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

A

Permit Number
HS002100

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* 17405 SW 29TH ST City MARTEL, NE Zip 68404
(no rural route)

Legal Description Sec 20 T8 R6 MARIA MILLER ADDITION 1
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 08-20-401-001-000 *Approx. Address (If to be determined)

B. Owner

Name MARIA MILLER Signature
Address 17405 SW 29TH ST City/State/Zip MARTEL, NE 68404
Home Phone Work Phone

C. Certified Installer

Name: JAIME KNAK Signature Jaime Knak
Address 105 LOCUST STREET P.O. BOX 171 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 4.11
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
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature
Comments

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 9-18-20 Amount Paid 440.00
Received By LC Cash/Check No. EC

2014

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 17405 SW 29th (no rural route) City Martell NE, Zip 68404

Owner Marla Miller Address

Date of Tests 9/15/2020 to 9/16/2020 Weather: Precipitation none Temperature 60 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	9/15	5 pm	9/16	8:50 am	9/16	12:20 pm	6	9/16	12:50 pm	30 min	5/8	48
2	30 inches	9/15	5 pm	9/16	8:50 am	9/16	12:20 pm	6	9/16	12:50 pm	30 min	5/8	48
3	30 inches	9/15	5 pm	9/16	8:50 am	9/16	12:20 pm	6	9/16	12:50 pm	30 min	1/2	60
4	30 inches	9/15	5 pm	9/16	8:50 am	9/16	12:20 pm	6	9/16	12:50 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: 216
Average of Rates: 54
Rate Used for Calculation: 59

Soil type (NRCS Maps/Other) 7684 Wymore
Groundwater Depth +12 ft

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. HS002100

System Type: Standard

Situs: No Site Address Specified

Issued: 9/18/2020

Expires: 9/18/2021

Description: MARLA MILLER ADDITION, Lot 1

Owner: MILLER, MARLA R
17405 SW 29 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

JAMIE KUBIK
P O BOX 171
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
HS002100

Onsite Wastewater Treatment System Permit Application

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

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Home Phone Work Phone

C. Certified Installer

Name: JAIME KNOX Signature Jaime Knox

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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 11/3/20

Business Office Use Only
Date Received 9-18-20 Amount Paid 440.00
Received By LC Cash/Check No. CC

2014

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
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) 08-20-401-001-000

Owner: MARLA MILLER Address 17405 SW 29TH ST MARTELL, NE 68404

A. Wastewater Piping

1. Material: SCH 40 Diameter: 4 in.
2. Distance between dwelling and septic tank: 70 ft.

B. Septic Tank

1. Material NEIL KRAUSE 1530
2. Capacity: 1500 GALLON
3. Depth to top of tank, below unfinished grade: 12 in.
4. Distance to:
   Well +150 ft.
   Pressure line +50 ft
   Property Line +50 ft.
   Foundation 70 ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: 7 ft. N

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: ~~3~~ 4
3. Length of each lateral (linear): ft. 80 ft. 80 ft. 80 ft. 80
4. Drainfield size: 140 sq. ft. (400 Rec'd Same tank replacement & Same layout w/ contractor — NH)
5. Distance to:
   Well +150 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:

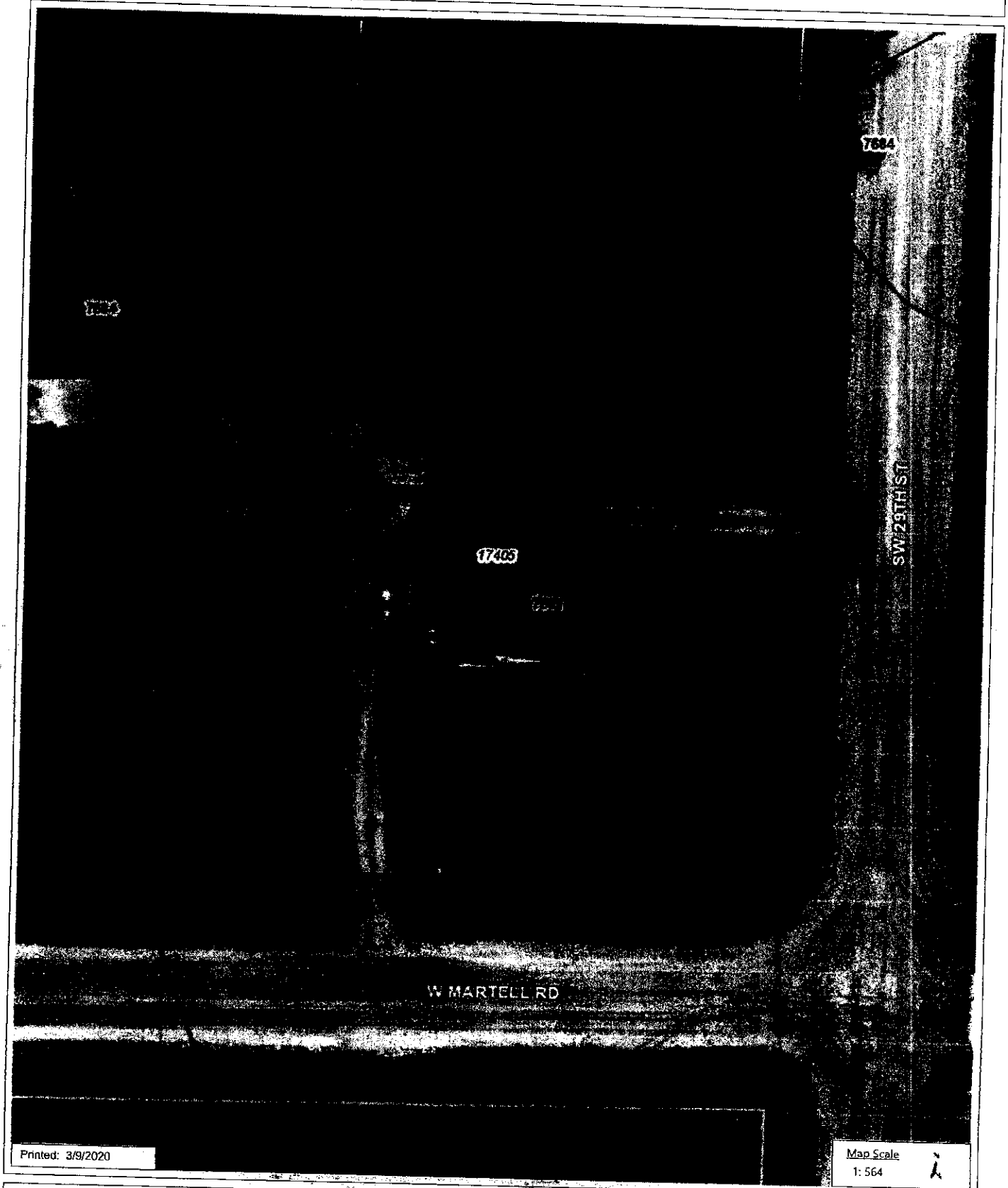
I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: [signature] Date: 10/26/2020

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

GIS Viewer

City of Lincoln\Lancaster County GIS Map



Printed: 3/9/2020

Map Scale
1: 564

DISCLAIMER: The information is presented on a best-efforts basis, and should not be relied upon for making financial, survey, legal or other commitments. If you have questions or comments regarding the data displayed on this map, please email assessor@lancaster.ne.gov and you will be directed to the appropriate department.

SCANNED

GIS Viewer
CITY OF LINCOLN - LANCASTER COUNTY, NE

City of Lincoln\Lancaster County GIS Map



Printed: 3/9/2020

Map Scale
1: 564

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