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

A

Permit Number
HS000707

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 26969 Homestead Expressway (no rural route) City Markell, NE Zip 68464

Legal Description 26, 7, 6

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

Geographical Location (if known): Lat/Long: 40° 32'55.24" N 96°42'44.28" W PID

B. Owner

Name Trevor Lienemann Signature

Address City/State/Zip

Home Phone 402.560.5385 Work Phone

C. Certified Installer

Name: Blain Johnson Signature

Address 8533 E Hwy 41 City/State/Zip Adams NE 68301

Work Phone 402.610.2270

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 50

☐ 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 12/10/12
Date frwd 12/10/12
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 Ploger

Installation Final Written Approval
By

Date

Business Office Use Only
Date Received 12-11-12 Amount Paid 355.00
Received By BC Cash/Check No. 6419

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

LLCHD HS000707

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

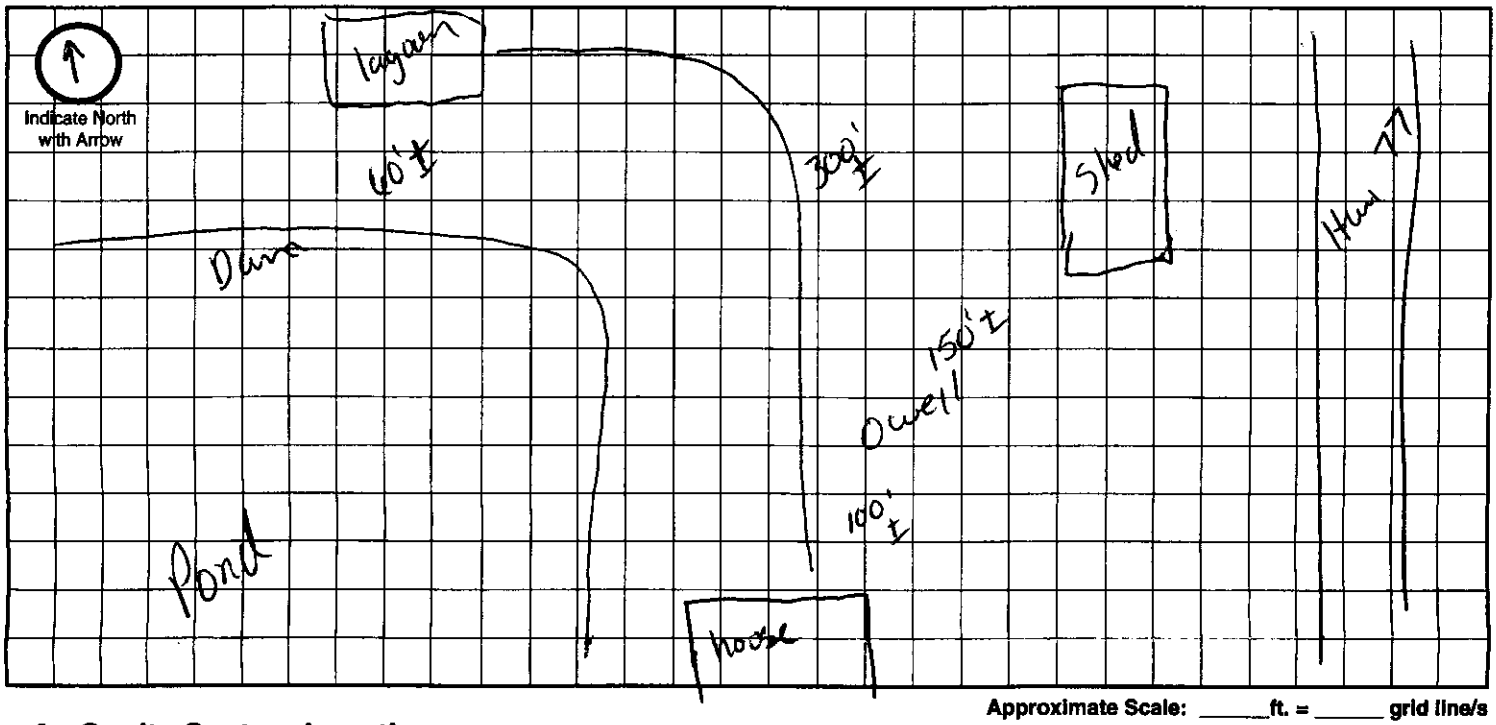
C

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) 26969 Homestead Expressway City Martell NE, Zip 68404

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 12/4/2012

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. HS000707

System Type:	LAGOON
Situs:	26969 Homestead Expressway
Legal Description:	T07N-R06E-S26-Lot 20
Owner:	

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

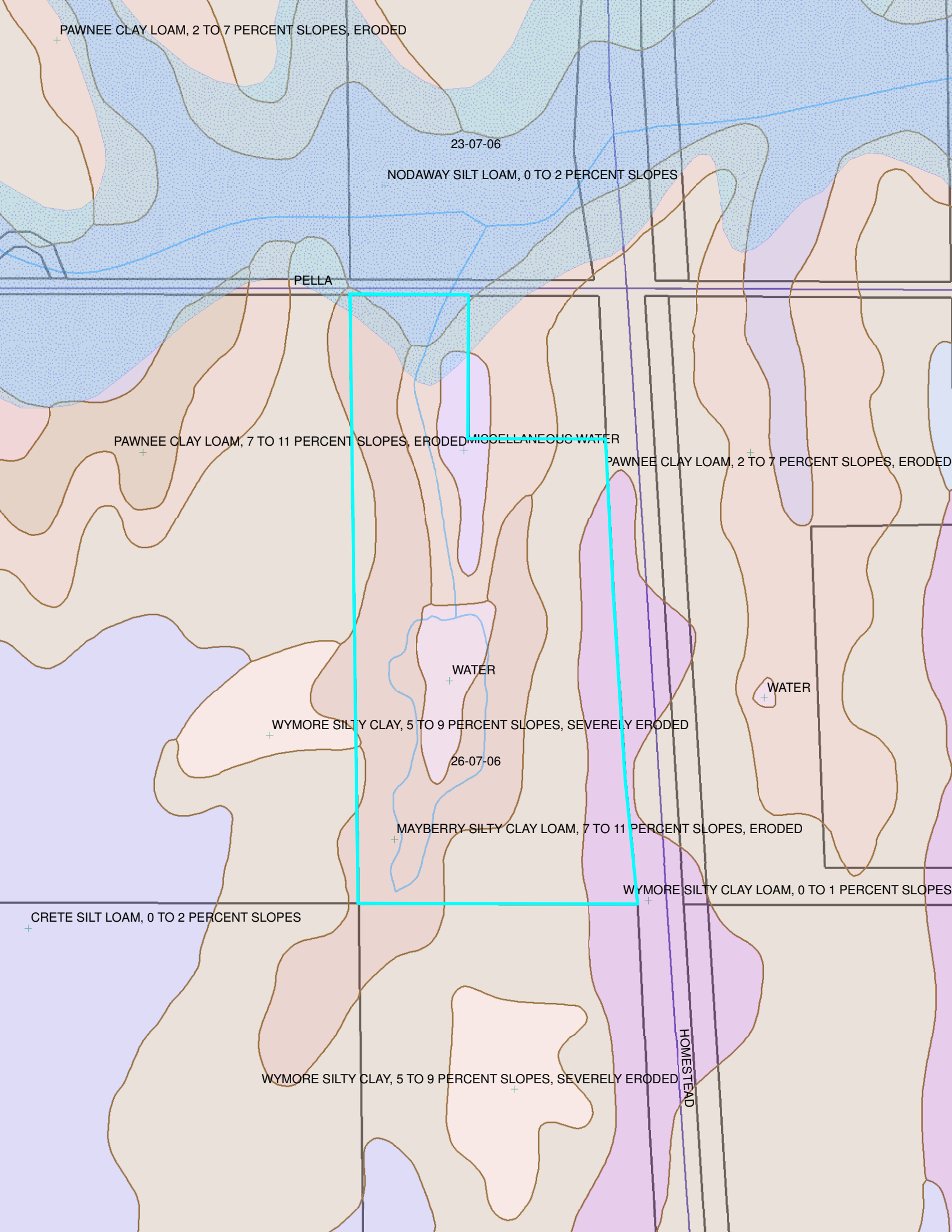
On-site Waste System Permit Holder:

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

XL CONTRACTING
8533 E HWY 41
ADAMS NE 68301


PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
23-07-06
NODAWAY SILT LOAM, 0 TO 2 PERCENT SLOPES
PELLA
PAWNEE CLAY LOAM, 7 TO 11 PERCENT SLOPES, ERODED
MISCELLANEOUS WATER
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
WATER
WATER
WYMORE SILTY CLAY, 5 TO 9 PERCENT SLOPES, SEVERELY ERODED
26-07-06
MAYBERRY SILTY CLAY LOAM, 7 TO 11 PERCENT SLOPES, ERODED
WYMORE SILTY CLAY LOAM, 0 TO 1 PERCENT SLOPES
CRETE SILT LOAM, 0 TO 2 PERCENT SLOPES
HOMESTEAD
WYMORE SILTY CLAY, 5 TO 9 PERCENT SLOPES, SEVERELY ERODED

SCANNED

A

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

Permit Number
H5000 707

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

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

1. Health Department
Site visits Line & Lagoon – Lagoon need more work yet Contractor acknowledged – DH 7/22/13
Date rec'd 12/10/12
Date frwd 12/10/12
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 Blouzek

Installation Final Written Approval
By Doug Lueck
Date 12/3/13

Business Office Use Only
Date Received 12-11-12 Amount Paid 355.00
Received By BA Cash/Check No. 6419

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

Form A Updated: 5/10