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

A

Permit Number
HS001176

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 2811 W Martell Rd (no rural route) City Martell NE Zip 68404

Legal Description ____ 28 8 6 SD Edge View addition 3
1/4 | 1/4 | Section | Township | Range | Subdivison | Addition | Block | Lot

PID 08-28-110-003-000

B. Owner

Name Chad Lyon Signature ____

Address 1050 W South St. Lincoln City/State/Zip Lincoln Ne 68522

Home Phone 515-321-1184 Work Phone ____

C. Certified Installer

Name: Brian Pribyl Signature Brian Pribyl

Address 135 E 23rd City/State/Zip Crete Ne 68333

Work Phone 402-826-3045

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 3 Whirlpool Bathtub? ☐ Yes ☑ No Total Acres 3
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 12-4-13 Amount Paid $385.00
Received By QB Cash/Check No. AX 1005

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: HS011176

Onsite Wastewater Treatment System

Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 2811 W Martell Rd (no rural route) City Martell NE, Zip 68404

Owner Chad Lyon Address 1050 W South St, Lincoln, NE 68522

Date of Tests 11/4/2015 to 11/5/2015 Weather: Precipitation 0 Temperature 67°

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	11/4	1:00p	11/4	5:00p	11/5	4:30p	6	11/5	5:00p	30	13/16	37
2	21	"	"	"	"	"	"	6	"	"	"	9/16	53
3	25	"	"	"	"	"	"	6	"	"	"	5/8	48
								6					
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Terri L Jakoubek, Raymond Contracting, Inc.

Phone: 402-783-2663 or 402-890-6009

Address 13800 NW 70th St

Raymond, NE 68428 Cert #1198

Soil type (NRCS Maps/Other) Otoe silty Clay (sandy)

Groundwater Depth >7'

Sum of Percolation Rates: 138

Average of Rates: 46

Rate Used for Calculation: 46

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 (402) 441-8027
3140 N Street Lincoln, Nebraska 68510-1514

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT
No. HS001176

System Type: Standard

Situs: No Site Address Specified

Issued: 12/10/2015

Expires: 12/10/2016

Description: EDGE VIEW ADDITION, Lot 3

Owner: LYON, CHAD & ASHLEY
1050 W SOUTH ST
LINCOLN, NE 68522

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

PRIBYL PLUMBING
135 E 23RD ST
CRETE, NE 68333

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

Exhibit 5

Permit Number: HS001176

Onsite Wastewater Treatment System

Inspection Sheet

Date 12/10/15 Legal Description ¼ ¼ 28/8/6 Section/Township/Range

Onsite System Location

Address (no rural route) 2811 W Martell Rd City Martell

Owner Chad Lyon Address 1050 W South St Lincoln

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 990 1087.5 useed Sq. Ft. Tank Size 1500 at least 1250 gals

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

No. of Absorption Laterals 3 Width 3.625 No. of Drop Boxes 1 Distribution Box _____

Leveling Method Used NA

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 ☐ 11	5 ☑

Actual water line < 10'

Geographical Coordinates to 6 Decimals:

Tank NA

Lateral #1 NA Lateral #3 NA

Lateral #2 NA Lateral #4 NA

Comments:

Inspections prior to Final Approval
Initial JCM Date 12/10/15

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By Jan Pen

Date 12/14/15

Field Note Drawing (See Reverse Side):

Quick 4 plus

N
House
74'
62'
23'
150DG
4'
2'
100'
100'
100'
NOT completed when Inspected