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 2901 Olive Creek Road (no rural route) City Martell NE, Zip 68404

Legal Description N½ NW¼ 18 7N 7E 7 Lot
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 John W. Tucker Signature [signature]

Address 2901 Olive Creek Road City/State/Zip Martell Nebr. 68404

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

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 4/15/99 Date frwd 4/19/99 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hook
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 4.19.99 Date frwd 4.19.99 ACTION ☒ Approved ☐ Disapproved Signature [signature]
3. **City or County Engineer** Date rec'd 4/19/99 Date frwd 4/19/99 ACTION ☒ Approved ☐ Disapproved Signature [signature]

Installation Final Written Approval

By _____

Date _____

Business Office Use Only

Date Rec'd 04/16/99

Amt Paid 150 ⁰⁰

Rec'd By _____ ~~Cash~~/Check No. 5503

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

Lincoln-Lancaster County Health Department
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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) (Sect. 18, R. 7E., T. 7 N., 6th P.M.)

Address 2901 Olive Creek Rd., (no rural route) City Martell NE, Zip 68404

Owner John Tucker Address 2901 Olive Creek Rd., Martell, NE 68404.

Soil Type (SCS): ~~Wabash~~ MOORE SILTY CLAY LOAM Wabash silty clay loams Percolation Rate: _____ min./inch

Date of Tests 4-8-1999 to 4-9-1999 Weather: Precipitation Cool/windy, rainy. Temperature 40-50's

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	36"	4-8	3:06	4-9	7:08	4-9	7:08	20.1	4-9	7:40	32	.75	43
2	36"	4-8	3:08	4-9	7:10	4-9	7:10	19.7	4-9	7:45	35	1.90	18
3	36"	4-8	3:10	4-9	7:20	4-9	7:20	19.8	4-9	7:55	35	1.40	25
4	32"	4-8	3:14	4-9	7:24	4-9	7:24	20.1	4-9	8:05	41	1.95	21
5	38"	4-8	3:18	4-9	7:28	4-9	7:28	22.8	4-9	8:10	42	1.85	23
6	35"	4-8	3:20	4-9	7:30	4-9	7:30	19.8	4-9	8:15	45	1.95	23

Sum of Percolation Rates: 230 min/9.8" = 23.47

Average of Rates: 25.5 min/in

Rate Used for Calculation: _____

Person Conducting Percolation Tests

Name: Wm. C. Arnason P.E

Phone: 402 466 8154

Address 4817 N. 56th St
Lincoln, NE 68504-1720

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

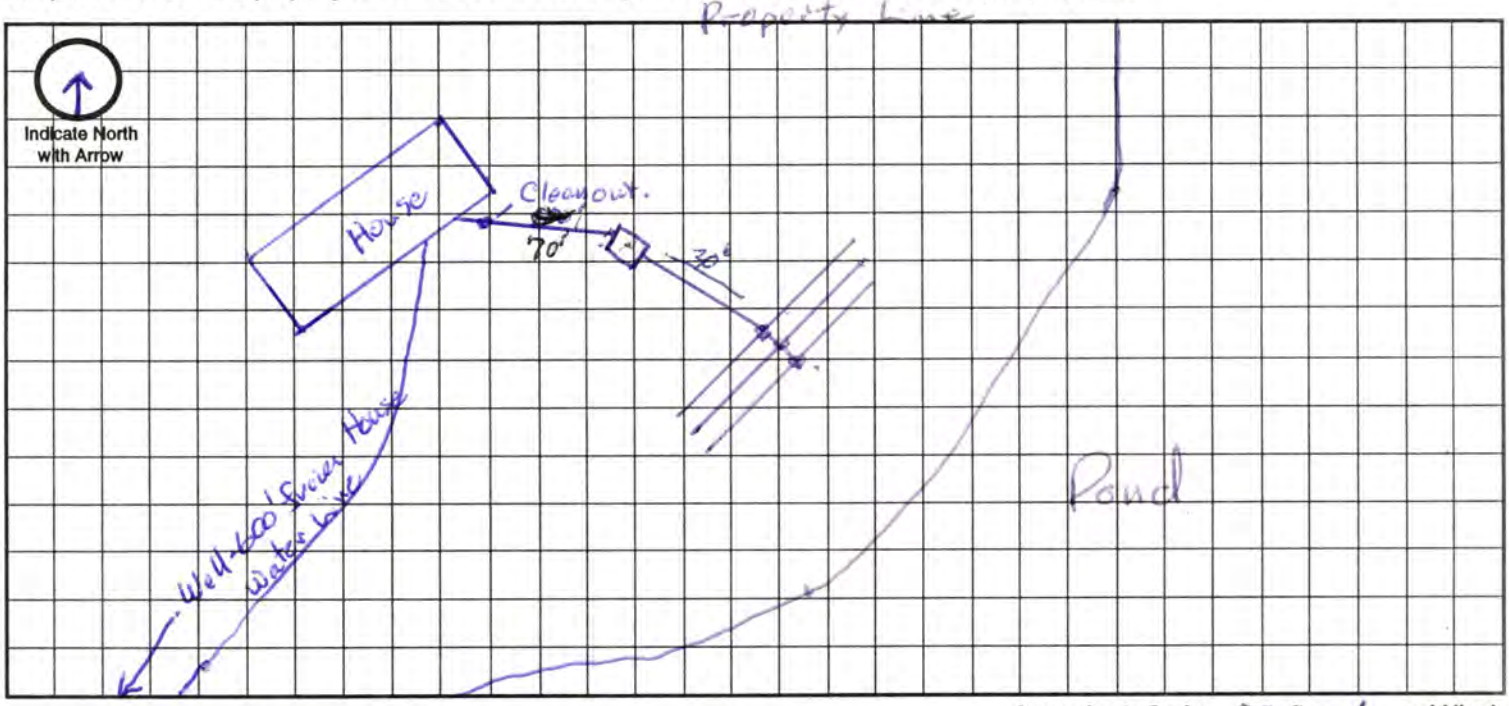
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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: 20 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 2901 Olive Creek Rd City Martell NE, Zip 68401

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: 689 sq. ft.

Type of Lateral: ☐ Half-Moon ☒ ~~Perforated Pipe~~ ☒ Other Lateral Material: 4" Wrap drain guard.

Capacity of Septic Tank 1000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 300 ~~330~~ ft. Number of Trenches 3 Trench Width ~~24~~ "36"

D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

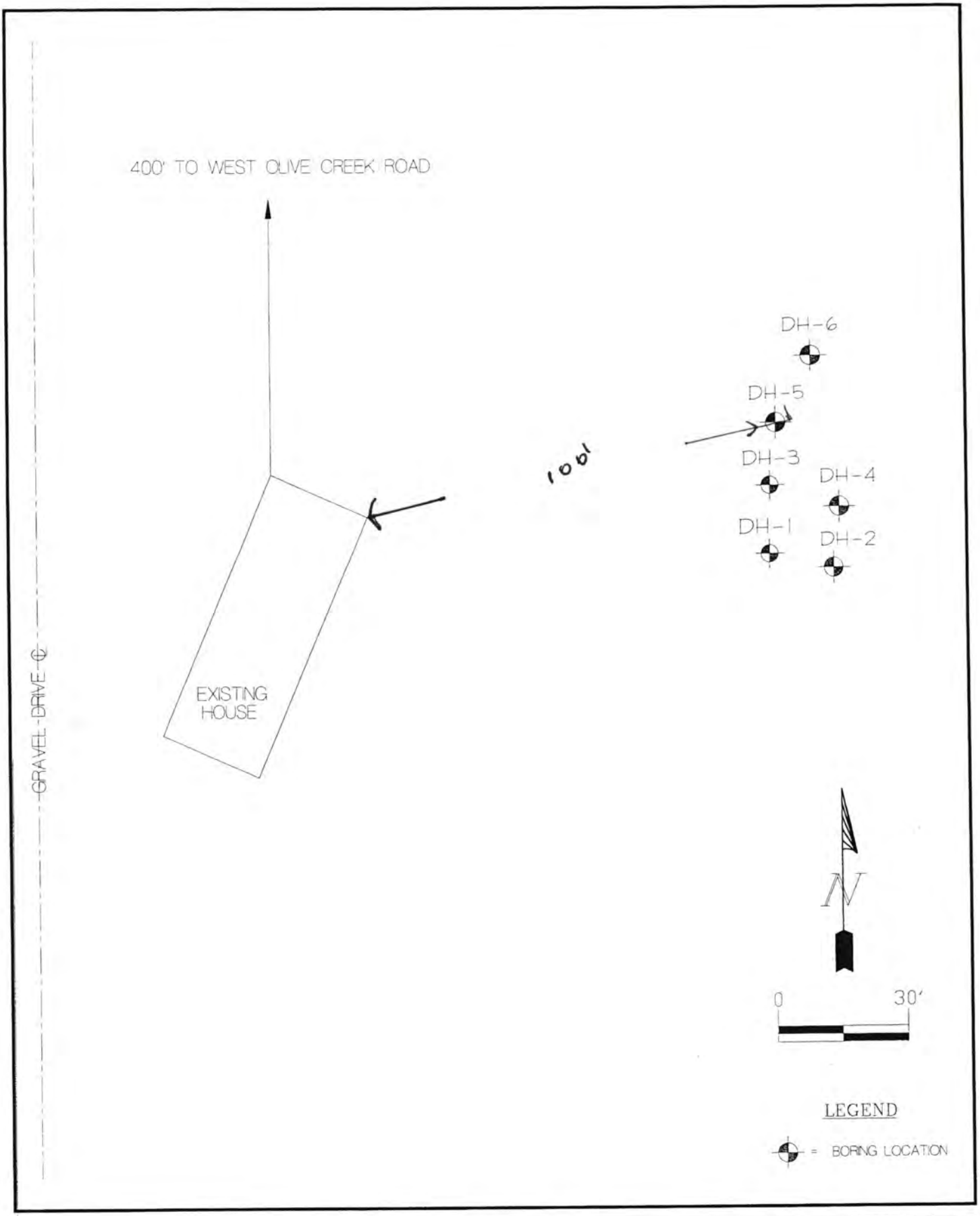
Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

E. Required Signatures

Home Building Contractor EXISTING Date _____

Installer _____ Date _____

FORM 23-102 10-96

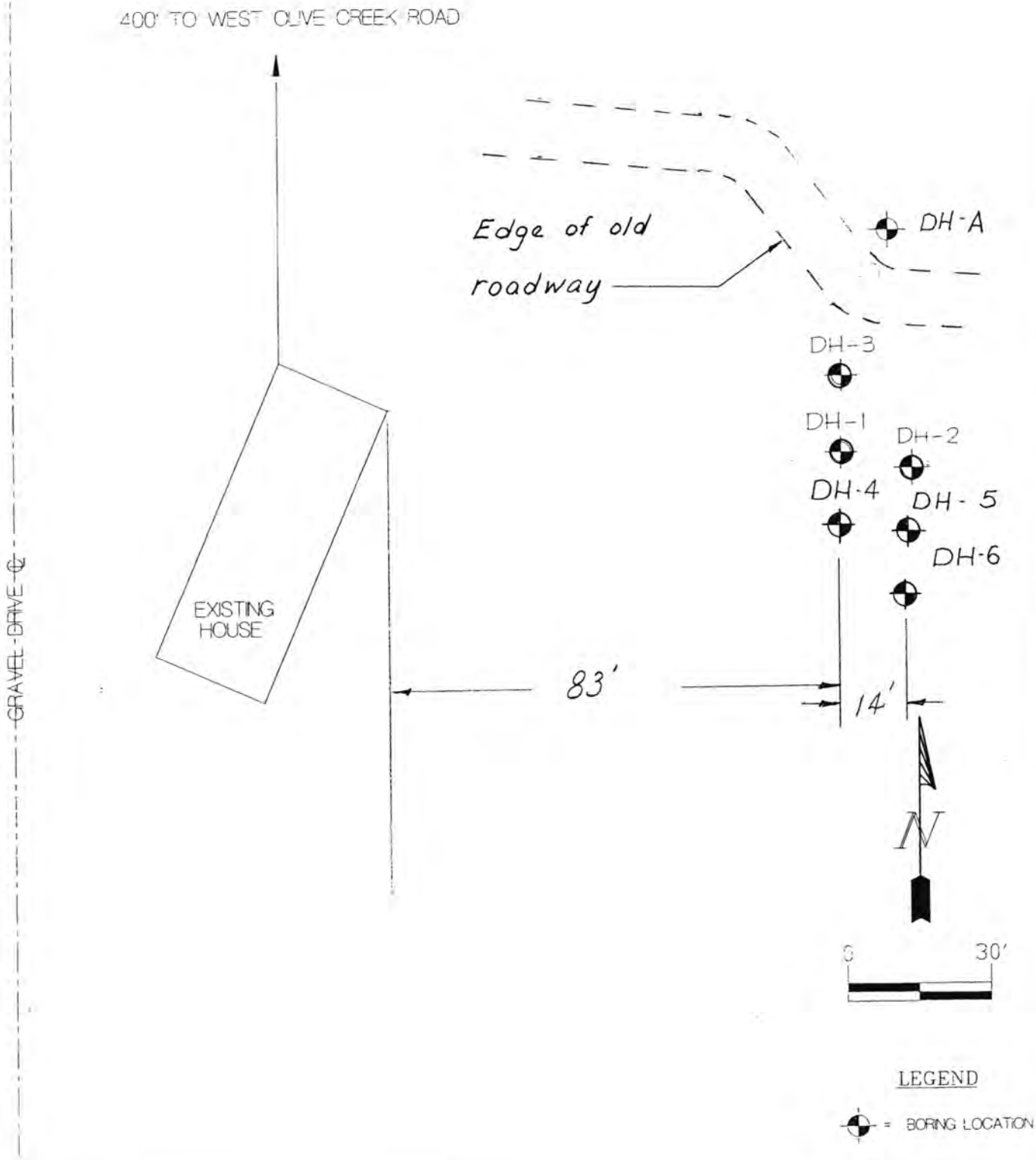


JOB NO.: 26L100	
DWG. NO.: D	
DRAWN BY: DWK	
DATE: 06/11/98	

PROPOSED SEPTIC SYSTEM

JOHN TUCKER
404 HILL ST.
LINCOLN, NEBRASKA

Geotechnical Services Inc.
Geotechnical Engineering & Environmental Consultants
4817 N. 56th St.
Lincoln, Nebraska 68504 (402)466-8154



JOB NO.: 26,100	PROPOSED SEPTIC SYSTEM	Geotechnical Services Inc.
DWG. NO.: D	JOHN TUCKER	Geotechnical Engineering & Environmental Consultants
DRAWN BY: DWK	2901 Olive Ck Rd, Martell, NE	4817 N. 56th St.
DATE:		Lincoln, Nebraska 68504 (402)466-8154

BORING LOG

DRILL HOLE NO.	LOCATION OF DRILL HOLE	ELEVATION	DATUM	DRILLER	LOGGER
DH-A	100' E & 30' N. of E. Cor House	—	—	W.C. Arneson	W.C. Arneson

WATER LEVEL OBSERVATIONS				TYPE OF SURFACE	DRILL RIG
WHILE DRILLING	END OF DRILLING	24 HOURS AFTER DRILLING	____ HOURS	Stripped Surface	CME 45
None	None	None		DRILLING METHOD	TOTAL DEPTH
				6" Cont. Flight Auger.	

DEP. Ft.	SAMPLE DATA: SAMPLE NO.& TYPE	"N" BLOWS /FT	% REC.	SOIL DESCRIPTION: COLOR	MOIST	CONS.	GROUP NAME	GEOLOGIC DESCRIPTION & OTHER REMARKS	LABORATORY DATA: % MC	DRY DENS pcf	qu tsf	CLASS	DEP. FT.
5	U-1		100	DK Brn	Moist	Med	Silty Clay	Alluvial Deposit					5
10	U-2		100	Brn.	Moist	Med.	Silty Clay	Peoria Formation.					10
15													15
20													20
25													25
30													30
35													35

Geotechnical Services Inc.

Project Tucker Res.

Location 2901 Olive CK Rd, Martell, NE

Job No. 26L100 Date 4-8-1999

Form 216 3/90

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET
NON TRANSFERABLE

ENVIRONMENTAL HEALTH DIVISION
Lincoln, NE 68510-1514

(402) 441-8000

PERMIT

ermit

No. 99380197001

SEWAGE INSTALLATION
SEPTIC SYSTEM

Issued 04/19/99
Expires 10/19/99
Revenue Code 3157

PAID

Establishment

JOHN W TUCKER
T7N R7E SEC 18 QTR NE
N 1/2
2901 OLIVE CREEK RD-MARTELL

FEES: $150.00

Permittee

JOHN W TUCKER
2901 OLIVE CREEK RD
MARTELL NE 68404

TOTAL $150.00

Issued By Health Director
Lincoln-Lancaster County Health Department

009147

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