$250

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

A

Permit Number HS002618

Alteration / Repair

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* 5825 W Roca Rd City Martell, NE Zip 68404
(no rural route)

Legal Description S24 T8 R5 Gage Ayers addition Lot 2
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 02-24-201-003-000 *Approx. Address (If to be determined)

B. Owner

Name Gene Gage Signature
Address 5825 W Roca Rd City/State/Zip Martell NE 68404
Home Phone Work Phone

C. Certified Installer

Name: Brian Pinkyl Signature
Address 1475 Blue Acres City/State/Zip Crete NE 68333
Work Phone 402-826-0192

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 18.55
Garbage Grinder? ☐ Yes ☑ No

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day 300
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 12-05-23 Amount Paid $250
Received By JMD Cash/Check No. 7451

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

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 5825 W Roca Rd City Marbell NE, Zip 68404
(no rural route)

Owner Gene Gage Address 5825 W Roca Rd

Date of Tests 11-15 to 11-16 Weather: Precipitation Dry Temperature 80°

Percolation Test Data Table

A.	B.	C.	D.	E.	F.	G.	H.	I.	J.	K.	L.	M.	N.
		Saturation/Swelling Time				Water Level Drop Last 30 mins of 4 hr or last 10 mins of 1 hr					Results		
		Start		End		Start		Initial	End				
Hole No.	Hole Depth(in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time Interval	Water Level Drop(in)	Percolation Rates (Min/in = mpi)
1	34	11/15	9:00	11/16	9:00	11/16	0900	6	11/16	1000	1HR	1.5	40
2	34	↓	↓	↓	↓	↓	↓	6	↓	↓	↓	1.25	48
3	34	↓	↓	↓	↓	↓	↓	6	↓	↓	↓	1.25	48
4	34	↓	↓	↓	↓	↓	↓	6	↓	↓	↓	1.12	53
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Brian Rachyl
Phone: 402-826-0192
Address 1475 Blue Acres

Sum of Percolation Rates: 189
Average of Rates: 47.25 Mpi
Rate Used for Calculation: 51-60 Mpi

Soil type (NRCS Maps/Other)
Groundwater Depth 80"

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official Date

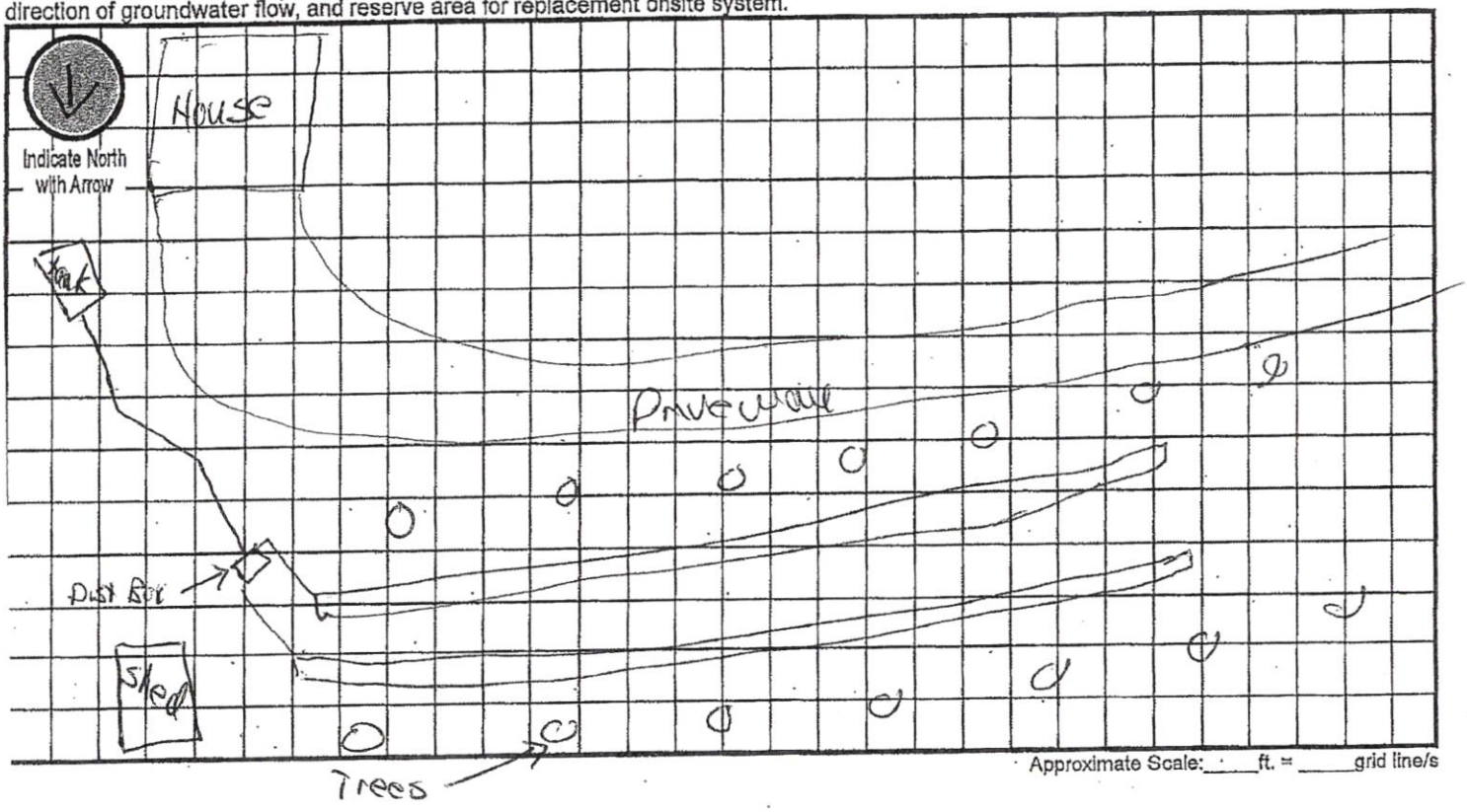
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

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) 5825 W Rock Rd City Marshall NE, Zip 68333

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
1 ☐ Drainfield Absorption Area (percolation test required) ☐ Lagoon

D. Drainfield Absorption System
Percolation Rate _____ (min/inch = mpi) No. of Bedrooms _____ Soil Type _____ Land Slope 0-5 %

☑ Trench ☐ Bed ☐ Non-standard (engineer-designed and NDEQ approved) Total square feet of drainfield 700 Sq. Ft.

Total length of laterals 160 Type of Distribution: ☐ Perforated Pipe ☐ Half-Round ☐ Chambers ☑ Other Ez Flow

No. of Absorption Trenches 2 Width 3' No. of Drop Boxes _____ Distribution Box ✓

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

Installer Brian Pribyl Date: 11-4-23

Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3131 O Street Lincoln, Nebraska 68510-1514

ON-SITE WASTE WATER SYSTEM
ALTERATION PERMIT
No. HS002618

System Type: Standard

Situs: No Site Address Specified

Issued: 12/5/2023

Expires: 12/5/2024

Description: GAGE AYRES ADDITION, Lot 2

Owner: GAGE, GENE G & DORRANCE
5825 W ROCA RD
MARTELL, NE 68404-5038

Patricia D. Lopez

Patricia D. Lopez, RN, MSN, Health Director

Dear Applicant:

The above document is your permit to alter an existing On-site Waste Water System at the location listed. Please contact this office once the alteration is complete to obtain final approval before use.

Patricia D. Lopez

Patricia D. Lopez, RN, MSN
Health Director

BRIAN PRIBYL
1475 BLUE ACRES
CRETE, NE 68333

$250

SCANNED

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

A

Permit Number HS002618

Alteration / Repair

Onsite Wastewater Treatment System Permit Application

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Home Phone Work Phone

C. Certified Installer

Name: Brian Pinkall Signature

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Work Phone 402-826-0192

D. Engineer

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

Designer Name Firm Work Phone

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Garbage Grinder? ☐ Yes ☑ No

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day 300

Type of Wastewater ☐ Domestic ☐ Non-Domestic

DO NOT WRITE BELOW THIS LINE

Approval Process

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Site visits 12/5/23
Comments
Date rec'd 12/5/23
Date frwd 12/5/23
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 Dave Imbel
Date 12/8/23

Business Office Use Only
Date Received 12-05-23 Amount Paid $250
Received By JAO Cash/Check No. 7451

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

Form A Updated: 4/15

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

Exhibit 5

Permit Number: H5002618

Onsite Wastewater Treatment System

Inspection Sheet

Date 12/8/23 Legal Description _____
¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 5825 W Roca City _____

Owner _____ Address _____

Mark One: ☒ Dwelling ☐ Non-dwelling

☐ New System ☒ Alteration [☐ Tank Only ☐ Trench Only] ☒ Lateral Only

☐ Temporary modification (Describe problem causing discharge and reason for temporary modification): _____

_____

Drainfield Absorption System: 2 bd.

☒ Lateral ☐ Bed ☐ Non-standard (engineer-designed and NDEQ approved) ☐ Holding Tank ☐ Trench

Total square feet of drainfield 810 Sq. Ft. Tank Size 1,000 gals

Total length of laterals 180' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☒ Other (describe) E-Z Flow

_____

No. of Absorption Laterals 2 Width 4.5 Equate No. of Drop Boxes _____ Distribution Box _____

Leveling Method Used Laser

Setbacks (Check the Boxes Below if the Required Setback has been Satisfied):

Distance From	Private Well	Public Well	Surface Water	Ground water	Pressure Water Lines	Property Lines
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	10 ☐	8 ☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	25 ☐	5 ☐

Geographical Coordinates to 6 Decimals:

Tank _____ NA

Lateral #1 _____ Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments:

Inspections prior to Final Approval
Initial _____ Date 12/5/23

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By Jeremy Thies

Date 12/8/23

Field Note Drawing (See Reverse Side):

Updated 4/15