APR 1 4 2017

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

A

Permit Number HS001432

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 12675 SW 58th St (no rural route) City Martell, NE Zip 68404

Legal Description SE 1 8N 5E 14
(1/4 1/4 Section Township Range Subdivison Addition Block Lot)

PID 02-01-400-014-000

B. Owner

Name Steven L Ferris Signature S L Ferris

Address 9000 Del Rio Dr City/State/Zip Lincoln, NE 68502

Home Phone 402-560-7349 Work Phone

C. Certified Installer

Name: Lloyd Jakoubek, Raymond Contracting Inc Signature Lloyd L Jakoubek

Address 13800 NW 70th St City/State/Zip Raymond, NE 68428

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

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 Whirlpool Bathtub? ☐ Yes ☐ No Total Acres 5.06
Garbage Grinder? ☐ Yes ☐ No

☒ Commercial Establishment/Other Facility Specify 1,500 Gallon Holding Tank Design flow in gallons per day <1

Type of Wastewater ☒ Domestic ☐ Non-Domestic **For occassional camper use until home is built,**

DO NOT WRITE BELOW THIS LINE **100 gals per year.**

Approval Process ☐ Municipal Code 24.38 ☐ County Resolution No. 02-30

1. Health Department
Site visits Date rec'd Date frwd
Comments
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 4/14/17 Amount Paid 395.00
Received By SB Cash/Check No. 9131

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: HS001432

Onsite Wastewater Treatment System

Soil Evaluation Report

SE1/4 S1-T8N-R5E Lot 13
PID = 02-01-400-013-000

PLEASE PRINT OR TYPE

Onsite System Location

Address 12675 SW 58 St (no rural route) City Martell NE, Zip 68404

Owner Steve Ferris Address 9000 Del Rio Dr, Lincoln, NE 68502

Date of Tests 11/21/16 to 11/22/16 Weather: Precipitation Trace Temperature 43°

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	20	11/21	9:00a	11/21	1:00p	11/22	11:30a	6	11/22	12:00p	30	5/8	48
2	21	"	"	"	"	"	"	6	"	"	"	3/4	40
3	22	"	"	"	"	"	"	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

Sum of Percolation Rates: 136
Average of Rates: 45
Rate Used for Calculation: 45

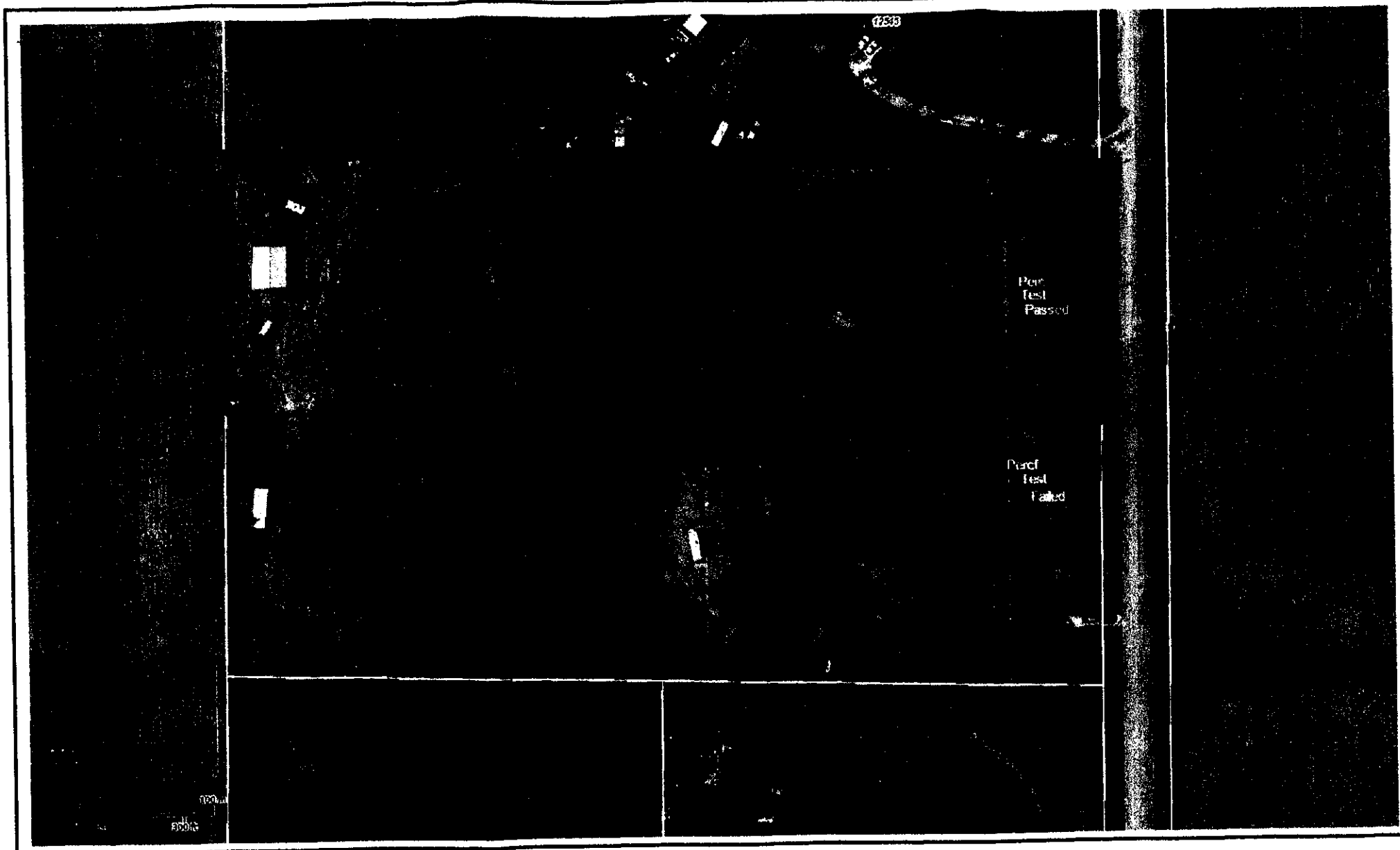
Soil type (NRCS Maps/Other) Pawnee CL - Black Loamy Soil
Groundwater Depth >8'

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official Date



Lancaster County/City of Lincoln GIS Map

12675 SW 58th St, Martell, NE 68404 Steve Ferris 402-560-7349

Printed: Nov 23, 2016

DISCLAIMER: The information is presented on a best-efforts basis, and should not be relied upon for making financial, survey, legal or other commitments. If you have questions or comments regarding the data displayed on this map, please email ags@lincoln.ne.gov and you will be directed to the appropriate department.

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

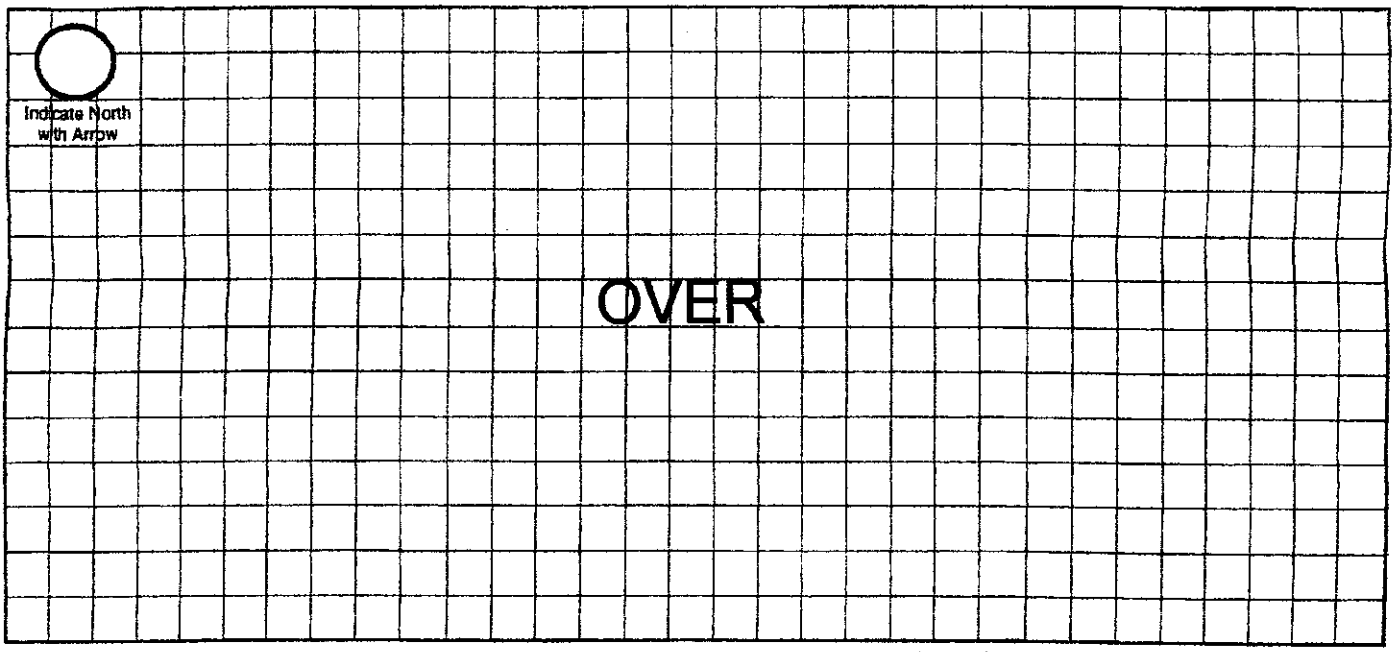
C

Permit Number: HS001432

Onsite Wastewater Treatment System

Preliminary Plan Specifications

Draw a plot plan showing onsite system sewer lines, drop of distribution boxes, tank, drainfields, percolation test holes, well, residence, direction of groundwater flow, property lines, and reserve area for replacement onsite system.



Approximate Scale: _____ft. = _____ grid line/s

A. Onsite System Location

Address (no rural route) 12675 SW 58th St City Martell NE, Zip 68404

B. Proposed Septic Tank/s (Holding Tank)

Septic Tank Cap. 1,500 gals Tank Material: ☒ Concrete ☐ Plastic ☐ Other_____ ☐ Lagoon(Max. seepage 1/8" per day)

C. Reserve Area for Replacement Onsite System

☐ Drainfield Absorption Area (percoloation test required) ☐ Lagoon

D. Drainfield Absorption System

Percolation Rate_____ (min/inch = mpi) No. of Bedrooms_____ Soil Type_____ Land Slope_____%

☐ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield_____sq.ft.

Total length of laterals_____ Type of distribution: ☐ Perforated pipe ☐ Half-Round ☐ Chamber ☐ Other

No. of absorption trenches_____ Width_____ No. of drop boxes_____ Distrubtion Box_____

No. of absorption beds_____ Width_____ No of Distribution lines per bed_____

E. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

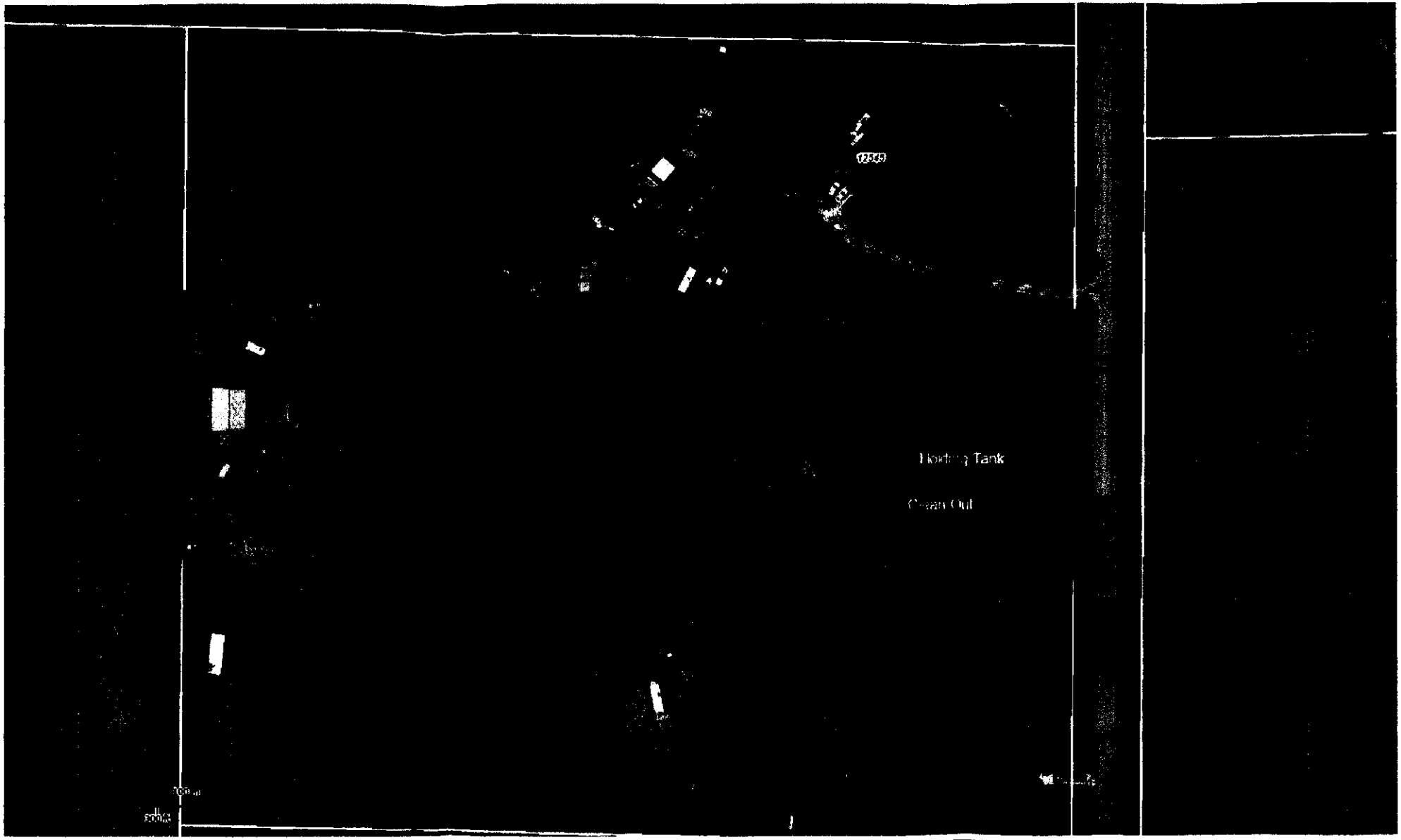
Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☒	500 ☒	50 ☒	NA ☒	25 ☒	20 ☒	15 ☒	25 ☒	☒
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

F. Required Signatures

Home Building Contractor _____ Date 4-12-17

Installer _____ Date 4/12/17

Onsite Form C 12-06



N
W E
S

Lancaster County/City of Lincoln GIS Map

12675 SW 58th St, Martell, NE 68404 Steve Ferris 402-560-7349

Printed: Apr 11, 2017

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HS00432

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. HS001432

System Type: Holding Tank

Situs: No Site Address Specified

Issued: 4/18/2017

Expires: 4/18/2018

Description: S1, T8, R5, 6th Principal Meridian, LOT 14 SE

Owner: FERRIS, STEVEN L & BARBARA J
9000 DEL RIO DR
LINCOLN, NE 68502

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

RAYMOIND COINTRACTING
13800 NW 70TH ST
RAYMOND, NE 68428

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

5/10/17 dcq

Exhibit 5

Permit Number: HS001432

Onsite Wastewater Treatment System

Inspection Sheet

Date 5/9/17 Legal Description _____ ¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 12675 SW 58th 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: "Holding tank only" RV Services Pad + future home

☐ Lateral ☐ Bed ☐ Non-standard (engineer-designed and NDEQ approved) ☒ Holding Tank ☐ Trench

Total square feet of drainfield _____ Sq. Ft. Tank Size 2,000 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 ☑	15 ☑	5 ☑

Geographical Coordinates to 6 Decimals:

Tank _____

Lateral #1 _____ Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments:

Inspections prior to Final Approval
Initial D.S Date 4/27/17

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By Doug Mugl
Date 5/9/17

Field Note Drawing (See Reverse Side):