Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

A

Permit Number
HS002480

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* 2570 W Luther St (no rural route) City Martell, NE Zip 68404

Legal Description NW 1/4 NW 1/4 28 Section 8N Township 6E Range ____ Subdivison ____ Addition ____ Block 22&24 Lot

PID 08-28-100-008-000 *Approx. Address (If to be determined) ____

B. Owner

Name Kirby Wendelin Signature ____

Address 2570 W Luther St City/State/Zip Martell, NE, 68404

Home Phone 402-416-8701 Work Phone ____

C. Certified Installer

Name: Terri Jakoubek Signature Terri L. Jakoubek

Address 13800 NW 70th St City/State/Zip Raymond, NE 68428

Work Phone 402-783-2663

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 2 Whirlpool Bathtub? ☐ Yes ☑ No Total Acres .46

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 ____ ACTION ☐ Approved ☐ Disapproved
Date frwd ____ Signature ____
Comments ____

2. Supt. Bldg. Insp. or Village Clerk
Comments ____ Date rec'd ____ ACTION ☐ Approved ☐ Disapproved
Date frwd ____ Signature ____

3. City or County Engineer
Comments ____ Date rec'd ____ ACTION ☐ Approved ☐ Disapproved
Date frwd ____ Signature ____

Installation Final Written Approval
By ____
Date ____

Business Office Use Only
Date Received 10/26/22 Amount Paid $460.00
Received By JAE Cash/Check No 2040

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

Form A Updated: 2/18

Lincoln-Lancaster County Health Department (LLCHD)
Environmental Public Health Division
3131 "O" 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 2570 W Luther St (no rural route) City Martell NE, Zip 68404

Owner Kirby R Wendelin Address 2570 W Luther St, Martell, NE 68404

Date of Tests 8/29/22 to 8/30/22 Weather: Precipitation 0 Temperature 83°

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			End				
Hole No.	Hole Depth(in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Initial Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time Interval	Water Level Drop(In)	Percolation Rates (Min/in = mpi)
1	40	08/29	11:00a	08/30	11:30a	08/30	3:00p	6	8/30	3:30p	30	1-5/8	18
2	36	"	"	"	"	"	"	6	"	"	"	1	30
3	40	"	"	"	"	"	"	6	"	"	"	1	30
4	38	"	"	"	"	"	"	6	"	"	"	5/8	48
5								6					
6								6					
7								6					
8								6					

Person Conducting Percolation Test

Name: Vern Jakoubek #2050

Phone: 402-783-2663

Address 13800 NW 70th St, Raymond, NE 68428

Sum of Percolation Rates: 126

Average of Rates: 32

Rate Used for Calculation: 48 (20 mpi variance)

Soil type (NRCS Maps/Other) Wymore SCL

Groundwater Depth >8'

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Comments (Soil type, groundwater, floodplain, etc.)

Signature of Reviewing Official Date

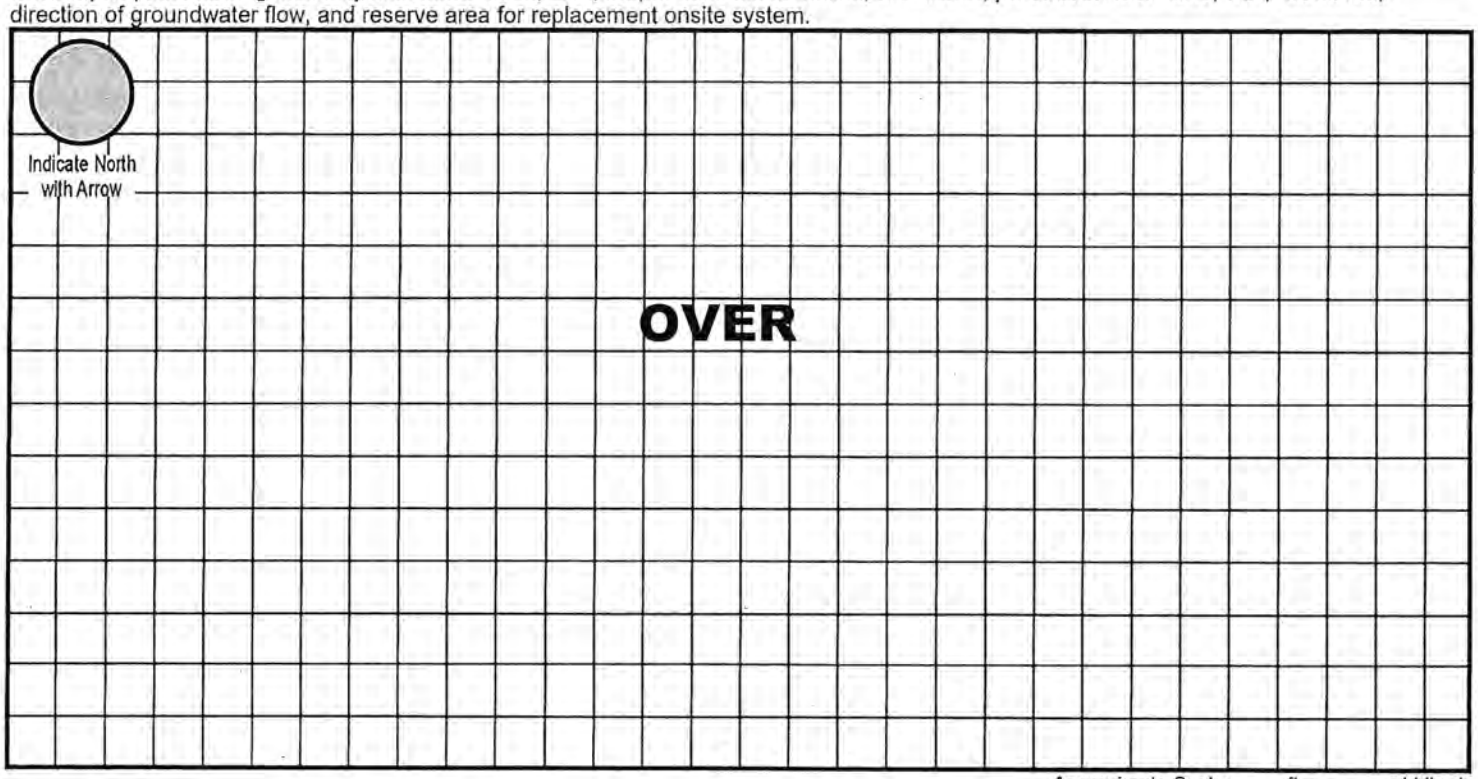
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

C

Permit Number

Onsite Wastewater Treatment System
Preliminary Plan Specification

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



Approximate Scale:____ft. = ____grid line/s

A. Onsite System Location

Address (no rural route) 2570 W Luther St City Martell NE, Zip 68404

B. Proposed Septic Tank/s

Septic Tank Cap. 1000 gals Tank Material: ☑ Concrete ☐ Plastic ☐ Other _____ ☐ Lagoon (Max. Seepage 1/8"/day)

C. Reserve Area for Replacement Onsite System

☐ Drainfield Absorption Area (percolation test required) ☑ Lagoon

D. Drainfield Absorption System

Percolation Rate 48 (min/inch = mpi) No. of Bedrooms 2 Soil Type Wymore SCL Land Slope ____ %

☑ Trench ☐ Bed ☐ Non-standard (engineer-designed and NDEQ approved) Total square feet of drainfield 675 Sq. Ft.

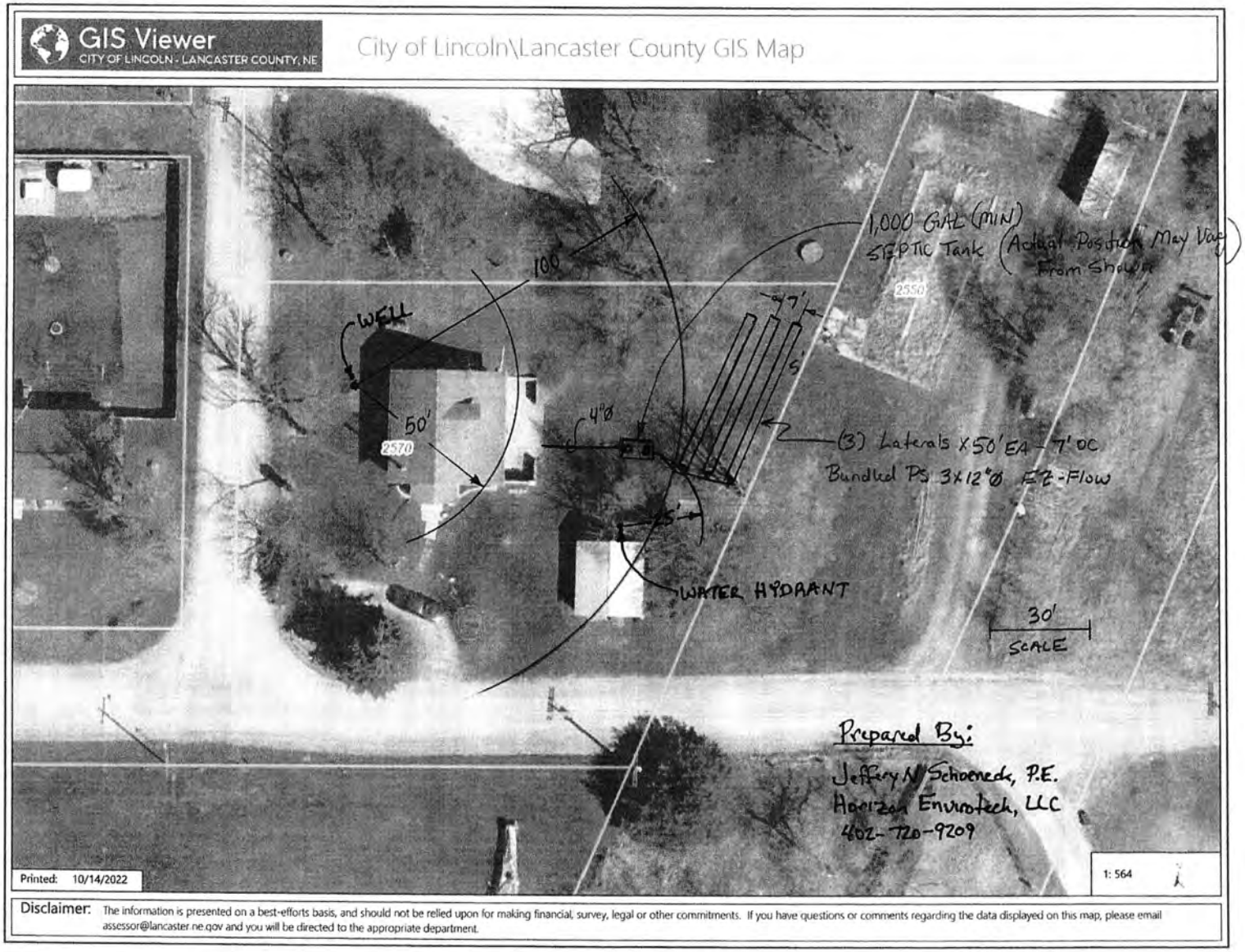
Total length of laterals 150 Type of Distribution: ☐ Perforated Pipe ☐ Half-Round ☐ Chambers ☑ Other EZFlow 1203H

No. of Absorption Trenches 3 Width 38" No. of Drop Boxes 1 Distribution Box ____

No. of Absorption Beds ____ Width ____ No. of Distribution Lines per Bed ____

Installer Mark L Johnson Date: 10/27/22

Updated 2/18



Proposed Septic Plan - 2570 W. Luther St, Martell, NE

Janet O'Neal

From: Terri Jakoubek <jakoubek63@windstream.net>
Sent: Friday, October 28, 2022 9:20 AM
To: Nate C. Hartman
Cc: Janet O'Neal
Subject: Wendelin Lagoon Permit
Attachments: Brewer Septic Permit App.pdf; Wendelin, Kirby Septic Permit App.pdf; Wendelin, Todd Lagoon Permit.pdf

Hi Nate, permits attached, one for a new lagoon and two for septics in Martell. We plan to start on the Martell jobs on Monday. For the Wendelin one we are a replacing a septic, Jeff Schoeneck, engineer, designed this one for us (thought we'd need a state permit for a well setback variance but he came up with a workable solution). For the Brewer one we are disconnecting him from a "community lagoon" that serves him & a couple neighbors (has had back up issues when it gets to full - has Southwick Liquid waste pump it down every so often). Don't have a homeowner signatures on the septic ones but will get them to you as soon as I can. Sorry if more information than you wanted on a Friday...

Hi Janet, can you call for a cc payment at your convenience? ($1,380)

Thanks,

Terri Jakoubek
Raymond Contracting, Inc.
13800 NW 70th St
Raymond, NE 68428
402-783-2663 (Office)
402-890-3870 (Mobile)
jakoubek63@windstream.net

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. HS002480

System Type: Standard

Situs: No Site Address Specified

Issued: 11/1/2022

Expires: 11/1/2023

Description: S28, T8, R6, 6th Principal Meridian, LOTS 22 & 24 NW

Owner: WENDELIN, KIRBY ROLAND
PO BOX 73
MARTELL, NE 68404

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

TERRI JAKOUBEK
13800 NW 70TH ST
RAYMOND, NE 68428

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

SCANNED

A

Permit Number
HS002480

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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PID 08-28-100-008-000 *Approx. Address (If to be determined) ____

B. Owner

Name Kirby Wendelin Signature ____

Address 2570 W Luther St City/State/Zip Martell, NE, 68404

Home Phone 402-416-8701 Work Phone ____

C. Certified Installer

Name: Terri Jakoubek Signature Terri L. Jakoubek

Address 13800 NW 70th St City/State/Zip Raymond, NE 68428

Work Phone 402-783-2663

D. Engineer

☐ Check and complete if engineer designed system P.E. License Number: ____

Designer Name ____ Firm ____ Work Phone ____

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Type of Wastewater ☐ Domestic ☐ Non-Domestic

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Site visits ____
Comments ____
Date rec'd 11/1/22
Date frwd 11/1/22
ACTION ☑ Approved ☐ Disapproved
Signature ____

2. Supt. Bldg. Insp. or Village Clerk
Comments ____
Date rec'd ____
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Signature ____

3. City or County Engineer
Comments ____
Date rec'd ____
Date frwd ____
ACTION ☐ Approved ☐ Disapproved
Signature ____

Installation Final Written Approval
By ____
Date 11/14/22

Business Office Use Only
Date Received 10/28/22 Amount Paid $460.00
Received By JDE Cash/Check No. 5040

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

Form A Updated: 2/18

Septic Replacement

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

D

Permit Number: HS002480

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 PID = 08-28-100-008-000

Address or Legal Description or Parcel Identification Number (PID) 2570 W Luther St, Martell, NE 68404

Owner: Kirby R Wendelin Address 2570 W Luther St, Martell, NE 68404

A. Wastewater Piping (New)

1. Material: SDR26 Diameter: 4 in.
2. Distance between dwelling (Tie On location) and septic tank: 6 ft.

B. Septic Tank

1. Material Concrete
2. Capacity: 1,000g
3. Depth to top of tank, below unfinished grade: 30-34 in.
4. Distance to:
   Well 70 ft. +
   Pressure line N/A ft +
   Property Line 30 ft. +
   Foundation 30 ft. +

C Distribution Box or Drop Box

Distance and Direction from septic tank: 6 ft. E

D. Drainfield/Absorption Field

☑ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☑ Other
   Material brand and inside width of Chamberless: EZFlow 1203H Bundles
2. Number of Laterals: 3 Depth: 3' - 4'
3. Length of each lateral (linear): ft. 50 ft. 50 ft. 50 ft. ____
4. Drainfield size: 675 sq. ft. (660 Req'd)
5. Distance to:
   Well 102 ft.
   Pressure line N/A ft. +
   Property line 5 ft. +
   Depth of Groundwater >10'

only tank bored under / NH

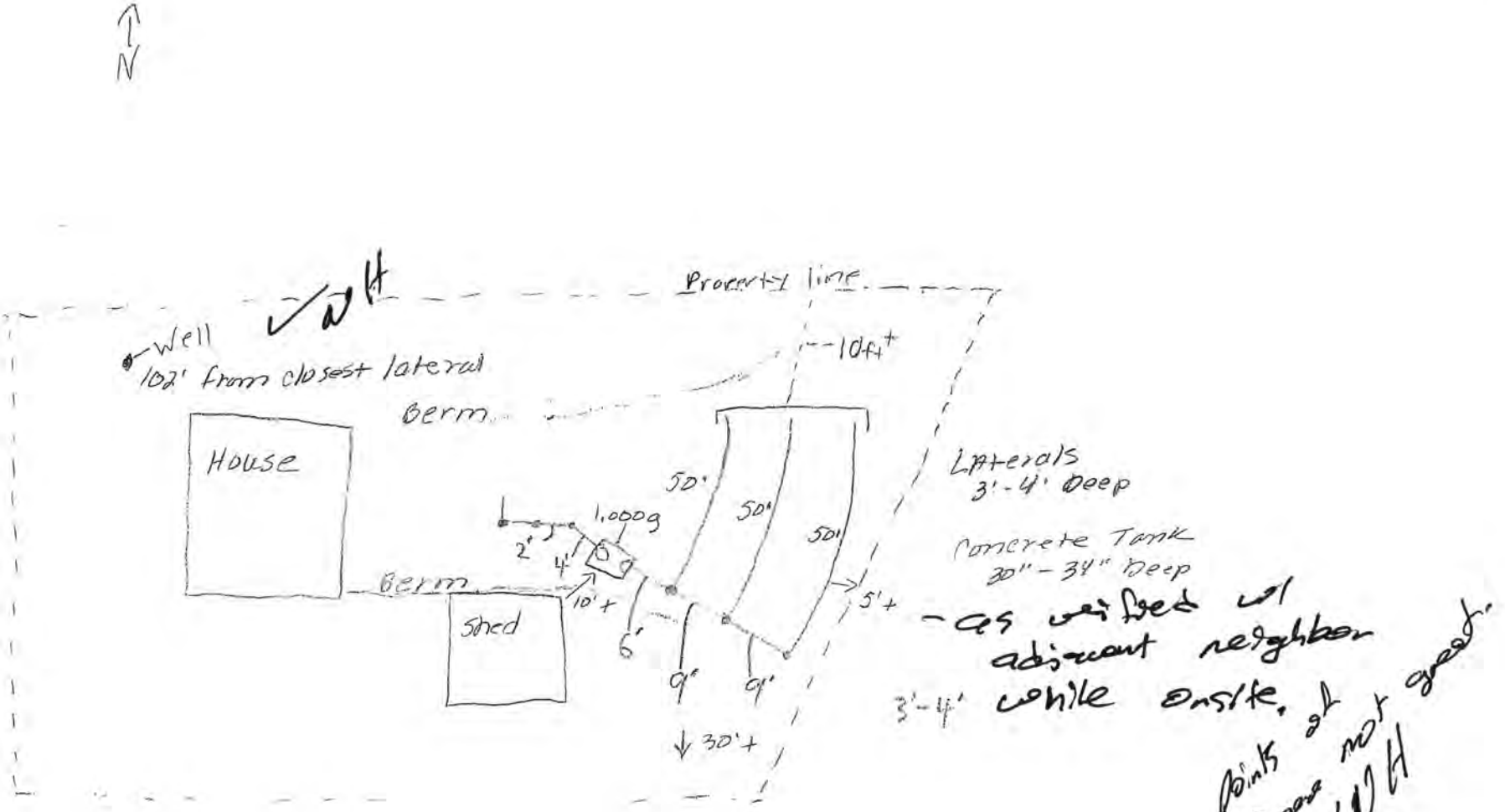
Was the Onsite Wastewater System covered prior to LLCHD inspection? ☑ Yes (Partially) ☐ No

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: Neil L. Jakobsen Date: 11/1/22

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



11/1/22

Raymond Contracting, Inc.
13800 NW 70th St
Raymond, NE 68428
402-783-2663