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

**A**

Permit Number
HSO 01052

# 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 17000 SW 42ND STREET City MARTELL, NE Zip 68404
(no rural route)

Legal Description X 520, T8, R6, 6th Principal Meridian, Lot 15 SW
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 08-20-300-002-000 SB

## B. Owner

Name ERIC WENDELIN Signature X Eric Wendelin

Address 17000 SW 42ND STREET City/State/Zip MARTELL, NE 68404

Home Phone 402 418 2428 Work Phone

## C. Certified Installer

Name: GARY L HOLLY Signature Gary L. Holly

Address 71860 567 AVE City/State/Zip FAIRBURY, NE 68352

Work Phone 402-587-0120

## 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 2 Whirlpool Bathtub? ☐ Yes ☐ No Total Acres 27
Garbage Grinder? ☐ 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. 02-30

**1. Health Department**
Site visits Date rec'd **ACTION** ☐ Approved ☐ Disapproved
Date frwd Signature
Comments

**2. Supt. Bldg. Insp. or Village Clerk**
Comments Date rec'd **ACTION** ☐ Approved ☐ Disapproved
Date frwd Signature

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

**Installation Final Written Approval**
By
Date

***Business Office Use Only***
Date Received 4-16-15 Amount Paid $375.00
Received By SB Cash/Check No. 1665

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

B

Permit Number: HS001052

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

# Sewage Disposal System
## Soil Absorption Test Data Report
## Annex to Application

LAGOON

PLEASE PRINT OR TYPE

**System Location (Indicate correct number and street)**

Address 17000 SW 42ND ST. (no rural route) City MARTELL NE, Zip 68404

Owner ERIC WENDELIN Addresss SAME

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

Date of Tests _____ to _____ Weather: Precipitation _____ Temperature _____

## 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) |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | |

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: _____

**Person Conducting Percolation Tests**

Name: GARY L. HOLLY

Phone: 402 587 0120

Address 71860 - 567 AVE FAIRBURY NE. 68352

DO NOT WRITE BELOW THIS LINE

**Reviewing Action**

Remarks _____

Signature of Reviewing Official _____ Date _____

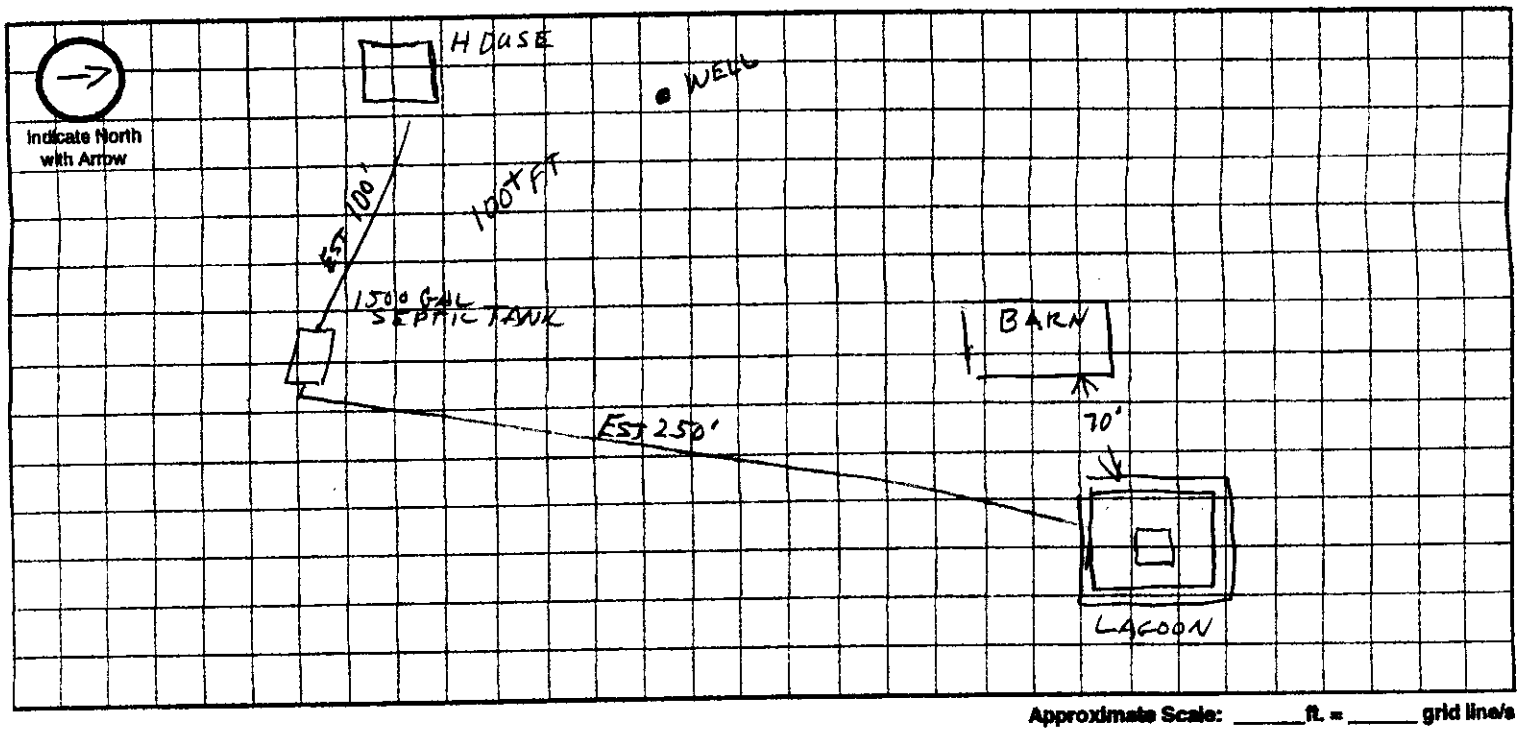
**Lincoln-Lancaster County Health Department**
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

**C**

Permit Number: HS001052

# 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) _____ City _____ NE, Zip _____

## B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate _____ (min. per inch) Soil Type: _____ Land Slope: _____ %

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

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

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

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

Total Length of Laterals _____ 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 Gary L Holly Date 032515

**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. HS001052**

**System Type:** Lagoon

**Situs:** 17000 SW 42 ST, RURAL, NE

Issued: 4/17/2015

Expires: 4/17/2016

**Description:** S20, T8, R6, 6th Principal Meridian, LOT 15 SW

**Owner:** WENDELIN, ERIC G & HEATHER D
17000 SW 42 ST
MARTELL, NE 68404

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

ERIC WENDELIN
1700 SW 42ND
MARTELL, NE 68404

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

Exhibit 6

Permit Number: H500/052

# Onsite Wastewater Treatment System-Lagoon

## Inspection Sheet

Date 9/30/15 Legal Description _____

¼ ¼ Section/Township/Range

**Onsite System Location**

Address (no rural route) _____ City _____

Owner _____ Address _____

**Mark One:** ☒ Dwelling ☐ Non-dwelling

☒ New System ☐ Repair

☐ Temporary modification (Describe problem causing discharge and reason for temporary modification): _____

_____

| | |
|---|---|
| Lagoon constructed so not to receive surface water | Yes ☒ No ☐ |
| Lagoon floor is level | Yes ☒ No ☐ |
| Lagoon is equipped with a depth gage/concrete slab | Yes ☒ No ☐ |
| Influent line is at least 4 inches and slopes no less than 1/8 inch | |
| Clean outs located every 75 feet and one located 1 foot about highest water level | Yes ☒ No ☐ |
| Inside slope not steeper than three horizontal to one vertical | Yes ☒ No ☐ |
| Minimum width of the top of the dike shall be 4 feet | Yes ☒ No ☐ |
| Fence installed | Yes ☐ No ☐ |

Top of the Dike 60' Bottom of Lagoon 30' Design Flow 300

**Setbacks (Check the Boxes Below if the Required Setback has been Satisfied):**

| Surface Water distance from Water Mark | Private Drinking Water Wells | Public Drinking Water Supply Wells | | All Other Water Wells | Property Lines | Trees and Brush | Neighbor's Foundation | | All Other Setbacks |
|---|---|---|---|---|---|---|---|---|---|
| 50 ft ☒ | 100 ft ☒ | Non-Community | 100ft ☐ | 100ft ☒ | 50ft ☒ | 50ft ☐ | Class 1 | 200ft ☐ | ☒ |
| | | Community | * ☐ | | | | Class 2 | 200ft ☒ | |
| | | | | | | | Class 3 | 100ft ☒ | |

*Evaluated by a professional engineer for potential impact on the well and submitted to Dept. for approval if less than 1000ft.

**Geographical Coordinates to 6 Decimals:** N/A

Dike North side

**Comments:**

Inspections prior to Final Approval
Initial DC Date 8/27/15
Follow-Up _____ Date Needs Fence
Follow-Up _____ Date _____
**Installation Final Written Approval**
By _____
Date 1/11/16

SEP 21 2015

D

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

Permit Number:

ERIC WENDELIN

# Sewage Disposal System
## As Built Plans & Specifications

Date SEPT 2, 2015 LAGOON SYSTEM

**System Location (Indicate correct number and street)**

Address 17000 SW 42ND STREET City MARTELL NE, Zip 68404
(no rural route)

### A. Building Sewer

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

### B. Septic Tank

1. Material: _____
   Number of compartments: _____
2. Capacity: _____ gal.
3. Factory built: ☐ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☐ above ☐ below grade _____ in.
5. Inlet: ☐ baffle ☐ tee
6. Outlet: ☐ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: _____ in.
8. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

### C. Distribution Box

1. Material: _____
   Number available outlets: _____
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: _____ ft.

### D. Absorption Field

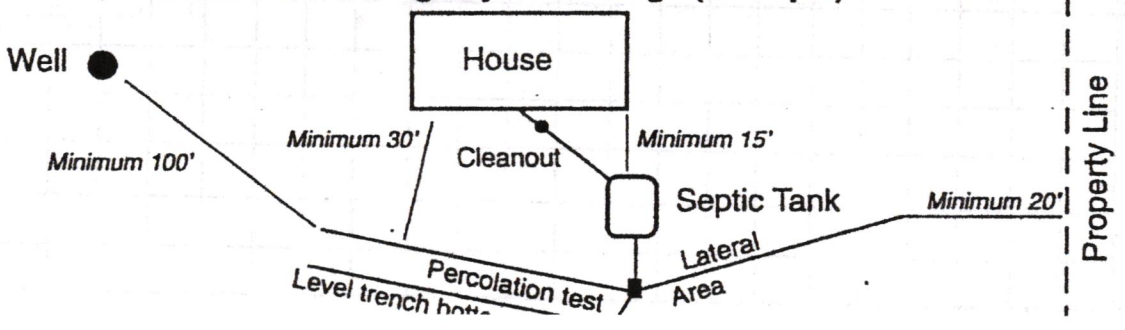
*(Provide as-built drawings on back of this form)*

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number _____
   Length of each line: _____ ft. _____ ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width _____ ft.
   Slope _____ in/100 ft.
   Average depth _____ in
4. Filter material: _____
   Depth of material _____ in.
5. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

**Complete "As Built" drawing on back of this form.**

Indicate North with Arrow

**Individual Sewage System Design (Example)**



# As Built Drawing

