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

A

Permit Number H5001619

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 24215 SW 14th (no rural route) City Martell, NE Zip 68404

Legal Description 16 7 6 6th Principal Meridian 15

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

PID 07-16-200-006-000

B. Owner

Name Doug Kucera Signature Douglas L Kucera

Address 24215 SW 14th City/State/Zip MARTELL NE 68404

Home Phone 402 613 2232 Work Phone 402 613-2232

C. Certified Installer

Name: Kevin Lewis Signature

Address 4810 W Claire Ave City/State/Zip Lincoln Neb. 68523

Work Phone 402 310 9160

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 38.95

Garbage Grinder? ☐ Yes ☒ No

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day 500

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 3-13-18 Amount Paid $405.00
Received By JNC Cash/Check No. 8442

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:

Onsite Wastewater Treatment System

Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 24215 SW 14th (no rural route) City Martell NE, Zip 68404

Owner Doug Kuecera Address

Date of Tests 3-12 to 3-13 Weather: Precipitation 0 Temperature 50°

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		Initial	End				
Hole No.	Hole Depth (in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time Interval	Water Level Drop (in)	Percolation Rates (Min/in = mpi)
1	36	3-12	12:30	3-13	11:00	3-13	11:00	6	3-13	11:30	30	1½	20
2	〃	〃	〃	〃	〃	〃	〃	6	〃	〃	〃	1½	20
3	〃	〃	〃	〃	〃	〃	〃	6	〃	〃	〃	1	30
								6					
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Steven C Lewis
Phone: 402 310 9160
Address 4810 W. Claire Ave
Lincoln NE, 68523

Sum of Percolation Rates: 70
Average of Rates: 23.3
Rate Used for Calculation: 20-30

Soil type (NRCS Maps/Other) 7750 - 7585

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
3131 O Street Lincoln, Nebraska 68510-1514

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT
No. HS001619

System Type: Standard

Situs: 24215 SW 14TH ST, HALLAM, NE 68404

Issued: 3/14/2018

Expires: 3/14/2019

Description: S16, T7, R6, 6th Principal Meridian, LOT 15 NE

Owner: KUCERA, DOUGLAS L & BONNIE R
24215 SW 14 ST
MARTELL, NE 68404

Shavonna M. Lausterer, MPH, CPH, 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.

Shavonna M. Lausterer, MPH, CPH
Health Director

KEVIN LEWIS
4810 W CLAIRE AVE
LINCOLN, NE 68523