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

REPAIR

A

Permit Number #500 1836

Onsite Wastewater Treatment System Permit Application

Include Form B and C. Submit correct fee with this Application

☒ Septic System (Tank Replacement) ☐ Lagoon ☐ Other (Refer to Form C)

PLEASE PRINT OR TYPE

A. Onsite System Location

Address* 3060 W Saltillo Rd City Martell, NE Zip 68404
(no rural route)

Legal Description S32, T9, R6, 6th Principal Meridian, LOT 17 SE
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 09-32-400-005-000 *Approx. Address (If to be determined)

B. Owner

Name Hollamon, Phyllis J Revocable Trust Signature

Address P.O. Box 956 City/State/Zip Coupeville, WA 98239

Home Phone 402-560-5374 Work Phone

C. Certified Installer

Name: Matt Johnson Signature Matt

Address 2685 W Sumner St City/State/Zip Lincoln NE 68522

Work Phone 402-802-5440

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 2 Whirlpool Bathtub? ☐ Yes ☐ No Total Acres 5.01
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 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 6-11-19 Amount Paid $825.00
Received By JAO Cash/Check CC 3796

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

Form A Updated: 4/15

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
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(no rural route)

Legal Description S32, T9, R6, 6th Principal Meridian, LOT 17 SE
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 0932400005000 *Approx. Address (If to be determined)

B. Owner

Name Hoffman, Phyllis J Signature

Address PO Box 956 City/State/Zip Coupeville, WA 98239

Home Phone Work Phone

C. Certified Installer

Name: Matt Johnson / John Henry's Plumbing Signature

Address 2949 Cornhusker Hwy City/State/Zip Lincoln, NE 68504

Work Phone 402-802-5440

D. Engineer

☐ **Check and complete if engineer designed system** P.E. License Number:

Designer Name Firm Work Phone

E. This system will serve a

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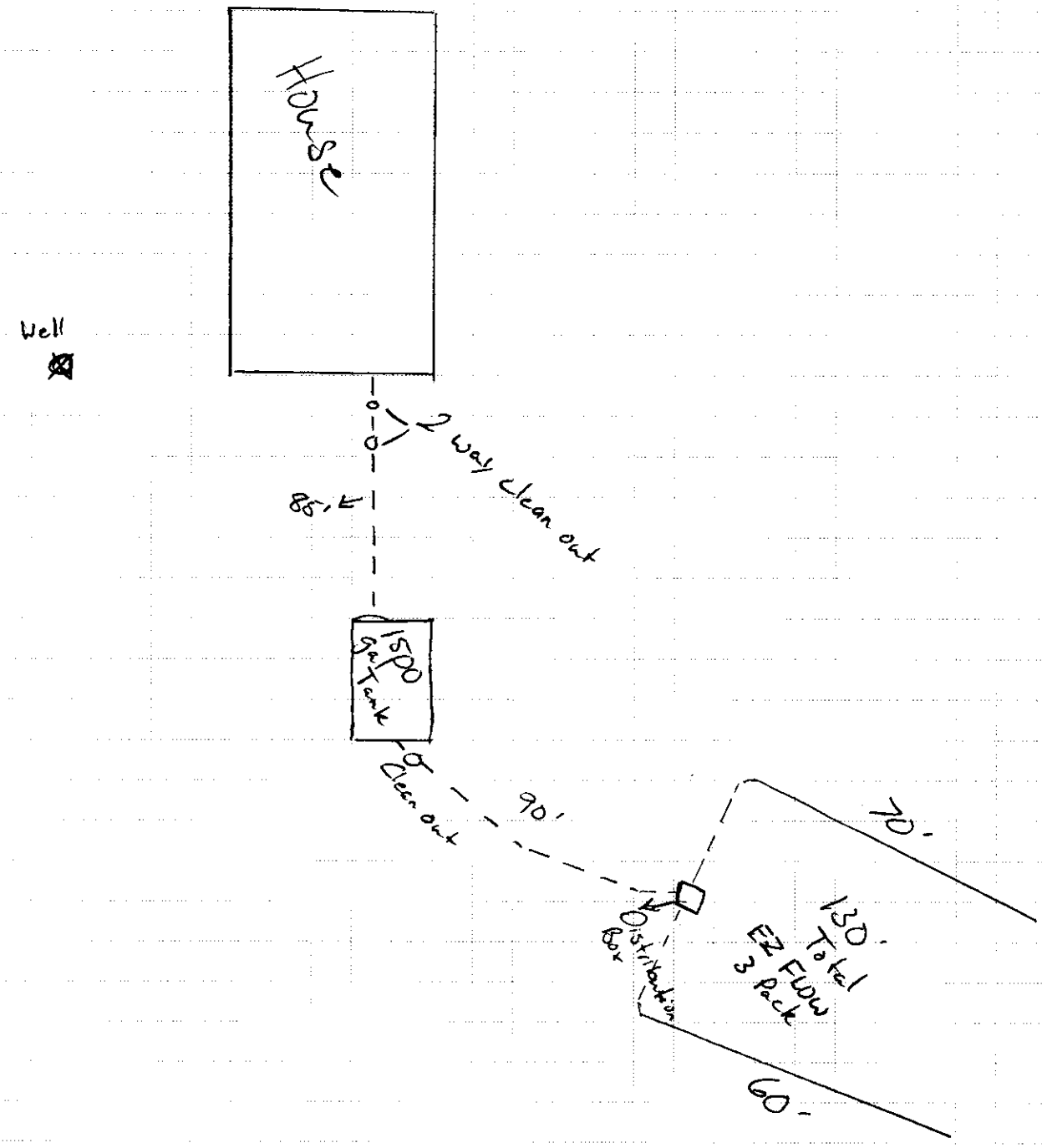
Business Office Use Only
Date Received 10-09-19 Amount Paid $430.00
Received By JAO Cash/Check No 03798

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

Form A Updated: 4/15

JOHN HENRY'S
PLUMBING HEATING AIR CONDITIONING
435-5555

Job _____
Address 3060 W. Saltillo Rd
Date _____ Scale _____
Sketch by Matt Johnson



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 3060 W Saltillo Rd (no rural route) City Martell NE, Zip 68404

Owner Phylis Hollamon Address PO Box 956 Coupeville, WA 98239

Date of Tests 9/16 to 9/17 Weather: Precipitation Ø Temperature 86°

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"	9/16	9:30	9/17	9:30	9/17	1:00pm	6	9/17	1:30pm	30min	1	30 mpi
2	36"	9/16	9:30	9/17	9:30	9/17	1:00pm	6	9/17	1:30pm	30min	1	30 mpi
3	36"	9/16	9:30	9/17	9:30	9/17	1:00pm	6	9/17	1:30pm	30min	1	30 mpi
4	36"	9/16	9:30	9/17	9:30	9/17	1:00pm	6	9/17	1:30pm	30min	1	30 mpi
5	36"	9/16	9:30	9/17	9:30	9/17	1:00pm	6	9/17	1:30pm	30min	1	30 mpi
6	36"	9/16	9:30	9/17	9:30	9/17	1:00pm	6	9/17	1:30pm	30min	1	30 mpi
								6					
								6					

Person Conducting Percolation Test

Name: Matt Johnson
Phone: 402-802-5440
Address 2685 W Summer St
Lincoln NE 68522
Soil type (NRCS Maps/Other) 7684
Groundwater Depth N/A

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

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

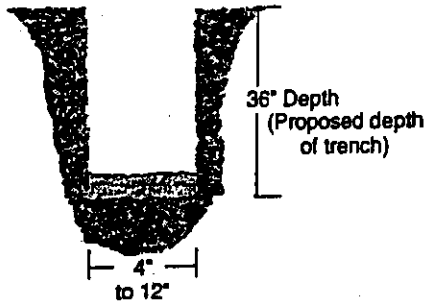
Signature of Reviewing Official Date

READ THOROUGHLY

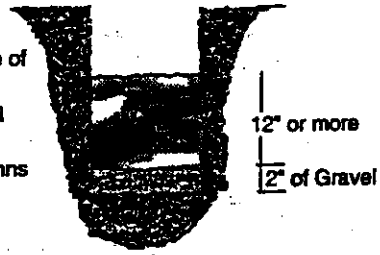
DIAGRAM OF PERCOLATION TEST PROCEDURE

Finished Grade or Natural Ground Level

I. Size, Number, and Location or Test Holes
   - A. Dig six or more holes spaced uniformly over proposed lateral field site.
   - B. Scratch smeared spots on sides of hole.
   - C. Remove loose material from hole.
   - D. Add 2" of gravel to hole.

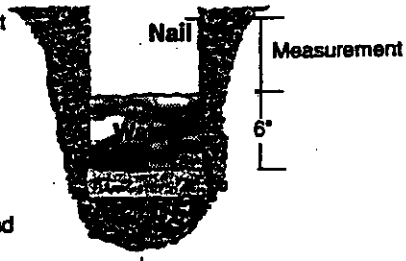


II. Saturation of Soil (Pre-soak)
   - A. Fill hole with 12" or more of water.
   - B. MAINTAIN THIS WATER LEVEL FOR 4 HOURS.
   - C. Record on Form B columns a thru f.



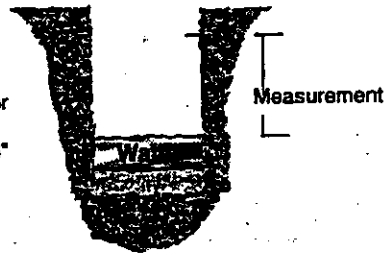
24 Hours Later

III. Percolation-rate Measurement **(refer to instructions 5a, 5b, or 5c.)**
   - A. Add 6" of water.
   - B. Measure from fixed reference point (nail) to water.
   - C. Record measurement and time on front of Form B.



½ hour later (30 minutes)

   - D. 30 minutes later remeasure and record time.
   - E. If water will be too low for another reading 30 minutes later, adjust to 6" of water and remeasure and record time.



   - F. Continue for 3½ hours taking readings every 30 minutes.
   - G. Last 30 minute reading is used in filling out Form B. Record date, time, intervals and water level drops in column g thru m.

Instructions

1. **Number and location of tests.** Percolation tests shall be made in 6 or more separate test holes which shall be spaced uniformly over the proposed lateral field site.
2. **Type of test hole.** Dig or bore a hole 3 feet deep with a diameter of 4 to 12 inches. (To save time, labor and the volume of water required per test, a 4-inch auger hole is recommended).
3. **Preparation of the test hole.** Scratch or roughen any smeared spots on the sides of the hole with a knife blade or sharp pointed instrument to provide a natural soil interface into which water may percolate. Remove all loose material from the hole. Add 2 inches of gravel to protect the bottom from scouring when water is poured into the hole.
4. **Saturation and swelling of the soil.** Fill the hole with clear water to a depth of 12 inches or more above the gravel and maintain this water level at least 4 hours and preferably overnight. The accuracy and true value of the percolation data depends on thorough saturation and swelling of the soil.
5. **Percolation-rate measurement.** Percolation-rate measurements shall be made 24 hours after starting the saturation and swelling procedure described above. Record results on the front of this form and complete all calculations.
   a. If water remains in the test hole after the overnight swelling period, adjust the depth to approximately 6 inches over the gravel. From a fixed reference point, measure the drop in water level over a 30 minute period to the nearest 1/8 of an inch. This drop is used to calculate the percolation rate.
   b. If no water remains in the test hole after the overnight swelling period, add clear water to bring the depth to approximately 6 inches over the gravel. From a fixed point, measure the drop in water level to the nearest 1/8 of an inch at 30-minute intervals for 4 hours. Refill to the 6 inch level over the gravel as often as necessary. The drop that occurs during the final 30 minutes is used to calculate the percolation rate.
   c. In sandy soils (or other soils in which the first 6 inches of water seeps away in less than 30 minutes after the overnight swelling period) the time interval between measurements shall be 10 minutes instead of 30 minutes and the test run for 1 hour instead of 4 hours. The drop that occurs during the final 10 minutes is used to calculate the percolation rate.
6. **Record the test results and complete all calculations on the front of this form.** The average of the percolation rates calculated for all holes in the last 30 (10) minutes will normally be the rate used for calculations to size the system. ***Exceptions are the use of the greatest percolation rate when rates vary more than 20 min/in between holes or when other soil analysis indicates potential percolation problems.***

LLCHD reserves the right to require additional testing based on knowledge of soil types, percolation tests results on nearby properties, or due to concerns with procedures followed. In some situations, LLCHD staff will require and perform on-site observation of percolation tests.

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. HS001836

System Type: Standard

Situs: 3060 W SALTILLO RD, LINCOLN, NE 68523

Issued: 10/29/2019

Expires: 10/29/2020

Description: S32, T9, R6, 6th Principal Meridian, LOT 17 SE

Owner: HOLLAMAN, PHYLIS J REVOCABLE
TRUST AGREEMENT
PO BOX 956
COUPEVILLE, WA 98239

Patricia D. Lopez

Patricia D. Lopez, RN, MSN, Interim 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.

Patricia D. Lopez

Patricia D. Lopez, RN, MSN
Interim Health Director

MATT JOHNSON
2685 W SUMNER ST
LINCOLN, NE 68522

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

SCANNED

A

Permit Number HS001836

Onsite Wastewater Treatment System Permit Application

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☐ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

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(no rural route)

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

PID 0932400005000 *Approx. Address (If to be determined)

B. Owner

Name Hollaman, Phyllis J Signature

Address PO Box 956 City/State/Zip Longville, WA 98239

Home Phone Work Phone

C. Certified Installer

Name: Matt Johnson / John Henry's Plumbing Signature

Address 2949 Cornhusker Hwy City/State/Zip Lincoln, NE 68504

Work Phone 402-802-5440

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 2 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 5.01
Garbage Grinder? ☒ Yes ☐ No

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

Type of Wastewater ☐ Domestic ☐ Non-Domestic

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Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature

Installation Final Written Approval
By
Date 10/29/19

Business Office Use Only
Date Received 10-09-19 Amount Paid $430.00
Received By JAC Cash/Check No. 003798

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

Form A Updated: 4/15