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

A

Permit Number HS001868

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* 2650 W Olive Creek Road City Martell, NE Zip 68404
(no rural route)

Legal Description 9 7 6 6th Principal Meridian
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 07-09-300-001-000 *Approx. Address (If to be determined)

B. Owner

Name Vicky Muff Signature

Address 2650 W Olive Creek Road City/State/Zip Martell, NE 68404

Home Phone 402-560-3683 Work Phone

C. Certified Installer

Name: Jaime Kubik Signature Jaime Kubik

Address 105 Locust Street 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 4 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 37.68
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 6-09-19 Amount Paid $420.00
Received By JAD Cash/Check No. 3560

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 2650 W Olive Creek Road (no rural route) City Martell NE, Zip 68404

Owner Vicky Muff Address 2650 W Olive Creek Road

Date of Tests 7/11/2019 to 7/12/2019 Weather: Precipitation 0 Temperature 85

Percolation Test Data Table

A.	B.	C. D. E. F. Saturation/Swelling Time				Water Level Drop G. H. I. J. K. 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	30	7/11	4 pm	7/12	8:45 am	7/12	12:15 pm	6	7/12	12:45 pm	30 min	1/2	60
2	30	7/11	4 pm	7/12	8:45 am	7/12	12:15 pm	6	7/12	12:45 pm	30 min	5/8	48
3	30	7/11	4 pm	7/12	8:45 am	7/12	12:15 pm	6	7/12	12:45 pm	30 min	5/8	48
								6					
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Jason Kubik
Phone: 402-475-2462
Address 105 Locust Street P.O. Box 191
Hickman, NE 68372

Sum of Percolation Rates: 158
Average of Rates: 52
Rate Used for Calculation: 59

Soil type (NRCS Maps/Other) Nodaway
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
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) 07-09-300-001-000

Owner: Vicky Muff Address 2650 W Olive Creek Road

A. Wastewater Piping

1. Material: SCH 40 Diameter: 4 in.
2. Distance between dwelling and septic tank: 170 ft.

B. Septic Tank

1. Material (2) IM 1060 Infiltrator Tanks
2. Capacity: 1000 gallons each
3. Depth to top of tank, below unfinished grade: 17.62 in.
4. Distance to:
   Well +200 ft.
   Pressure line 30 ft
   Property Line +200 ft.
   Foundation 170 ft.

C Distribution Box or Drop Box

Distance **and** Direction from septic tank: North ft. 10

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☐ Other
   Material brand and inside width of Chamberless: EZ FLow 1203
2. Number of Laterals: 3
3. Length of each lateral (linear): ft. 110 ft. 110 ft. 100 ft.
4. Drainfield size: 1440 sq. ft.
5. Distance to:
   Well +200 ft.
   Pressure line 50 ft.
   Property line +200 ft.
   Depth of Groundwater +12 ft

Was the Onsite Wastewater System covered prior to LLCHD inspection? ☒ Yes ☐ No

If Yes, the Certified Professional must sign below for final approval:

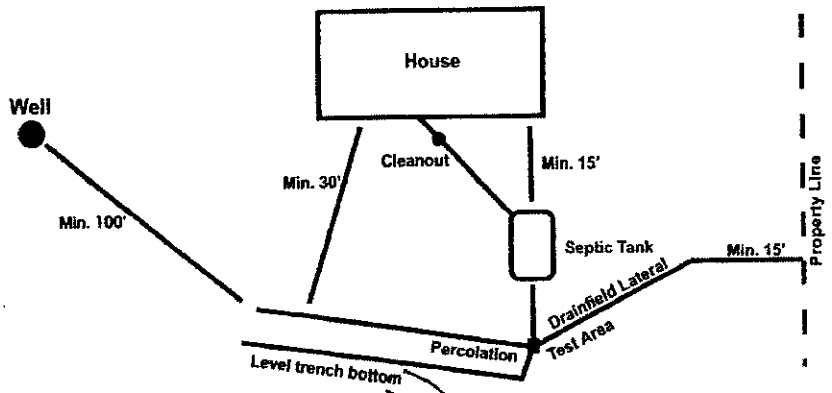
I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: Jamie Kuhn Date: 8/16/19

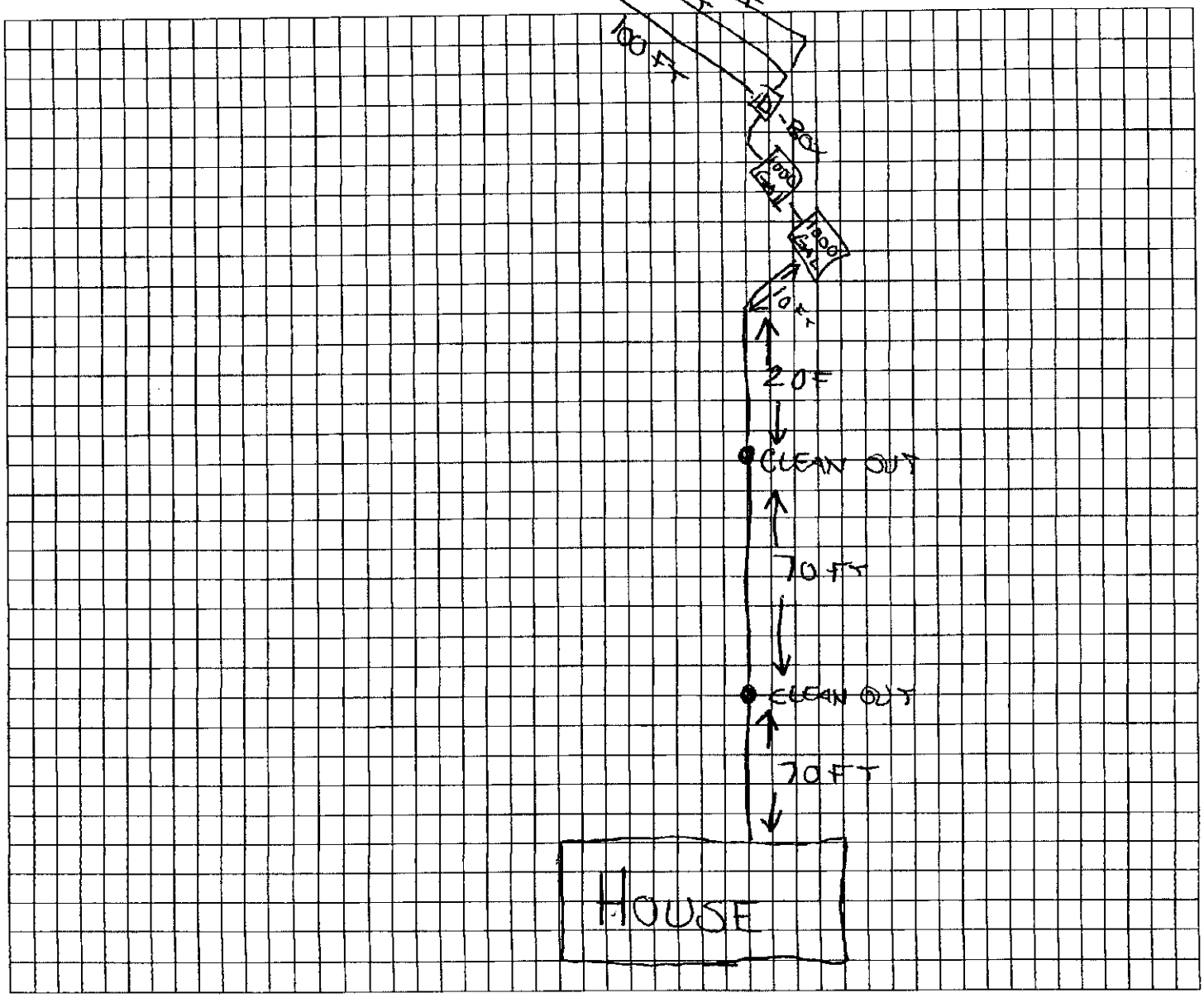
Complete As-Built drawing on the back of this form.

Onsite Wastewater System Design (Example)

Indicate North
w/ Arrow Here:



*Note-If Lagoon, show all applicable dimensions



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. HS001868

System Type: Standard

Situs: 2650 W OLIVE CREEK RD, MARTELL, NE 68404

Issued: 8/12/2019

Expires: 8/12/2020

Description: S9, T7, R6, 6th Principal Meridian, SW SW

Owner: MUFF, VICTORIA
2650 W OLIVE CREEK RD
MARTELL, NE 68404-6116

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

JAIME KUBIK
105 LOCUST ST, PO BOX 191
HICKMAN, NE 68372

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

SCANNED

A

Permit Number
HS 001864

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)

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Approval Process

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Site visits
Comments
Date rec'd 8/12/19
Date frwd 8/12/19
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 3/16/20

Business Office Use Only
Date Received 8-09-19 Amount Paid $420.00
Received By JAO Cash/Check No. 3560

White - Health Department Yellow - Engineer Pink - Building & Safety Form A Updated: 4/15

* System Replacement * Must be out of the floodplain

SCANNED

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
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   Pressure line 50 ft.
   Property line +200 ft.
   Depth of Groundwater +12 ft

NH

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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: Janie Kuv Date: 8/26/19

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