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.

☒ REBUILD 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 ~~23405 S. 12~~ 11608 OLDE CREEK RD (no rural route) City Martell NE, Zip 68404

Legal Description SE 11 7N 6E
1/4 1/4 Section Township 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 Lonnie Linblad Signature _____

Address 23405 So 12 City/State/Zip Martell Ne 68404

☐ Check if owner designed system Home Phone _____ Work Phone _____

C. Contractor

Name Brad Southwick Company Name Southwick Sewer & Drain

Address 17201 So 72nd. City/State/Zip Hickman, Ne 68372

☐ Check if contractor designed system Work Phone 430-7606

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 11/22/99 Date frwd 11/22/99 **ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd _____ Date frwd _____ **ACTION** ☐ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd _____ Date frwd _____ **ACTION** ☐ Approved ☐ Disapproved Signature _____

Finished 11/22/99

Installation Final Written Approval

By Jerrold C. Hood R.E.H.S.

Date NOVEMBER 30, 1999

Business Office Use Only

Date Rec'd 11/22/99

Amt Paid 150 ⁰⁰

Rec'd By JD Cash/Check No. 3730

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 23405 So 12th (no rural route) City MARTELL NE, Zip 68404

Owner Connie Lindblad Addresss SAME

Soil Type (SCS): Wymore Percolation Rate: 30 / .5125" min./inch

Date of Tests 10-16 to 10-17/99 Weather: Precipitation DRY Temperature 55°

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	25	10/16	10:05	10/16	4:00	10/17	12:00	6	10/17	4:00	30	5/8	48 30/5/8
2	26	10/16	10:08	10/16	4:00	10/17	12:10	6	10/17	4:10	30	1/2	60 30/1/2
3	24	10/16	10:15	10/16	4:00	10/17	12:20	6	10/17	4:20	30	1/2	60 30/1/2
4	24	10/16	10:17	10/16	4:00	10/17	12:25	6	10/17	4:25	30	3/4	40 30/3/4
5	24	10/16	10:20	10/16	4:00	10/17	12:30	6	10/17	4:30	30	1/2	60 30/1/2
6	27	10/16	10:25	10/16	4:00	10/17	12:40	6	10/17	4:40	30	5/8	48 30/5/8
7	28	10/16	10:30	10/16	4:00	10/17	12:45	6	10/17	4:45	30	5/8	48 30/5/8
8	28	10/16	10:35	10/16	4:00	10/17	12:50	6	10/17	4:50	30	1/2	60 30/1/2
												8	424
													53/in

Person Conducting Percolation Tests

Name: Connie Lindblad

Phone: 402-798-0339 WK 421-5525

Address 23405 So 12th
MARTELL NE 68404

Sum of Percolation Rates: 4.1

Average of Rates: .5125" 53

Rate Used for Calculation: 30 min

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks "Used 53 min/in rate.

Signature of Reviewing Official Jerrold C. Hood 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

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 11-22-99

System Location (Indicate correct number and street)

Address 23405 So 12th (no rural route) City Mutell NE, Zip 68404

A. Building Sewer

1. Material: _____
   Diameter: _____ in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: _____ ft.
4. Number of clean-outs: _____
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank

1. Material: _____
   Number of compartments: _____
2. Capacity: _____ gal.
3. Factory built: ☐ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☐ above ☐ below grade _____ in.
5. Inlet: ☐ baffle ☐ tee
6. Outlet: ☐ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: _____ in.
8. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. Distribution Box

1. Material: PVC
   Number available outlets: 5
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 33 ft.

D. Absorption Field

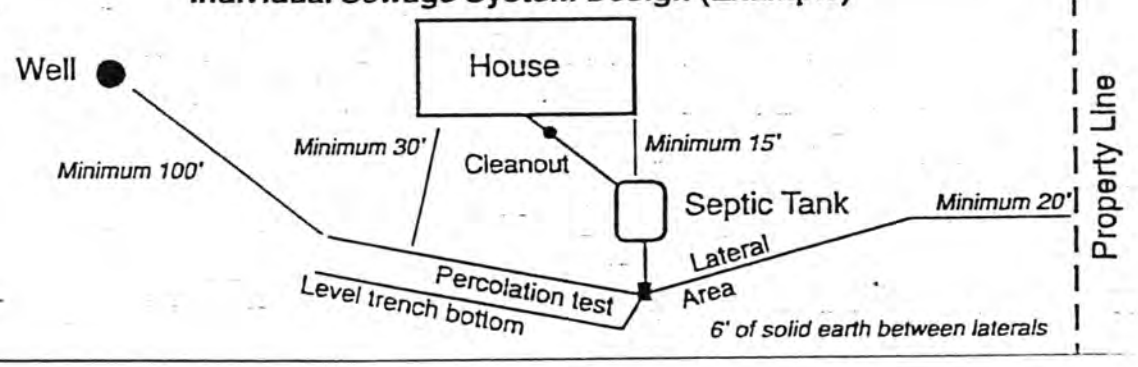
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 12
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 4
   Length of each line: 57 1/3 ft. 57 1/3 ft.
   57 1/3 ft. 57 1/3 ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 3 in/100 ft.
   Average depth 3-3 1/2 in
4. Filter material: _____
   Depth of material 16 in.
5. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

Complete "As Built" drawing on back of this form.

Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

9811102030 1 of

Lincoln-Lancaster County Health Department

OCT 1 3 1998

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

This form must be completed and returned to request a real estate transfer inspection.

MAKE CHECK PAYABLE TO: Lincoln-Lancaster County Health Department or LLCHD

☑ Enclosed is $150.00. Allow two weeks for processing. Incomplete information will delay processing.

☑ Evaluation of the Individual Water System ☑ Evaluation of the Sewage Disposal System

CR 3820

Legal Description of Property: Street Address 23405 So. 12 St. (Hwy 77) - Princeton

Lot 6 Twp 7N Range 6E Section 11 1/4 SE 1/4 Block ___ Lot ___ Addition ___

Directions to Property 15 miles South of Lincoln on Hwy 77. West side of highway.

Location of Well 5-SE of house Tap Location: Inside ☑ Outside ☑

Location of Sewage System South of house Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	Greg Lettile	6801 Summit Ct. Lincoln 68516-1555	483-2622
Tenant/Buyer:	Lonnie & Peggy Lindblad	1033 Parkview Ln Lincoln 68512	421-6374 798-7000
Return to:	Kim Topp	3201 Pioneer Blvd Lincoln, NE 68502	434-3600 430-7034

Signature of Applicant Lonnie Lindblad Address 1033 Parkview Ln Lincoln 68512 Date 10/9/98

HEALTH DEPARTMENT USE ONLY

Date Received 10/15/98 lc Received $150.00 Check ☒ #674 Cash ☐

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 10/15/98

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM		Additional Site Visits
Construction	☒	☐	Approved	☐	Date ___/___/___ by ___
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional	☒	Date ___/___/___ by ___
Nitrate	☒ ___ ppm	☐ ___ ppm	Disapproved	☐	Date ___/___/___ by ___

Comments: SEPTIC SYSTEM PREDATES REGULATIONS AND INSPECTIONS HENCE APPROVAL IS PROVISIONAL. SEPTIC TANK SHOULD BE CHECKED TO SEE IF IT IS IN NEED OF PUMPING. See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Approved: ☒ **SEWAGE DISPOSAL SYSTEM** Approved: ☐ Provisional Approval: ☒

Approved by Jerrold C. Hood R.E.H.S. Date 10/27/98

Approval or disapproval is based on State and local standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operations.

Nebraska Health and Human Services
Regulation and Licensure - Laboratory Services
3701 South 14th Street
Lincoln, NE 68502
(402) 471-2122
(402) 471-2080 (fax)

Laboratory Report Run on: OCT-21-98

LLCHD
LINCOLN LANCASTER COUNTY HEALTH DEPT.
JOHN CHESS
3140 N STREET
LINCOLN, NE 68510

Results for: **EPA 353.2**

Laboratory Number: **P3705-7**
Sampled By: **JERROLD HOOD**
Location:
Well ID:

Date Collected **15-Oct-1998 02:55 PM**
Date Received: **16-Oct-1998**

GREG SETTELI

Parameters	Method	Prep Date	Analysis Date	Analyst	Results	Qual	Units	Report Limits
BACT REPORT LEVEL	COLILERT		10/17/98	RG	Final Report			
E. COLI	COLILERT		10/17/98	RG	E. coli negative		cfu/100ml	0
NITRATE/NITRITE	353.2			VR	<0.1		mg/l	10
TOTAL COLIFORM	COLILERT		10/17/98	RG	Total coliform negative - meets bac		cfu/100ml	0

Note: see backside of report for description of acronyms and data qualifiers

Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION
3140 N STREET · LINCOLN, NE 68510-1514 (402) 441-8000

Permit

SEWAGE INSTALLATION
REBUILD SEPTIC SYSTEM

Establishment

LONNIE LINBLAD
T7N R6E SEC 11 QTR SE
LOT 6
23405 S 12 ST-MARTELL

Permitee

LONNIE LINBLAD
23405 S 12 ST
MARTELL NE 68404

Permit # 99380211901

Issued 11/22/99
Expires 05/22/00
Revenue Code 3157

FEES: $150.00

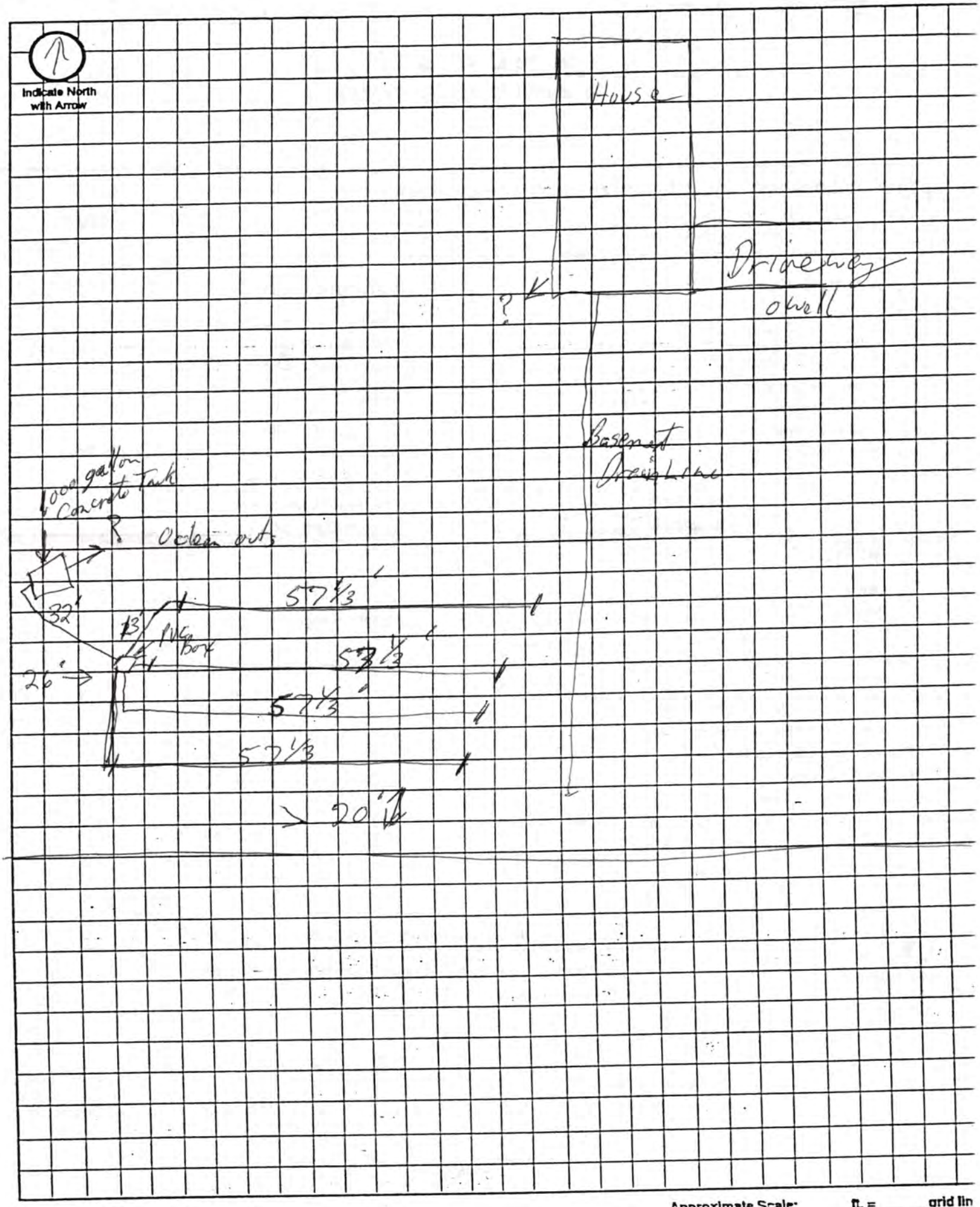
TOTAL: $150.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

011210

As Built Drawing



Approximate Scale: 1" = ____ grid lin