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

A

Permit Number
HS002382

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* 5217 W Rock Rd (no rural route) City MARTELL, NE Zip 68404

Legal Description S19 T8 R6 ERIC WENDELIN 2ND 3

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

PID 08-19-103-003-000 *Approx. Address (If to be determined)

B. Owner

Name JACK BALLIE Signature

Address 5300 S 50TH ST City/State/Zip LINCOLN, NE 68512

Home Phone Work Phone 402-804-5191

C. Certified Installer

Name: JAIME KUBIK Signature Jaime Kubik

Address 105 LOCUST STREET P.O. BOX 191 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 5 Whirlpool Bathtub? ☒ Yes ☐ No Total Acres 5.18

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 4-08-22 Amount Paid $450.00
Received By JAG Cash/Check No. 6329

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 close address: 5201 W Roca Road (no rural route) City Martell NE, Zip 68404

Owner Jake Ballue Address

Date of Tests March 8 to March 9 Weather: Precipitation none Temperature 70 degrees

Percolation Test Data Table

A.	B.	C. D. E. F. Saturation/Swelling Time				G. H. I. J. K. Water Level Drop Last 30 mins of 4 hr or last 10 mins of 1 hr					L. M. N. Results		
		Start		End		Start		Initial Water Lev (in.)	End				
Hole No.	Hole Depth(in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)		Date (Mo/Da)	Time (Hr/Min)	Elapsed Time Interval	Water Level Drop(in)	Percolation Rates (Min/in = mpi)
1	30 in	3/8	5:35 pm	3/9	8:55 am	3/9	11:55 am	6	3/9	12:25 pm	30 min	1 1/8	27
2	30 in	3/8	5:35 pm	3/9	8:55 am	3/9	11:55 am	6	3/9	12:25 pm	30 min	1 3/8	22
3	30 in	3/8	5:35 pm	3/9	8:55 am	3/9	11:55 am	6	3/9	12:25 pm	30 min	1 1/2	20
4	30 in	3/8	5:35 pm	3/9	8:55 am	3/9	11:55 am	6	3/9	12:25 pm	30 min	1 1/8	27
								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: 96
Average of Rates: 24
Rate Used for Calculation: 25

Soil type (NRCS Maps/Other) 7501Pawnee Clay
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. HS002382

System Type: Standard

Situs: No Site Address Specified

Issued: 4/11/2022

Expires: 4/11/2023

Description: ERIC WENDELIN 2ND ADDITION, Lot 3

Owner: BALLUE, JONATHAN & MEGAN
5300 S 50 ST
LINCOLN, NE 68516

Patricia D. Lopez

Patricia D. Lopez, RN, MSN, 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

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 HS002382

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)

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Legal Description S19 T8 R6 ERIC WENDELIN 2ND 3

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

PID 08-19-103-003-000 *Approx. Address (If to be determined)

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Home Phone Work Phone 402-804-5191

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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 3/2/23

Business Office Use Only
Date Received 4-06-23 Amount Paid #450
Received By Cash/Check No. 6329

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

Form A Updated: 4/15

D

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

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 - 19 - 10.3 - 003 - 000

Owner: JACK BALLUE Address 5217 W ROCA RD MARTELL, NE 68404

A. Wastewater Piping

1. Material: SCH 40 Diameter: 4 in.
2. Distance between dwelling and septic tank: 92 ft.

B. Septic Tank

1. Material _____
2. Capacity: 2000 GALLON
3. Depth to top of tank, below unfinished grade: 12 in.
4. Distance to:
   Well _____ ft.
   Pressure line +50 ft
   Property Line +50 ft.
   Foundation 92 ft.

C Distribution Box or Drop Box 62

Distance and Direction from septic tank: _____ ft. S

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. 150 ft. 150 ft. _____ ft. _____
4. Drainfield size: 1350 sq. ft. (1250 Req'd)
5. Distance to:
   Well _____ 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: _____ Date: 9/13/22

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

5217 W Roca rd
Jack Ballue

