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

A

Permit Number HS002611

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

Include Form B and C. Submit correct fee with this Application

3 acres or more required for: ☐ Septic System ☑ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Wastewater Treatment System in conformance with appropriate regulations.

PLEASE PRINT OR TYPE

A. Onsite System Location

Address 22205 South 25th (no rural route) City Martel, NE Zip 68404

Legal Description S12 T7 R6 19

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

PID 071220000 7000

B. Owner

Name Ron Emerson Signature

Address City/State/Zip

Home Phone Work Phone

C. Certified Installer

Name: Blain Johnson Signature

Address 8533 E State Hwy 41 City/State/Zip Adams NE 68301

Work Phone 402 610 2270

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 3.01

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 ☐ Municipal Code 24.38 ☐ County Resolution No. 02-30

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 11-17-23 Amount Paid $470

Received By JAO Cash/Check No. 2151

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

Form A Updated: 1

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln, NE 68510-1614
Phone: 402-441-8022

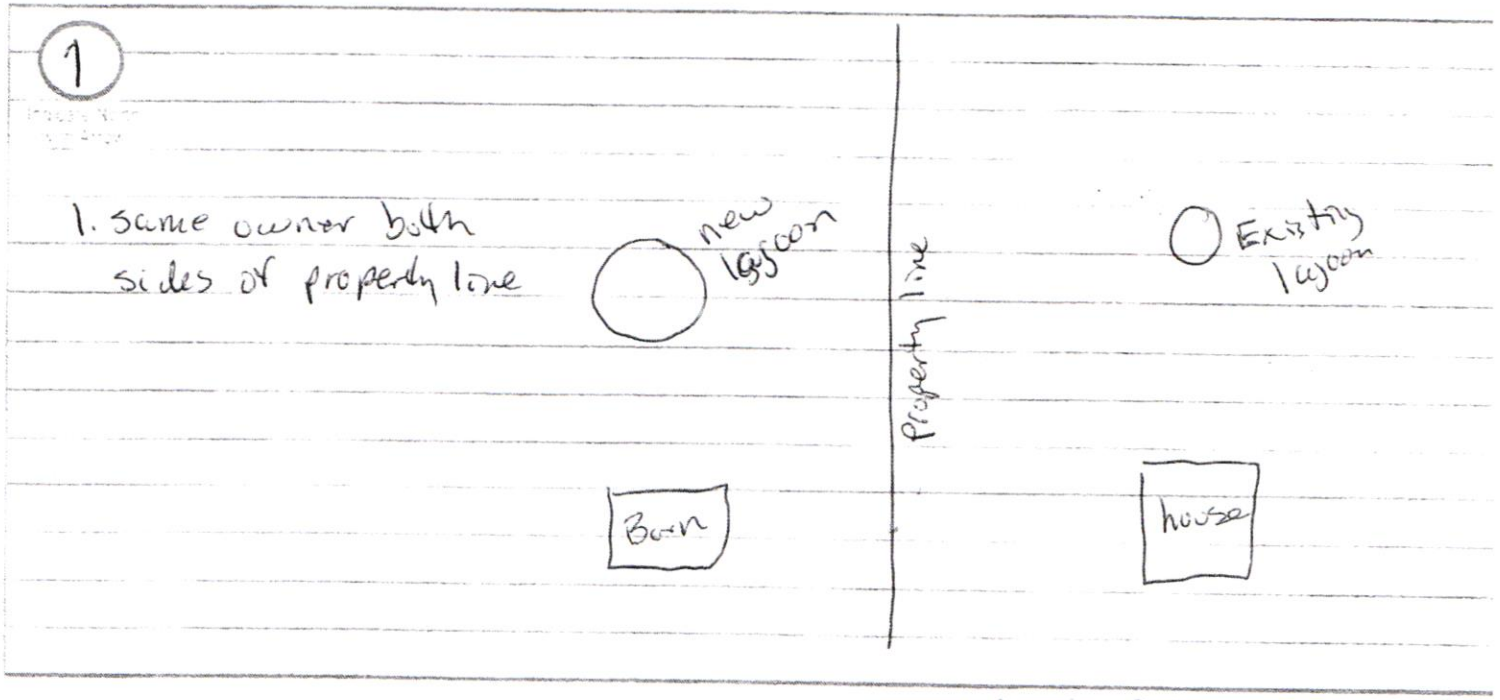
C

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/

A. Onsite System Location

Address (or rural route): 22205 S 25th City: Martel NE Zip: 68404

B. Proposed Septic Tank/s

Septic Tank Cap _____ gals Tank Material: ☐ Concrete ☐ Plastic ☐ Other _____ ☐ Lagoon (Not required if serving)

C. Reserve Area for Replacement Onsite System

☐ Drainfield Absorption Area (percolation test required) ☑ Lagoon

D. Drainfield Absorption System

Percolation Rate _____ min/inch or mpi No. of Bedrooms _____ Soil Type _____ Land Slope _____ %

☐ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved) Total Square Feet of drainfield _____ sq.ft.

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

No. of absorption trenches _____ Width _____ No. of drop boxes _____ Distribution Box _____

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 ☐	600 ☐	50 ☐	4 ☐	50 ☐	20 ☐	30 ☐	40 ☐	☐
Lagoon (ft)	100 ☑	500 ☐	50 ☐	NA ☐	30 ☑	50 ☑	100 ☑	200 ☑	☑

F. Required Signatures

Home Builder/Contractor _____ Date _____

Installer (if different from above) _____ Date 11/17/2023

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. HS002611

System Type: Lagoon

Situs: No Site Address Specified

Issued: 12/26/2023

Expires: 12/26/2024

Description: S12, T7, R6, 6th Principal Meridian, LOT 19 NE, 3.01+- AC

Owner: EMERSON, RONALD R & CHRISTINE BEHRENDS
22205 S 25 ST
HICKMAN, NE 68372

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

BLAIN JOHNSON
8533 E STATE HWY 41
ADAMS, NE 68301