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

A

Permit Number
HS001077

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 14747 SW 14th St. (no rural route) City Martell, NE Zip 68430

Legal Description 16 8 6 SB

1/4	1/4	Section	Township	Range	Subdivison	Addition	Block	Lot
		16	8	6 SB				

PID 08-16200-001-000 SB

B. Owner

Name Branch and Marilyn Devries Signature X Branch E DeVries

Address 510 W. 2nd St, Cortland, NE 68331 City/State/Zip

Home Phone 402-598-7371 Work Phone 402-346-5789

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 4 Whirlpool Bathtub? ❑ Yes ❑ No Total Acres
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 4-8-15 Amount Paid $375.00
Received By SB Cash/Check No. 2046

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

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

B

Permit Number: HS001077

BRANCH + MARILYN DEVRIES

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address X (no rural route) City _____ NE, Zip _____

Owner BRANCH + MARILYN DEVRIES Address 510 W. 2ND ST. CORTLAND, NE 68331

Soil Type (SCS): JUDSON SILT LOAM Percolation Rate: 25 min./inc

Date of Tests 052115 to 052215 Weather: Precipitation NONE Temperature 60°

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 Rate (Min/in)
1	36	0521	1315	0522	0800	0522	1145	6"	0522	1215	30	.7	33
2	↓	↓	↓	↓	↓	↓	1146	↓	↓	1216	30	1.0	30
3	↓	↓	↓	↓	↓	↓	1147	↓	↓	1217	30	1.4	21
4	↓	↓	↓	↓	↓	↓	1140	↓	↓	1213	30	1.8	17
5	↓	↓	↓	↓	↓	↓	1147	↓	↓	1217	30	1.8	17
6	↓	↓	↓	↓	↓	↓	1150	↓	↓	1220	30	1.4	21
7	↓	↓	↓	↓	↓	↓	1151	↓	↓	1221	30	1.1	27
8	↓	↓	↓	↓	↓	↓	1152	↓	↓	1222	30	.7	33

Sum of Percolation Rates: 197
Average of Rates: 25
Rate Used for Calculation: 25 - 30

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 _____ Date _____

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

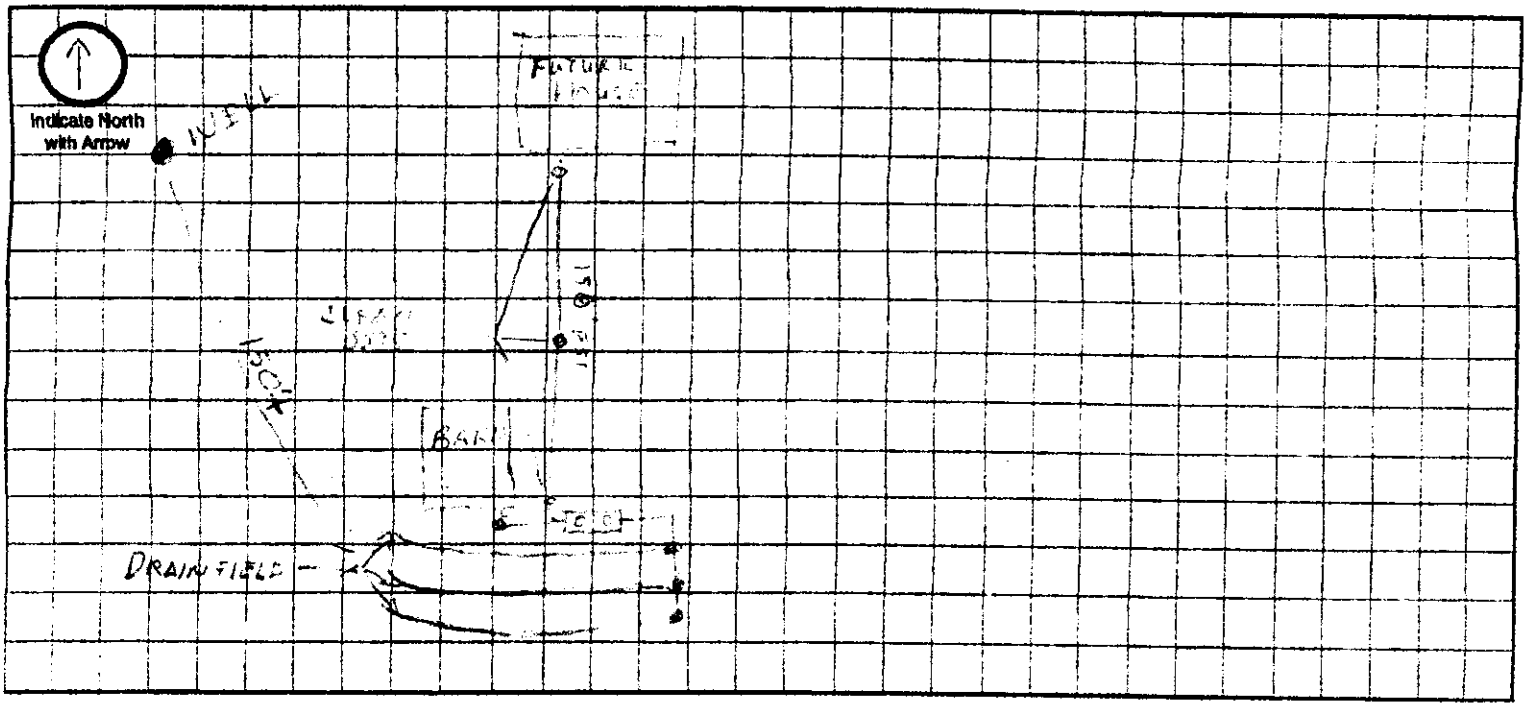
C

Permit Number: HS001077

BRANCH-4 MARILYN DEVRIES

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) X _____ 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 25 (min. per inch) Soil Type: JUDSON SILT LOAM Land Slope: 2 %

Type of Absorption System: ☒ Trench ☐ Bed ☒ Other GRAVELESS CHAMBERS

Total Square Feet of Field Required: 1000 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☒ Other Lateral Material: GRAVELESS CHAMBER

Capacity of Septic Tank 1500 gals Number of Absorption Beds: 1 Number of Distribution Laterals per Bed 3

Total Length of Laterals 300 ft. Number of Trenches 3 Trench Width 36"

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 T. Hall C-1650 Date 060315

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. HS001077

System Type: Standard

Situs: No Site Address Specified

Issued: 6/9/2015

Expires: 6/9/2016

Description: S16, T8, R6, 6th Principal Meridian, LOT 46 NE

Owner: DEVRIES, BRANCH E & MARILYNN K
PO BOX 122
CORTLAND, NE 68331

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

BRANCH DEVRIES
510 W 2ND ST
P O BOX 122
CORTLAND, NE 68331

SCANNED

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

A

Permit Number
HS001077

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 14747 SW 14th St. SB (no rural route) City Martell, NE Zip 68430

Legal Description 16 8 6 SB 46 I.T.
(1/4 | 1/4 | Section | Township | Range | Subdivison | Addition | Block | Lot)

PID 08-16200-001-000 SB

B. Owner

Name Branch and Marilyn DeVries Signature Branch E DeVries

Address 510 W. 2nd St, Cortland, NE 68331 City/State/Zip

Home Phone 402-598-7371 402-346-5789 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 4 Whirlpool Bathtub? ☐ Yes ☑ No Total Acres .79
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
Comments
Date rec'd 6/9/15
Date frwd 6/9/15
ACTION ☑ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments FP Permit is in FP
Date rec'd 6-9-15
Date frwd 6-9-15
ACTION ☒ Approved ☐ Disapproved
Signature

3. City or County Engineer
Comments Comply with Health Dept requirements
Date rec'd 6-9-2015
Date frwd 6-9-2015
ACTION ☑ Approved ☐ Disapproved
Signature

Installation Final Written Approval
By Doug Thiele
Date 7/10/15

Business Office Use Only
Date Received 6-8-15 Amount Paid $375.00
Received By SB Cash/Check No. 2046

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

AUG 12 2015 8-6-16 S.

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

D

Permit Number:
HS 001077

Sewage Disposal System
As Built Plans & Specifications

Date July 13, 2015

System Location (Indicate correct number and street)

Address NO SITE SPECIFIED (no rural route) City _____ NE, Zip _____

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: PLASTIC
   Number of compartments: 1
2. Capacity: 1500 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 24 in.
   Over outlet, diameter 24 in.
   Riser: ☒ above ☐ below grade 2 in.
5. Inlet: ☐ baffle ☒ tee
6. Outlet: ☐ baffle ☒ tee
7. Depth to top of tank, below unfinished grade: 18 in.
8. Distances to: Well or suction line 180+ ft.
   Stream N/A ft.
   Pressure line 40 ft.
   Property line 75 ft.

C. Distribution Box

1. Material: PLASTIC
   Number available outlets: 3
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 26 ft.

D. Absorption Field

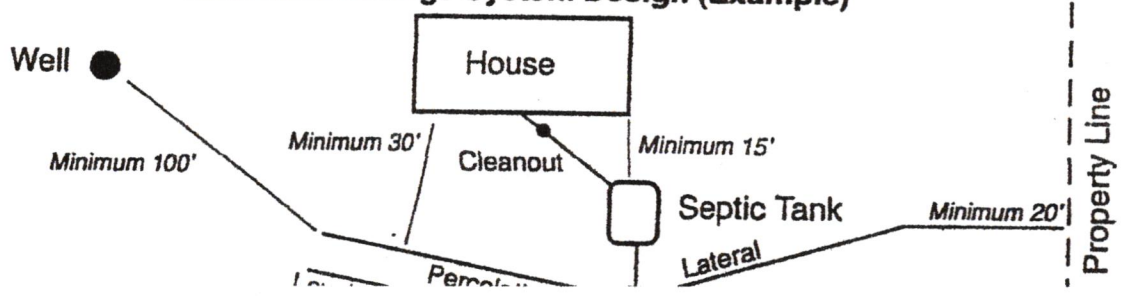
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe Q 4 PLU
   Diameter of half round: 34" INFILTRATOR
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 2
   Length of each line: 150 ft. 150 ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 3 ft.
   Slope 16 in/100 ft.
   Average depth 30 in
4. Filter material: NATIVE SOIL
   Depth of material 30 in.
5. Distances to: Well or suction line 178 ft.
   Stream N/A ft.
   Pressure line 150 ft.
   Property line 75+ ft.

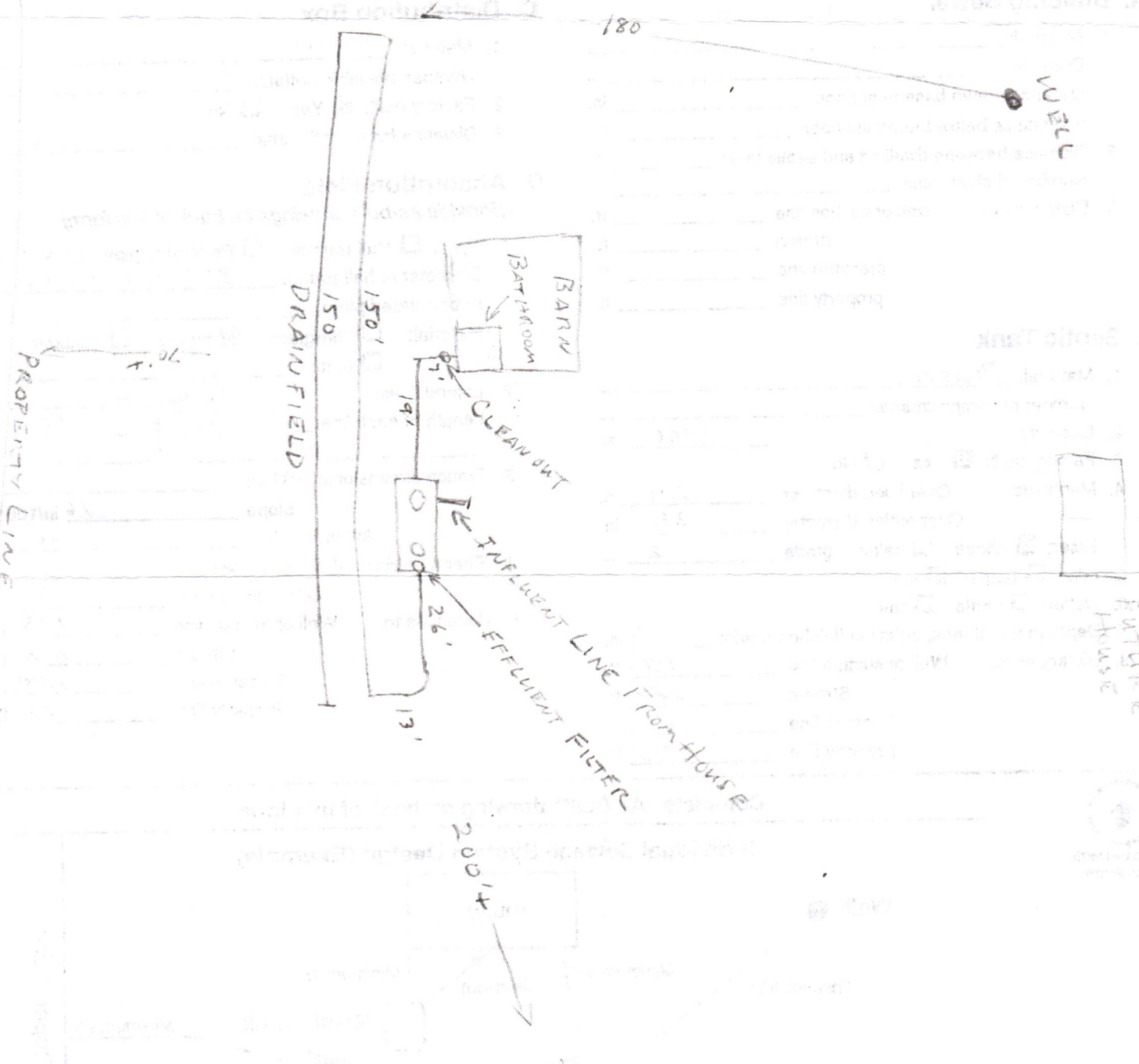
Complete "As Built" drawing on back of this form.

dicate North with Arrow

Individual Sewage System Design (Example)



s Built Drawing



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

Exhibit 5

Permit Number:

Onsite Wastewater Treatment System

Inspection Sheet

Date 7/

Legal Description _____
¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 14747 SW 14th City Martell

Owner Branch Devrier Address _____

Mark One: ❑ Dwelling ❑ Non-dwelling

☒ New System ❑ Alteration [❑ Tank Only ❑ Trench Only] ❑ Lateral Only

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

Drainfield Absorption System:

☒ Lateral ❑ Bed ❑ Non-standard (engineer-designed and NDEQ approved) ❑ Holding Tank ❑ Trench

Total square feet of drainfield 1,000 Sq. Ft. Tank Size 1500 gals

Total length of laterals 300 Type of Distribution: ☒ chamber ❑ Perforated Pipe ❑ Other (describe) Quick 4

No. of Absorption Laterals 2 Width ~~3.6 factor~~ No. of Drop Boxes _____ Distribution Box 1

Leveling Method Used Laser Transit

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
Tank (ft)	50 ☒	500 ☒	50 ☒	NA ❑*	10 ☒	5 ☒
Field (ft)	100 ☒	500 ☒	50 ☒	4 ☒	2 ☒	5 ☒

Geographical Coordinates to 6 Decimals:

Tank N.A.

Lateral #1 _____ Lateral #3 _____

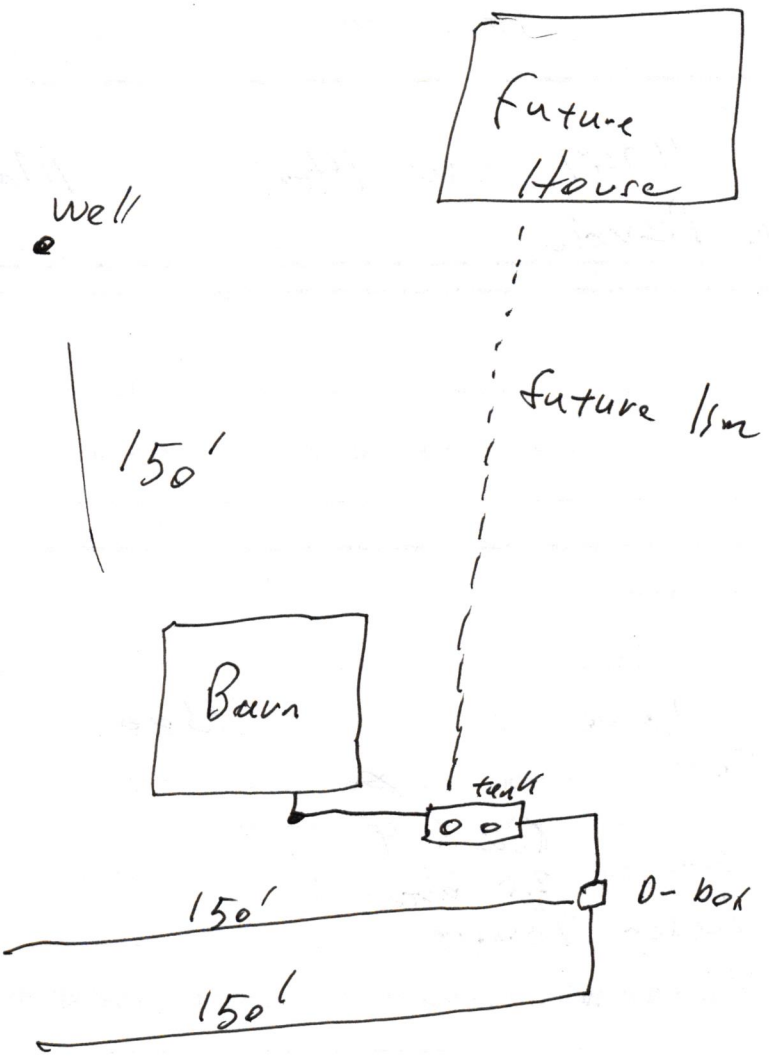
Lateral #2 _____ Lateral #4 _____

Comments:

Inspections prior to Final Approval
Initial DS ~~TMS~~ Date 7/8/15
Follow-Up DS Date 7/9/15
Follow-Up _____ Date _____

Installation Final Written Approval
By Doug Shaw
Date 7/10/15

Field Note Drawing (See Reverse Side):


Future House
well
future lsm
150'
Barn
tank
0-box
150'
150'