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

A

Permit Number HS000705

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 12320 SW 29th ST. (no rural route) City MARTell, NE Zip 68404

Legal Description: 1/4 | 1/4 | Section 4 | Township 8 | Range 6 | Subdivison | Addition | Block | Lot 30

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

B. Owner

Name LYNN Freye Signature [signature]

Address 12320 SW 29th ST City/State/Zip MARTell NE 68404

Home Phone 402-794-5125 Work Phone 402-432-0282

C. Certified Installer

Name: Melvin Gagner Signature Melvin Gagner

Address 4810 "W" CLAIRE AVE City/State/Zip LINCOLN NE. 68523

Work Phone _____

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 1.45

☐ 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 12-10-12 Date frwd 12-10-12
ACTION ☒ Approved ☐ Disapproved Signature _____

3. City or County Engineer
Comments _____
Date rec'd 12-10-12 Date frwd 12-10-12
ACTION ☒ Approved ☐ Disapproved Signature Jim Plough

Installation Final Written Approval
By _____
Date _____

Business Office Use Only
Date Received 12-11-12 Amount Paid 355.00
Received By BH Cash/Check No. 7013

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

Form A Updated: 5/10

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

System Location (Indicate correct number and street)

Address 12320 SW 29th ST. (no rural route) City MARTELL NE, Zip 68404

Owner LYNN FREYE Addresss 12320 SW 29th ST MARTELL NE. 68404

Soil Type (SCS): _____ Percolation Rate: 60 min./inch

Date of Tests 1-27-2012 to 1-28-2012 Weather: Precipitation 0 Temperature 41

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	34	1-27	11:03	1-28	11:25	1-28	11:30	6	1-28	12:00	30	3/4	40
2	32	"	"	"	"	"	"	"	"	"	"	3/4	40
3	32	"	"	"	"	"	"	"	"	"	"	1/2	60
4	31	"	"	"	"	"	"	"	"	"	"	5/8	48
5	34	"	"	"	"	"	"	"	"	"	"	3/4	40
6	33	"	"	"	"	"	"	"	"	"	"	1	30

Sum of Percolation Rates: 258
Average of Rates: 43
Rate Used for Calculation: 60

Person Conducting Percolation Tests

Name: Melvin Eagner
Phone: 402-432-5698
Address 4810 "W" Claire Ave
Lincoln NE. 68523

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

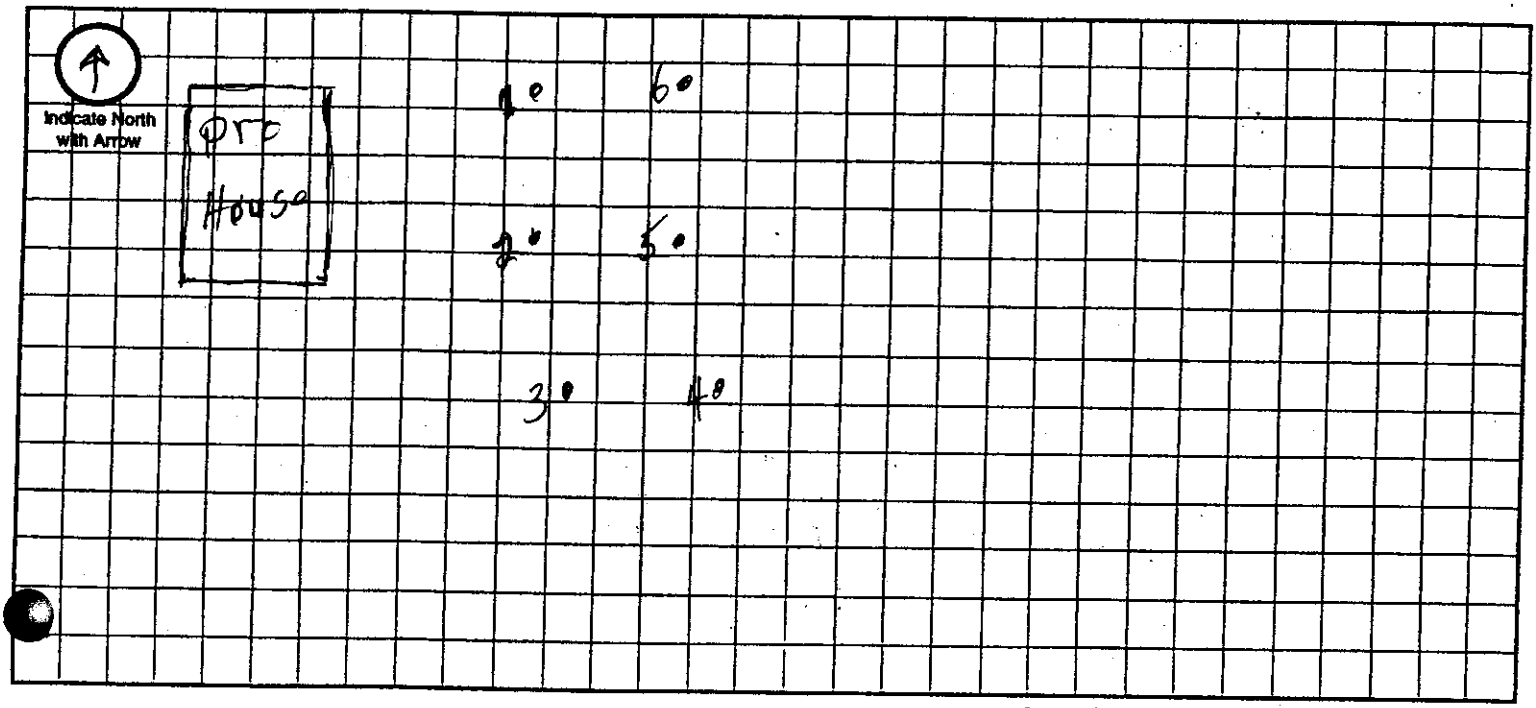
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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: _____ ft. = _____ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 12320 SW 2nd St. 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 60 (min. per inch) Soil Type: _____ Land Slope: 3 %

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: INFILTRATORS

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

Total Length of Laterals 263 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 Melvin Wagner DATE 30 Jan 2012

Lincoln-Lancaster County
HEALTH DEPARTMENT
Environmental Public Health Division

3523

Statement/Invoice

Billing Date 12-7-12

BILL TO: Ray 540-0468

Name Flatwater Construction

Street 7333 Canyon Rd

City/State/Zip Code Lincoln NE

SERVICE FEES

Type	Description	Date	Amount
Inspections			$
Permits	Septic System		$ 355.00
Emission Fees			$
Other			$
TOTAL DUE			$ 355.00

LOCATION OF SERVICES if different than billing address

Name Lynn Freye

Street 12320 SW 29 St

City/State Martell NE 68404

MAKE CHECKS PAYABLE & MAIL within 30 days to:

Lincoln-Lancaster County Health Department
ATTN: Business Office
3140 N Street
Lincoln, NE 68510

Pd

RECEIPT OF PAYMENT

	Date	CK#	Amount
Payment Received:	12-7-12	7013	$ 355.00

Statement Invoice Form — White - *Vendor* — Canary - *Return w/Payment* — Pink - *Office*

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. HS000705

System Type: STANDARD

Situs:

Legal Description: T08N-R06E-S03-Lot 30

Owner: FREYE, LYNN A
12320 SW 29 ST
MARTELL NE
68404

Permit Fee:	$355.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$355.00
Issued:	12/11/2012
Expires:	12/11/2013

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

FLAT WATER CONSTRUCTION
7333 CANYON RD
LINCOLN NE 68516

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

A

Permit Number H5000705

Onsite Wastewater Treatment System
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Legal Description 4 8 6 30

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

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Name LYNN Freye Signature [signature]

Address 12320 SW 29TH ST City/State/Zip MARTell NE 68404

Home Phone 402-794-5125 Work Phone 402-432-0282

C. Certified Installer

Name: Melvin Gagner Signature Melvin Gagner

Address 4810 "W" CLAIRE AVE City/State/Zip LINCOLN NE, 68523

Work Phone _____

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 3-met approved NH 6/28/13 Is there a Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 1.45

☐ 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

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

2. Supt. Bldg. Insp. or Village Clerk
Comments _____
Date rec'd 12-10-12 Date frwd 12-10-12
ACTION ☒ Approved ☐ Disapproved
Signature [signature]

3. City or County Engineer
Comments _____
Date rec'd 12-10-12 Date frwd 12-10-12
ACTION ☒ Approved ☐ Disapproved
Signature Jim Ploucek

Installation Final Written Approval
By [signature]
Date 6/11/13

Business Office Use Only
Date Received 12-11-12 Amount Paid 355.00
Received By BA Cash/Check No. 7013

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

Form A Updated: 5/10