attn Nate

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

A

Permit Number HS002193

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

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

acres or more required for: ☐ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Wastewater Treatment System in conformance with appropriate regulations.

PLEASE PRINT OR TYPE

A. Onsite System Location

Address 14445 SW 29th (no rural route) City Martell NE Zip 68404

Legal Description (58) 8 T6 6E Murz Addition 1

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

PID 08-08-401-101-000

B. Owner

Name Nick Zimmerman Signature

Address 14445 SW 29th City/State/Zip Martell NE 68404

Home Phone 402-314-9699 Work Phone Sam -

C. Certified Installer

Name: Scott Subbert Signature Scott Subbert

Address 1012 CO RD M City/State/Zip MEAD, NE 68041

Work Phone 402-443-6549

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 3.01

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 ☐ Municipal Code 24.38 ☐ County Resolution No. 02-30

1. Health Department ACTION ☐ Approved ☐ Disapproved

Site visits Date rec'd Signature

Date frwd

Comments

2. Supt. Bldg. Insp. or Village Clerk ACTION ☐ Approved ☐ Disapproved

Comments Date rec'd Signature

Date frwd

3. City or County Engineer ACTION ☐ Approved ☐ Disapproved

Comments Date rec'd Signature

Date frwd

Installation Final Written Approval

By

Date

Business Office Use Only

Date Received 3-31-21 Amount Paid $440.00

Received By JRO Cash/Check No. 000303

Received Time Mar. 30. 2021 8:21AM No. 1807

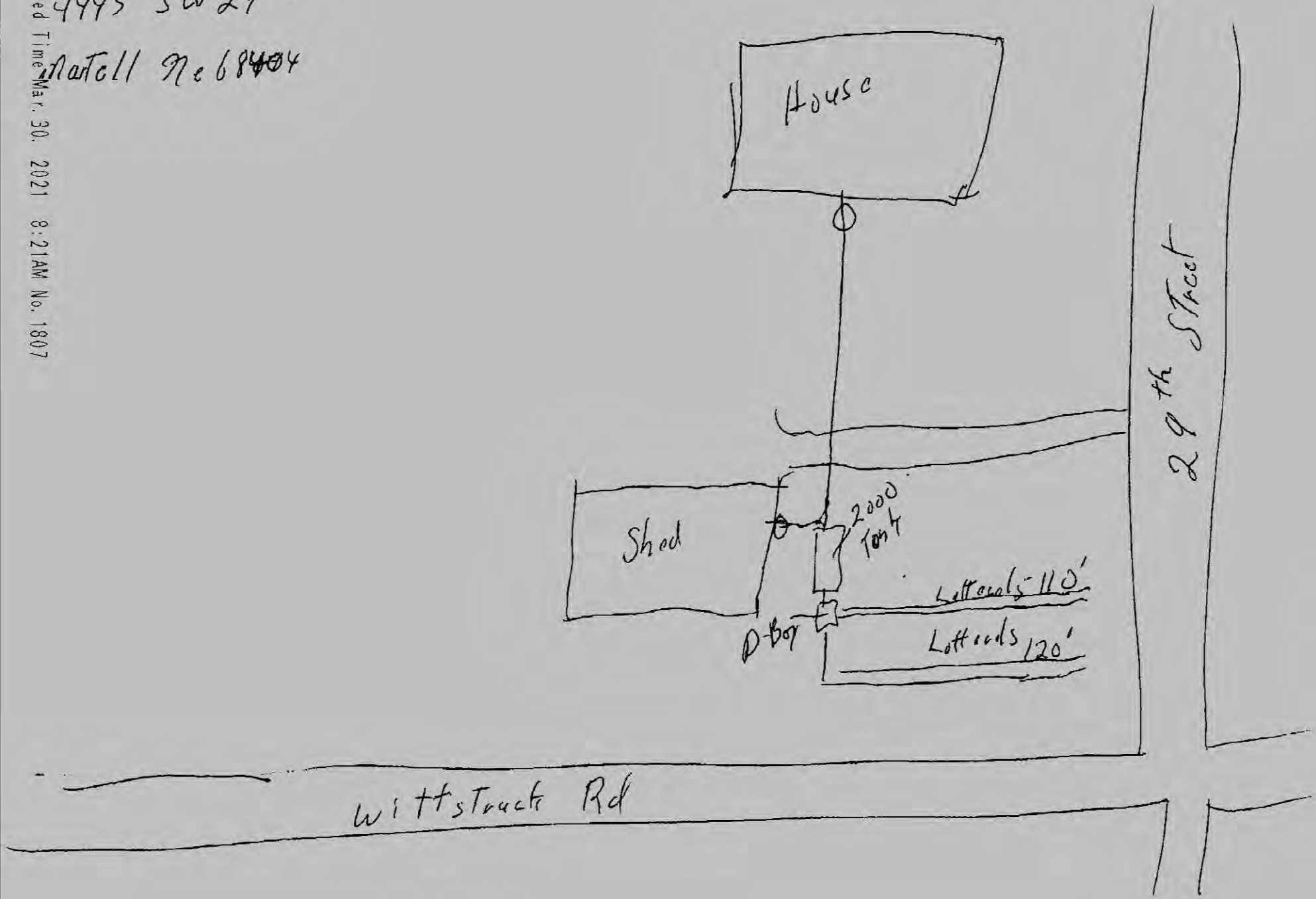
Yellow - Engineer Pink - Building & Safety

Form A Updated: 1/13

Nick Zimmerman
4445 SW 29th
Martell Ne 68404

Received Time Mar. 30. 2021 8:21AM No. 1807

Mar 30 21 06:50a 1-402-624-2011 p.2



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. HS002193

System Type: Standard

Situs: No Site Address Specified

Issued: 4/5/2021

Expires: 4/5/2022

Description: MARZ ADDITION, Lot 1

Owner: ZIMMERMAN, NICHOLAS SR &
MARTHA
14445 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
Health Director

SCOTT SUBBERT
1012 COUNTY ROAD M
MEAD, NE 68041

attn Nate

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

SCANNED

A

Permit Number HS002193

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

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

acres or more required for: ☐ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Wastewater Treatment System in conformance with appropriate regulations.

PLEASE PRINT OR TYPE

A. Onsite System Location

Address 14445 SW 29th (no rural route) City Martell NE Zip 68404

Legal Description SE 58 T6 6E Marz Addition 1

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

PID 08-08-401-001-000

B. Owner

Name Nick Zimmerman Signature

Address 14445 SW 29th City/State/Zip Martell NE 68404

Home Phone 402-314-9699 Work Phone Same

C. Certified Installer

Name: Scott Subbert Signature Scott Subbert

Address 1012 CO RD M City/State/Zip MEAD, NE 68041

Work Phone 402-443-6549

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 only tested for 4 Whirlpool Bathtub? ☒ Yes ☐ No Total Acres 3.01

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 ☐ Municipal Code 24.38 ☒ County Resolution No. 02-30

1. Health Department

Site visits

Comments

Date rec'd 4/5/21 Date frwd 4/5/21

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 4/5/21

Business Office Use Only

Date Received 3-31-21 Amount Paid $440.00

Received By DRD Cash/Check No. 000203

Received Time Mar. 30. 2021 8:21AM No. 1807

Yellow - Engineer Pink - Building & Safety

caster County Health Department
onmental Public Health Division
31 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

Permit Number: 4500 2193

Onsite Wastewater Treatment System

Inspection Sheet

Date 4/2/21 Legal Description _____

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 14445 SW 29th 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:

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

Total square feet of drainfield 450 Sq. Ft. Tank Size 1000 gals

Total length of laterals 100' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☐ Other (describe)_____

_____

No. of Absorption Laterals 1 Width 3' No. of Drop Boxes 0 Distribution Box 0

Leveling Method Used Level

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:

Tank_____

Lateral #1_____ Lateral #3_____

Lateral #2_____ Lateral #4_____

Comments:

Inspections prior to Final Approval
Initial 4/2/21 Date NA

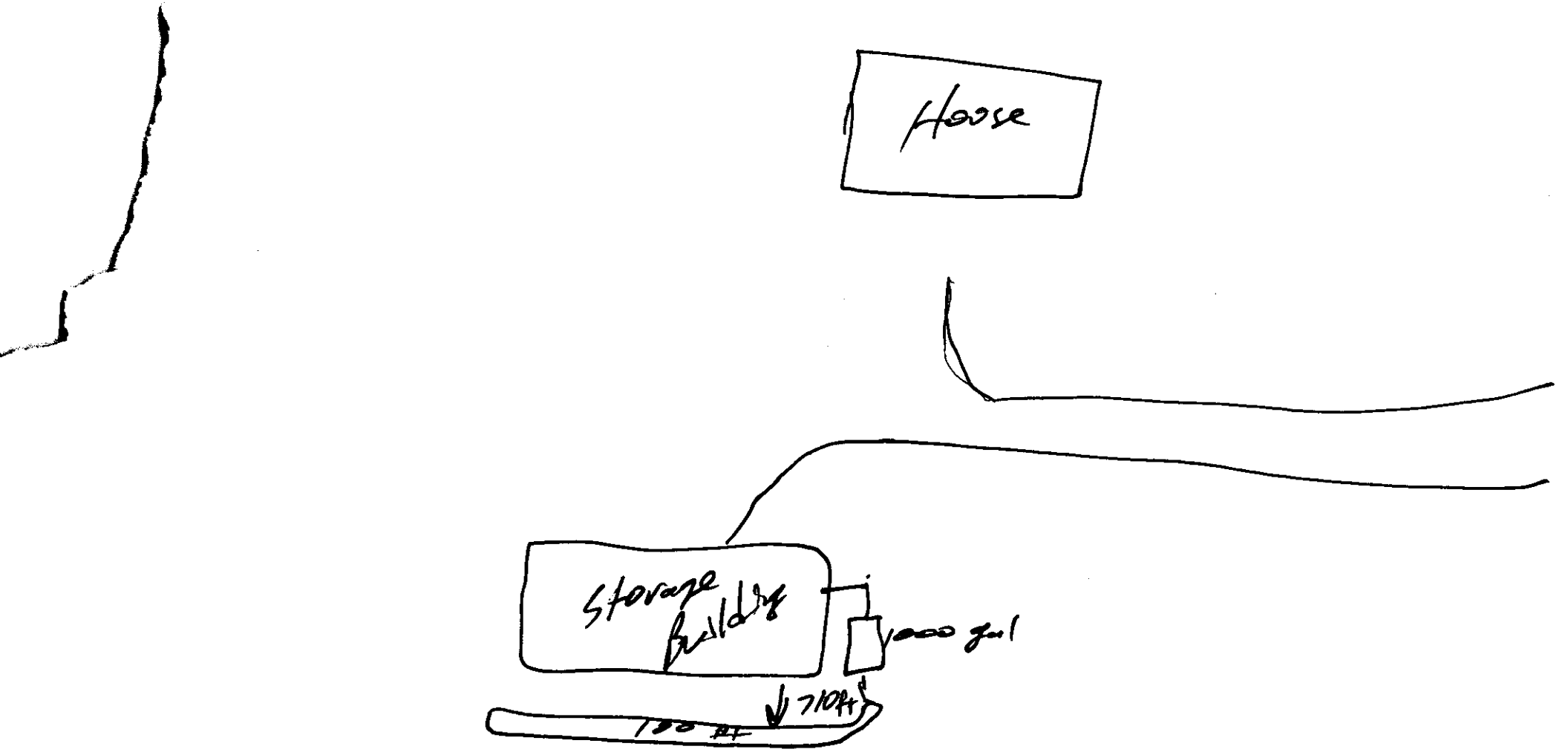
Follow-Up_____ Date _____

Follow-Up_____ Date _____

Installation ~~Final Written Approval~~
By _____

Date 4/5/21

Field Note Drawing (See Reverse Side):


House
Storage building
700 gal
700 ft

att Mate

Nebraska DEQ

Onsite Wastewater Treatment System
Soil Percolation Test Data Sheet

Owner Name Nick Zimmerman Phone 402-314-9699

Address 14445 SW 29th Martell NE 68404
City State Zip

Location (Attach a sketch of the property showing test hole locations)

__ __ 9 8 6-E Lancaster
¼ ¼ Section Township Range County

Lot # _____ Subdivision _____

Soil Type (Check one)

Sand ____ Silt ____ Clay ____ Sandy Clay ____ Loamy Sand ____ Silty Clay ✓

Silty Clay Loam ____ Sandy Loam ____ Silt Loam ____

Dates of Test

Start Date 4/1 to End Date 4/2 , 2021

Weather Conditions

Precipitation 0 Avg. Temp 50 °F

Percolation Test Measurements and Data

Hole No.	Hole Depth (in.)	Pre-saturation Period: Start Date (Mo./Day)	Pre-saturation Period: Start Time (Hr./Min)	Pre-saturation Period: End Date (Mo./Day)	Pre-saturation Period: End Time (Hr./Min)	Percolation Readings (last period): Start Date (Mo./Day)	Percolation Readings (last period): Start Time (Hr./Min)	Percolation Readings (last period): Start Water Level (inch)	Percolation Readings (last period): End Time (Hr./Min)	Percolation Readings (last period): End Water Level Drop (inch)	Results: Elapsed Time (minutes)	Results: Drop in Water Level (inches)	Results: Percolation Rate (in ÷ t) (Minutes per inch)
1	24	4/1	11:00	4/2	11:30	4/2	3:00	10	3:30	8.75	30	1.25	25
2	20							4		2.75		1.25	25
3	24							8		7		1	30
4	30							6		5		1	30

Tests must be performed by a certified professional, a professional engineer or a registered environmental health specialist.

Signature Scott Talkington

Certificate or License # C1996

Address 1012 C Rd 11

City Mead St NE Zip 68041

Phone 402-443-6549

Sum of Percolation Rates = 110

Avg. of Percolation Rates* = 27.5
(sum of rates ÷ number of tests)
(minutes per inch)

* If rates vary by more than 20 min/in., do not average. Use slowest rate measured for sizing soil absorption area.