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

A

Permit Number
HS001356

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* 1155 Pella Rd (no rural route) City Martell, NE Zip 68404

Legal Description NE NE 26 7 6
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 07-26-200-011-000 *Approx. Address (If to be determined)

B. Owner

Name Larry Behrends Signature

Address 1155 Pella Rd City/State/Zip

Home Phone Work Phone

C. Certified Installer

Name: Jason Kubik Signature

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

Work Phone 402-440-7662

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 4 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 48.38
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 10-20-16 Amount Paid $395
Received By SB Cash/Check No. 2728

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

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

B

Permit Number: HS001356

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 1155 Pella Rd (no rural route) City Morrell NE, Zip 68404

Owner Larry Behrends Address Same

Date of Tests 9/15/16 to 9/16/16 Weather: Precipitation 0 Temperature 75

Percolation Test Data Table

A.	B.	C. Saturation/Swelling Time		D.	E.	F.	G. Water Level Drop Last 30 mins of 4 hr or last 10 mins of 1 hr		H.	I.	J.	K.	L.	M. Results	N.
		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	9/15	3:00	9/16	8:00		9/16	11:30	6	9/16	12:00		30	[illegible]	48
2	30	9/15	3	9/16	8		9/16	11:30	6	9/16	12:00		30	3/4	40
3	30	9/15	3	9/16	8		9/16	11:30	6	9/16	12:00		30	1	30
4	30	9/15	3	9/16	8		9/16	11:30	6	9/16	12:00		30	1/2	60
									6						
									6						
									6						
									6						

Person Conducting Percolation Test

Name: Jason Kubik
Phone: 402-475-2462
Address 105 Locust
Hickman NE 68372
Soil type (NRCS Maps/Other) Wabash Wymore
Groundwater Depth

Sum of Percolation Rates: 178
Average of Rates: 45
Rate Used for Calculation: 59

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. HS001356

System Type: Standard

Situs: 1155 PELLA RD, RURAL, NE

Issued: 10/24/2016

Expires: 10/24/2017

Description: S26, T7, R6, 6th Principal Meridian, LOT 2 NE EX 21.12+- AC IN EAST PART

Owner: BEHRENDS, LARRY L
1155 PELLA RD
MARTELL, NE 68404-6156

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 ST
HICKMAN, NE 68372

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

11/1/16 OK

Exhibit 5

Permit Number: HE001356

Onsite Wastewater Treatment System

Inspection Sheet

Date 10/31/16 Legal Description 26 - 7 - 6
¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 1155 Pella 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 910 Sq. Ft. Tank Size 2000 gals

Total length of laterals 910 Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☐ Other (describe) _____

No. of Absorption Laterals 10 Width 10 No. of Drop Boxes _____ Distribution Box _____

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 _____ Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments: Only saw tanks installed. System replaced a straight-pipe to ditch, - pit

9

Field Note Drawing (See Reverse Side):

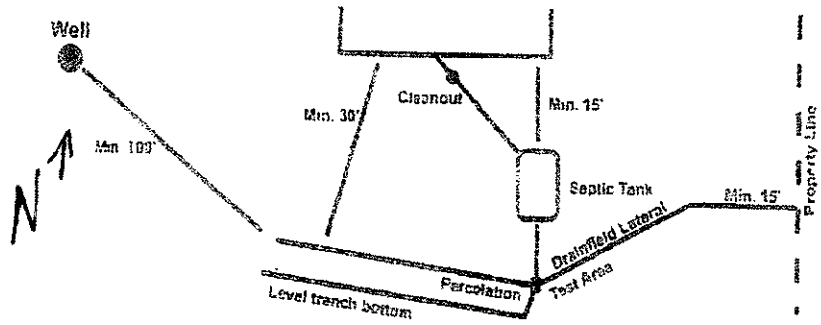
Inspections prior to Final Approval
Initial _____ Date _____

Follow-Up _____ Date _____

Follow-Up _____ Date _____

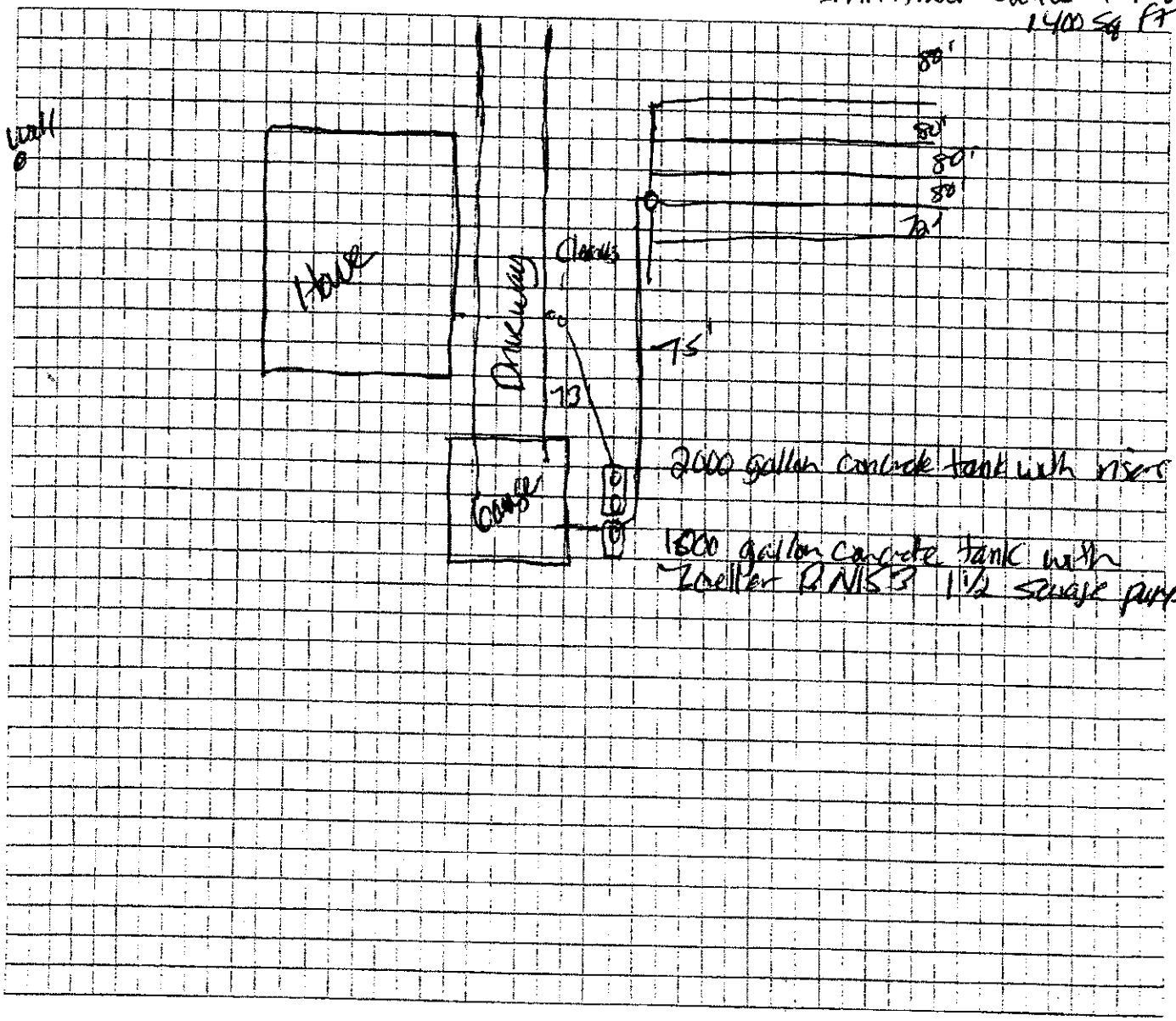
Installation Final Written Approval
By _____

Date 11/1/16



*Note-If Lagoon, show all applicable dimensions

Infiltrator Quick 4 Plus
1400 sq ft



Electrician comes from circuit breakers in garage panel.

Separate circuits: 20 amp pump, 15 amp Alarm

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

A

SCANNED

Permit Number
HS001356

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* 1155 Pella Rd (no rural route) City Markell, NE Zip 68404

Legal Description NE NE 26 7 6
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 07-26-200-011-000 *Approx. Address (If to be determined)

B. Owner

Name Larry Behrends Signature

Address 1155 Pella Rd City/State/Zip

Home Phone Work Phone

C. Certified Installer

Name: Jason Kubik Signature Jason Kubik

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

Work Phone 402-470-7660

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 4 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 48.38
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 10/24/16
Date frwd 10/24/16
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 11/1/16

Business Office Use Only
Date Received 10-20-16 Amount Paid $395
Received By SB Cash/Check No. 2728

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

Form A Updated: 4/15

✓ * Existing home -

Onsite Wastewater Treatment System
As-Built Description and Drawing

Type of Onsite Wastewater System: ☐ Lagoon (Skip to Back Page) ☒ Subsurface Septic ☐ Mound

Onsite Wastewater System Location

Address or Legal Description or Parcel Identification Number (PID) 07-26-200-011-000

Owner: Larry Behrends Address 1155 Pella Rd

A. Wastewater Piping

1. Material: Cast Iron through drive SCH PVC After Diameter: 4 in.
2. Distance between dwelling and septic tank: 73 ft.

B. Septic Tank

1. Material Concrete
2. Capacity: 2000
3. Depth to top of tank, below unfinished grade: 48 in.
4. Distance to:
   Well > 100 ft.
   Pressure line NA ft
   Property Line ± 75 ft.
   Foundation 53 ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: 75 ft. N

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☒ Chamberless ☐ Other
   Material brand and inside width of Chamberless: InfiltratorQuick 4 Plus 29"
2. Number of Laterals: 5
3. Length of each lateral (linear): ft. 80 ft. 80 ft. 80 ft. 80 72
4. Drainfield size: 1400 sq. ft.
5. Distance to:
   Well > 100 ft.
   Pressure line NA ft.
   Property line 10 ft.
   Depth of Groundwater ±12

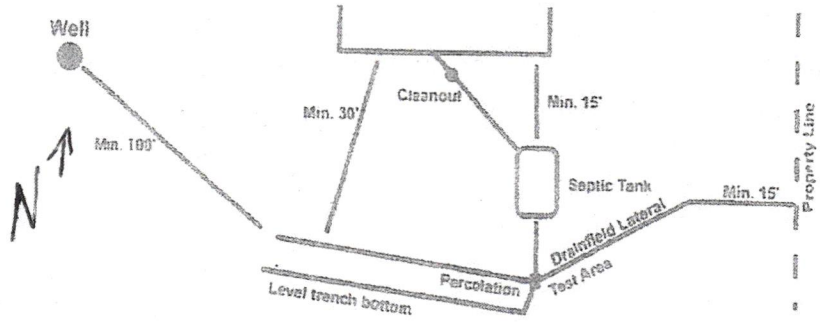
Was the Onsite Wastewater System covered prior to LLCHD inspection? ☒ Yes ☐ No

If Yes. the Certified Professional must sign below for final approval:

I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: [signature] Date: 10/26/16

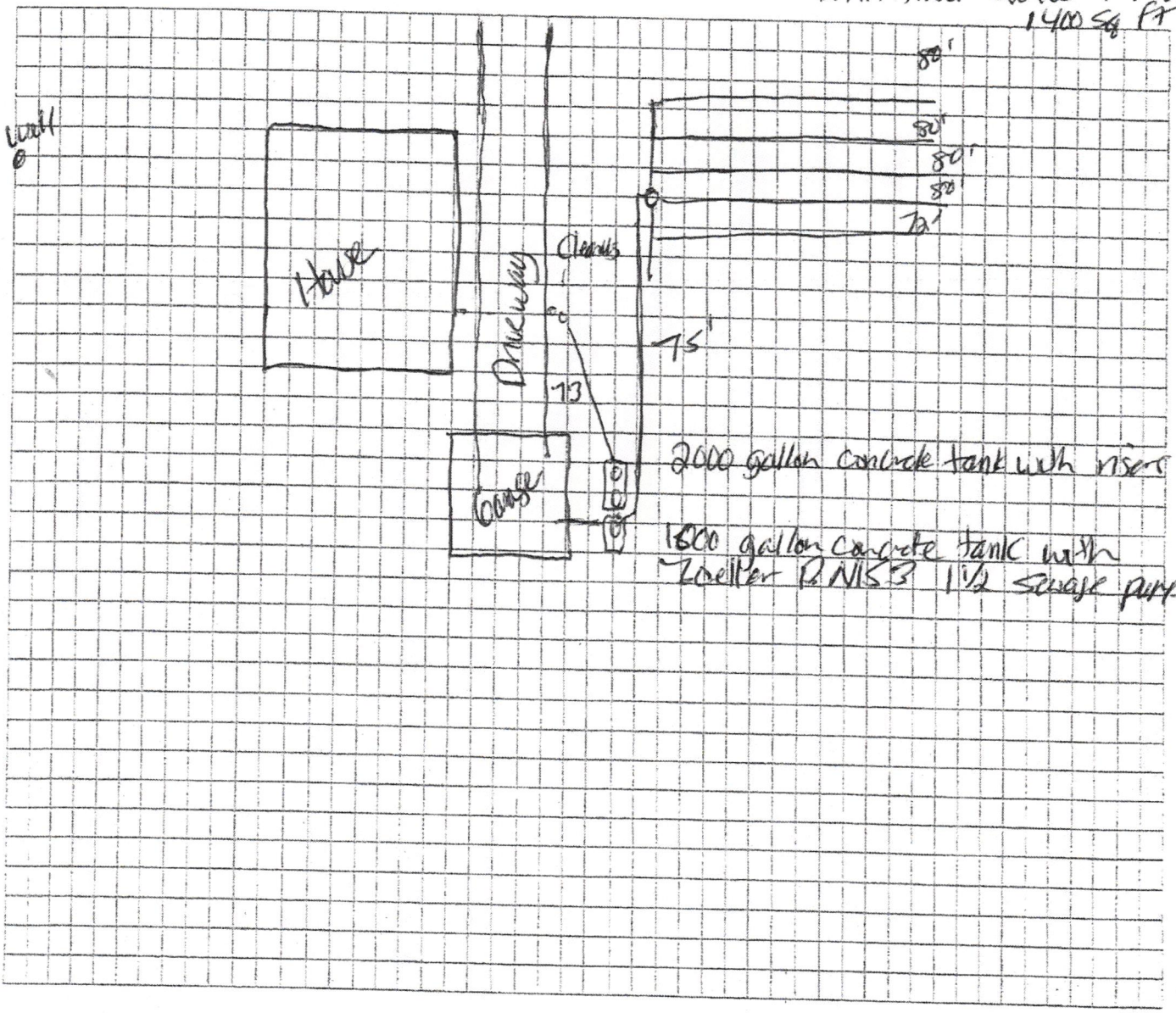
Complete As-Built drawing on the back of this form.



*Note-If Lagoon, show all applicable dimensions

SCANNED

Infiltrator Quick 4 Plus
1400 sq ft



electrician comes from circuit breakers in garage panel.

Seperate circuits: 20 amp pump, 15 amp Alarm