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

A

Permit Number
HS002453

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* 13401 MARTELL RD City BENNET, NE Zip 68317
(no rural route)

Legal Description 28 8 8 6TH PRINCIPAL MERIDIAN 11 NW
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 21-28-100-009-000 *Approx. Address (If to be determined)

B. Owner

Name NANCY JOHNSON Signature
Address 13401 MARTELL RD City/State/Zip BENNET, NE 68317
Home Phone 402-730-6400 Work Phone

C. Certified Installer

Name: JAIME KUBIK Signature
Address 105 LOCUST ST 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 3 Whirlpool Bathtub? ☒ Yes ☐ No Total Acres 10.42
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 8-17-22 Amount Paid $450.00
Received By JAE Cash/Check No. 60214

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

Form A Updated: 4/1

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 13400 Martell Road (no rural route) City Bennet NE, Zip 68317

Owner Nancy Johnson Address

Date of Tests 8/11/2022 to 8/12/2022 Weather: Precipitation none Temperature 95 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		Elapsed Time Interval	Water Level Drop(in)	Percolation Rates (Min/in = mpi)
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)			
1	30in	8/11	6 pm	8/12	9:30 am	8/12	1:00 pm	6	8/12	1:30 pm	30 min	48	5/8
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								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Jason Kubik
Phone: 402-475-2462
Address 105 Locust Street P.O. Box191
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. HS002453

System Type: Standard

Situs: No Site Address Specified

Issued: 8/18/2022

Expires: 8/18/2023

Description: S28, T8, R8, 6th Principal Meridian, LOT 11 NW

Owner: JOHNSON, NANCY J
13401 MARTELL RD
BENNET, NE 68317

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, 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

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Signature

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Comments Date rec'd
Date frwd

ACTION ☐ Approved ☐ Disapproved
Signature

Installation Final Written Approval
By
Date 10/10/22

Business Office Use Only
Date Received 8-17-22 Amount Paid $450
Received By JKE Cash/Check No 00214

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

Form A Updated: 4/1

* System Replacement

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) 21 - 28 - 100 - 009 - 000

Owner: NANCY JOHNSEN Address 13401 MARTELL RD BENNET, NE 68317

A. Wastewater Piping

1. Material: SCH 40 Diameter: 4 in.
2. Distance between dwelling and septic tank: 19 ft.

B. Septic Tank

1. Material IM 1530 ✓
2. Capacity: 1500 GALLON
3. Depth to top of tank, below unfinished grade: 12 in.
4. Distance to:
   Well NA ft.
   Pressure line +50 ft
   Property Line +60 ft.
   Foundation 19 ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: NE ft. 4

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. (1050 Req'd)
5. Distance to:
   Well NA ft.
   Pressure line +50 ft
   Property line +60 ft.
   Depth of Groundwater +12

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

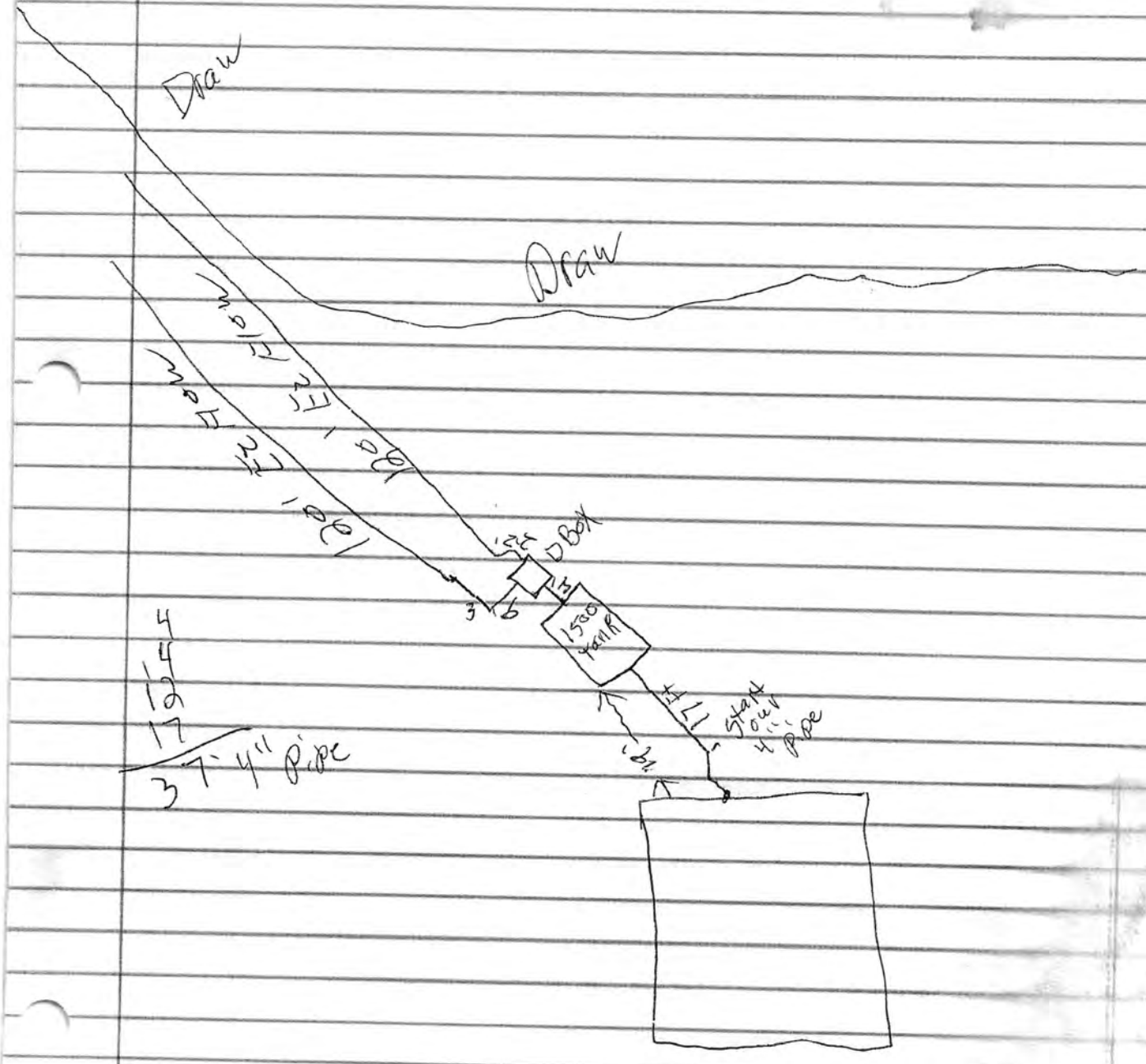
If Yes, the Certified Professional must sign below for final approval:

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: 10/7/22

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

1340 ~~S. 1340~~ Martell rd
Rural water



Lincoln-Lancaster County Health Department (LLCHD)
Environmental Public Health Division
3140 "N" Street • Lincoln, NE 68510-1514
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