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

MAY 0 2 2016

A

Permit Number
HSO01243

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* 23205 SW 29th (no rural route) City Martell, NE Zip 68404

Legal Description SE SE 8 7 6 24
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 07-08-400-004-000 *Approx. Address (If to be determined)

B. Owner

Name Larry Heusinkveldt Signature

Address 23205 SW 29th City/State/Zip Martell NE 68404

Home Phone Work Phone

C. Certified Installer

Name: Jason Kubik Signature Jason Kubik

Address 105 Locust City/State/Zip Hickman NE 68372

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 3 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

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 5-2-16 Amount Paid $385.00
Received By SB Cash/Check No. 4029

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. HS001243

System Type: Lagoon

Situs: 23205 SW 29 ST, RURAL, NE

Issued: 5/2/2016

Expires: 5/2/2017

Description: S8, T7, R6, 6th Principal Meridian, LOT 24 SE

Owner: HEUSINKVELT, LARRY A
23205 SW 29 ST
MARTELL, NE 68404-6162

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

LARRY HEUSINKVELT
23205 SW 29TH ST
MARTELL, NE 68404

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

MAY 0 2 2016

A

Permit Number
HSO01243

4327
2204

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 23077 S. 29th

Address* 23205 SW 29th (no rural route) City Martell, NE Zip 68404

Legal Description SE SE 8 7 6 24
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 07-08-400-004-000 *Approx. Address (If to be determined)

B. Owner

Name Larry Heusinkveld Signature

Address 23205 SW 29th City/State/Zip Martell NE 68404

Home Phone Work Phone 310-4392

C. Certified Installer

Name: Jason Kubik Signature

Address 105 Locust City/State/Zip Herman NE 68029

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 3 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

1. Health Department
Site visits
Comments
Date rec'd 5/2/16
Date frwd 5/2/16
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 6/25/18

Supt. Bldg. Insp. Please work in tandem with Engineer

Business Office Use Only
Date Received 5-2-16 Amount Paid $385.00
Received By SB Cash/Check No. 4629

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

Form A Updated: 4/15

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

Exhibit 6

Permit Number: HS001243

Onsite Wastewater Treatment System-Lagoon

Inspection Sheet

Date 12/9 Legal Description ____ ¼ ¼ 8/T7/R6 Lot 24 Section/Township/Range

Onsite System Location

Address (no rural route) 23205 SW 29th St City Martell, NE

Owner Larry Hensinkvelt Address 23205 SW 29th Martell, NE

Mark One: ☒ Dwelling ☐ Non-dwelling

☐ New System ☒ Repair

☐ Temporary modification (Describe problem causing discharge and reason for temporary modification): ____

Lagoon constructed so not to receive surface water	Yes__ No__	NA X
Lagoon floor is level	Yes__ No__	NA X
Lagoon is equipped with a depth gage/concrete slab	Yes__ No__	NA X
Influent line is at least 4 inches and slopes no less than 1/8 inch	Yes X No__	
Clean outs located every 75 feet and one located 1 foot about highest water level	Yes__ No__	NA X
Inside slope not steeper than three horizontal to one vertical	Yes__ No__	NA X
Minimum width of the top of the dike shall be 4 feet	Yes__ No__	NA X
Fence installed	Yes X No__	NA X

Top of the Dike____ Bottom of Lagoon____ Design Flow____

6/22/18

Setbacks (Check the Boxes Below if the Required Setback has been Satisfied):

Surface Water distance from Water Mark	Private Drinking Water Wells	Public Drinking Water Supply Wells		All Other Water Wells	Property Lines	Trees and Brush	Neighbor's Foundation		All Other Setbacks
50 ft ☐	100 ft ☐	Non-Community	100ft ☐	100ft ☐	50ft ☐	50ft ☐	Class 1	200ft ☐	☐
		Community	* ☐				Class 2	200ft ☐	
							Class 3	100ft ☐	

*Evaluated by a professional engineer for potential impact on the well and submitted to Dept. for approval if less than 1000ft.

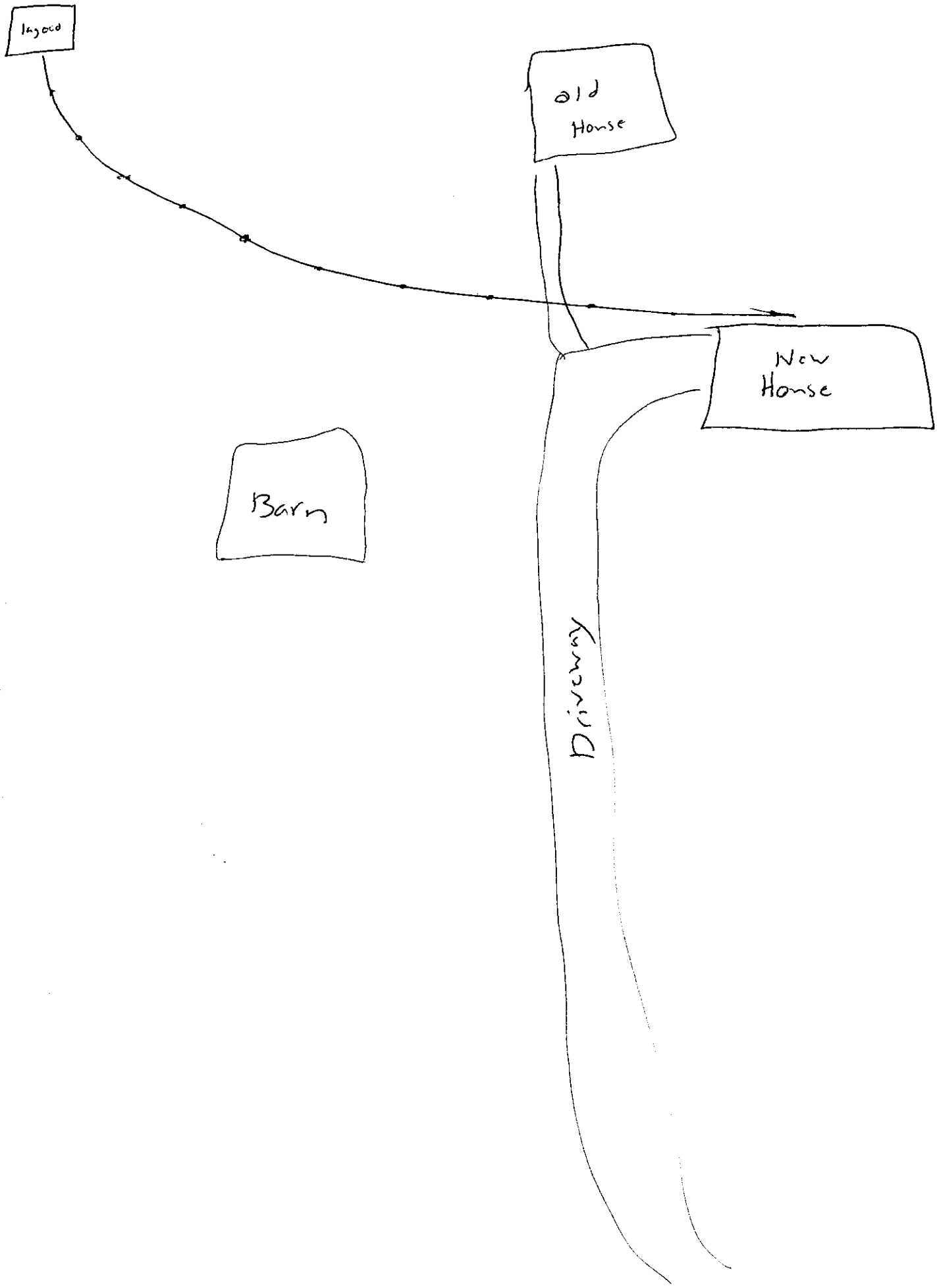
Geographical Coordinates to 6 Decimals: ____

Dike North side

Comments:

Nothing done to lagoon, just hooking in pipe to new house.

Inspections prior to Final Approval
Initial ____ Date ____
Follow-Up ____ Date ____
Follow-Up ____ Date ____
Installation Final Written Approval
By ____
Date 6/25/18


Ingood
old House
New House
Barn
Driveway