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

A

Permit Number
HS002234

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* 16280 SW 42nd (no rural route) City Martell, NE Zip 68404

Legal Description S20 T8 R6 23
1/4 | 1/4 | Section | Township | Range | Subdivison | Addition | Block | Lot

PID 08-20-101-003-000 *Approx. Address (If to be determined)

B. Owner

Name Eric Wendelin Signature

Address 17000 SW 42nd City/State/Zip Martell, NE 68404

Home Phone Work Phone 402-418-2428

C. Certified Installer

Name: Earnest Well Drilling Inc. Signature

Address P.O. Box H City/State/Zip Milford, NE 68405

Work Phone 402-641-6174

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 24.47
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 6-11-21 Amount Paid $440 cd
Received By JAO Cash/Check No 20742

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

Form A Updated: 4/15

SOIL ABSORPTION TEST DATA REPORT

Location: Precinct _____ Section _____
Township _____ Range _____
1/4 Section _____

Owner: Eric Wendelin
Address: 16280 SW 42nd

Property Dimensions: _____ acres

Soil Type: Silty Clay ____ Silty Clay Loam ____ Sandy Loam ____ Silty Loam ____ Clay Loam X Sandy Clay ____

Dates of Tests: 6/9/21 to 6/10/21 **Weather:** Precip. Ø Temp. 90s

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.
		Pre-Saturation Period				Percolation Readings					Results	
		Start		End		Start			End			Water
	Hole	Date	Time	Date	Time	Date	Time	Water	Time	Water	Elapsed	Level
Hole	Depth	(Mo.	(Hr.	(Mo.	(Hr.	(Mo.	(Hr.	Level	(Hr.	Level	Time	Drop
No.	(in.)	Day)	Min.)	Day)	Min.)	Day)	Min.)	(in.)	Min.)	(in.)	(Min.)	(in.)
1	24"	6/9	1:00pm	6/9	5:00pm	6/10	11:10am	6	11:40am	5¾	30	¾
2	24"	6/9	1:00pm	6/9	5:00pm	6/10	11:10am	6	11:40am	5¾	30	¾
3	20"	6/9	1:00pm	6/9	5:00pm	6/10	11:10am	6	11:40am	5¾	30	¾

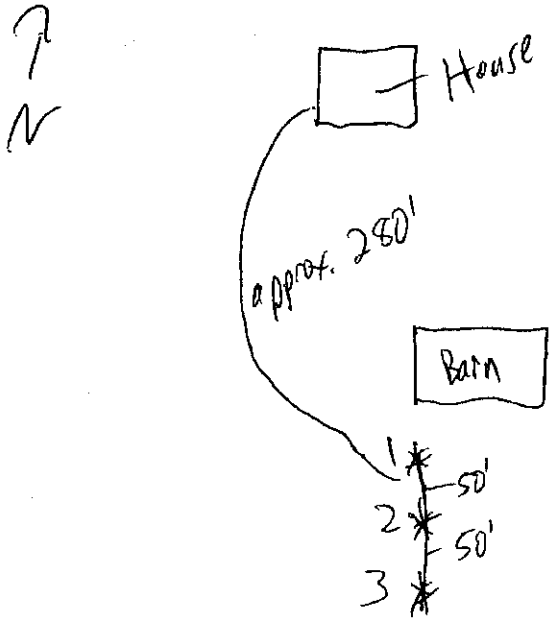
Sum of Water Level Drops (in.) [Column m]: 2.25
Average of Water Level Drops (in.) [Column m]: .75
~~Inches per Minute:~~ _____

40 MPI

PERSON CONDUCTING TEST:
Name: Justyn Peterson
Address: 322 236th
Milford, NE 68405
Phone: 402-641-6174
Signature: _____

Square Feet of Lateral per Bedroom: _____

SKETCH SHOWING HOLE LOCATION:



_____
Officials Signature

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

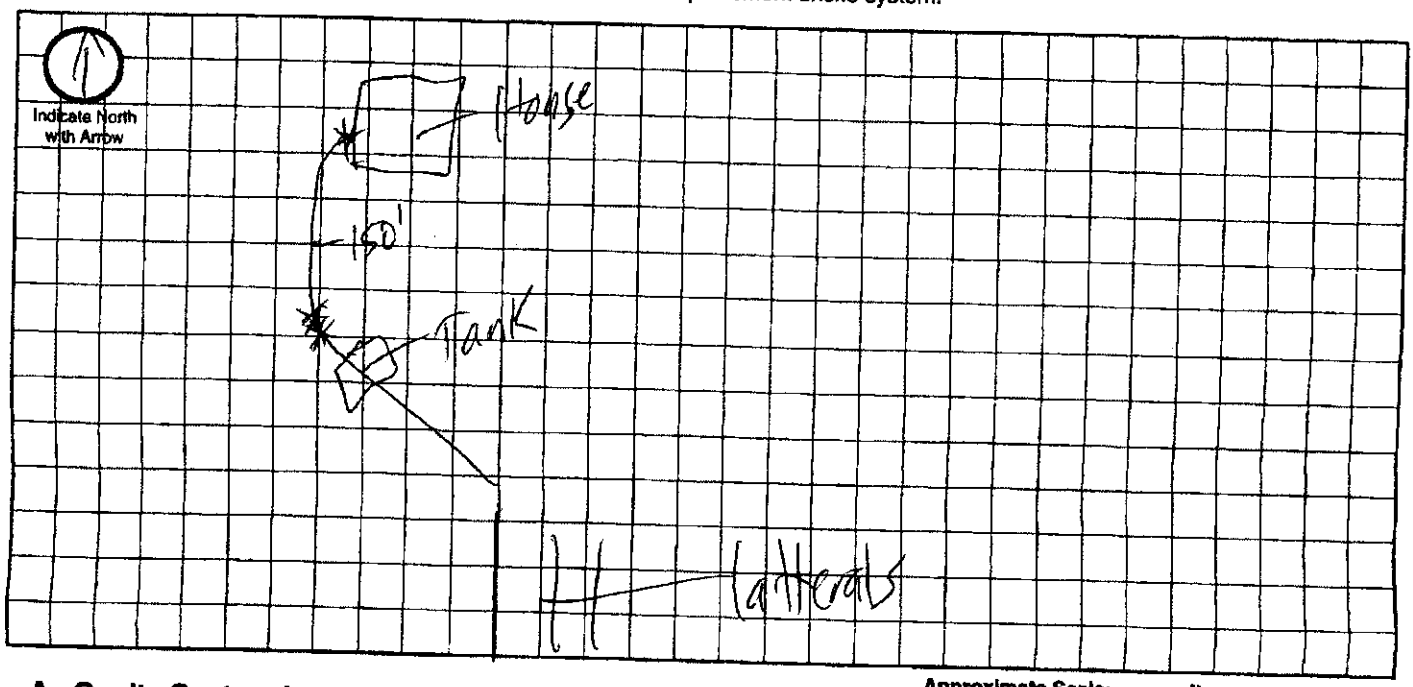
C

Permit Number:

Onsite Wastewater Treatment System

Preliminary Plan Specifications

Draw a plot plan showing onsite system sewer lines, drop of distribution boxes, tank, drainfields, percolation test holes, well, residence, direction of groundwater flow, property lines, and reserve area for replacement onsite system.



Approximate Scale: _____ft. = _____ grid line/s

A. Onsite System Location

Address (no rural route) 16280 SW 42nd City Malcolm NE, Zip 68404

B. Proposed Septic Tank/s

Septic Tank Cap. 2000 gals Tank Material: ☒ Concrete ☐ Plastic ☐ Other_____ ☐ Lagoon(Max. seepage 1/8" per day)

C. Reserve Area for Replacement Onsite System

☒ Drainfield Absorption Area (percolation test required) ☐ Lagoon

D. Drainfield Absorption System

Percolation Rate 40 (min/inch = mpi) No. of Bedrooms 4 Soil Type Clay Loam Land Slope ~1 %

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 1134 sq.ft.

Total length of laterals 336 Type of distribution: ☐ Perforated pipe ☐ Half-Round ☒ Chamber ☐ Other

No. of absorption trenches 3 Width 36" No. of drop boxes 0 Distrubtion Box 0

No. of absorption beds_____ Width_____ No of Distribution lines per bed_____

E. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

F. Required Signatures

Home Building Contractor NA Date _____

Installer _____ Date 6/11/21

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

D Exhibit 4

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) 16780 SW 42nd

Owner: Eric Wendelin Address

A. Wastewater Piping

1. Material: PVC Diameter: 4 in.
2. Distance between dwelling and septic tank: 183 ft.

B. Septic Tank

1. Material Concrete
2. Capacity: 2000
3. Depth to top of tank, below unfinished grade: 12 in.
4. Distance to:
   Well 100+ ft.
   Pressure line 20+ ft
   Property Line 20+ ft.
   Foundation 180' ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: NA ft.

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☒ Chamberless ☐ Other
   Material brand and inside width of Chamberless: Infiltrator Quick 4 Standard
2. Number of Laterals: 3
3. Length of each lateral (linear): ft. 112' ft. 112' ft. 112' ft.
4. Drainfield size: 1134 sq. ft.
5. Distance to:
   Well 100+ ft.
   Pressure line 40+ ft.
   Property line 50+ ft.
   Depth of Groundwater 6.5

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

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

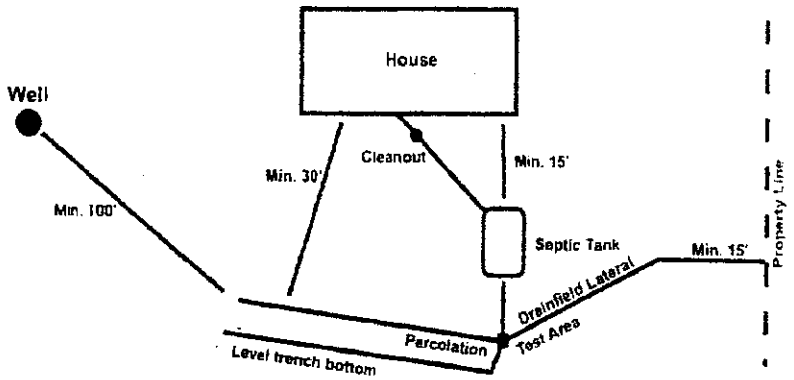
I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: Date: 6/11/21

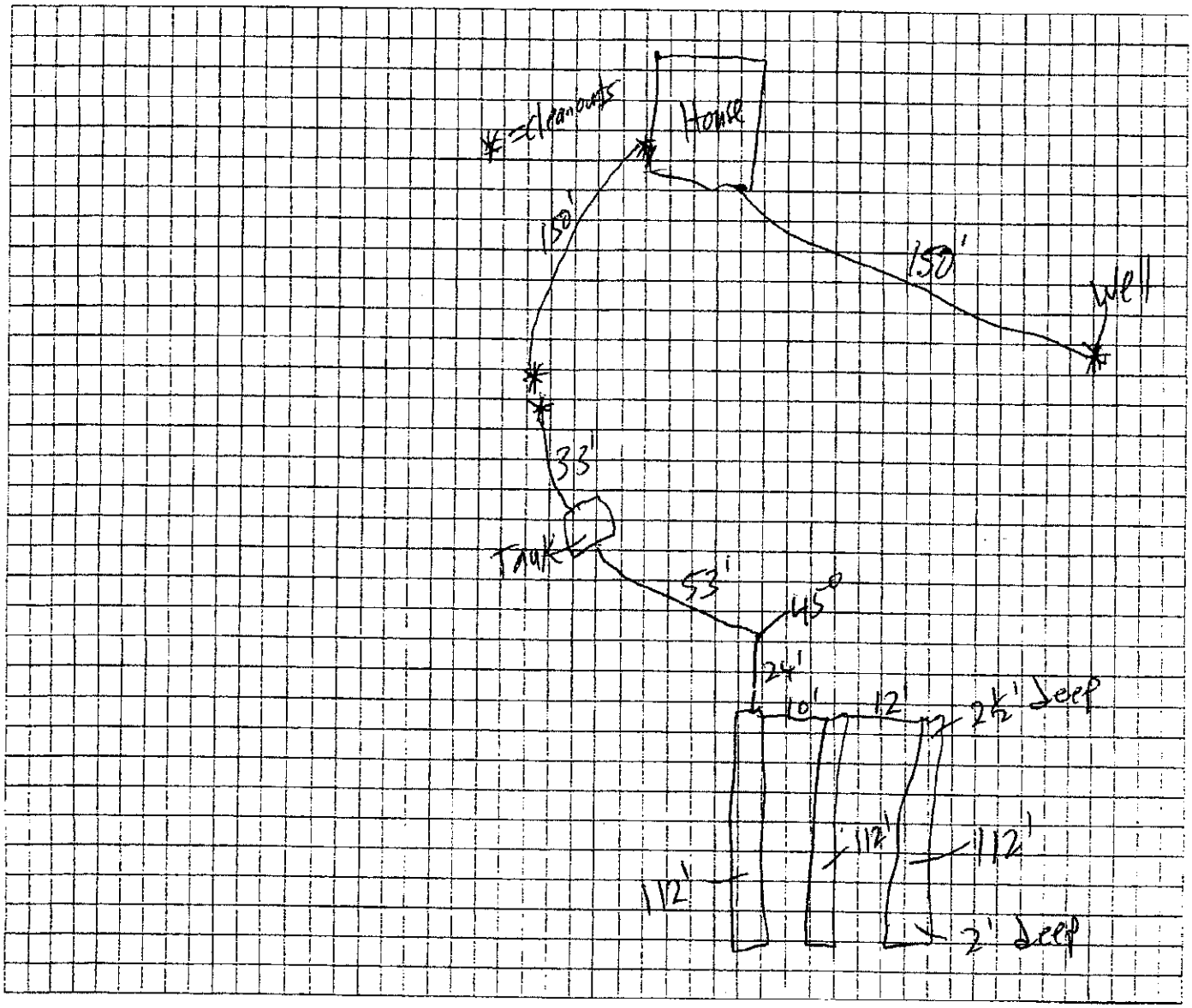
Complete As-Built drawing on the back of this form.

Indicate North
w/ Arrow Here:

Onsite Wastewater System Design (Example)



*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. HS002234

System Type: Standard

Situs: No Site Address Specified

Issued: 6/15/2021

Expires: 6/15/2022

Description: S20, T8, R6, 6th Principal Meridian, LOT 23 NW

Owner: WENDELIN, ERIC G & HEATHER D
17000 SW 42 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

EARNEST WELL DRILLING INC
PO BOX H
MILFORD, NE 68405

SCANNED

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

A

Permit Number
HS002234

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* 16280 SW 42nd (no rural route) City Martell, NE Zip 68404

Legal Description S20 T8 R6 23
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 08-20-101-003-000 *Approx. Address (If to be determined)

B. Owner

Name Eric Wendeln Signature

Address 17000 SW 42nd City/State/Zip Martell, NE 68404

Home Phone Work Phone 402-418-2428

C. Certified Installer

Name: Earnest Well Drilling Inc. Signature

Address P.O. Box H City/State/Zip Milford, NE 68405

Work Phone 402-641-6174

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 Whiripool Bathtub? ☐ Yes ☒ No Total Acres 24.47
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 6/3, 6/4, 6/8
Comments
Date rec'd 6/15/21
Date frwd 6/15/21
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 Joey Thull
Date 6/22/21

Business Office Use Only
Date Received 6-11-21 Amount Paid $440 cd
Received By JAO Cash/Check No 20742

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

Exhibit 5

Permit Number: H-002234

Onsite Wastewater Treatment System

Inspection Sheet

Date 6/22/21 Legal Description ____ ¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 16280 SW 42nd 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 1,218 1134 Sq. Ft. Tank Size 2,000 gals

Total length of laterals 336' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☐ Other (describe) ____

No. of Absorption Laterals 3 Width 3.625 No. of Drop Boxes 0 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:

Tank ____ Lateral #1 ____ Lateral #2 ____

NA Lateral #3 ____ Lateral #4 ____

Comments:

Inspections prior to Final Approval
Initial DS Date 6/3, 6/4, 6/8

Follow-Up ____ Date ____

Follow-Up ____ Date ____

Installation Final Written Approval
By Casey Thuss

Date 6/22/21

Field Note Drawing (See Reverse Side):

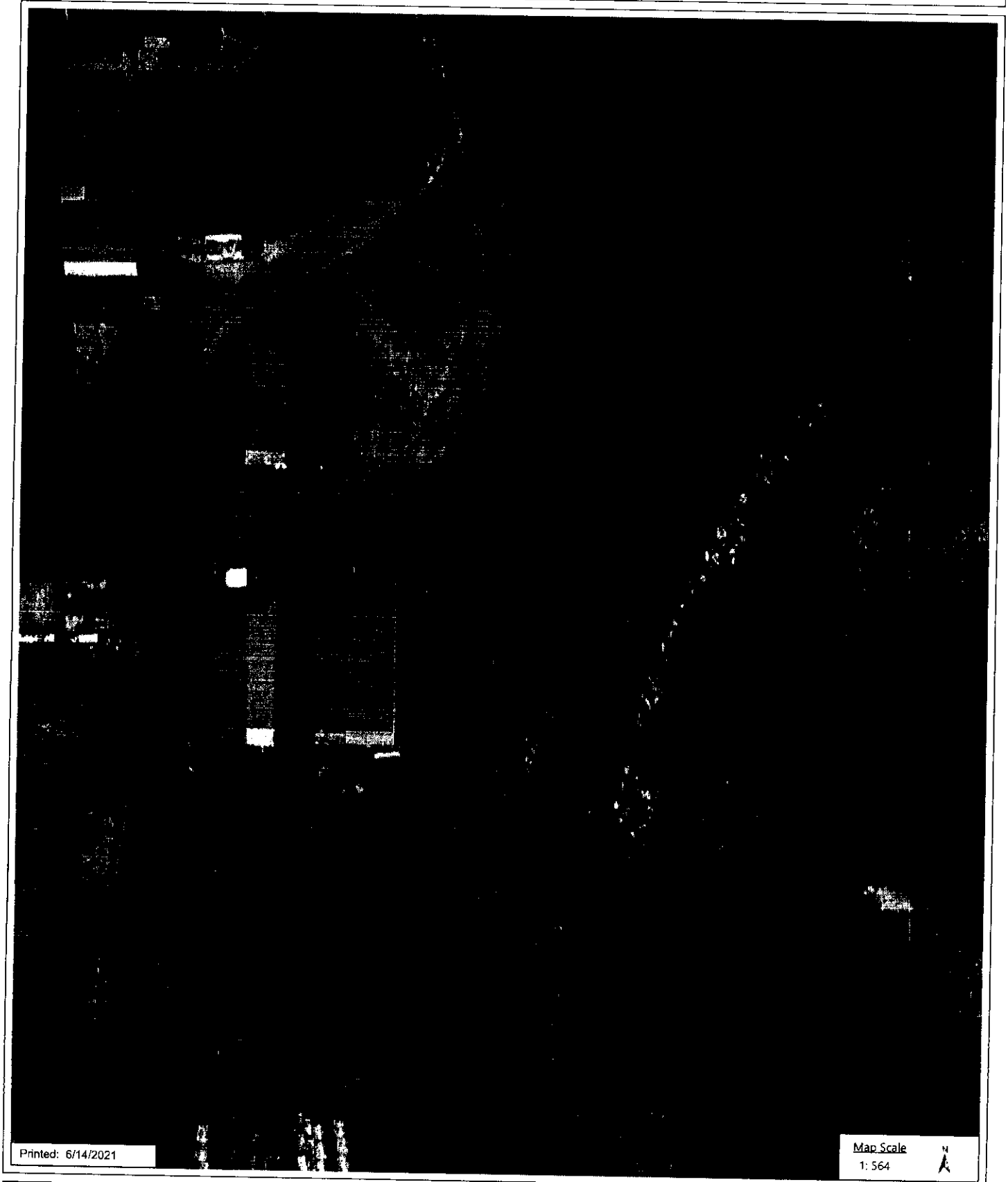
- several visits -
- switched from lagoon - 9 ground water, 1 sw
- separation from lateral greater than 4'

Updated 4/15

Initial Visit 6/11,
Inspected 6/14/21 16280 SW 42nd

GIS Viewer
CITY OF LINCOLN - LANCASTER COUNTY, NE

City of Lincoln\Lancaster County GIS Map



Printed: 6/14/2021

Map Scale
1: 564

N

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.

Initial visit 6/11,
Inspected 6/14/21 SCANNED 16280 SW 42nd

GIS Viewer
CITY OF LINCOLN - LANCASTER COUNTY, NE

City of Lincoln\Lancaster County GIS Map



Printed: 6/14/2021

Map Scale
1: 564

N

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.