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

A

Permit Number: 973801539

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 ~~Martell~~ 1600 PELLA ROAD (no rural route) City NE, MARTELL NE, Zip 68404

Legal Description SW 1/4 1/4 Section 24 Township T7N Range R6E Subdivision Parcel B 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 Leon Bowman Jr. Signature Leon Bowman Jr

Address RR1 Box 32 City/State/Zip Cortland, NE 68331

☐ Check if owner designed system Home Phone 798-7723 Work Phone 473-7448

C. Contractor

Name Carsten Construction Company Name Carsten Construction

PRE-BUILT HOME OWNER IS GENERAL CONTRACTOR — EXCAVATION OF LAGOON

Address RR1 City/State/Zip Pickrell, NE 68422

☐ Check if contractor designed system Work Phone 673 4045

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

Designer Name Paul Weber PLUMBING ONLY Firm Weber Well Work Phone 798 7668

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 2 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 2/19/97 Date frwd 2/20/97 ACTION ☒ Approved ☐ Disapproved Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 2/26/97 Date frwd 2/24/97 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 02/26/96 H 7/97 by J.C.H. Date frwd 2/28/97 by J.C.H. ACTION ☒ Approved * ☐ Disapproved Signature _____

* Provided Top Lagoon Dike Above Flood Plain

Installation Final Written Approval

By _____

Date 6-17-97

Business Office Use Only 3099

Date Rec'd 2/19/97

Amt Paid 150.00

Rec'd By _____ Cash/Check No. 2032

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 _____ City MARTELL NE, Zip 68404
(no rural route)

Owner LEON BOWMAN Addresss RR1 Box 32 COURTLAND NE 68422

Soil Type (SCS): CLAY Percolation Rate: 0 min./inch

Date of Tests 12/6+7/96 to 12/7/97 Weather: Precipitation CLEAR Temperature 40s

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)

SEE ATTACHED

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

Person Conducting Percolation Tests

Name: DOUG OLTMAN
Phone: SEE ATTACHED
Address _____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks NOT ACCEPTABLE FOR SEPTIC SYSTEM - RECOMMEND LAGOON.

Signature of Reviewing Official _____ Date 2-20-97

FORM 23-101 10-96

FORM 20105-0477
SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
3140 N Street
Lincoln NE 68510
(402)-441-8022

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township _____; Range _____; Section & ¼ Section _____.
Property Dimensions: _____ ft. x _____ ft. Area: _____ acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: _____ to _____. Weather: Precip. _____ Temp. _____.

OWNER: _____

Address: _____

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
		Pre-Saturation Period				Percolation Readings						Results	
		Start		End		Start			End				
Hold No.	Hole Depth (in.)	Date (Mo./ Day)	Time (Hr./ Min.)	Date (Mo./ Day)	Time (Hr./ Min.)	Date (Mo./ Day)	Time (Hr./ Min.)	Water Level (in.)	Time (Hr./ Day)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1	30	12-6	4:15	12-7	10:00	12-7	11:00	19 ¼	11:30	19	30	1/16	
2	30		4:16		10:01		11:01	18 5/8	11:31	18 ½	30	0	
3	30		4:17		10:02		11:02	19 3/4	11:32	14 ½	30	3/32	
4	30		4:18		10:03		11:03	18	11:33	17 5/8	30	0	
5	30		4:19		10:04		11:04	19 5/8	11:34	19 ¾	30	0	
6	30		4:20		10:05		11:05	19 ½	11:35	19 ¼	30	1/32	

Sum of Percolation Rates: _____
Average of Rates: _____
Mean of Rates: _____

Doug Altmar
Signature of Person Conducting Test

Address RT 1 Box 75 Hallam Ne Phone 402 794-4773

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): _____

Date: _____

Approved Percolation Rate (a)
A. 0 min./inch
B. _____ min./inch
C. _____ min./inch

John E Mann
Signature of Reviewing Official

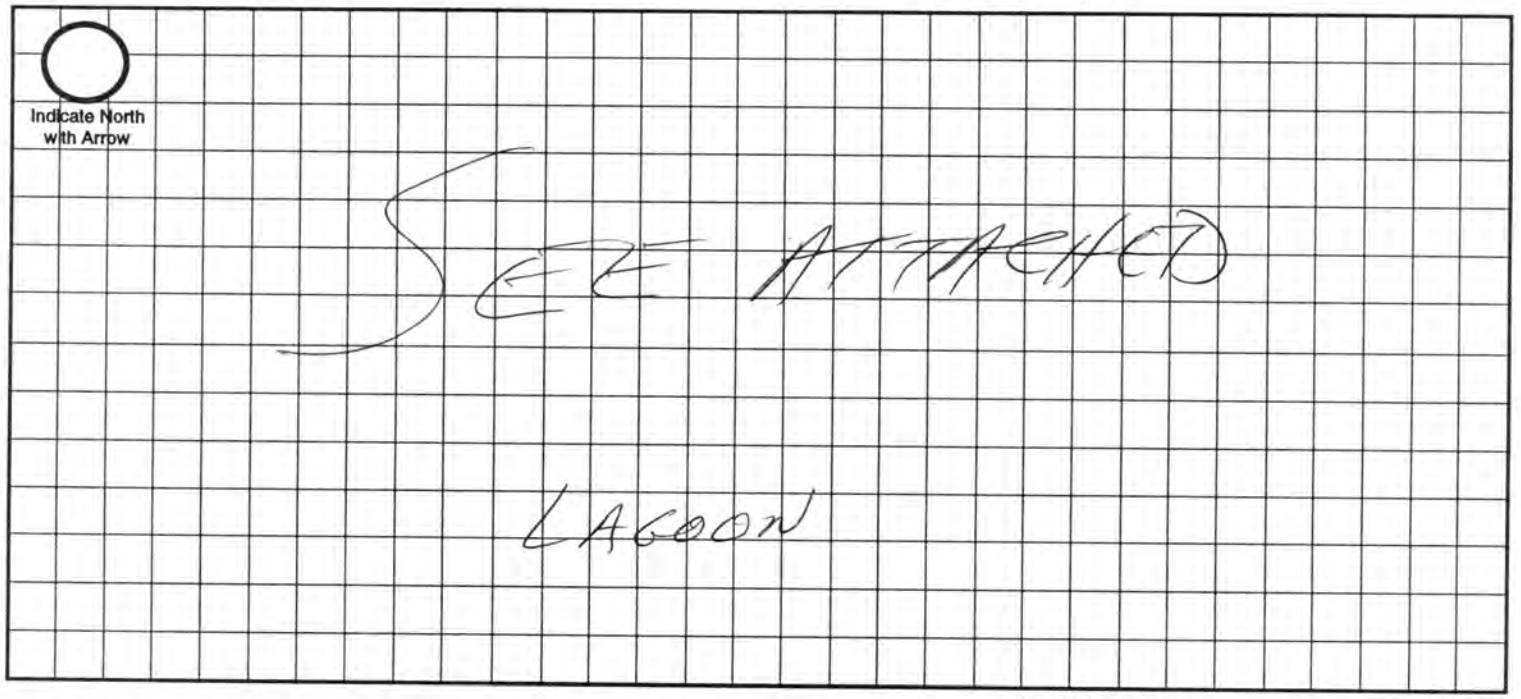
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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) _____ City _____ NE, Zip _____

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 ☒	☒

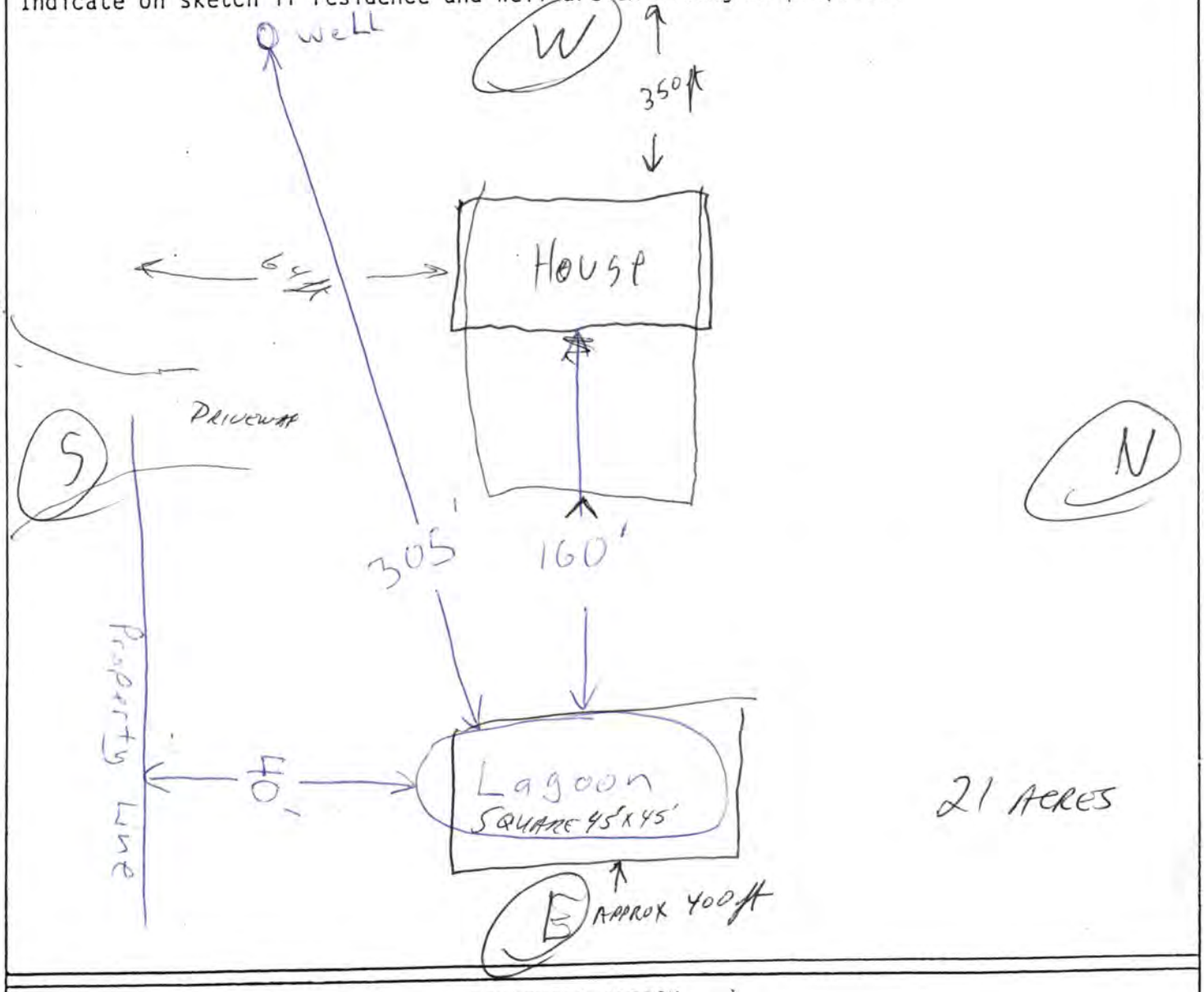
E. Required Signatures

Home Building Contractor Owner Leon Bowman Jr. Date 2-20-97

Installer _____ Date _____

FORM 20102-0477 PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application) City Ordinance No. 9150 ☐ County Resolution No. 2832 ☐	LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT Division of Environmental Health 3140 N Street Lincoln NE 68510 (402)-441-8022 **C**
Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.	FILE NO._____

Indicate on sketch if residence and well are exisiting or proposed.



REVIEWING ACTION

Remarks:_____

_____

Date:_____

Minimum Design Requirement
1. Capacity of Septic Tank_____gals.
2. Total Length of Laterals_____ft.
3. With a Trench Width of_____in.
4. Total Area of Lateral needed_____sq.ft.

_____
Signature of Reviewing Official

847

1

Lon Bowman
6-16-97

FORM D
6/16/97 gmw

28/01/97 12:38 NO. 567 P002/002

BUILDING LOCATION PLAT
ADMINISTRATIVE SUBDIVISION
OF
THE SW 1/4 OF SECTION 24, T7N, R6E OF THE 6TH P.M.
LANCASTER COUNTY, NEBRASKA

PARCEL "C"

PREPARED BY
L & S SURVEYING
R.R.1 BOX 254 CRETE, NE 68333
(402) 826-3876

Date of Survey Oct 22, 1996

N

SCALE 1" = 100'

PARCEL "B"

PARCEL "A"

Voth

Bowman

21± ACRES

BARN

SHED

GARAGE

SHED

GARAGE

SEPTIC TANK

HOUSE

WELL

GRAIN BIN

SHED

GRAIN BINS

GARAGE

WELL

PELLA ROAD

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit No. 97380153901

SEWAGE INSTALLATION
LAGOON

Issued 02/20/97
Expires 08/20/97
Revenue Code 18754

Establishment
LEON BOWMAN
T7N R6E SEC 24

FEES: $150.00

TOTAL $150.00

Permittee
LEON BOWMAN
RR0001
BOX 00032
CORTLAND NE 68331

3335

Issued By M. Jane Ford
Health Director

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