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

**A**

Permit Number
HSOD1145

# 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 12070 SW 42nd (no rural route) City Martell, NE Zip 68404

Legal Description 5 8 6 17

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

PID

**B. Owner**

Name Stacy Nisley Signature X

Address 12070 SW 42nd City/State/Zip Martell Ne. 68404

Home Phone 402 875 3650 Work Phone 402 875 3650

**C. Certified Installer**

Name: Mel Gagner Signature

Address 4810 W Claire Ave City/State/Zip Lincoln Ne 68523

Work Phone 402 432 5698

**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 6 Whirlpool Bathtub? ☒ Yes ☐ No Total Acres 3.01

Garbage Grinder? ☒ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day 780

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 10/4/15 Amount Paid 385.00
Received By Cash/Check No.
Dibirated 4381 LC

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:

# Onsite Wastewater Treatment System
## Soil Evaluation Report

**PLEASE PRINT OR TYPE**

### Onsite System Location

Address 12070 SW 42nd (no rural route) City Martell NE, Zip 68404

Owner Stacy Nisley Address 12070 SW 42nd Martell Ne.

Date of Tests 9-19-15 to 9-20-15 Weather: Precipitation 0 Temperature 90°

### 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 | 36 | 9-19 | 8 hr | 9-20 | 2:00 | 9-20 | 2:00 | 6 | 9-20 | 2:30 | 30" | 7/4 | 40 |
| 2 | 35 | | | | | | | 6 | | | | 1 | 30 |
| 3 | 35 | | | | | | | 6 | | | | 2 3/4 | 11 |
| 4 | 36 | | | | | | | 6 | | | | 1 " | 30 |
| 5 | 34 | | | | | | | 6 | | | | 3/4 | 40 |
| 6 | 36 | | | | | | | 6 | | | | 3/4 | 40 |
| | | | | | | | | 6 | | | | | |
| | | | | | | | | 6 | | | | | |

### Person Conducting Percolation Test

Name: Kevin Lewis
Phone: 402 310 9160
Address 4810 W Claire Ave
Lincoln NE 68523

Sum of Percolation Rates: 191
Average of Rates: 31.8
Rate Used for Calculation: 40

Soil type (NRCS Maps/Other) _____

Groundwater Depth _____

***DO NOT WRITE BELOW THIS LINE***

### Reviewing Action

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

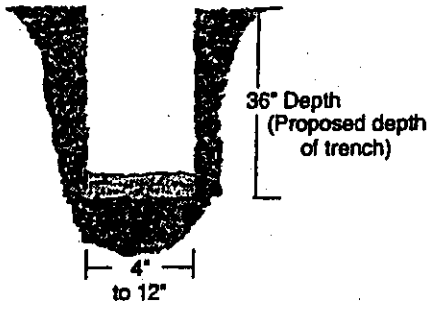
Signature of Reviewing Official _____ Date _____

## READ THOROUGHLY

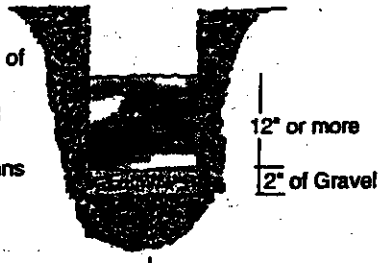
### DIAGRAM OF PERCOLATION TEST PROCEDURE

Finished Grade or Natural Ground Level

I. Size, Number, and Location or Test Holes
   - A. Dig six or more holes spaced uniformly over proposed lateral field site.
   - B. Scratch smeared spots on sides of hole.
   - C. Remove loose material from hole.
   - D. Add 2" of gravel to hole.

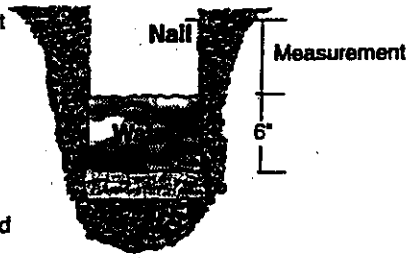



II. Saturation of Soil (Pre-soak)
   - A. Fill hole with 12" or more of water.
   - B. MAINTAIN THIS WATER LEVEL FOR 4 HOURS.
   - C. Record on Form B columns a thru f.



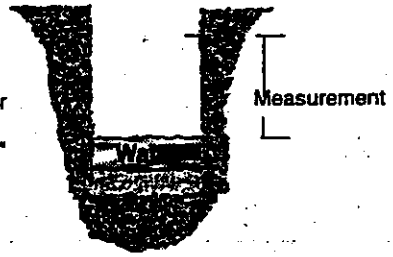

24 Hours Later

III. Percolation-rate Measurement **(refer to instructions 5a, 5b, or 5c.)**
   - A. Add 6" of water.
   - B. Measure from fixed reference point (nail) to water.
   - C. Record measurement and time on front of Form B.




½ hour later
(30 minutes)

   - D. 30 minutes later remeasure and record time.
   - E. If water will be too low for another reading 30 minutes later, adjust to 6" of water and remeasure and record time.




   - F. Continue for 3½ hours taking readings every 30 minutes.
   - G. Last 30 minute reading is used in filling out Form B. Record date, time, intervals and water level drops in column g thru m.

# Instructions

1. **Number and location of tests.** Percolation tests shall be made in 6 or more separate test holes which shall be spaced uniformly over the proposed lateral field site.
2. **Type of test hole.** Dig or bore a hole 3 feet deep with a diameter of 4 to 12 inches. (To save time, labor and the volume of water required per test, a 4-inch auger hole is recommended).
3. **Preparation of the test hole.** Scratch or roughen any smeared spots on the sides of the hole with a knife blade or sharp pointed instrument to provide a natural soil interface into which water may percolate. Remove all loose material from the hole. Add 2 inches of gravel to protect the bottom from scouring when water is poured into the hole.
4. **Saturation and swelling of the soil.** Fill the hole with clear water to a depth of 12 inches or more above the gravel and maintain this water level at least 4 hours and preferably overnight. The accuracy and true value of the percolation data depends on thorough saturation and swelling of the soil.
5. **Percolation-rate measurement.** Percolation-rate measurements shall be made 24 hours after starting the saturation and swelling procedure described above. Record results on the front of this form and complete all calculations.
   a. If water remains in the test hole after the overnight swelling period, adjust the depth to approximately 6 inches over the gravel. From a fixed reference point, measure the drop in water level over a 30 minute period to the nearest 1/8 of an inch. This drop is used to calculate the percolation rate.
   b. If no water remains in the test hole after the overnight swelling period, add clear water to bring the depth to approximately 6 inches over the gravel. From a fixed point, measure the drop in water level to the nearest 1/8 of an inch at 30-minute intervals for 4 hours. Refill to the 6 inch level over the gravel as often as necessary. The drop that occurs during the final 30 minutes is used to calculate the percolation rate.
   c. In sandy soils (or other soils in which the first 6 inches of water seeps away in less than 30 minutes after the overnight swelling period) the time interval between measurements shall be 10 minutes instead of 30 minutes and the test run for 1 hour instead of 4 hours. The drop that occurs during the final 10 minutes is used to calculate the percolation rate.
6. **Record the test results and complete all calculations on the front of this form.** The average of the percolation rates calculated for all holes in the last 30 (10) minutes will normally be the rate used for calculations to size the system. ***Exceptions are the use of the greatest percolation rate when rates vary more than 20 min/in between holes or when other soil analysis indicates potential percolation problems.***

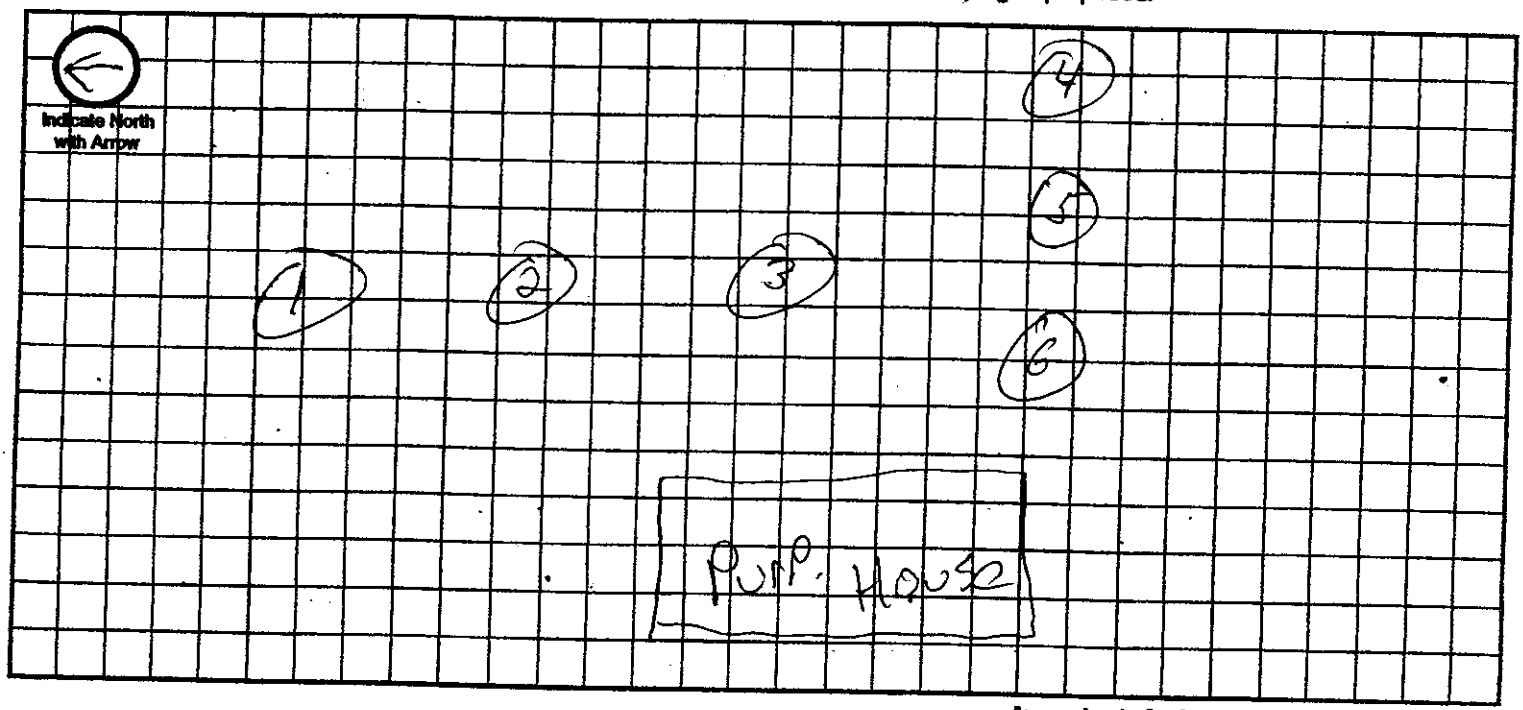
LLCHD reserves the right to require additional testing based on knowledge of soil types, percolation tests results on nearby properties, or due to concerns with procedures followed. In some situations, LLCHD staff will require and perform on-site observation of percolation tests.

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 line/s

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

Address (no rural route) 12070 SW 42nd City Martell NE, Zip _____

**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: _____ Land Slope: _____ %

Type of Absorption System: ☒ Trench ☐ Bed ☐ Other Infiltrator Quick 4 Plus

Total Square Feet of Field Required: 1650 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: Infiltrator Quick 4 Plus

Capacity of Septic Tank 2500 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 455 ft. Number of Trenches _____ Trench Width 29"

**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 _____ Date 10-1-15

**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. HS001145**

**System Type:** Standard

**Situs:** 12070 SW 42 ST, RURAL, NE

Issued: 10/9/2015

Expires: 10/9/2016

**Description:** S5, T8, R6, 6th Principal Meridian, LOT 17 NW, 3.01 +- AC

**Owner:** REDINGER, PATRICIA & DONALD
4400 NW 50 ST
LINCOLN, NE 68524

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

STACEY NISLEY
12070 SW 42 ST
MARTELL, NE 68404

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

OK 11/1/16

Exhibit 5

Permit Number: HS001145

# Onsite Wastewater Treatment System

## Inspection Sheet

Lot 17

Date 10/24/16 Legal Description ____ ¼ ¼ 5/8/6 Section/Township/Range

**Onsite System Location**

Address (no rural route) 12070 SW 42nd City Mantell

Owner ____ 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 1650 ! 812 installed Sq. Ft. Tank Size 2,500 2 tanks gals

Total length of laterals 500 Type of Distribution: ☒ Chamber ☐ Perforated Pipe ☐ Other (describe) ____

No. of Absorption Laterals 4 Width 3.625 Infactor No. of Drop Boxes ____ Distribution Box 1

Leveling Method Used Laser

**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 ☑ | 25 ☑ | 5 ☑ |

**Geographical Coordinates to 6 Decimals:**

Tank ____

Lateral #1 N/A Lateral #3 ____

Lateral #2 ____ Lateral #4 ____

**Comments:**

Inspections prior to Final Approval
Initial DC Date 10/24/16

Follow-Up ____ Date ____

Follow-Up ____ Date ____

Installation Final Written Approval
By Doug Thiele

Date 10/31/16

**Field Note Drawing (See Reverse Side):**