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

A

Permit Number
HS001943

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* 6500 W Bennet Rd (no rural route) City Martell, NE Zip 68404

Legal Description S1 T8 R5 6th Principal Meridian Lot 3 SE
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 02-01-400-003-000 *Approx. Address (If to be determined)

B. Owner

Name Roger C. & Dione K Bohl Signature

Address 6500 W Bennet Rd City/State/Zip Martell NE 68404

Home Phone Work Phone

C. Certified Installer

Name: John Henry's Plumbing Signature Matt

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 4 Whirlpool Bathtub? ☐ Yes ☐ No Total Acres 5.8
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 12-11-19 Amount Paid $430.00
Received By JAO Cash/Check No CC3798

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

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. HS001943

System Type: Lagoon

Situs: No Site Address Specified

Issued: 12/16/2019

Expires: 12/16/2020

Description: S1, T8, R5, 6th Principal Meridian, LOT 3 SE

Owner: BOHL, ROGER C & DIANE K
6500 W BENNET RD
MARTELL, NE 68404

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

JOHN HENRY'S PLUMBING
2949 CORNHUSKER HWY
LINCOLN, NE 68504

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

SCANNED

A

Permit Number
#5001943

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* 6500 W Bennet Rd City Martell, NE Zip 68404
(no rural route)

Legal Description S1 T8 R5 6th Principal Meridian Lot 3 SE
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 02-01-400-003-000 *Approx. Address (If to be determined)

B. Owner

Name Roger C. & Anne K Bohl Signature
Address 6500 W Bennet Rd City/State/Zip Martell NE 68404
Home Phone 450-3778, 794-4997 Work Phone

C. Certified Installer

Name: John Henry's Plumbing Signature Matt
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 4 Whirlpool Bathtub? ☐ Yes ☐ No Total Acres 15.8
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 12/13/19
Date frwd 12/13/19
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 3/26/20

contacted Anne on 3/4/20 to schedule

Business Office Use Only
Date Received 12-11-19 Amount Paid $430.00
Received By JRO Cash/Check No CC3798

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

Form A Updated: 4/15

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

Permit Number: HS001943

Onsite Wastewater Treatment System-Lagoon

Inspection Sheet

Date 12/16/19 Legal Description _____
¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 65000 W. Bennett Rd. 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___ 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___ - Needed to add one
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___ No___
Fence installed	Yes X No___

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

3/26/20

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	200ft ☐	☐
		Community	* ☐				Class 2	200ft ☐	
							Class 3	100ft ☐	

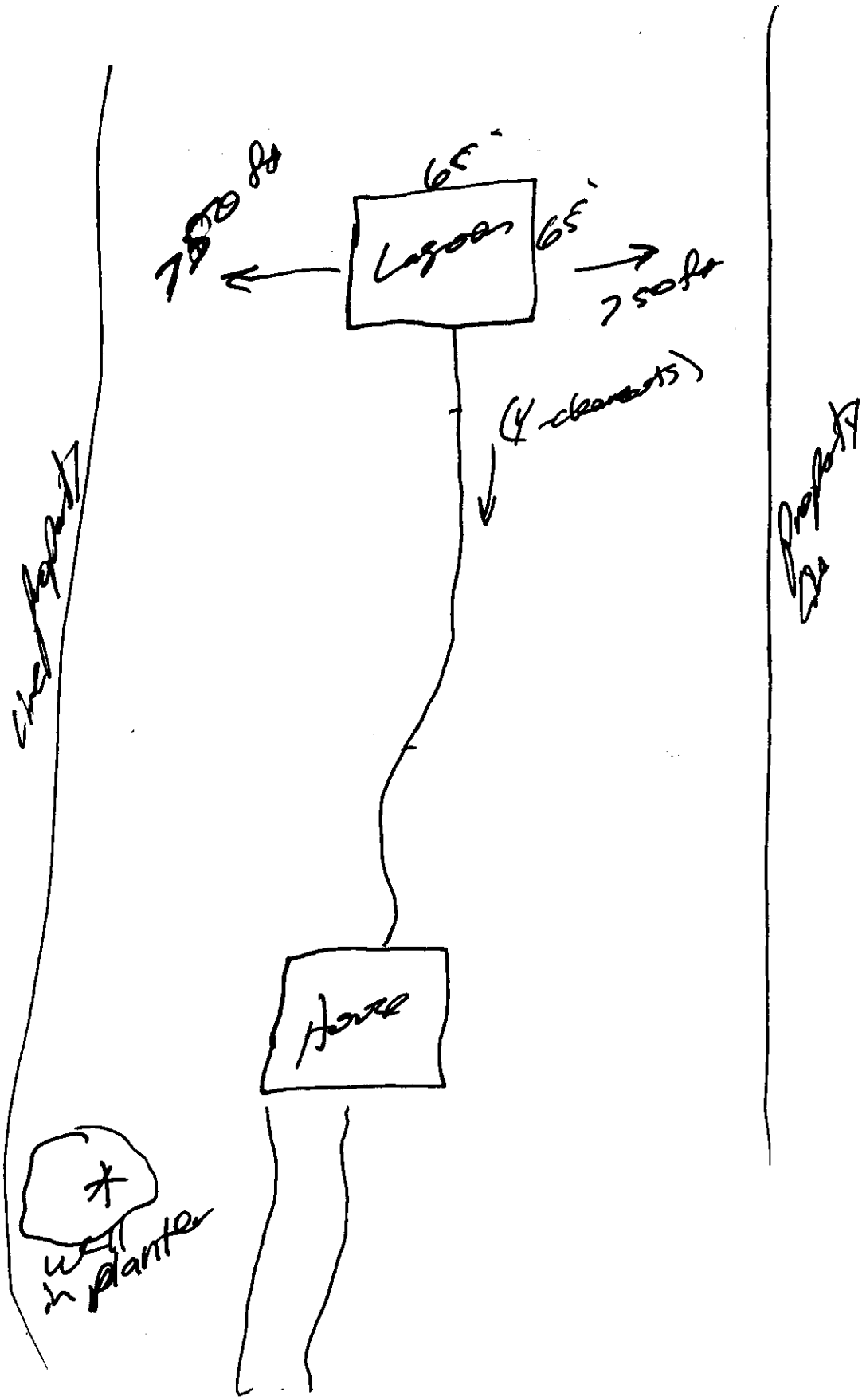
*Evaluated by a professional engineer for potential impact on the well and submitted to Dept. for approval if less than 1000ft.

Geographical Coordinates to 6 Decimals: _____

Dike North side

Comments:

Inspections prior to Final Approval
Initial _____ Date _____
Follow-Up _____ Date _____
Follow-Up _____ Date _____
~~Installation Final Written Approval~~
By _____
Date 3/26/20


Lagoon
House
well in planter