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

A

Permit Number
HS000973

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 2100 SW Fresh Water Ln.

Address 20601 SW 21st St (no rural route) City Martell, NE Zip 68404

Legal Description Four Stones Addition Block 1 Lot 9

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

Geographical Location (if known): Lat/Long: _____ PID 07-04-101-009-000

B. Owner

Name Patrick & CARA SMALL Signature NA

Address 7370 Mercy LN City/State/Zip Hickman / Ne / 68372

Home Phone NA Work Phone NA

C. Certified Installer

Name: Kurt T Virgil Signature

Address 4620 W MARY LOUISE LN City/State/Zip LINCOLN, Ne, 68528

Work Phone 402-525-6681

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 5 Is there a Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 3.07

☐ 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 _____ Date frwd _____
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 9-24-14 Amount Paid $375.00
Received By SB Cash/Check No. 1104

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

Form A Updated: 5/10

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

B

Permit Number:

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 20601 SW 21 St (no rural route) City Martell NE, Zip 68404

Owner Patrick & Cara Small Address 7370 Mercy Ln Hickman, Ne 68372

Date of Tests 9-14-16 to 9-16-16 Weather: Precipitation No Temperature 75°

Percolation Test Data Table

A.	B.	C. D. E. F. Saturation/Swelling Time				G. H. I. J. K. Water Level Drop Last 30 mins of 4 hr or last 10 mins of 1 hr					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)	Initial Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time Interval	Water Level Drop (in)	Percolation Rates (Min/in = mpi)
1	41	9/14	1030	9/14	230	9/16	510	6	9/16	910	30	1/2	60
2	46	↓	↓	↓	↓	↓	↓	6	↓	↓	↓	1 3/4	17
3	40	↓	↓	↓	↓	↓	↓	6	↓	↓	↓	1/2	60
4	40	↓	↓	↓	↓	↓	↓	6	↓	↓	↓	1/2	60
5	46	↓	↓	↓	↓	↓	↓	6	↓	↓	↓	1/2	60
6	40	↓	↓	↓	↓	↓	↓	6	↓	↓	↓	1/2	60
								6					
								6					

Person Conducting Percolation Test

Name: Kurt T Virgil

Phone: 402-525-6601

Address 4620 W Mary Louise Ln Lincoln, Ne 68528

Soil type (NRCS Maps/Other) Otoe Silty Clay Loam

Groundwater Depth > 6 feet

Sum of Percolation Rates: NA

Average of Rates: Used 60

Rate Used for Calculation: Used 60

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Comments (Soil type, groundwater, floodplain, etc.)

Signature of Reviewing Official _____ Date _____

Onsite Form B 12_06

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

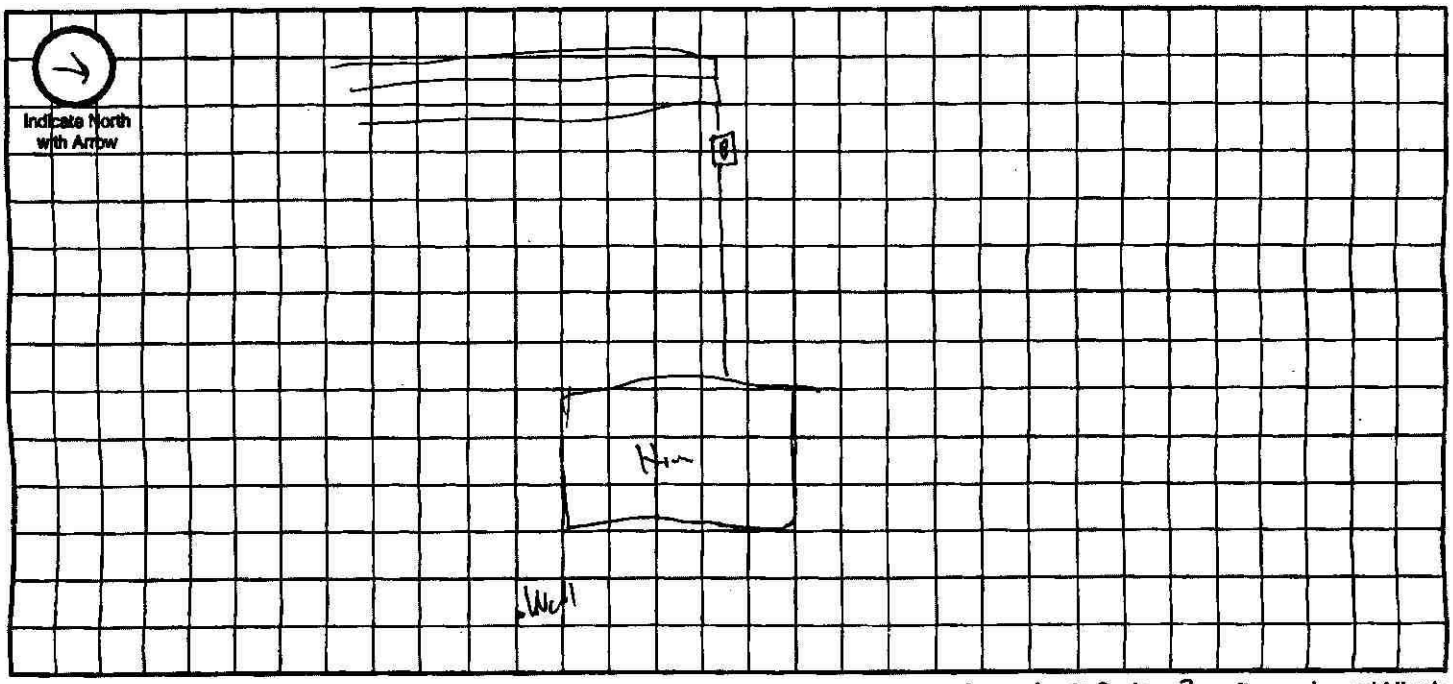
C

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: 2 ft. = 1 grid line/s

A. Onsite System Location

Address (no rural route) 20601 SW 21st St City Martell NE, Zip 68404

B. Proposed Septic Tank/s

Septic Tank Cap. 2000 gals Tank Material: ☒ Concrete ☐ Plastic ☐ Other_____ ☐ Lagoon(Max. seepage 1/8" per day)

C. Reserve Area for Replacement Onsite System

☐ Drainfield Absorption Area (percolation test required) ☒ Lagoon

D. Drainfield Absorption System

Percolation Rate 60 (min/inch = mpi) No. of Bedrooms 5 Soil Type Otoe Silty Clay Loam Land Slope 7 %

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 1750 sq.ft.

Total length of laterals 478 Type of distribution: ☐ Perforated pipe ☐ Half-Round ☒ Chamber ☐ Other

No. of absorption trenches 4 Width 36" No. of drop boxes 3 Distrubtion Box 0

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 9-22-14

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. HS000973

System Type: Standard

Situs: 2100 W FRESH WATER LN, RURAL, NE

Issued: 9/30/2014

Expires: 9/30/2015

Description: FOUR STONES ADDITION, BLOCK 1, Lot 9

Owner: SMALL, PATRICK J & CARA L
7370 MERCY LN
HICKMAN, NE 68372

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

KURT VIRGIL EXCAVATING
4620 W MARY LOUISE LANE
LINCOLN, NE 68528

SCANNED

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

A

Permit Number
HS000973

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 2100 SW From water Ln.

Address 20601 SW 21st St (no rural route) City Martell, NE Zip 68404

Legal Description Four Stones Addition Block 1 Lot 9

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

Geographical Location (if known): Lat/Long: PID 07-04-101-009-000

B. Owner

Name Patrick & Cara Small Signature NA

Address 7370 Mercy Ln City/State/Zip Hickman / Ne / 68372

Home Phone NA Work Phone NA

C. Certified Installer

Name: Kurt T Virgil Signature

Address 4620 W Mary Louise Ln City/State/Zip Lincoln, Ne, 68520

Work Phone 402-525-6681

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 5 Is there a Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 3.07

☐ 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 7/30/14
Date frwd 7/30/14
ACTION ☑ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd
Date frwd
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 6/24/15

Business Office Use Only
Date Received 9-24-14 Amount Paid $375.00
Received By SB Cash/Check No. 1104

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

Form A Updated: 5/10

JUL 08 2015

D

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

Permit Number: #S000973

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date 6-29-15 Legal Description Four Stones Addition Block 1 Lot 9
1/4 1/4 Section Township Range

Onsite System Location

Address (no rural route) 20601 SW 21 St City Martell NE. Zip 68404
Owner Patrick & Cara Small Address 7370 Mercy Ln Hickman, Ne 68372

A. Sewer Pipe

1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: - in.
   or distance below basement floor: 36 in.
3. Distance between dwelling and septic tank: 114 ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line >100 ft.
   stream >50 ft.
   pressure line >25 ft.
   property line >5 ft.

B. Septic Tank

☒ Label with Manufacturer, address and gallon capacity

1. Material: Concrete
   Number of compartments: 1
2. Capacity: 2000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 24 in.
   Over outlet, diameter 24 in.
   Riser: ☒ above ☐ below grade 4 in.
5. Inlet: ☒ baffle ☐ tee ☐ 6" dia. inspection pipe
6. Outlet: ☒ baffle ☐ tee ☐ 6" dia. inspection pipe
7. Depth to top of tank, below unfinished grade: ~20 in.
8. Distances to: Well or suction line >100 ft.
   Stream >50 ft.
   Pressure line >25 ft.
   Property line >25 ft.

C. ☒ Distribution Box ☒ Drop Boxes

(≥ 12" inspection opening) (removable lid to inspect)

1. Material: Plastic
   Number available outlets: 1 used
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 5±, 15, 24± ft.

D. Drainfield Absorption

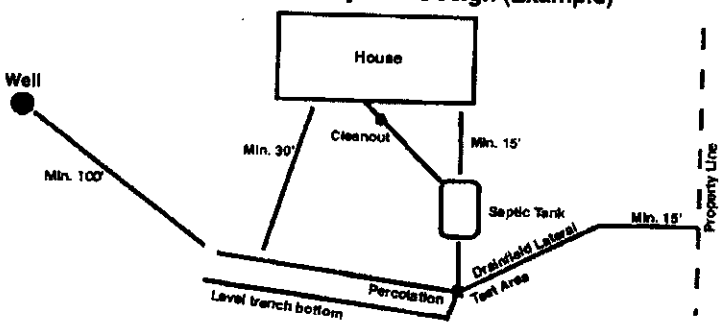
☒ Trench ☐ Bed ☒ Level Bottom

1. Type: ☐ Half rounds ☐ Perforated pipe ☒ Chambers
   Diameter or width: 29.3"
   Number of distribution lines in bed 1
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other
2. Drainfield Laterals: Number 3
   Length of each line: 96 ft. 96 ft.
   96 ft. ft., ft.
3. Drainfield dimensions: Width 29.3 ft.
   Distribution Pipe Slope 0 in/100 ft.
   Average depth 48 in
4. Filter material: NA
   Depth of material NA in.
5. Distances to: Well or suction line >100 ft.
   Pressure line >25 ft.
   Property line >5 ft.
   House or building 114 ft.
   Lake or Stream >50 ft.

Complete As-Built drawing on the back fo this form.

Onsite Wastewater System Design (Example)

Indicate North with Arrow

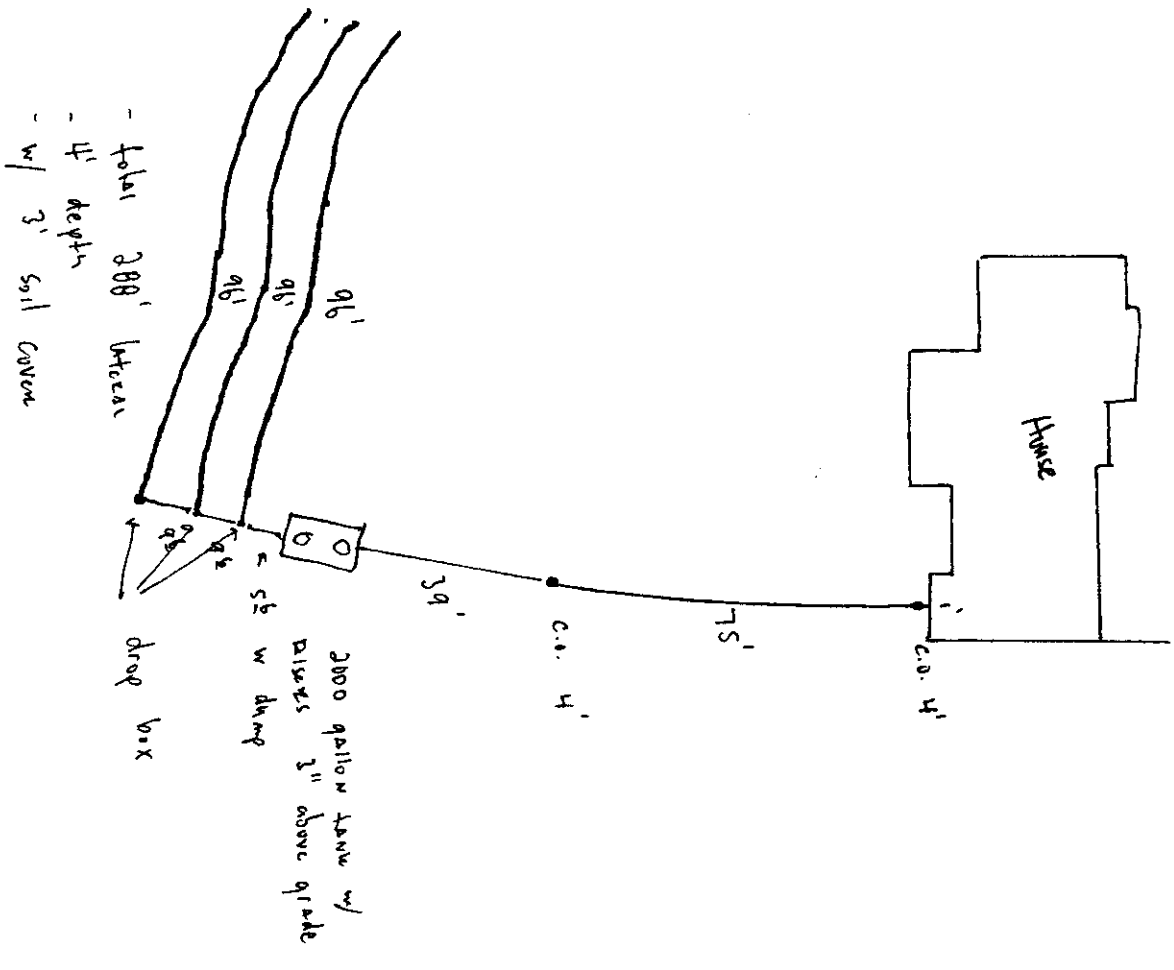


Septic Info
Completed 6-29-15

↑ N

⟷ = 10'

Patricia & Chad Small
20601 SW 21 St
Martell, Ne 68404



WC

MAY 13 2015

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

B

Permit Number:

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 20601 SW 21st St (no rural route) City Martell NE, Zip 68404

Owner Patrick & Cara Smale Address 7370 Mercy Ln Hickman, Ne 68372

Date of Tests 9-14-14 & 4-30-15 to 9-16-14 4-30-15 Weather: Precipitation No/No Temperature 75°/80°

Percolation Test Data Table

A.	B.	C. D. E. F. Saturation/Swelling Time				G. H. I. J. K. Water Level Drop Last 30 mins of 4 hr or last 10 mins of 1 hr					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)	Initial Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time Interval	Water Level Drop (in)	Percolation Rates (Min/in = mpi)
2	48	9/14	1030	9/14	230	9/16	510	6	9/16	910	30	1 3/4	17
5	"	"	"	"	"	"	"	6	"	"	"	1 5/8	18
1	"	4/30	800	4/30	1200	4/30	420	6	4/30	820	"	2	15
3	"	"	"	"	"	"	"	6	"	"	"	1 1/2	20
4	"	"	"	"	"	"	"	6	"	"	"	1 1/2	20
6	"	"	"	"	"	"	"	6	"	"	"	1 1/2	20
								6					
								6					

Person Conducting Percolation Test

Name: Kurt Vagil
Phone: 402-525-6681
Address 4620 W Mary Louise Ln
Lincoln, Ne 68528
Soil type (NRCS Maps/Other) Wymore Silty Clay Loam
Groundwater Depth > 10'

Sum of Percolation Rates: 110
Average of Rates: 18.3
Rate Used for Calculation: 18.3 but may put in for 21-30 mpi

DO NOT WRITE BELOW THIS LINE

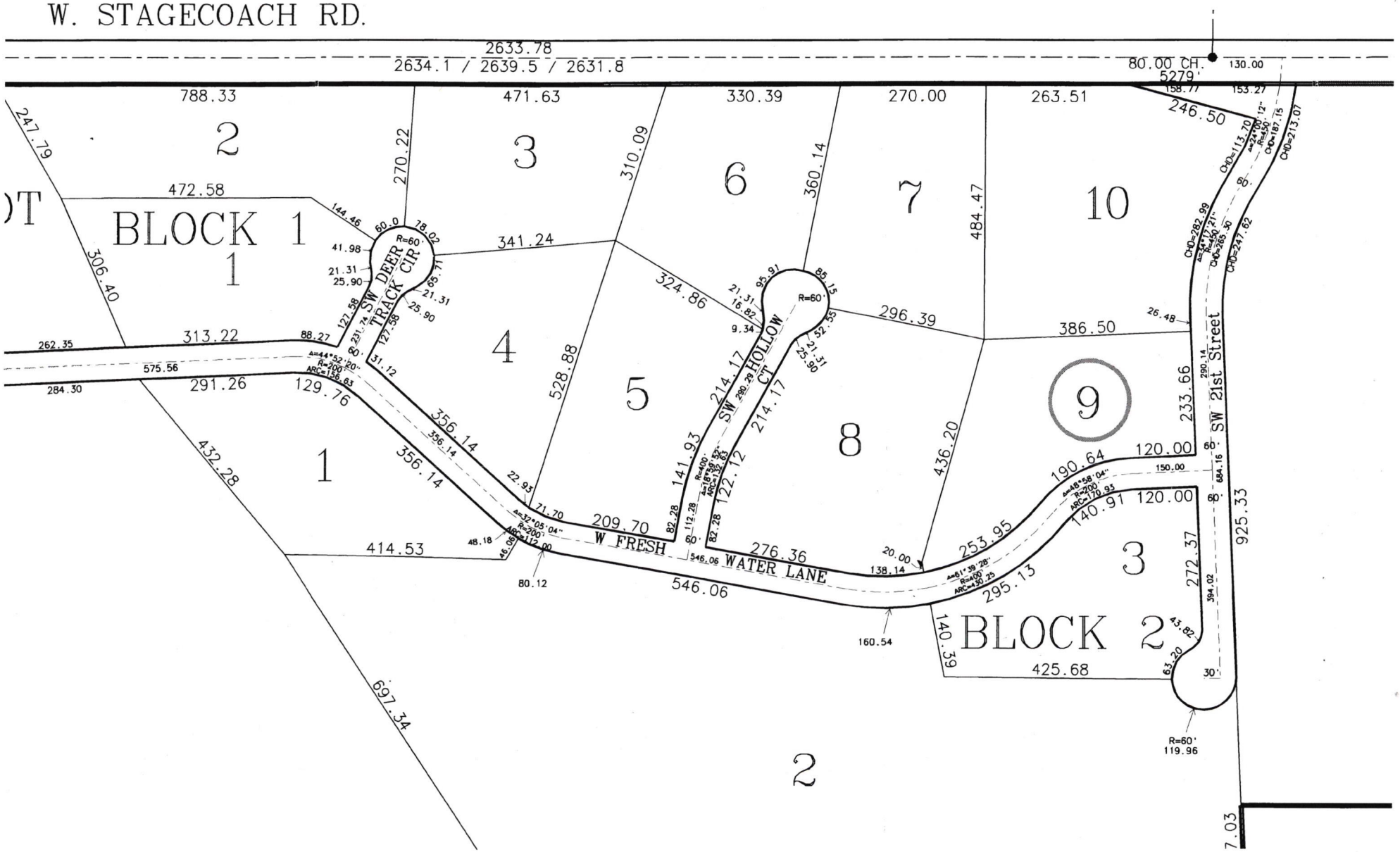
Reviewing Action

Comments (Soil type, groundwater, floodplain, etc.)

Signature of Reviewing Official _____ Date _____

Onsite Form B 12_06

Sec. 4 (7-6)


W. STAGECOACH RD.
2633.78
2634.1 / 2639.5 / 2631.8
80.00 CH.
5279'
130.00
158.77
153.27
246.50
788.33
471.63
330.39
270.00
263.51
247.79
472.58
BLOCK 1
306.40
270.22
310.09
360.14
484.47
341.24
324.86
296.39
386.50
SW DEER TRACK CIR
R=60'
SW HOLLOW CT
R=60'
SW 21st Street
262.35
313.22
575.56
284.30
291.26
129.76
356.14
528.88
214.17
122.12
436.20
233.66
120.00
190.64
150.00
140.91
432.28
414.53
209.70
W FRESH WATER LANE
546.06
276.36
253.95
295.13
272.37
925.33
697.34
BLOCK 2
425.68
140.39
160.54
80.12
119.96
7.03
1
2
3
4
5
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9
10