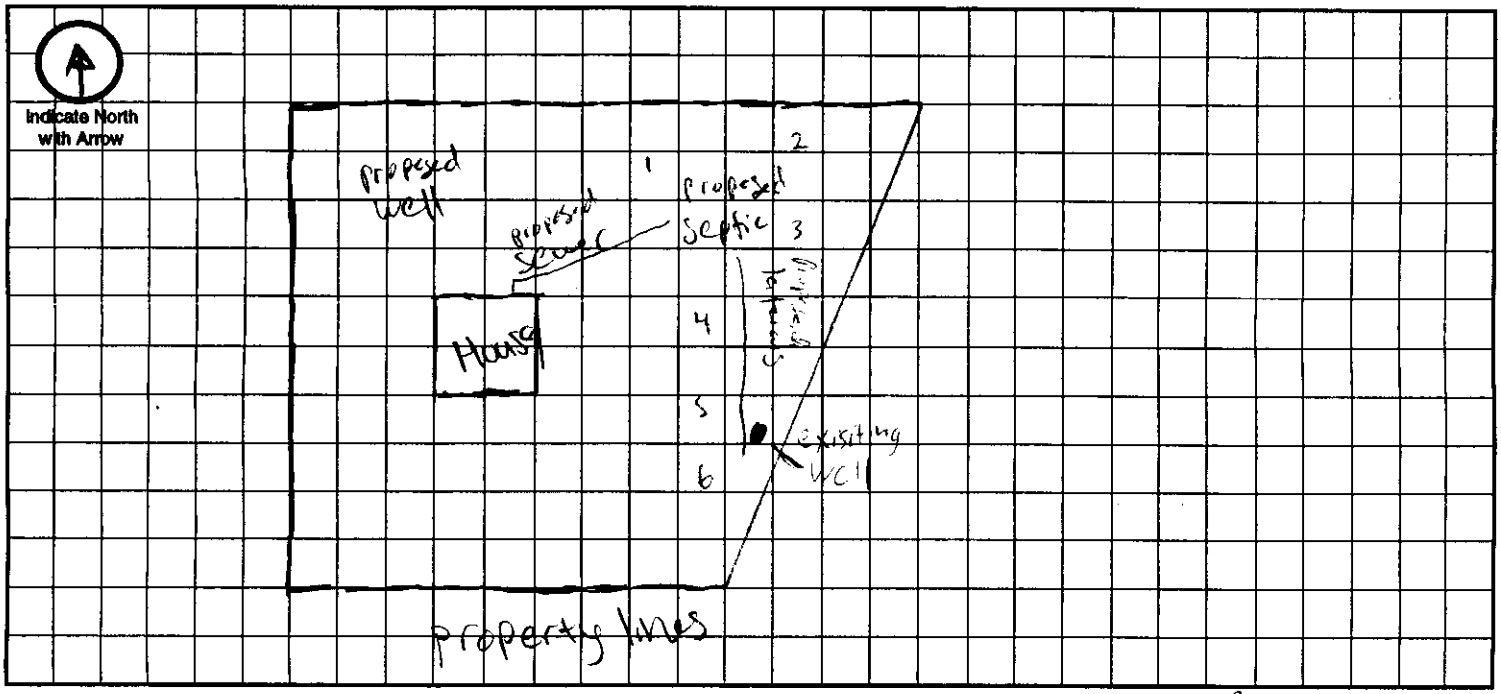
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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: 20 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 17850 SW 26th 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 50 (min. per inch) Soil Type: _____ Land Slope: _____ %

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

Total Square Feet of Field Required: 1320 sq. ft.

Type of Lateral: ☒ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: Infiltrator halfmoon

Capacity of Septic Tank 1250 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 330 ft. Number of Trenches 4 Trench Width 4'

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 8-4-12

Installer Paul Weber - Weber Well Date 7-29-12

FORM 23-102 10-96

9-17-2012 8:51:15

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. HS000661

System Type: STANDARD

Situs: 17850 SW 26th

Legal Description: T08N-R06E-S28-Lot 17,18,21

Owner:

Permit Fee:	$345.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$345.00

Issued: 09/14/2012
Expires: 09/14/2013

Judith A Halstead

Judith A. Halstead, MS, Health Director

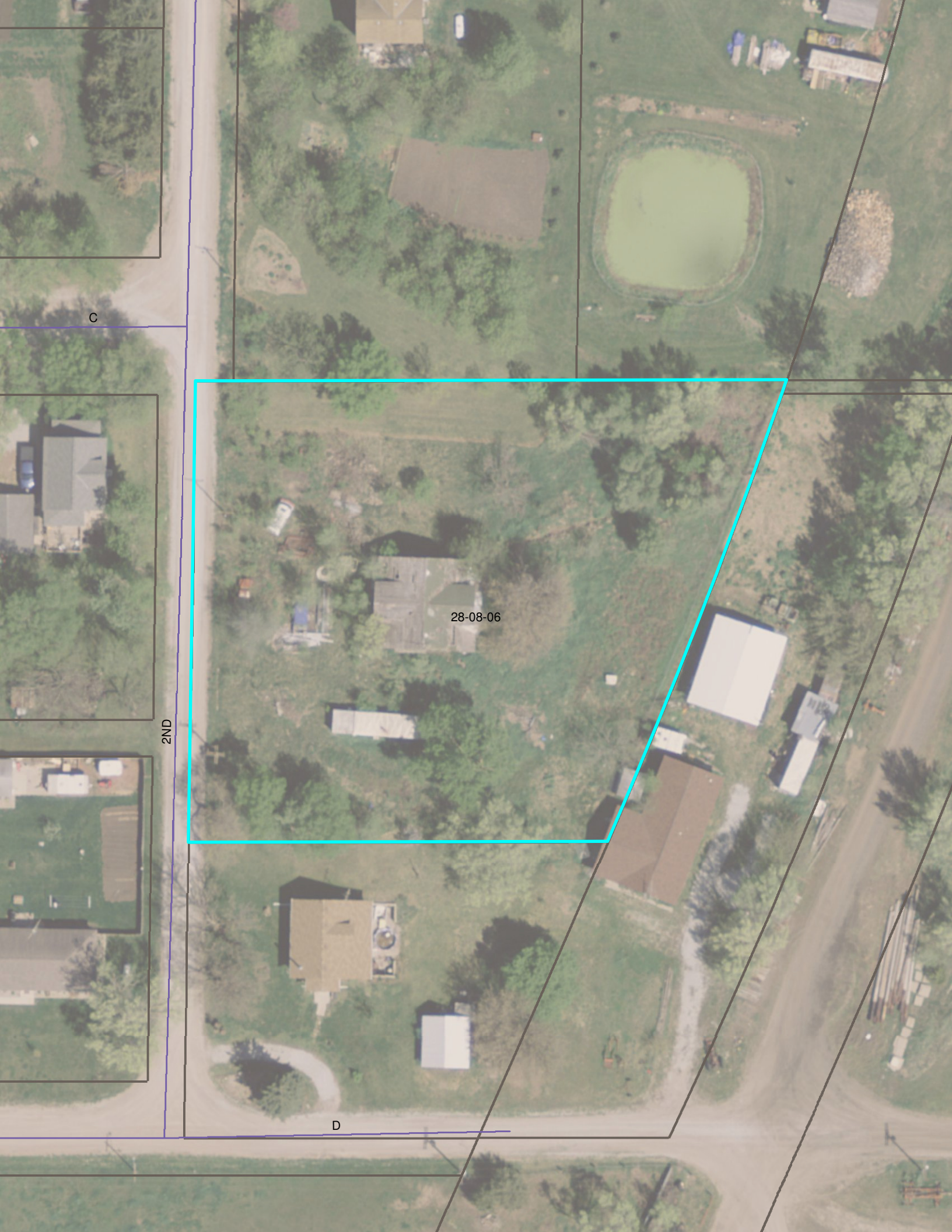
On-site Waste System Permit Holder:

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

RYAN HUSCHKA
2630 W LUTHER
MARTELL NE 68404


C
28-08-06
2ND
D

SCANNED

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

A

Permit Number H5000661

Onsite Wastewater Treatment System
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Site visits
Date rec'd 9/18/13
Date frwd 9/18/12
ACTION ☒ Approved ☐ Disapproved
Signature

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Comments
Date rec'd
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature

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Comments
Date rec'd
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature

Installation Final Written Approval
By
Date 11/6/12

Business Office Use Only
Date Received 9-4-12 Amount Paid 345.00
Received By BA Cash/Check No. CC
VISA 9159 512836

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

Form A Updated: 5/10

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Signature

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Comments Approved Matt Bleich
Date rec'd 9-5-12
Date frwd 9-5-12
ACTION ☒ Approved ☐ Disapproved
Signature 9-13-12

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Installation Final Written Approval
By
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Business Office Use Only
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Form A Updated: 5/10