Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

A

Permit Number:

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

☐ Septic System ☑ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address 22400 SW 14TH (no rural route) City Martell NE, Zip 68404

Legal Description SW (1/4) NW (1/4) 10 (Section) 7N (Township) 6E (Range) Subdivision Addition Block Lot

Geographical Location (if known): Longitude _____ Latitude _____

☐ Check if system mail address is not the same as the owner's address

B. Owner

Name David Wagner Signature David Wagner

Address Rt. 1 Box 160 22400 S.W. 14TH ST City/State/Zip Martell NE 68404

☐ Check if owner designed system Home Phone 787-3215 Work Phone 787-3215

C. Contractor

Name _____ Company Name _____

Address _____ City/State/Zip _____

☐ Check if contractor designed system Work Phone _____

D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name _____ Firm _____ Work Phone _____

E. This System Will Serve a

☐ Residential Dwelling Number of Bedrooms 3 Is there a Whirlpool Bathtub 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. 2832

1. **Health Department** Date rec'd 4/1/97 Date frwd 4/3/97 **ACTION** ☒ Approved ☐ Disapproved Signature Jerold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 4-4-97 Date frwd 4-4-97 **ACTION** ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 04/03/97 Date frwd _____ **ACTION** ☐ Approved ☐ Disapproved Signature _____

4/3/97 L.C.H.

Installation Final Written Approval

By _____

Date _____

Business Office Use Only 3101

Date Rec'd 04/01/97

Amt Paid 150.00

Rec'd By LS Cash/Check No. 7252

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

B

Permit Number:

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 22400 SW 14th (no rural route) City Martell NE, Zip 68404

Owner David Wagner Addresss 22400 SW 14th

Soil Type (SCS): _____ Percolation Rate: _____ min./inch

Date of Tests _____ to _____ Weather: Precipitation _____ Temperature _____

Percolation Test Data Table

A.	B.	C. D. E. F. Pre-Saturation Period				G. H. I. J. K. Percolation Readings					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)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time (Min)	Water Level Drop (in)	Percolation Rates (Min/in)
1	24"	3-24	8:00	3-24	12:00	3-25	1:00	20"	3-25	1:30	30	29 7/8	1/8
2	24"	3-24	8:00	3-24	12:00	3-25	1:00	20"	3-25	1:30	30	30	0
3	24"	3-24	8:00	3-24	12:00	3-25	1:00	20"	3-25	1:30	30	29 15/16	1/16
4	24"	3-24	8:00	3-24	12:00	3-25	1:00	20"	3-25	1:30	30	29 7/8	1/8
5	24"	3-24	8:00	3-24	12:00	3-25	1:00	20"	3-25	1:30	30	29 15/16	1/16
6	24"	3-24	8:00	3-24	12:00	3-25	1:00	20"	3-25	1:30	30	30	0

Person Conducting Percolation Tests

Name: Jay Placek
Phone: 826 2757
Address 735 east 18th ap t 4
Crete NE, 68333

Sum of Percolation Rates: _____
Average of Rates: _____
Rate Used for Calculation: _____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

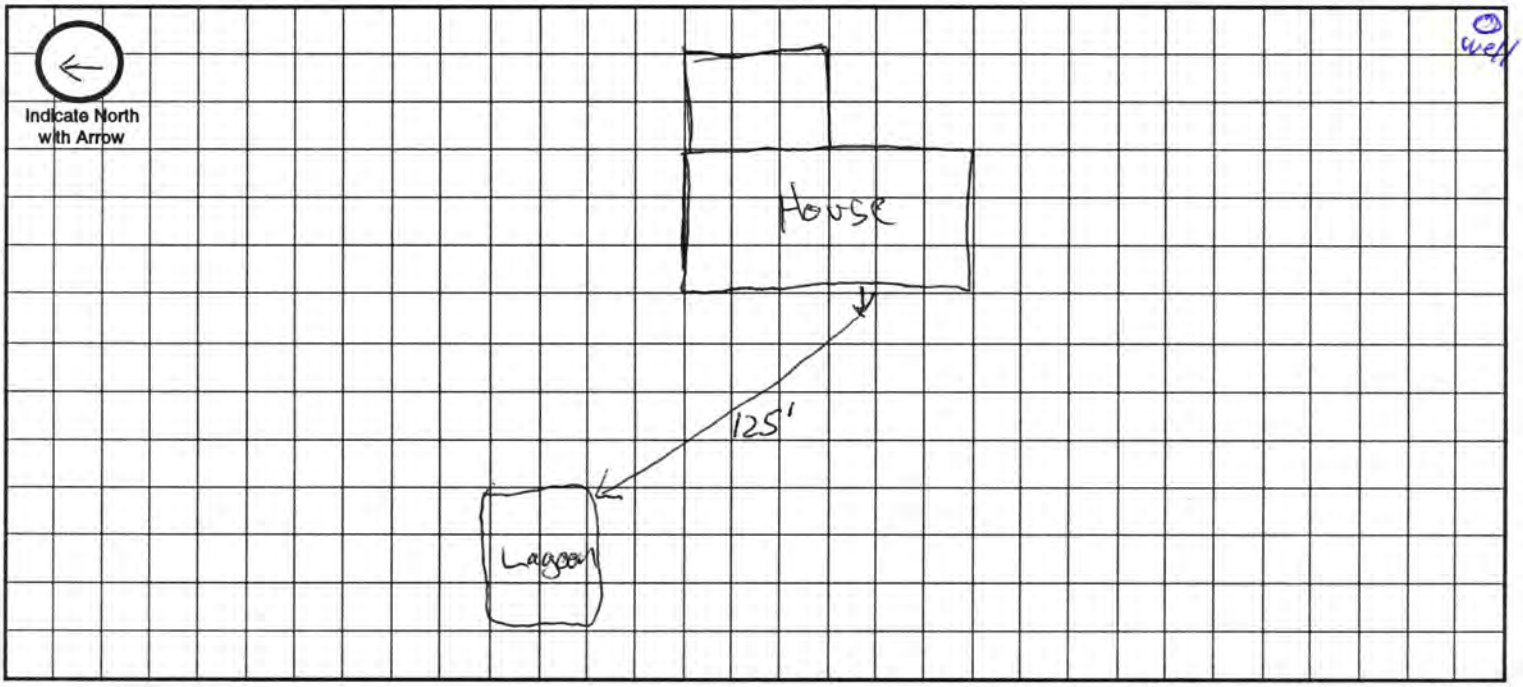
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number:

Sewage Disposal System
Preliminary Plan Specifications

Draw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, compass direction and property lines. Indicate on drawing if residence and well are existing or proposed.



Approximate Scale: _____ ft. = _____ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 22400 SW 14th City Morrill NE, Zip 68404

B. Proposed Septic Tank/s

Tank Material: ☑ Concrete ☐ Plastic ☐ Other _____

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate _____ (min. per inch) Soil Type: _____ Land Slope: _____ %

Type of Absorption System: ☐ Trench ☐ Bed ☐ Other _____

Total Square Feet of Field Required: _____ sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: _____

Capacity of Septic Tank _____ gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals _____ ft. Number of Trenches _____ Trench Width _____

D. 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 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

E. Required Signatures

Home Building Contractor David Wagner Date 3-25-97

Installer Dan Placek Date 3/25/97

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

3140 "N" STREET
Lincoln, NE 68510-1514
(402) 441-8000

NON TRANSFERABLE

PERMIT

Permit No. 97380155901

SEWAGE INSTALLATION
LAGOON

Issued 04/01/97
Expires 09/01/97
Revenue Code 18754

Establishment

DAVID WAGNER
T7N R6E SEC 10
22400 SW 14 STREET

FEES: $150.00

TOTAL $150.00

Permittee

DAVID WAGNER
RR0001
BOX 00160
MARTELL NE 68404

Issued By M. Jane Ford
Health Director

3488

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

WHILE YOU WERE OUT

FOR Jerry DATE 9/4 TIME 1:25 A.M. P.M.

M [redacted]

OF David Wagner

PHONE ☐ FAX ☐ MOBILE 787 - 3715

AREA CODE NUMBER EXTENSION

MESSAGE Says it was already emplaced

SIGNED DL

	PHONED
	RETURNED YOUR CALL
✓	PLEASE CALL
	WILL CALL AGAIN
	CAME TO SEE YOU
	WANTS TO SEE YOU

TOPS FORM 4008