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

A

Permit Number H5001821

## New Construction

# 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 TBD (SW 14th St) (no rural route) City Martell, NE Zip 68404

Legal Description SE (1/4) 4 (1/4 Section) 8N (Township) 6E (Range) Roach Estates Addition (Subdivison) 2 (Lot)

PID 08-04-401-002-000

**B. Owner**

Name Scyler & Crystal Boylan Signature Scyler Boylan Crystal Boylan

Address 1670 W Bennet Rd City/State/Zip Martell, NE 68404

Home Phone 402-525-9950 Work Phone

**C. Certified Installer**

Name: Lloyd Jakoubek, Raymond Contracting Inc Signature

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 5 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 20.23
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** ☐ Municipal Code 24.38 ☐ County Resolution No. 02-30

**1. Health Department** ACTION ☐ Approved ☐ Disapproved
Site visits Date rec'd Signature
Date fwd
Comments

**2. Supt. Bldg. Insp. or Village Clerk** ACTION ☐ Approved ☐ Disapproved
Comments Date rec'd Signature
Date fwd

**3. City or County Engineer** ACTION ☐ Approved ☐ Disapproved
Comments Date rec'd Signature
Date fwd

**Installation Final Written Approval**
By
Date

***Business Office Use Only***
Date Received 5-07-19 Amount Paid $420.00
Received By JAO Cash/Check No 60279

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

Form A Updated: 1/13

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

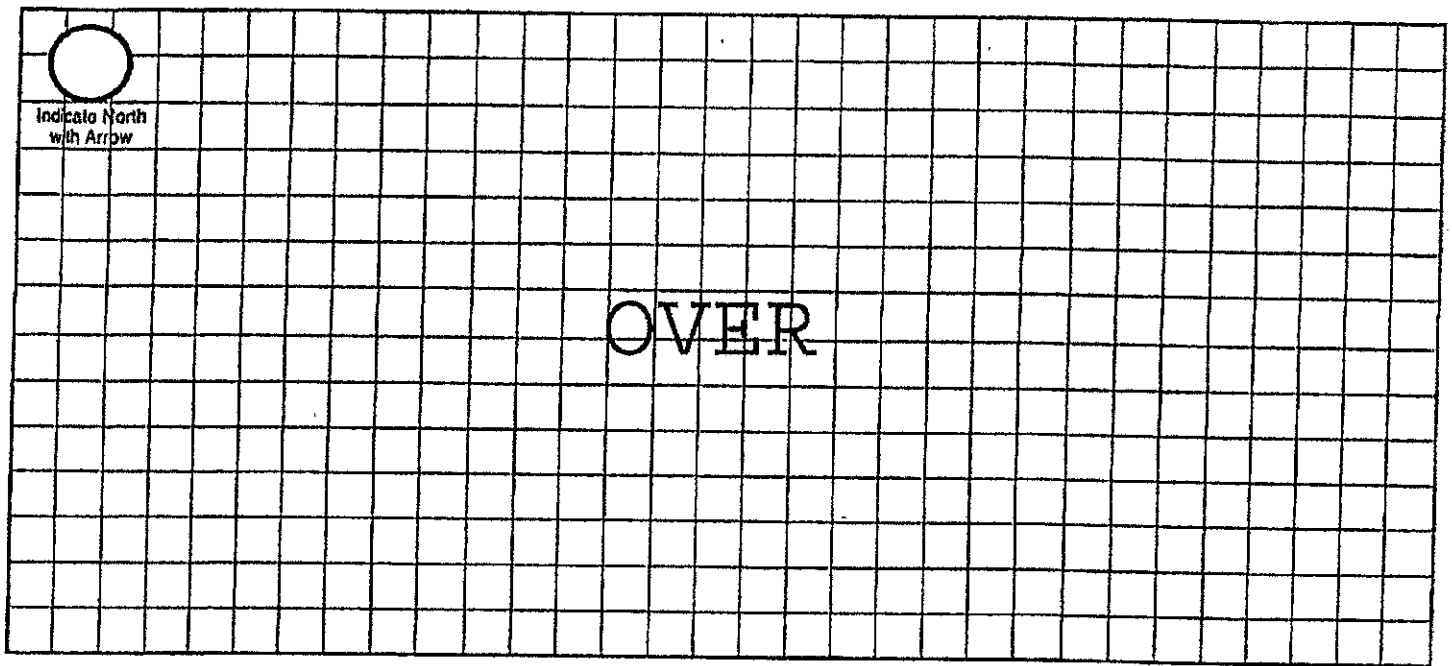
C

Permit Number:

# 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) TBD (SW 14th St) City Martell NE, Zip 68404

## B. Proposed Septic Tank/s

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

## C. Reserve Area for Replacement Onsite System

☐ Drainfield Absorption Area (percolation 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

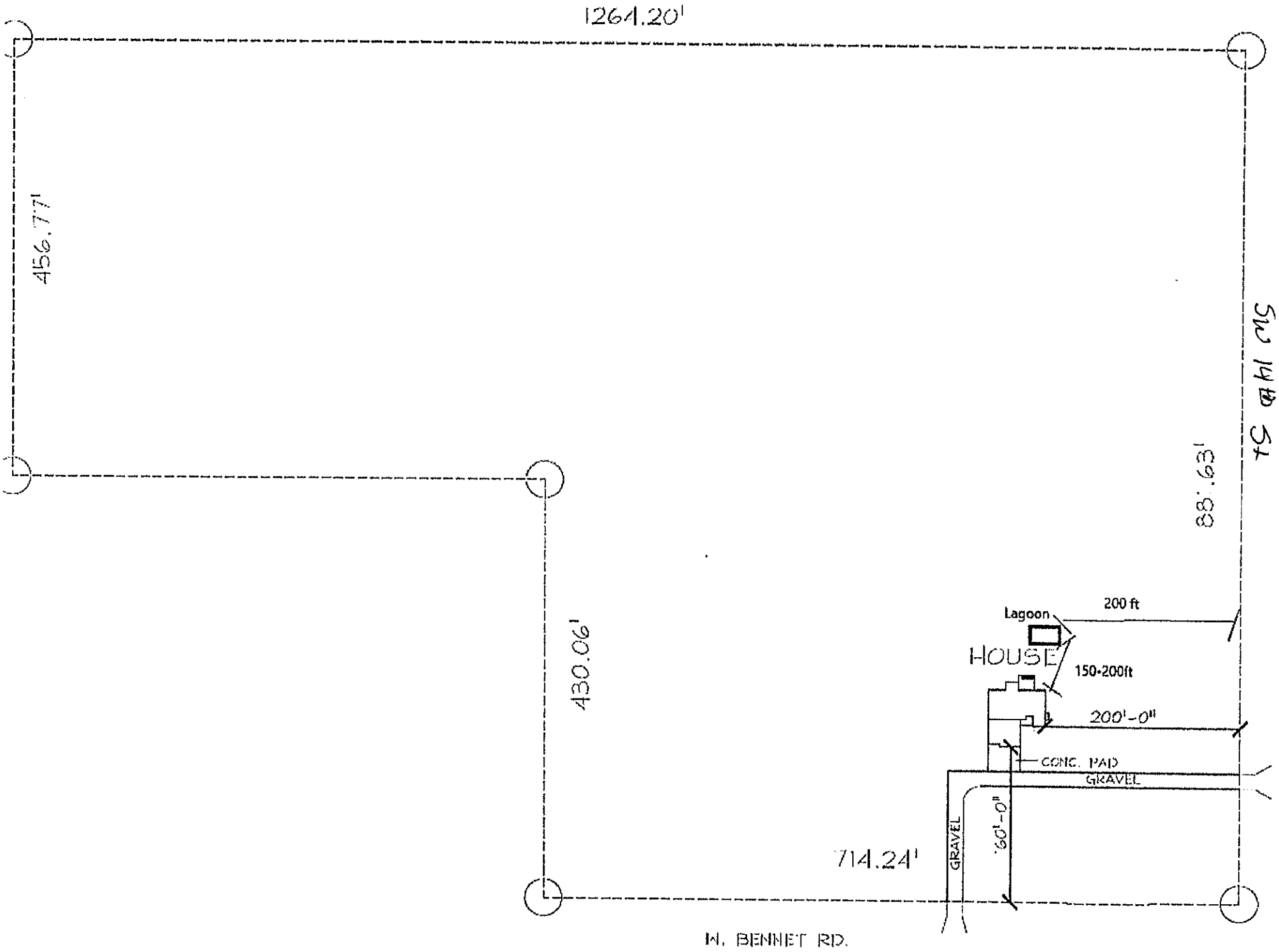
| Distance From | Private Well | Public Well | Surface Water | Gound Water | Pressure Water Lines | Property Lines | Foundations Yours | Foundations Neighbors | All Other Setbacks |
|---|---|---|---|---|---|---|---|---|---|
| Tank (ft) | 50 ☐ | 500 ☐ | 50 ☐ | NA ☐ | 25 ☐ | 20 ☐ | 15 ☐ | 25 ☐ | ☐ |
| 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 5/6/19

Installer _____ Date 5/6/19

Onsite Form C 12-06


1264.20'
456.77'
SW 44th St
88.63'
430.06'
Lagoon
200 ft
HOUSE
150-200ft
200'-0"
CONC. PAD
GRAVEL
60'-0"
GRAVEL
714.24'
N. BENNET RD.

**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. HS001821**

**System Type:** Lagoon

**Situs:** No Site Address Specified

Issued: 5/10/2019

Expires: 5/10/2020

**Description:** ROACH ESTATES ADDITION, Lot 2

**Owner:** BOYLAN, SCYLER & CRYSTAL
1670 W BENNET RD
MARTELL, NE 68404-6121

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

RAYMOND CONTRACTING INC
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

SCANNED A

Permit Number H5001821

## New Construction

# Onsite Wastewater Treatment System
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PID 08-04-401-002-000

**B. Owner**

Name Scyler & Crystal Boylan Signature Scyler Boylan Crystal Boylan

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Home Phone 402-525-9950 Work Phone

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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 5 4 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 20.23

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** ☐ Municipal Code 24.38 ☒ County Resolution No. 02-30

**1. Health Department**

Site visits 11-20-19 Construction No. 6, NH Date rec'd 5/10/19

Fence - OS. 12/20/19 Date frwd 5/10/19

Comments

ACTION ☒ Approved ☐ Disapproved

Signature

**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 12/20/19

***Business Office Use Only***

Date Received 5-01-19 Amount Paid $420.00

Received By JAO Cash/Check No 6079

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

Form A Updated: 1/13

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

Exhibit 6

Permit Number: HS02 1821

# Onsite Wastewater Treatment System-Lagoon

08

## Inspection Sheet

Date 12/27/19 Legal Description Rogers Estates Add. Lot 2
¼ ¼ Section/Township/Range

**Onsite System Location**

Address (no rural route) 1360 W Benner City

Owner Address

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

Top of the Dike 65' Bottom of Lagoon 29' Design Flow 375

**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 | 100ft ☐ | ☐ |
| | | 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: NA

Dike North side

Comments:

Inspections prior to Final Approval
Initial NH Date 12.7

Follow-Up DE Date 12/27/19

Follow-Up Date

Installation Final Written Approval
By Doug Thun

Date 12/27/19

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

D Exhibit 4

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) _____

Owner: Scyler & Crystal Boyken Address 1510 W. Bennet Rd.

### A. Wastewater Piping

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

### B. Septic Tank

1. Material _____
2. Capacity: _____
3. Depth to top of tank, below unfinished grade: ____ in.
4. Distance to:
   Well _____ ft.
   Pressure line _____ ft
   Property Line _____ ft.
   Foundation _____ ft.

### C Distribution Box or Drop Box

Distance and Direction from septic tank: _____ ft. _____

### D. Drainfield/Absorption Field

☐ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☐ Other
   Material brand and inside width of Chamberless: _____
2. Number of Laterals: _____
3. Length of each lateral (linear): ft._____ ft._____ ft._____ ft._____
4. Drainfield size: _____ sq. ft.
5. Distance to:
   Well _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.
   Depth of Groundwater _____

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.

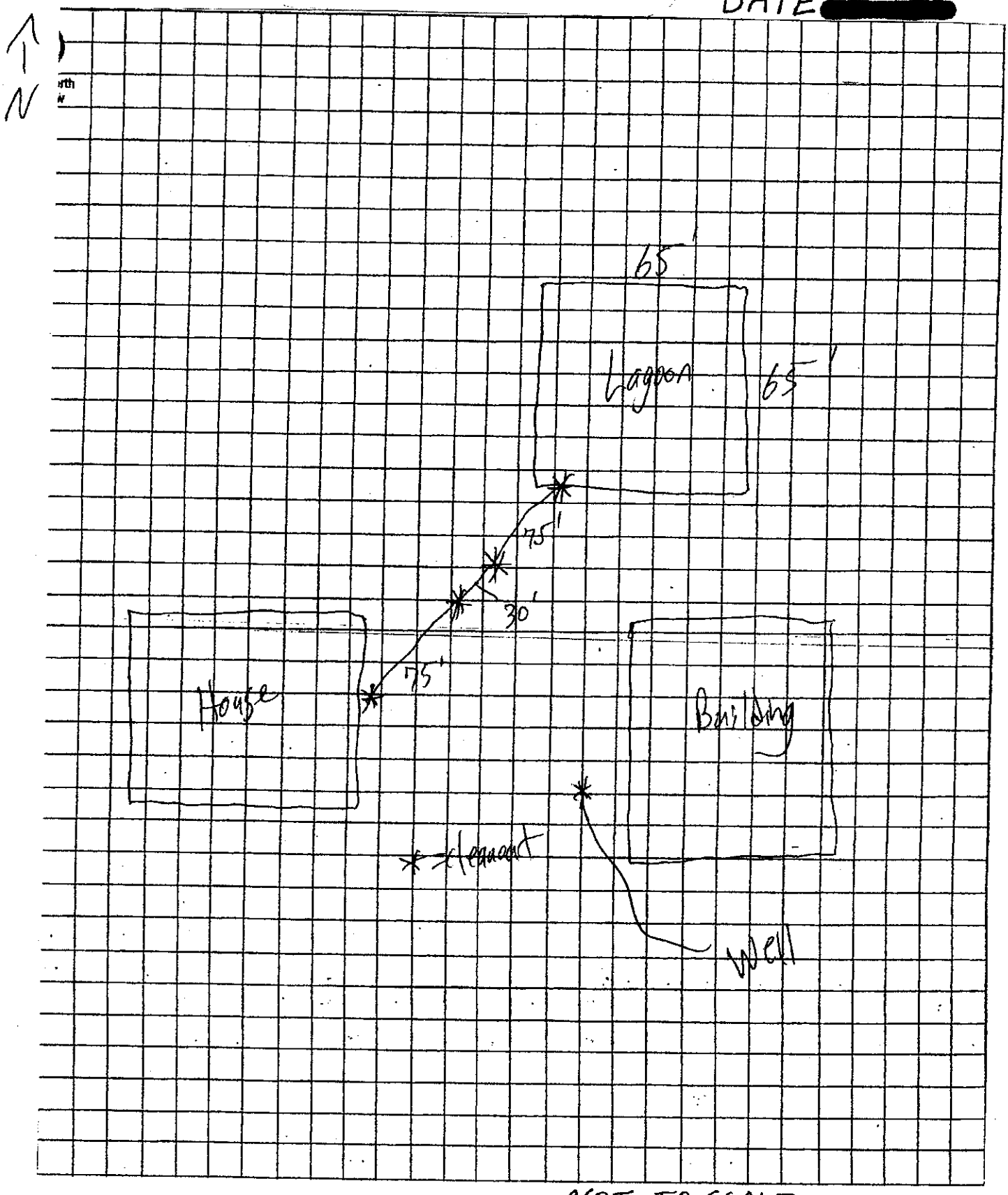
Certified Professional Signature: _____ Date: 12/5/19

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

Owner
Scyler & Crystal Boylan

**EARNEST WELL DRILLING INC.**
P.O. Box H
MILFORD, NE 68405
761-2281 475-3276

DATE 12/5/19



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

D Exhibit 4

Permit Number: HS001821

# Onsite Wastewater Treatment System
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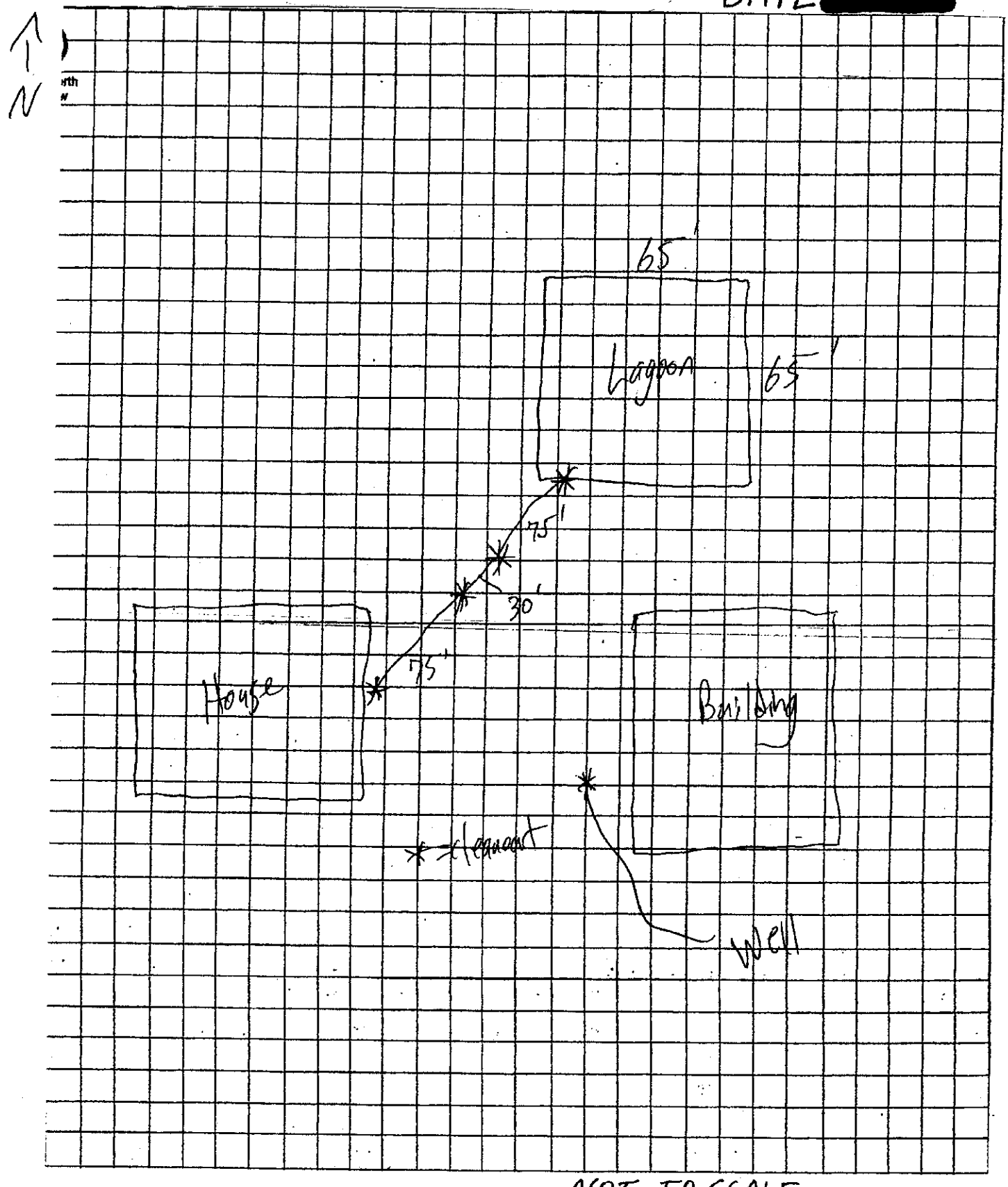
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Owner
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**EARNEST WELL DRILLING INC.**
P.O. Box H
MILFORD, NE 68405
761-2281 475-3276

DATE 12/5/19




NOT TO SCALE