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

A

Permit Number #5002483

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* 4830 W Martell Rd (no rural route) City Martell, NE Zip 68404

Legal Description SW (1/4) SE (1/4) 19 (Section) 8N (Township) 6E (Range) _____ (Subdivison) _____ (Addition) _____ (Block) 14 (Lot)

PID 08-19-400-004-0200 *Approx. Address (If to be determined) _____

B. Owner

Name Christopher L Wendelin Signature _____

Address 4830 W Martell Rd City/State/Zip Martell, NE 68404

Home Phone 402-826-9214 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 3 Whirlpool Bathtub? ☑ Yes ☐ No Total Acres 19.27

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 11-03-22 Amount Paid $460.00
Received By JAN Cash/Check No. 5046

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

Nebraska DEQ

Onsite Wastewater Treatment System
Soil Percolation Test Data Sheet

Owner Name Chris wendelin Phone 402-826-9214

Address 4830 w martell Rd Martell NE 68404
City State Zip

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

___ ___ ___ ___ ___ ___
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 3-26 to End Date 3-27, 2020

Weather Conditions

Precipitation -0- Avg. Temp 60 °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 (m ÷ l) (Minutes per inch)
1	36	3-26	8:00	3-27	8:00	3-27	8:00	35	8:30	33½	30	1½	20
2	"	"	Am	"	Am	"	Am	35	Am	33¾	"	1¼	24
3	"	"	"	"	"	"	"	35	"	33⅞	"	1⅜	22

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

Signature

Certificate or License # 2705

Address 2215 Lothrop Lake Cir.

City Circle St. NE Zip 68333

Phone 402-610-1809

Sum of Percolation Rates = 66

Avg. of Percolation Rates* = 22
(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.

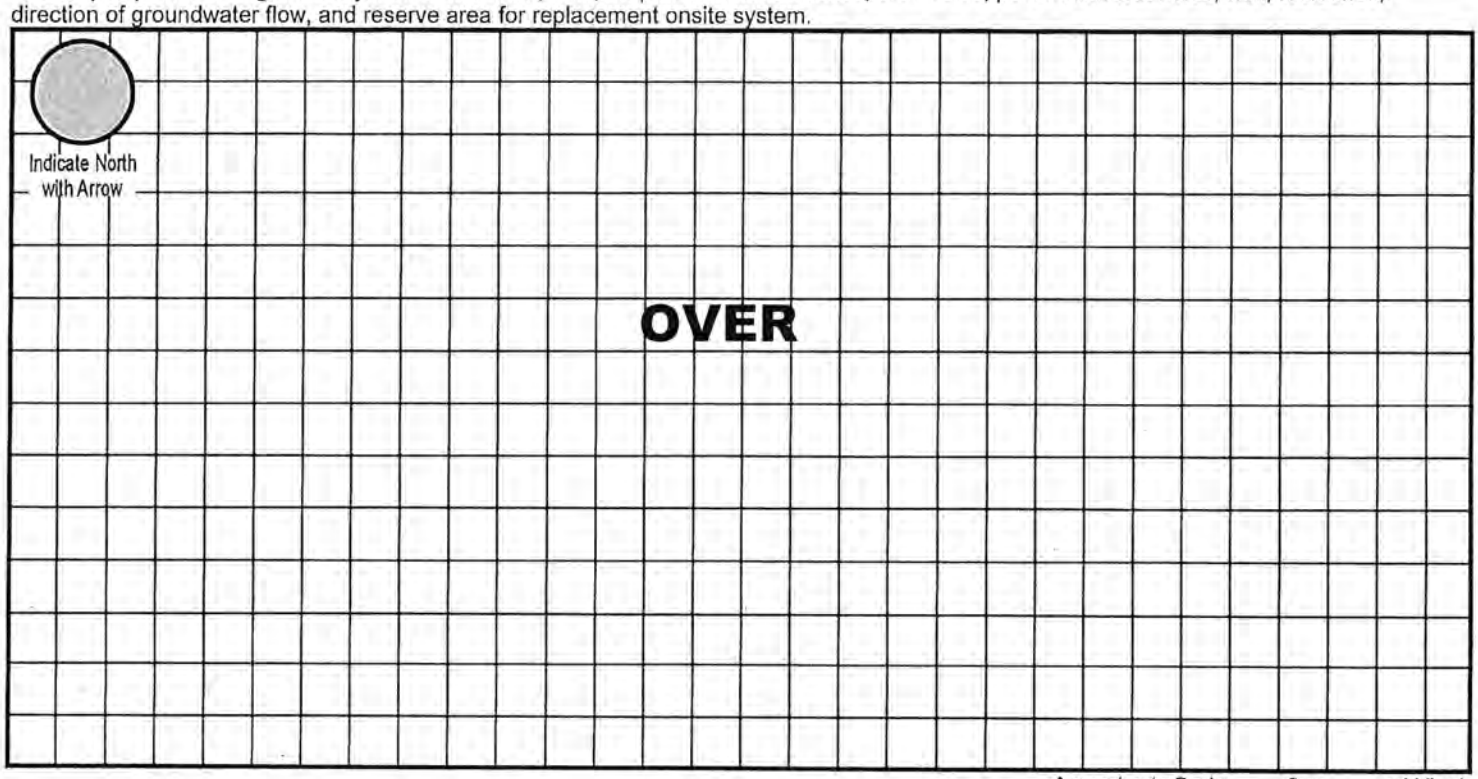
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

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) 4830 W Martell Rd City Martell NE, Zip 68404

B. Proposed Septic Tank/s

Septic Tank Cap. 2000 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 22 (min/inch = mpi) No. of Bedrooms 3 Soil Type Steinauer Loam Land Slope ____ %

☑ Trench ☐ Bed ☐ Non-standard (engineer-designed and NDEQ approved) Total square feet of drainfield 1,080 Sq. Ft.

Total length of laterals 240 Type of Distribution: ☐ Perforated Pipe ☐ Half-Round ☐ Chambers ☑ Other EZFlow 1203H

No. of Absorption Trenches 4 Width 38" No. of Drop Boxes 1 Distribution Box _____

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

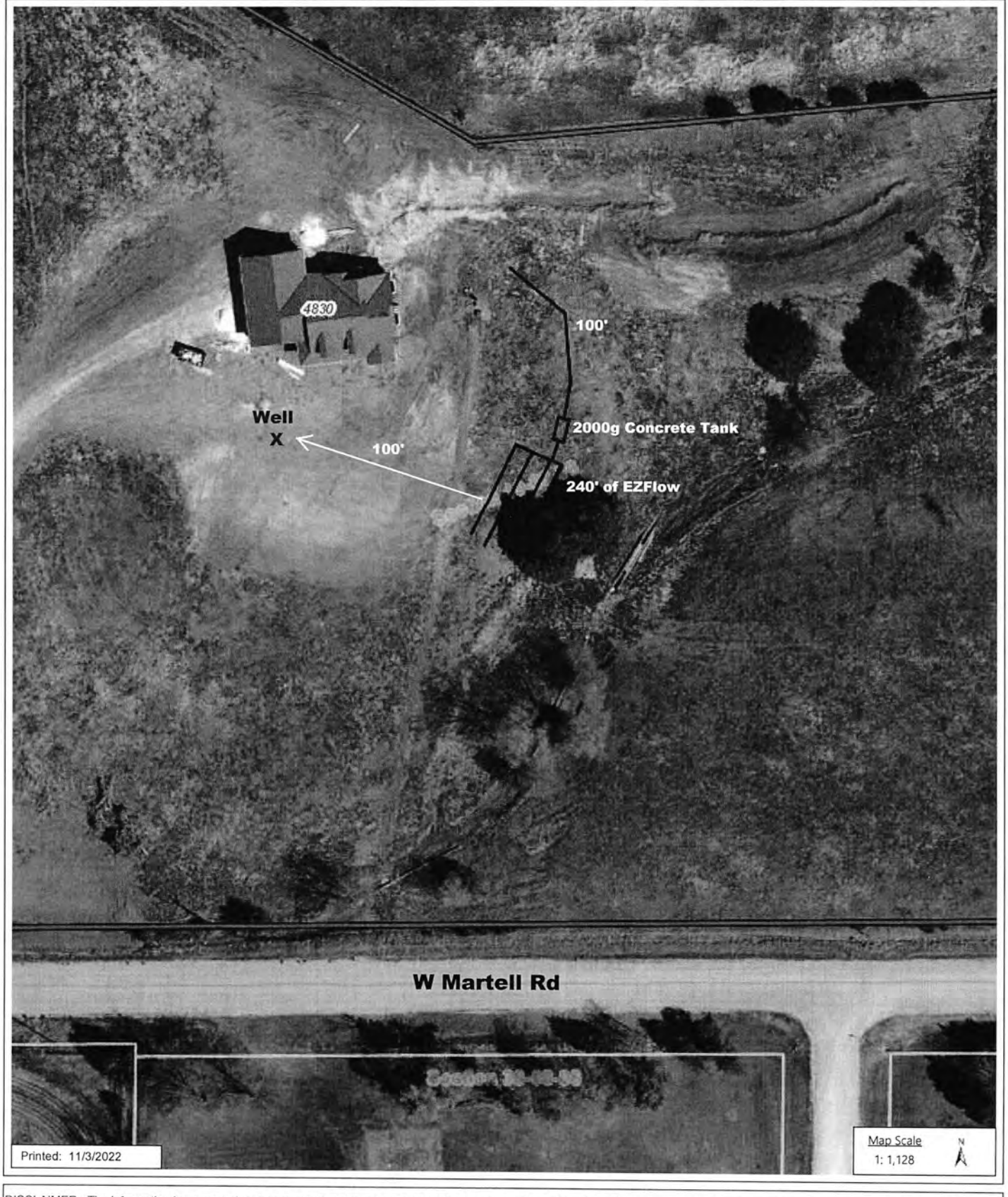
Installer Rene L. Jahnsen Date: 11/3/22

Updated 2/18

4830 W Martell Rd, Martell, NE 68404

GIS Viewer
CITY OF LINCOLN - LANCASTER COUNTY, NE

City of Lincoln\Lancaster County GIS Map



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.

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. HS002483

System Type: Standard

Situs: No Site Address Specified

Issued: 11/8/2022

Expires: 11/8/2023

Description: S19, T8, R6, Acres 6th Principal Meridian, LOT 14 SE

Owner: WENDELIN, CHRISTOPHER L
4830 W MARTELL RD
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

RAYMOND CONTRACTING INC
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 #5002483

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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B. Owner

Name Christopher L Wendelin Signature ____

Address 4830 W Martell Rd City/State/Zip Martell, NE 68404

Home Phone 402-826-9214 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

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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 11/8/22

Date frwd 11/8/22

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 11/14/22

Business Office Use Only

Date Received 11-03-22 Amount Paid $460.00

Received By JAV Cash/Check No. 5046

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

Form A Updated: 2/18

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 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 PID = 08-19-400-004-000

Address or Legal Description or Parcel Identification Number (PID) 4830 W Martell Rd, Martell, NE 68404

Owner: Christopher L Wendelin Address 4830 W Martell Rd, Martell, NE 68404

A. Wastewater Piping (New)

1. Material: SDR26 Diameter: 4 in.
2. Distance between dwelling (Tie on) and septic tank: 67 ft.

B. Septic Tank

1. Material Concrete
2. Capacity: 2,000
3. Depth to top of tank, below unfinished grade: 30-36 in.
4. Distance to:
   Well 100 ft. +
   Pressure line N/A ft +
   Property Line 60 ft. +
   Foundation 40 ft. +

C Distribution Box or Drop Box

Distance and Direction from septic tank: 31 ft. S

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: 4 Depth: 2' - 2.5'
3. Length of each lateral (linear): ft. 60 ft. 60 ft. 60 ft. 60
4. Drainfield size: ~~240~~ 1080 sq. ft. (950 Rqd covered N/A)
5. Distance to:
   Well 100 ft. +
   Pressure line N/A ft. +
   Property line 100 ft. +
   Depth of Groundwater >10'

1st 2 runs

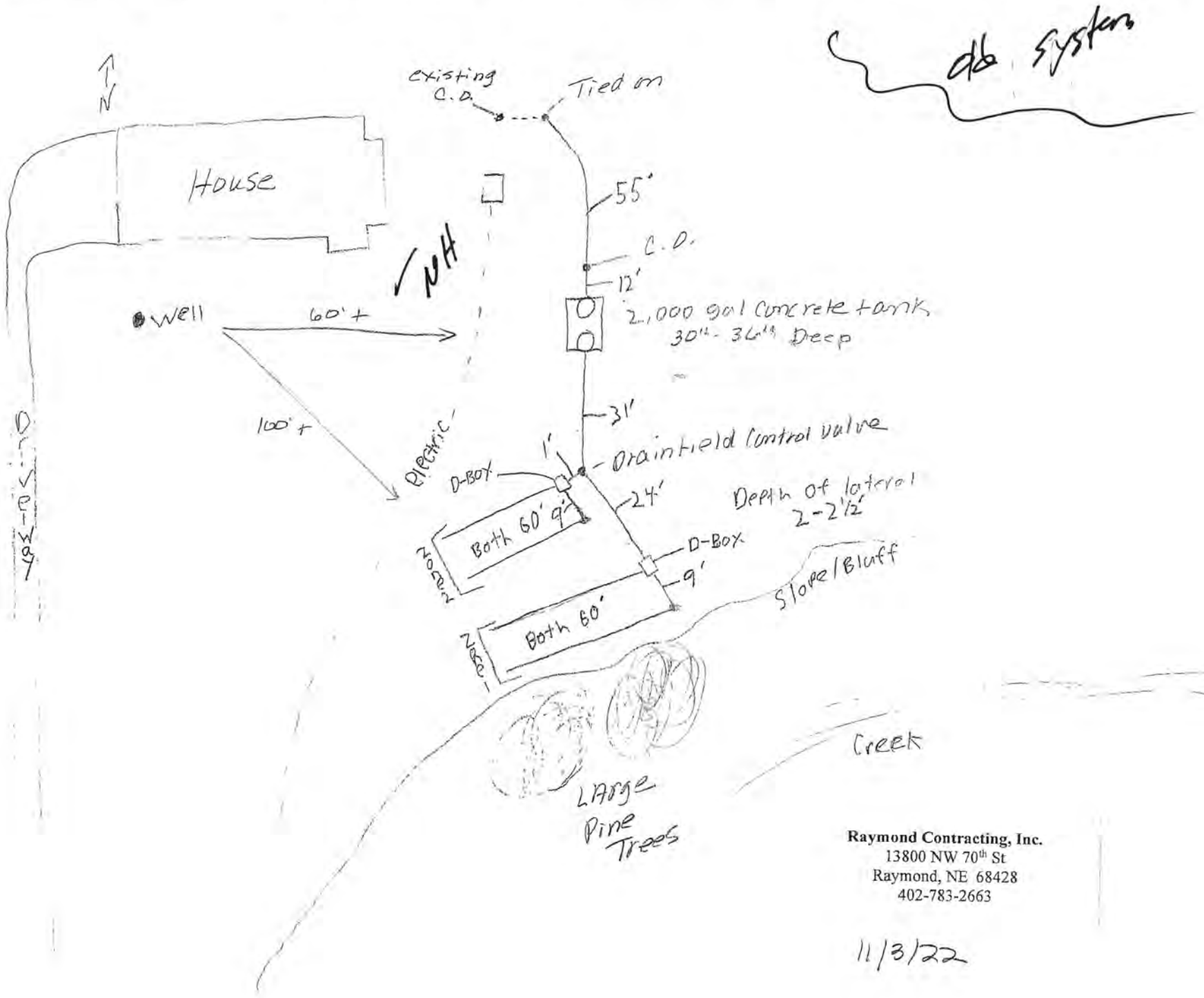
Was the Onsite Wastewater System covered prior to LLCHD inspection? ☑ Yes (Partially) ☐ No

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 Jahnke Date: 11/3/22

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



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

11/3/22