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

JAN 0 5 2016

A

Permit Number
HS001189

Onsite Wastewater Treatment System Permit Application

Include Form B and C. Submit correct fee with this Application

☒ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

PLEASE PRINT OR TYPE

A. Onsite System Location

Address* 280 Panama Rd (no rural route) City Markel, NE Zip 68404

Legal Description SW 2 7 6 6

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

PID 07-02-300-003-000 *Approx. Address (If to be determined)

B. Owner

Name Dougherty Life Estate Signature

Address City/State/Zip

Home Phone Work Phone

C. Certified Installer

Name: Jason Kubik Signature Jason Kubik

Address 105 Locust St City/State/Zip Hickman NE 68372

Work Phone 440-7602

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 58.41

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

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

Installation Final Written Approval
By
Date

Business Office Use Only
Date Received 1-5-16 Amount Paid $385.00
Received By SB Cash/Check No. 2452

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

JAN 05 2016

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

B

Permit Number: HS001189

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 280 Panama Rd (no rural route) City Markell NE, Zip 68404

Owner Daugherty Life Estate Address

Date of Tests 1/2/16 to 1/3/16 Weather: Precipitation 0 Temperature 30

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	30	1/2	2:30	1/3	2:45	1/3	2:15	6	1/3	2:45	30	1	30
2	30	1/2	2:30	1/3	2:45	1/3	2:15	6	1/3	2:45	30	3/4	40
3	30	1/2	2:30	1/3	2:45	1/3	2:15	6	1/3	2:45	30	1	30
4	30	1/2	2:30	1/3	2:45	1/3	2:15	6	1/3	2:45	30	1 1/4	24
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

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

Sum of Percolation Rates: 124
Average of Rates: 31
Rate Used for Calculation: 31

Soil type (NRCS Maps/Other) 7270 Dickinson fine sandy loam

Groundwater Depth

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. HS001189

System Type: Standard

Situs: 280 PANAMA RD, RURAL, NE

Issued: 1/6/2016

Expires: 1/6/2017

Description: S2, T7, R6, 6th Principal Meridian, LOT 6 SW

Owner: DOUGHERTY, NORMA J & HARVEY
B SR & TIMOTHY A LIFE ESTATE
280 PANAMA RD
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

SOUTHWICK LIQUID WASTE INC
105 LOCUST STREET
HICKMAN, NE 68372

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

Exhibit 5

Permit Number: HS001189

Onsite Wastewater Treatment System

Inspection Sheet

Date 1/20/16 Legal Description _____

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 280 Panama Rd City _____

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 _____ Sq. Ft. Tank Size 1500 gals

Total length of laterals _____ Type of Distribution: ❑ Chamber ❑ Perforated Pipe ❑ Other (describe) _____

No. of Absorption Laterals _____ Width _____ No. of Drop Boxes _____ Distribution Box _____

Leveling Method Used _____

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 _____ Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

N/D

Comments:

System wasn't ready for Inspection upon arrival - NH

Field Note Drawing (See Reverse Side):

Inspections prior to Final Approval

Initial 1/26/16 Date NH

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval

By _____

Date 1/20/16

Updated 4/15