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

A

Permit Number: A3000808

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

☑ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address 17740 SW 27th St (no rural route) City Martell NE, Zip 68404

Legal Description ____ 1/4 ____ 1/4 ____ Section ____ Township ____ Range ____ Subdivision 1st Addition 2 Block 10+11 Lot 4+5

Geographical Location (if known): Longitude ____ Latitude ____

☐ Check if system mail address is not the same as the owner's address

B. Owner

Name Chris Volkman Signature Chr Volkman

Address 17740 SW. 27st (P.O. Box 9) City/State/Zip Martell, NE 68404

☐ Check if owner designed system Home Phone (402) 794-8510 Work Phone CELL 613-7238

C. Contractor

Name OWNER Company Name ____

Address ____ City/State/Zip ____

☐ Check if contractor designed system Work Phone ____

D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name Melvin Wagner Firm Wagner Const Work Phone 432-5698

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 3 Is there a Whirlpool Bathtub YES (NO)

☐ Commercial Establishment/Other Facility Specify ____

Design flow in gallons per day ____ Type of Wastewater: ☒ Domestic ☐ Non-Domestic.

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☑ County Resolution No. 2832

1. **Health Department** Date rec'd 9/3/13 Date frwd 9/3/13 **ACTION** ☒ Approved ☐ Disapproved Signature ____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd ____ Date frwd ____ **ACTION** ☐ Approved ☐ Disapproved Signature ____
3. **City or County Engineer** Date rec'd ____ Date frwd ____ **ACTION** ☐ Approved ☐ Disapproved Signature ____

Installation Final Written Approval

By ____

Date ____

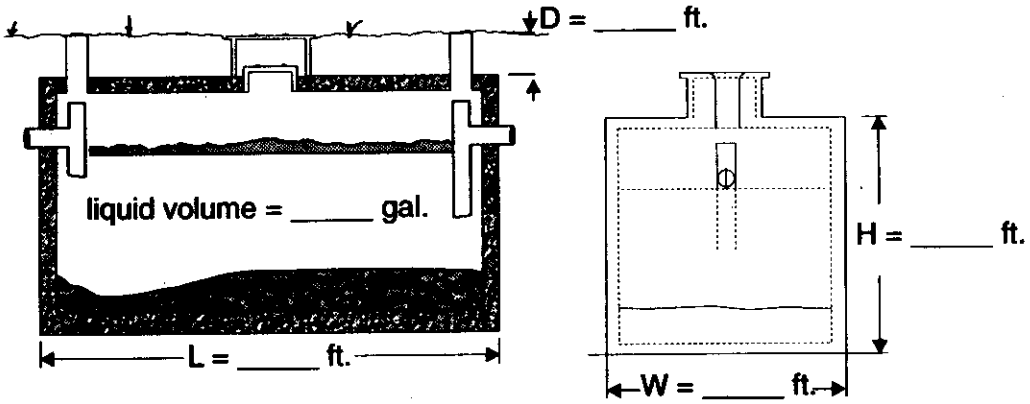
Business Office Use Only
Date Rec'd 9-3-13
Amt Paid 355.-
Rec'd By BH Cash/Check No. 7287

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

KEY

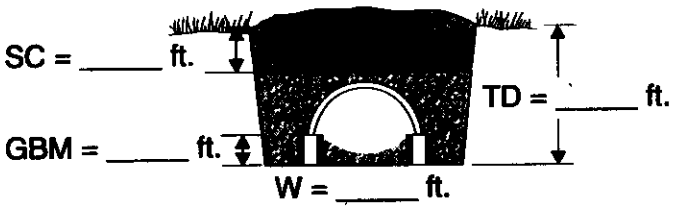
SC = Soil Cover
TD = Trench Depth
W = Width
GBM = Gravel Below Half Moon
L = Tank Length
GBP = Gravel Pipe Below
H = Tank Height
D = Depth of Cover

F. SEPTIC TANK DIMENSIONS

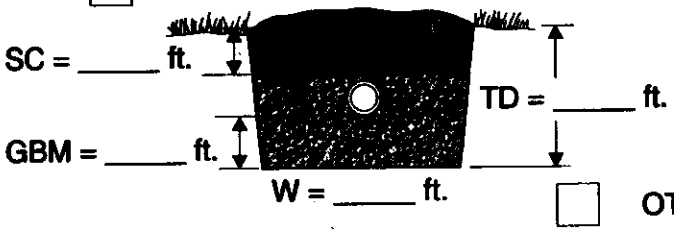


G. Check the Box for the Appropriate Absorbtion Field and Complete the Blanks

☐ HALF-MOON IN GRAVEL



☐ PIPE IN GRAVEL



☐ OTHER: Include Drawing

H. Complete ADJACENT Lot Worksheet for All Wells and Water Lines

NORTHWEST Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____	NORTH Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____	NORTHEAST Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____
WEST Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____	PROPOSED SEPTIC SYSTEM INSTALLATION	EAST Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____
SOUTHWEST Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____	SOUTH Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____	SOUTHEAST Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____

Procedures

Forms A, B and C must be completed and submitted to the Lincoln-Lancaster County Health Department (LLCHD) to obtain an individual sewage disposal permit as required by LMC 24.38 or Lancaster County Resolution No. 2832.

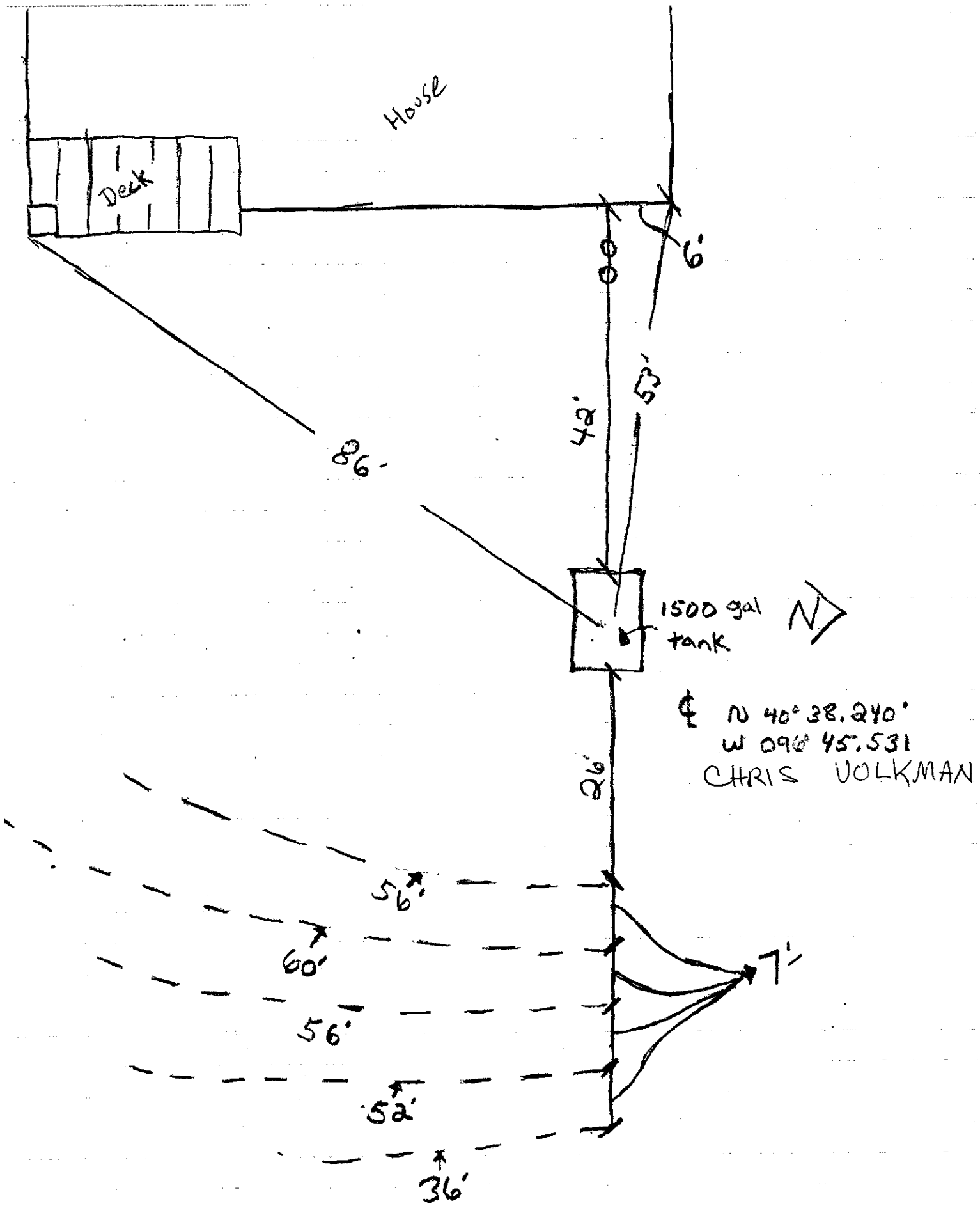
The following steps should be followed in sequence.

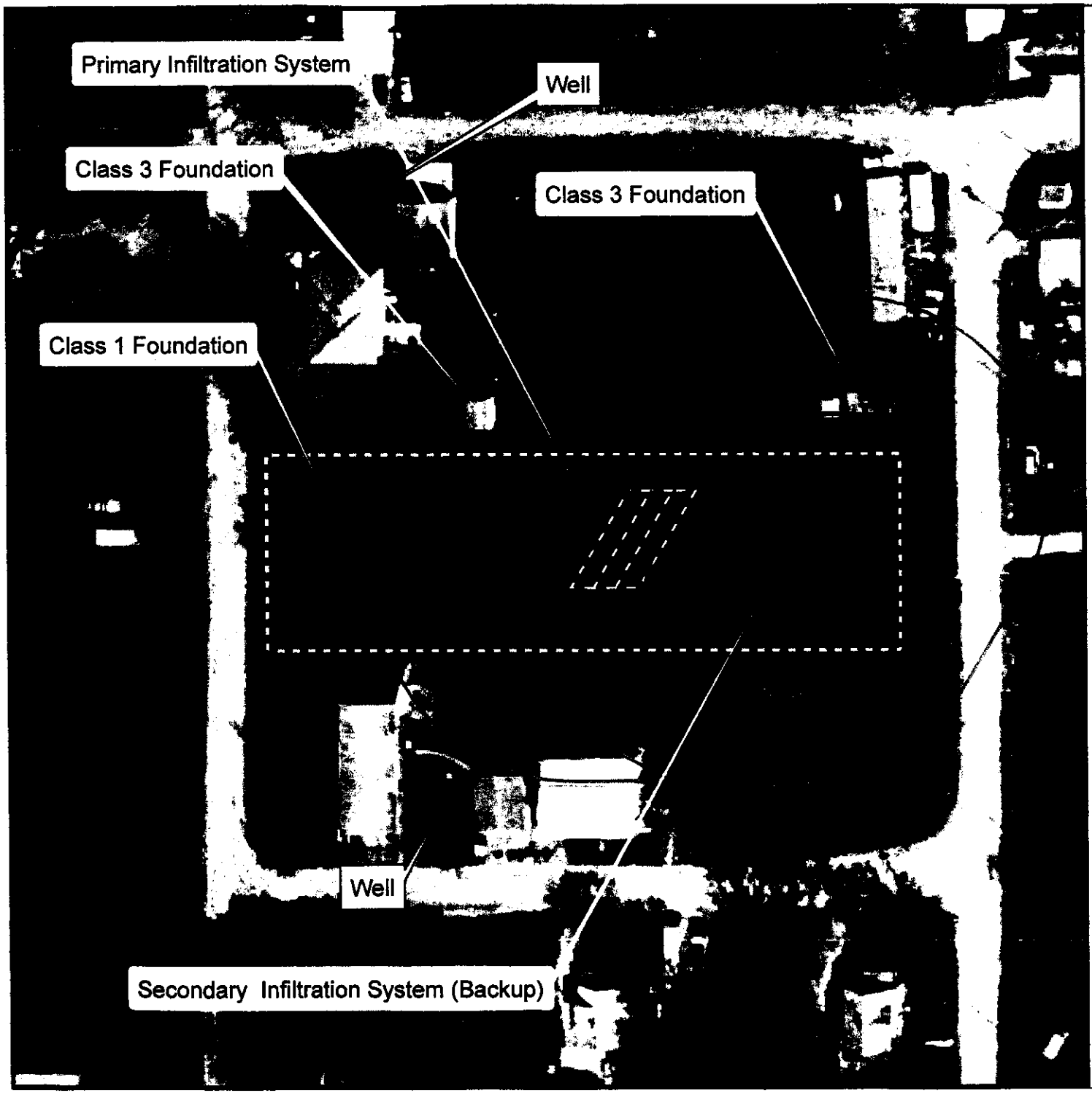
1. Determine the soil absorption capacity of the site. (Complete Form B).
2. Have your sewage disposal system engineer/installer survey the site to determine the proper location of the system. The location of building/s, well/s, property lines, percolation test holes, proposed system and laterals must be considered. (Complete Form C) Remember to include a plot plan and that ***both your installer and your home building contractor must sign Form C.***
3. Obtain site clearance. (Complete Form A) If the building site is (a) within the 3-mile jurisdiction of Lincoln, or (b) in the county, but not within the 1-mile jurisdiction of an incorporated city or village, then submit your completed forms to LLCHD. If the building site is within the 1-mile jurisdiction of Hickman or Waverly, or an incorporated village, then you will need to first take Form A to the City of Village Clerk for approval. The clerk will return Form A to you, and you can then submit your completed Form A to LLCHD.
4. Submit completed Forms A, B and C to the LLCHD, Environmental Health Division. A filing (permit) fee of $150 must be submitted at the same time. Make checks payable to the Lincoln-Lancaster County Health Department.
5. When the application for a permit has been approved and the permit issued by LLCHD, construction of the system may begin. The system must be constructed in accordance with the approved plans and specifications, and with the appropriate ordinance or resolution.
6. ... ...alled system requires a final approval. The LLCHD must be notified when the installation is ready for final inspection.

No part of the system may be covered until inspected and approved by the LLCHD.

Inspection Phone No.

441-8022


House
Deck
6'
53'
42'
86'
1500 gal
tank
N
℄ N 40° 38.240'
W 096° 45.531
CHRIS VOLKMAN
26'
56'
60'
56'
52'
36'
7'



Consulting, Inc.
Engineers & Scientists

Site Plan

Septic Tank & Infiltration System

Chris Volkman
17740 South 3rd Street
Martell, NE 68404

Legend

- Septic Tank and Lines
- Property Boundary
- Residence Boundary
- 20 Foot Setback Radius
- 25 Foot Setback Radius
- 40 Foot Setback Radius
- 50 Foot Setback Radius
- 100 Foot Setback Radius

N
W E
S

0 25 50 100 Feet

GAGNER CONSTRUCTION
4810 W. CLAIRE AVE.
LINCOLN, NE 68523
(402) 797-2365

Post-it® brand fax transmittal memo 7671 | # of pages ▸ 6

To Nate	From Linda
Co. Nebr Dept	Co. Gagner Const
Phone 402-441-3890	Phone 402-797-7475

Aug 28-13

Hi Nate,
Here are the papers for Chris Volkman
If you have questions call Mel

402-432-5698

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

A

Permit Number:

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

☐ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address _____ City Martell NE, Zip 68404
(no rural route)

Legal Description _____ 1st 2 10th 4th 5
1/4 1/4 Section Township Range Subdivision Addition Block Lot

Geographical Location (If known): Longitude _____ Latitude _____

☐ Check if system mail address is not the same as the owner's address

B. Owner

Name Chris Volkman Signature Chr Volkman

Address 17740 SW. 27st (P.O. Box) City/State/Zip Martell, NE 68404

☐ Check if owner designed system Home Phone (402) 794-8510 Work Phone CELL 613-7238

C. Contractor

Name OWNER Company Name _____

Address _____ City/State/Zip _____

☐ Check if contractor designed system Work Phone _____

D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name Melvin Gagner Firm Gagner Const Work Phone 432-5698

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 3 Is there a Whirlpool Bathtub YES (NO)

☐ Commercial Establishment/Other Facility Specify _____

Design flow in gallons per day _____ Type of Wastewater: ☒ Domestic ☐ Non-Domestic.

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☐ County Resolution No. 2832

1. **Health Department** Date rec'd _____ ACTION ☐ Approved ☐ Disapproved
   Date frwd _____ Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd _____ ACTION ☐ Approved ☐ Disapproved
   Date frwd _____ Signature _____
3. **City or County Engineer** Date rec'd _____ ACTION ☐ Approved ☐ Disapproved
   Date frwd _____ Signature _____

Installation Final Written Approval

By _____

Date _____

Business Office Use Only

Date Rec'd _____

Amt Paid _____

Rec'd By _____ Cash/Check No. _____

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

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 1st ADD. Blak 2 Lots 4+5+6+7+8+9+10+11 (no rural route) City Martell NE Zip NE 68404

Owner Chris Volkman Address 17740 S. 3rd St. Martell, NE 68404

Soil Type (SCS): first WYMORE SILTY CLAY LOAM Percolation Rate: 40 min./inch

Date of Tests 11/22/03 to 11/29/03 Weather: Precipitation 0.00" Temperature 38

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	36"	11/22	8Am	11/24	10Am	11/24	10:05	6	11/24	2:05	30	3/4	40
2	36"	11/22	8Am	11/24	10Am	11/24	10:06	7	11/24	2:06	30	5/8	48
3	36"	11/22	8Am	11/24	10Am	11/24	10:07	6 3/4	11/24	2:07	30	3/4	40
4	36"	11/22	8Am	11/24	10Am	11/24	10:08	6 1/2	11/24	2:08	30	5/8	48
5	36"	11/22	8Am	11/24	10Am	11/24	10:09	7	11/24	2:09	30	1/2	20

Person Conducting Percolation Tests

Name: Chris Volkman
Phone: 794-8510
Address 17740 S. 3rd St.
Martell, NE 68404

Slow of Percolation Rates: _____
Average of Rates: _____
Rate Used for Calculation: 40

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official Lerroll C. Wood R.E.H.S. Date NOVEMBER 18, 2003

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

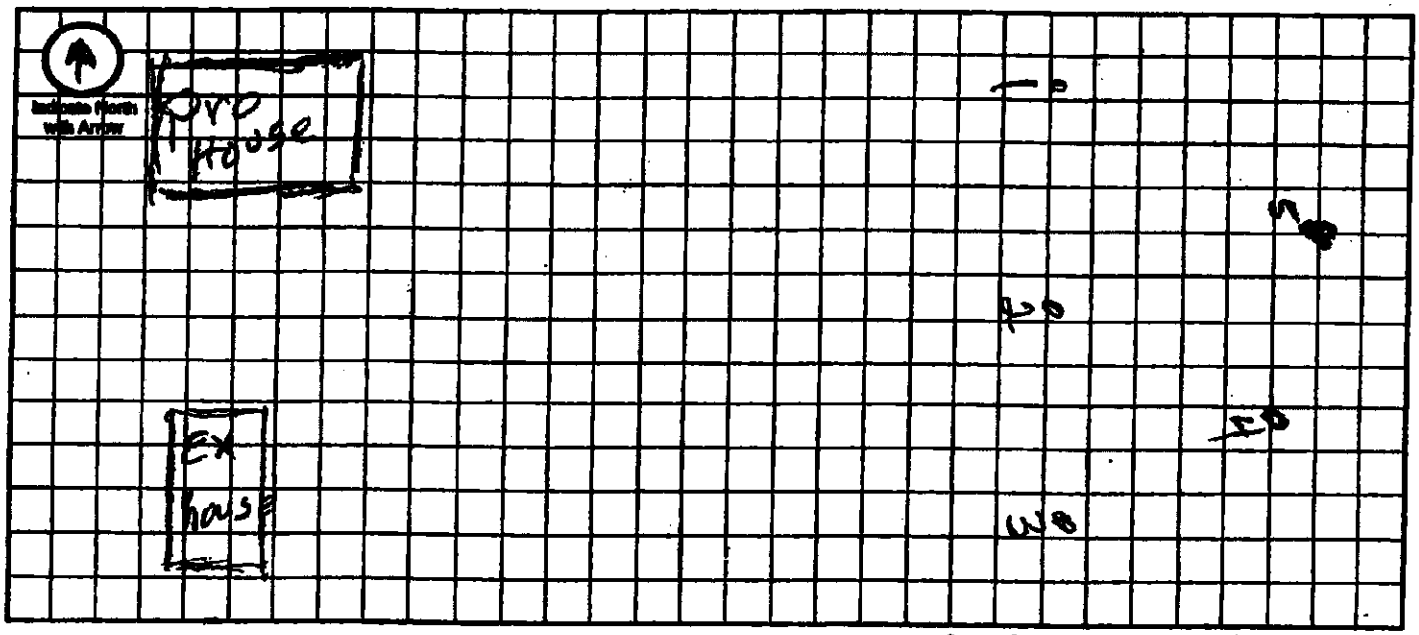
C

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 lines

A. System Location (Indicate correct number and street)

Address (no rural route) 17740 S. 3rd St City Martell NE, Zip NE

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 40 (min. per inch) Soil Type: Wymore Silty Clay Loam Land Slope: _____ %

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

Total Square Feet of Field Required: 400 sq. ft.

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

Capacity of Septic Tank 1500 gals Number of Absorption Beds: [illegible] Number of Distribution Laterals per Bed _____

Total Length of Laterals 200 ft. Number of Trenches 2 Trench Width 4 FT.

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

Distance From	Private Well	Public Well	Surface Water	Ground 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 11/18/06

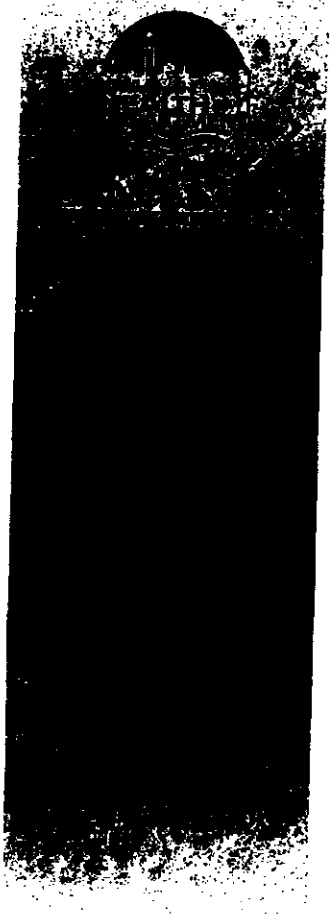
Installer _____ Date 18 NOV 06



CITY OF LINCOLN
NEBRASKA

MAYOR CHRIS BEUTLER
lincoln.ne.gov

Lincoln-Lancaster County
Health Department
Bruce D. Dart, Ph.D., Health Director
3140 "N" Street
Lincoln, Nebraska 68510-1514
402-441-8000
TDD: 402-441-6284
fax: 402-441-8323
health@lincoln.ne.gov



August 9, 2010

Chris Volkman P.O. Box 91
17740 SW 27th
Martell, Nebraska 68404

Dear Chris,

The Lincoln-Lancaster County Health Department (LLCHD) has reviewed the site plan and associated information provided by WLA Engineering for the proposed septic system to be located on Lots 4, 5, 10, and 11 in Martell. LLCHD will issue a construction permit for this system when you submit the application and permit fee. The current fee is $325.00. The copy of the letter that you provided from Brian Mulinex was not signed. Please provide a signed copy upon application.

Please provide a copy of this letter to the Village of Sprague as they will request an approval from LLCHD prior to issuing a building permit.

If you have additional questions regarding this permit please contact Nate Hartman at 441-8643. Mr. Hartman reviews and issues construction permits.

Sincerely,

Doug Smith

Doug Smith, REHS
Water Quality Program

Cc: Nate Hartman

Nate, fyi
I suppose we need to have
onto the stuff. I am not
sure when he will apply
Doug

LINCOLN
The Community of Opportunity

May 4, 2007

Mr. John Chess
Lincoln/Lancaster County Health Department
Environmental Health Division
3140 N Street
Lincoln, Nebraska 68510-1514

Re: Septic Tank System Site Plan
Chris Volkman, Martell, Nebraska

Dear Mr. Chess:

On behalf of Chris Volkman, WLA Consulting has prepared a site plan for the proposed septic tank and infiltration system to be constructed in Martell, Nebraska. This map includes the locations of the septic tank, primary and secondary infiltration systems and surrounding receptors. Based upon this map, the proposed septic tank system meets the minimum setback distance requirements for the Nebraska Department of Environmental Quality Title 124, Chapter 5.

If you have any questions, or concerns please contact me at (402) 475-8588.

Sincerely,

WLA CONSULTING, INC.

Brian C. Mulinix, P.E.

Enclosure

cc: Chris Volkman

SCANNED

A

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

Permit Number: 1300808

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

☑ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

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PLEASE PRINT OR TYPE

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Address 17740 SW 27th ST (no rural route) City MARTELL NE, Zip 68404

Legal Description 28 (1/4) 8 (1/4) Section 6 Township Range Subdivision 1st Addition 2 Block 10+11 4+5 Lot

Geographical Location (if known): Longitude _____ Latitude _____

☐ Check if system mail address is not the same as the owner's address

B. Owner

Name Chris Volkman Signature Chr Volkman

Address 17740 SW. 27st (P.O. Box) City/State/Zip martell, NE 68404

☐ Check if owner designed system Home Phone (402) 794-8510 Work Phone CELL 613-7238

C. Contractor

Name OWNER Company Name _____

Address _____ City/State/Zip _____

☐ Check if contractor designed system Work Phone _____

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Designer Name Melvin Wagner Firm Wagner Const Work Phone 432-5698

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☒ Residential Dwelling Number of Bedrooms 3 Is there a Whirlpool Bathtub YES (NO)

☐ Commercial Establishment/Other Facility Specify _____

Design flow in gallons per day _____ Type of Wastewater: ☒ Domestic ☐ Non-Domestic.

DO NOT WRITE BELOW THIS LINE

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

Installation Final Written Approval

By _____

Date 9/24/14

Business Office Use Only

Date Rec'd 9-3-13

Amt Paid 355.-

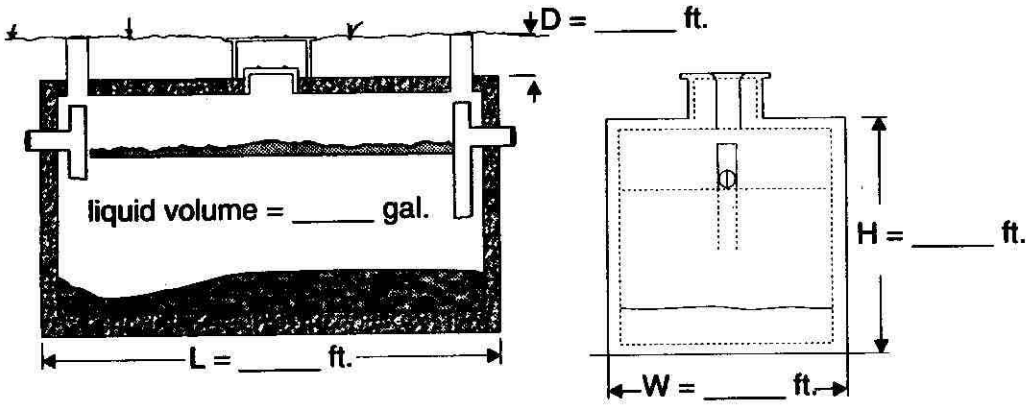
Rec'd By _____ Cash/Check No. 7287

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

KEY

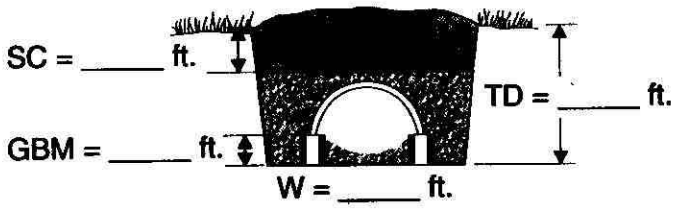
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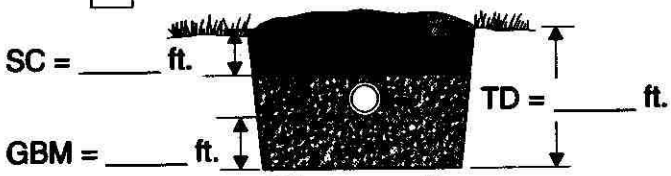


G. Check the Box for the Appropriate Absorbtion Field and Complete the Blanks

☐ HALF-MOON IN GRAVEL



☐ PIPE IN GRAVEL



☐ OTHER: Include Drawing

H. Complete ADJACENT Lot Worksheet for All Wells and Water Lines

NORTHWEST Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____	NORTH Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____	NORTHEAST Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____
WEST Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____	PROPOSED SEPTIC SYSTEM INSTALLATION	EAST Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____
SOUTHWEST Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____	SOUTH Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____	SOUTHEAST Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____

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Inspection Phone No.

441-8022

Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3140 N Street Lincoln, Nebraska 68510-1514

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT
No. HS000808

System Type: Standard

Situs: 17740 S 3 ST, RURAL, NE

Issued: 9/30/2014

Expires: 9/30/2015

Description: FIRST ADDITION TO MARTELL, BLOCK 2, Lot 6 - 9

Owner: VOLKMAN, CHRISTOPHER M &
PEDERSEN, DENISE F
PO BOX 91
MARTELL, NE 68404-0091

Judith A Halstead
Judith A. Halstead, MS, Health Director

Dear Applicant:

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

GAGNER CONSTRUCTION
4810 W. CLAIRE AVE
LINCOLN, NE 68523-9324