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

A

Permit Number
HS001652

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* 10655 W MARTELL RD City CRETE, NE Zip 68333
(no rural route)

Legal Description ____ 28 8 5 ____ 26

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

PID 02-28-200-005-000 *Approx. Address (If to be determined)

B. Owner

Name LANCE & ERIN GARVIN Signature
Address 3130 SEQUOIA DR City/State/Zip LINCOLN, NE 68516
Home Phone 402-984-7799 Work Phone

C. Certified Installer

Name: JASON KUBIK Signature
Address 105 LOCUST ST P.O. BOX 191 City/State/Zip HICKMAN, NE 68372
Work Phone 402-475-2462

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 5 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 19.48
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 4-23-18 Amount Paid $405.00
Received By JAG Cash/Check No. 203

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

Form A Updated: 4/15

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

B

Permit Number:

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 10525 W MARTELL RD (no rural route) City CRETE NE, Zip 68333

Owner LANCE GARVIN Address 3130 SEQUOIA DR, LINCOLN NE 68516

Date of Tests 8/17/17 to 8/18/17 Weather: Precipitation 0 Temperature 80

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	30	8/17	8:45	8/18	8:45	8/18	12:15	6	8/18	12:45	30	0.625	48
2	30	8/17	8:45	8/18	8:45	8/18	12:15	6	8/18	12:45	30	0.50	60
3	30	8/17	8:45	8/18	8:45	8/18	12:15	6	8/18	12:45	30	0.50	60
4	30	8/17	8:45	8/18	8:45	8/18	12:15	6	8/18	12:45	30	0.75	40
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: TRACY WEATERHBY
Phone: 402-475-2462
Address 105 LOCUST ST
HICKMAN, NE 68372

Sum of Percolation Rates: 208
Average of Rates: 52
Rate Used for Calculation: 52

Soil type (NRCS Maps/Other) 7684 WYMORE SILTY CLAY LOAM
Groundwater Depth + 12'

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. HS001652

System Type: Standard

Situs: 10655 W MARTELL RD, CRETE, NE 68333

Issued: 4/27/2018

Expires: 4/27/2019

Description: S28, T8, R5, Acres 6th Principal Meridian, Lot 26 NE

Owner: GARVIN, LANCE & ERIN
3130 SEQUOIA DR
LINCOLN, NE 68516

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

RIDGELINE BUILDERS INC
3130 SEQUOIA DR
LINCOLN, NE 68516

SCANNED

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

A

Permit Number HS001652

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

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Address* 10655 W MARTELL RD City CRETE, NE Zip 68333
(no rural route)

Legal Description ____ 28 8 5 ____ 26

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

PID 02-28-200-005-000 *Approx. Address (If to be determined)____

B. Owner

Name LANCE & ERIN GARVIN Signature____

Address 3130 SEQUOIA DR City/State/Zip LINCOLN, NE 68516

Home Phone 402-984-7799 Work Phone____

C. Certified Installer

Name: JASON KUBIK Signature Jason Kubik

Address 105 LOCUST ST P.O. BOX 191 City/State/Zip HICKMAN, NE 68372

Work Phone 402-475-2462

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DO NOT WRITE BELOW THIS LINE

Approval Process

1. Health Department
Site visits____
Comments____
Date rec'd 4/27/18
Date frwd 4/27/18
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 4/2/19

Business Office Use Only
Date Received 4-27-18 Amount Paid $405.00
Received By MO Cash/Check No. 203

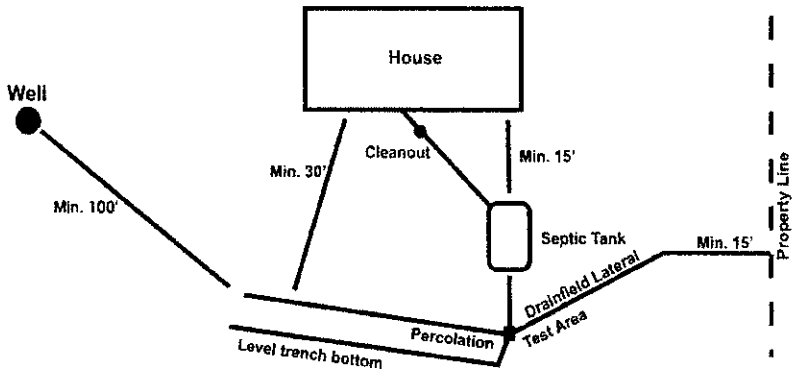
White - Health Department Yellow - Engineer Pink - Building & Safety

Form A Updated: 4/15

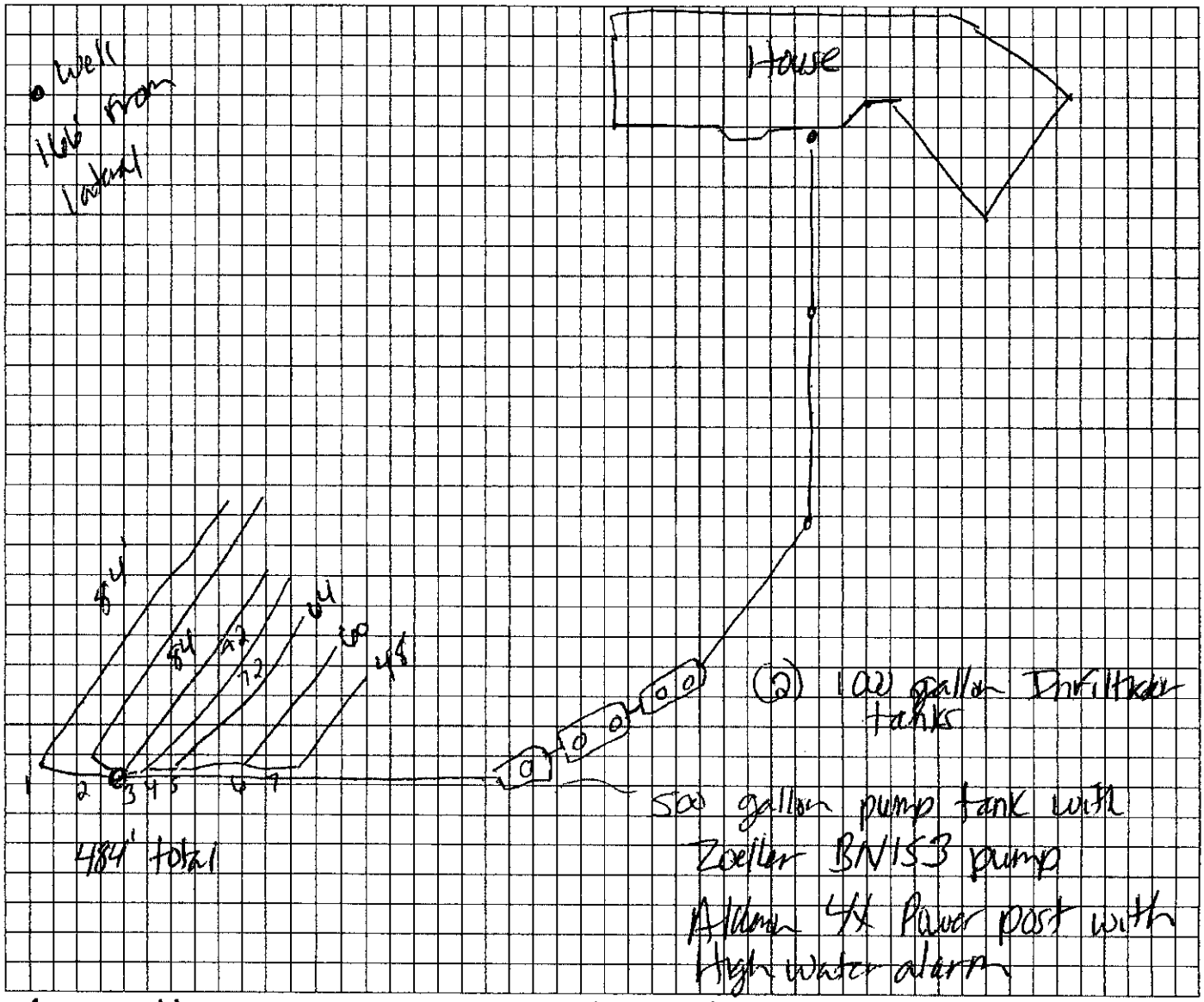
Onsite Wastewater System Design (Example)

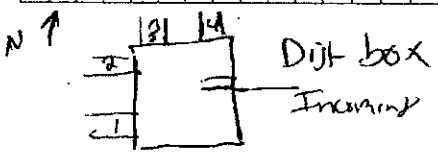
Indicate North
w/ Arrow Here:





*Note-If Lagoon, show all applicable dimensions





1 – 4 leave d box independently

5, 6, 7 laterals are end cap to end cap from # 4 lateral

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

D

Permit Number:

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) 10655 W MARTELL RD

Owner: LANCE GARVIN Address 10655 W MARTELL RD

A. Wastewater Piping

1. Material: SCH 40 PVC Diameter: 4 in.
2. Distance between dwelling and septic tank: 157 ft.

B. Septic Tank

1. Material (2) INFILTRATOR IM 1060 PLASTIC
2. Capacity: 2000 GALLON
3. Depth to top of tank, below unfinished grade: 36 in.
4. Distance to:
   Well 200 ft.
   Pressure line 100 ft
   Property Line 100 ft.
   Foundation 157 ft.

C Distribution Box or Drop Box

Distance **and** Direction from septic tank: 114 ft. W

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☒ Chamberless ☐ Other
   Material brand and inside width of Chamberless: INFILTRATOR QUICK 4 PLUS - 29
2. Number of Laterals: 7
3. Length of each lateral (linear): ft. 175 ft. ✓
   ft. ft.
4. Drainfield size: 1750 sq. ft. ✓ pH
5. Distance to:
   Well 166 ft.
   Pressure line +50 ft.
   Property line +50 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: Jason Kutilek Date: 7/19/18

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