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

A

Permit Number HS002053

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* 20101 S 12TH City MARTEL, NE Zip 68404
(no rural route)

Legal Description 35 8 6 6TH PRINCIPAL MERIDIAN 25F
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 08-35-400-005-000 *Approx. Address (If to be determined)

B. Owner

Name LINDA EHLERS Signature

Address 20101 S 12TH City/State/Zip MARTEL, NE 68404

Home Phone 402-450-2085 TERI EHLERS Work Phone

C. Certified Installer

Name: JAIME KUBIK Signature

Address 105 WEST ST BOX 191 City/State/Zip HICKMAN, NE 68372

Work Phone 402-475-2402

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 3 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 5
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 7-13-20 Amount Paid $430.00
Received By JMO Cash/Check No CC0214

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 20101 S 12th (no rural route) City Martell NE, Zip 68404

Owner Linda Ehlers Address

Date of Tests 7/8/2020 to 7/9/2020 Weather: Precipitation none Temperature 90 degrees

Percolation Test Data Table

A.	B.	C.	D.	E.	F.	G.	H.	I.	J.	K.	L.	M.	N.
		Saturation/Swelling Time				Water Level Drop Last 30 mins of 4 hr or last 10 mins of 1 hr					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 inches	7/8	4:50 pm	7/9	9:00 am	7/9	12:30 pm	6	7/9	1:00 pm	30 min	1/2	60
2	30 inches	7/8	4:50 pm	7/9	9:00 am	7/9	12:30 pm	6	7/9	1:00 pm	30 min	3/4	40
3	30 inches	7/8	4:50 pm	7/9	9:00 am	7/9	12:30 pm	6	7/9	1:00 pm	30 min	5/8	48
4	30 inches	7/8	4:50 pm	7/9	9:00 am	7/9	12:30 pm	6	7/9	1:00 pm	30 min	1/2	60
								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: 208
Average of Rates: 52
Rate Used for Calculation: 59

Soil type (NRCS Maps/Other) 7501 Pawnee Clay
Groundwater Depth +12 feet

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. HS002053

System Type: Standard

Situs: No Site Address Specified

Issued: 7/13/2020

Expires: 7/13/2021

Description: S35, T8, R6, 6th Principal Meridian, LOT 25 SE

Owner: EHLERS, LINDA K
20101 S 12 ST
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

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 HS0020053

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* 20101 S 12TH (no rural route) City MARTEL, NE Zip 68404

Legal Description 35 8 6 6TH PRINCIPAL MERIDIAN 25F

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

PID 08-35-400-005-000 *Approx. Address (If to be determined)

B. Owner

Name LINDA EHLERS Signature

Address 20101 S 12TH City/State/Zip MARTEL, NE 68404

Home Phone 402-450-2085 TERI EHLERS Work Phone

C. Certified Installer

Name: JAIME KUBIK Signature Jaime Kubik

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

Work Phone 402-475-2402

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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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 8/20/20
Comments
Date rec'd 7/13/20
Date frwd 7/13/20
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 8/20/20

Business Office Use Only
Date Received 7-13-20 Amount Paid $430.00
Received By JRO Cash/Check No CC0214

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

Form A Updated: 4/15

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

Exhibit 5

Permit Number: HS002053

Onsite Wastewater Treatment System

Inspection Sheet

Date 8/21/20

Legal Description ___ ¼ ___ ¼ ___ Section/Township/Range

U

Onsite System Location

Address (no rural route) 20101 S 12th City ___

Owner ___ Address ___

Mark One: ☒ Dwelling ☐ Non-dwelling

☒ New System ☐ Alteration [☐ Tank Only ☐ Trench Only] ☐ Lateral Only

☐ Temporary modification (Describe problem causing discharge and reason for temporary modification): ___

Drainfield Absorption System:

3 bd. 60 perc

☒ Lateral ☐ Bed ☐ Non-standard (engineer-designed and NDEQ approved) ☐ Holding Tank ☐ Trench

Total square feet of drainfield 1,080 Sq. Ft. Tank Size 1,500 gals

Total length of laterals 240 Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☒ Other (describe) EZ flow

No. of Absorption Laterals 2 Width 4.5 facts No. of Drop Boxes ___ Distribution Box 1

Leveling Method Used Laser

Setbacks (Check the Boxes Below if the Required Setback has been Satisfied):

Distance From	Private Well	Public Well	Surface Water	Ground water	Pressure Water Lines	Property Lines
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	10 ☐	5 ☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	25 ☐	5 ☐

Geographical Coordinates to 6 Decimals: NA

Tank ___

Lateral #1 ___ Lateral #3 ___

Lateral #2 ___ Lateral #4 ___

Comments:

Field Note Drawing (See Reverse Side):

Inspections prior to Final Approval
Initial DS Date 8/21/20

Follow-Up ___ Date ___

Follow-Up ___ Date ___

Installation Final Written Approval
By Doug Mikel

Date 8/24/20

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) 08-35-400-005-000

Owner: LINDA EHLERS Address 20101 S 12TH MARTELL, NE 68404

A. Wastewater Piping

1. Material: SCH 40 Diameter: 4 in.
2. Distance between dwelling and septic tank: 20 ft.

B. Septic Tank

1. Material: 1M 1530 INFILTRATOR
2. Capacity: 1500 GALLONS
3. Depth to top of tank, below unfinished grade: 12 in.
4. Distance to:
   Well +100 ft.
   Pressure line +50 ft
   Property Line +50 ft.
   Foundation 20 ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: 53 ft. NORTH

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☒ Other
   Material brand and inside width of Chamberless: EZ FLOW
2. Number of Laterals: 2
3. Length of each lateral (linear): ft. 120 ft 120 ft. ____ ft. ____
4. Drainfield size: 1080 sq. ft.
5. Distance to:
   Well +100 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

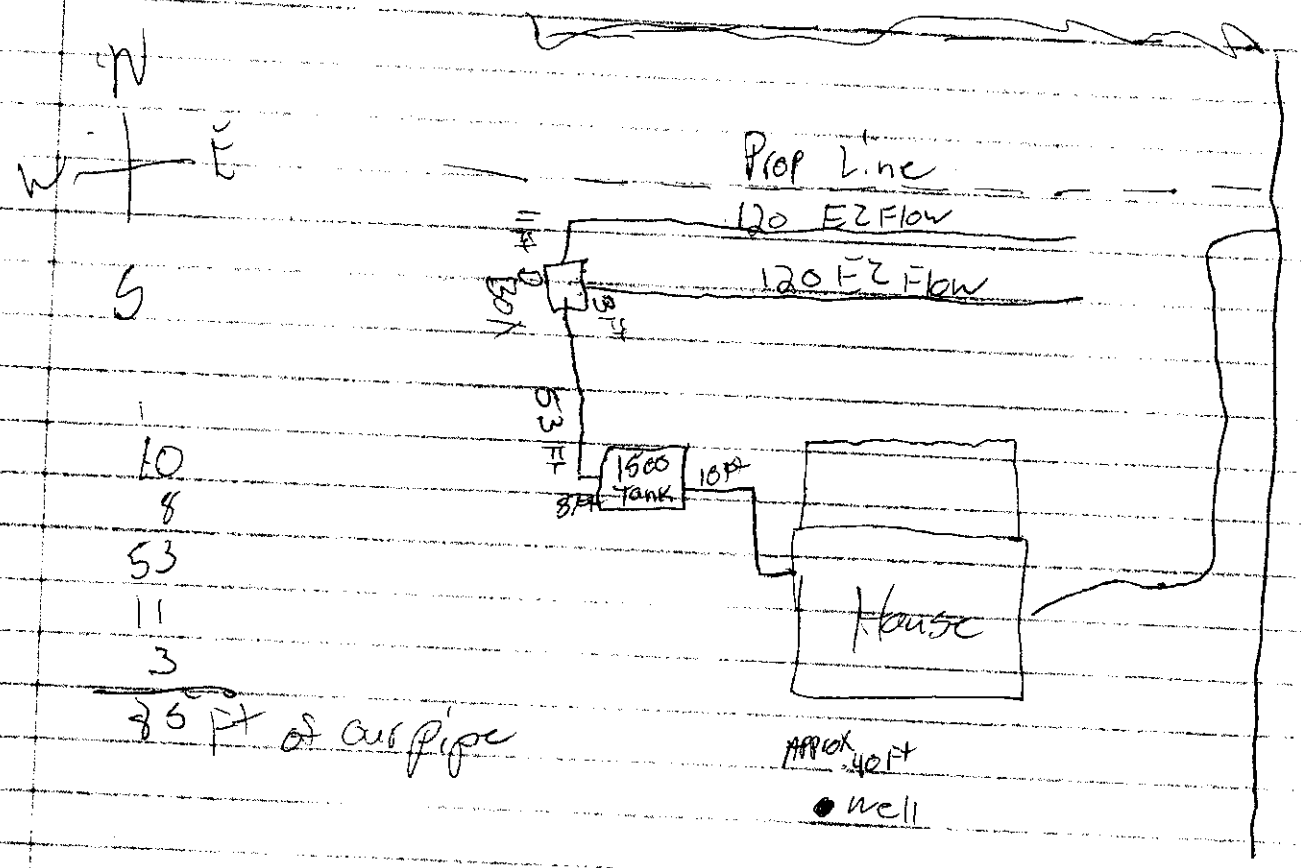
If Yes, the Certified Professional must sign below for final approval:

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: [signature] Date: AUG 11, 2020

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

20101 S. 12 (Hwy 77 & Stagecoach)



10
8
53
11
3
85 ft of sub pipe