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

A

Permit Number
HS001087

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 25200 SW 2nd ST (no rural route) City Martell, NE Zip 68404

Legal Description 23 7 6 28
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 07-23-100-003-000

B. Owner

Name Allen Brandt Signature

Address 25200 SW 2nd ST City/State/Zip Martell NE 68404

Home Phone 402-560-4284 Work Phone

C. Certified Installer

Name: Jason Kubik Signature Jason Kubik

Address 105 Locust St City/State/Zip Hickman NE 68404

Work Phone

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 5.07
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 6-23-15 Amount Paid $375.00
Received By SB Cash/Check No. 504

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

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. HS001087

System Type: Lagoon

Situs: 25200 SW 2 ST, RURAL, NE

Issued: 6/29/2015

Expires: 6/29/2016

Description: S23, T7, R6, 6th Principal Meridian, LOT 28 NW

Owner: BRANDT, ALLEN L & BONNIE
25200 SW 2 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

ALLEN BRANDT
25200 SW 2ND ST
MARTELL, NE 68404

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

Exhibit 5

Permit Number: HS001087

Onsite Wastewater Treatment System

Inspection Sheet

Date 10/2/15 Legal Description ____ ¼ ____ ¼ T7N R6E Sec 23
Section/Township/Range

Onsite System Location

Address (no rural route) 25200 SW 2nd ST City Martell

Owner Allen Brandt Address 25200 SW 2nd ST

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 725 Sq. Ft. Tank Size 1500 gals

Total length of laterals 100 Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☐ Other (describe) ____

No. of Absorption Laterals 2 ~~3~~ JM Width 30 No. of Drop Boxes ____ Distribution Box 1

Leveling Method Used Laser Level

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 ☐ na	50 ☑	NA ☐	10 ☐ na	5 ☐
Field (ft)	100 ☑	500 ☐ na	50 ☑	4 ☑	25 ☐ na	5 ☑

Geographical Coordinates to 6 Decimals: na

Tank 1500 GAL

Lateral #1 100 ft Lateral #3 —

Lateral #2 100 ft Lateral #4 —

Comments:

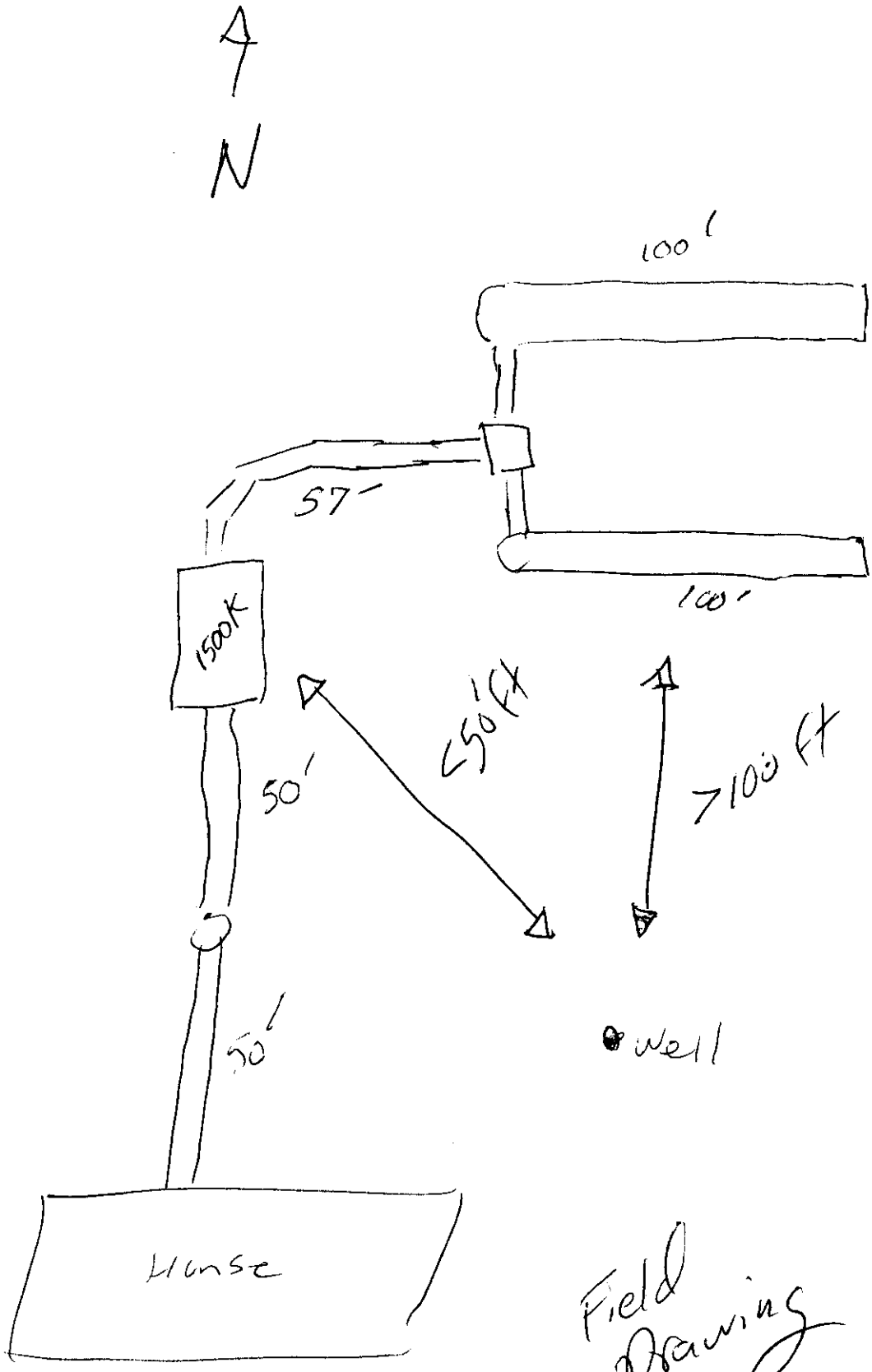
Inspections prior to Final Approval
Initial 10/2/15 Date JM → 10

Follow-Up ____ Date ____

Follow-Up ____ Date ____

Installation Final Written Approval
By Jim Nemec
Date 10/2/2015

Field Note Drawing (See Reverse Side):



Field Drawing

SCANNED

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

A

Permit Number
HS001087

Onsite Wastewater Treatment System
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B. Owner

Name Allen Brandt Signature

Address 25200 SW 2nd ST City/State/Zip Martell NE 68404

Home Phone 402-560-4284 Work Phone

C. Certified Installer

Name: Jason Kubik Signature Jason Kubik

Address 105 Locust St City/State/Zip Hickman NE 68404

Work Phone

D. Engineer

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DO NOT WRITE BELOW THIS LINE

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Site visits 10/2/15 JM
Comments
Date rec'd 8/29/15
Date frwd 8/29/15
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
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Date rec'd
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Installation Final Written Approval
By Jim Nemec
Date 10-2-2015

Business Office Use Only
Date Received 6-23-15 Amount Paid $375.00
Received By SB Cash/Check No. 504

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

Form A Updated: 1/13

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

B

Permit Number: HS 001089

Onsite Wastewater Treatment System

Soil Evaluation Report

PLEASE PRINT OR TYPE

PID 07-23-100-003-000

Onsite System Location

Address 25200 SW 2nd ST (no rural route) City Markel NE, Zip 68404

Owner Allen Brandt Address same

Date of Tests 9/9/15 to 9/10/15 Weather: Precipitation 0 Temperature 85

Percolation Test Data Table

A.	B.	C.	D.	E.	F.	G.	H.	I.	J.	K.	L.	M.	N.
		Saturation/Swelling Time				Water Level Drop Last 30 mins of 4 hr or last 10 mins of 1 hr					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	30	9/9	6p	9/10	4pm	9/10	7:30	6	9/10	8:00	30	1 1/2	20
2	30	9/9	6p	9/10	4	9/10	7:30	6	9/10	8:00	30	1 1/2	20
3	30	9/9	6p	9/10	4	9/10	7:30	6	9/10	8:00	30	1/2	60
4	30	9/9	6	9/10	4	9/10	7:30	6	9/10	8:00	30	1/2	60
5	30	9/9	6	9/10	4	9/10	7:30	6	9/10	8:00	30	1/4	35
6	30	9/9	6	9/10	4	9/10	7:30	6	9/10	8:00	30	1/2	60
								6					
								6					

Person Conducting Percolation Test

Name: Jason Kubik
Phone: 402-440-7606
Address 105 Locust
Hickman NE 68372

Soil type (NRCS Maps/Other) 3824 Crete, 7184 Wymore
Groundwater Depth > 12

Sum of Percolation Rates: 255
Average of Rates: 42.5
Rate Used for Calculation: 59 ✓ due to variance

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official _____ Date _____

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

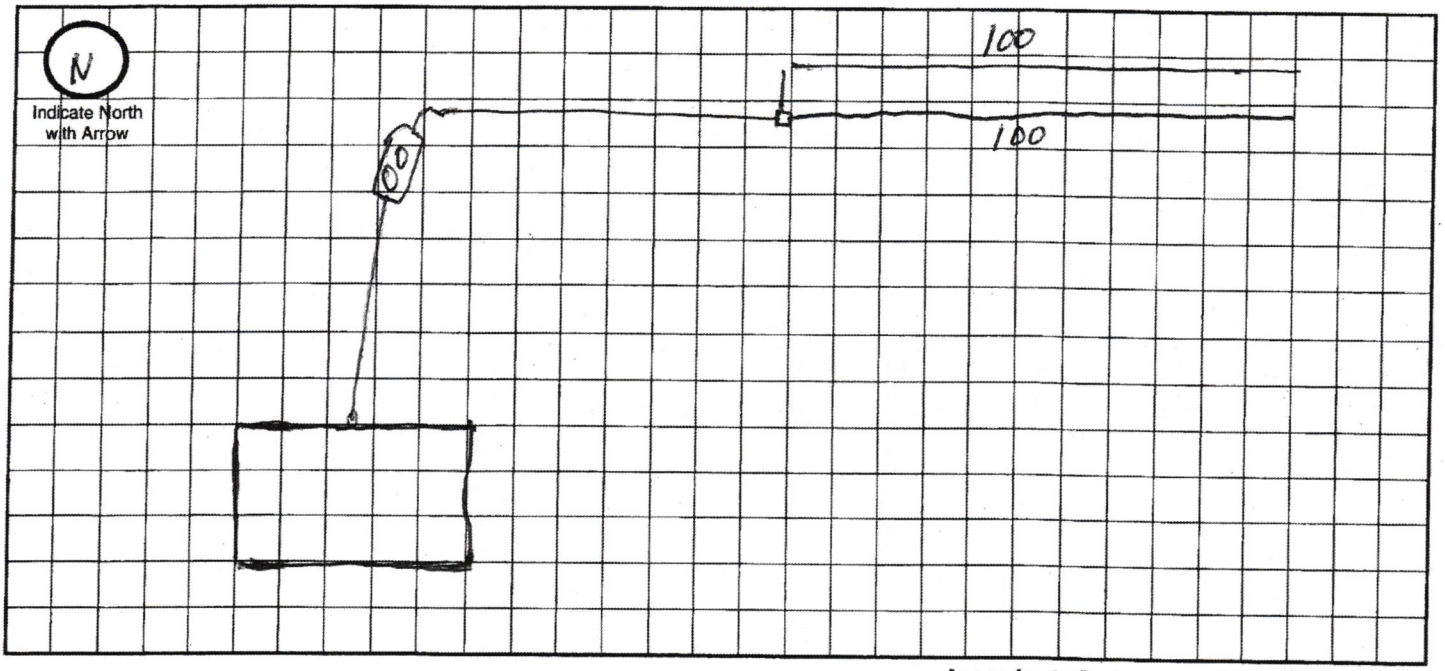
C

Permit Number: HS 001089

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) 25300 SW 2nd City Markell NE, Zip 68404

B. Proposed Septic Tank/s

Septic Tank Cap. 1500 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 59 (min/inch = mpi) No. of Bedrooms 2 Soil Type 7684 Wymore Land Slope 3 %

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

Total length of laterals 200 Type of distribution: ☐ Perforated pipe ☐ Half-Round ☒ Chamber ☐ Other

No. of absorption trenches 2 Width 36 No. of drop boxes 0 Distrubtion Box Yes

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 [signature] Date 10/8/15