Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
LAGOON

Permit # 00380221801

Issued 07/25/00
Expires 01/25/01
Revenue Code 3157

Establishment

DOUGLAS D DREVO
T7N R7E SEC 18 QTR NW
IRREGULAR TRACT LOT 7IT
2701 OLIVE CREEK RD-MARTELL

FEES: $150.00

Permitee

DOUGLAS D DREVO
2701 OLIVE CREEK RD
MARTELL NE 68404

TOTAL: $150.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

013542

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

A

Permit Number: 00380228

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 2701 Olive Creek Rd (no rural route) City Martell NE, Zip 68404

Legal Description NW 1/4 1/4 18 Section 7N Township ~~7E~~ Range Lot 7 Subdivision I.T. 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 Douglas D. Drevo Signature Douglas D Drevo

Address 2701 Olive Creek Rd City/State/Zip Martell, NE 68404

☐ Check if owner designed system Home Phone 798-2158 Work Phone 441-2130

C. Contractor

Name Douglas D. Drevo 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 Douglas D. Drevo 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 7/24/00 Date frwd 7/25/00 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Wood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 7/25/00 Date frwd 7/25/00 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 7/25/00 Date frwd 7/25/00 ACTION ☒ Approved ☐ Disapproved Signature _____

Drawing provided
10/9/00 Sewer line + lagoon inspected — fence needed

Installation Final Written Approval fenced 12/7

By Doug Amtl

Date 12/7/00

Business Office Use Only
Date Rec'd 7/24/00
Amt Paid $150.00
Rec'd By CW Cash/Check No. 1009

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: 00380218

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 2701 Olive Creek Rd City Martell NE, Zip 68404
(no rural route)
T7N, R7E, Sec 16, Lot 7 I.T.
Owner Douglas D and Barbara A. Drevo Addresss 2701 Olive Creek Rd
Soil Type (SCS): Clay Percolation Rate: 30 min./inch
Date of Tests 7-22-00 to 7-23-00 Weather: Precipitation None Temperature 80°F

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	7-22	1500	7-22-00	1510	7-23-00	1515	16 3/8"	7-23	18:45	45	0	0
2	36	↓	↓	↓	↓	↓	↓	20"	↓	↓	↓	0	0
3	36	↓	↓	↓	↓	↓	↓	19 1/4	↓	↓	↓	0	0
4	36	↓	↓	↓	↓	↓	↓	17 5/8	↓	↓	↓	0	0
5	36	↓	↓	↓	↓	↓	↓	18 1/8	↓	↓	↓	0	0
6	36	↓	↓	↓	↓	↓	↓	18 5/8	↓	↓	↓	0	0
						7-23-00							

Sum of Percolation Rates: 0"
Average of Rates: 0"
Rate Used for Calculation:

Person Conducting Percolation Tests

Name: Douglas D. Drevo
Phone: 798-2158
Address 2701 Olive Creek Rd
Martell, NE 68404

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

FORM 23-101 10-96

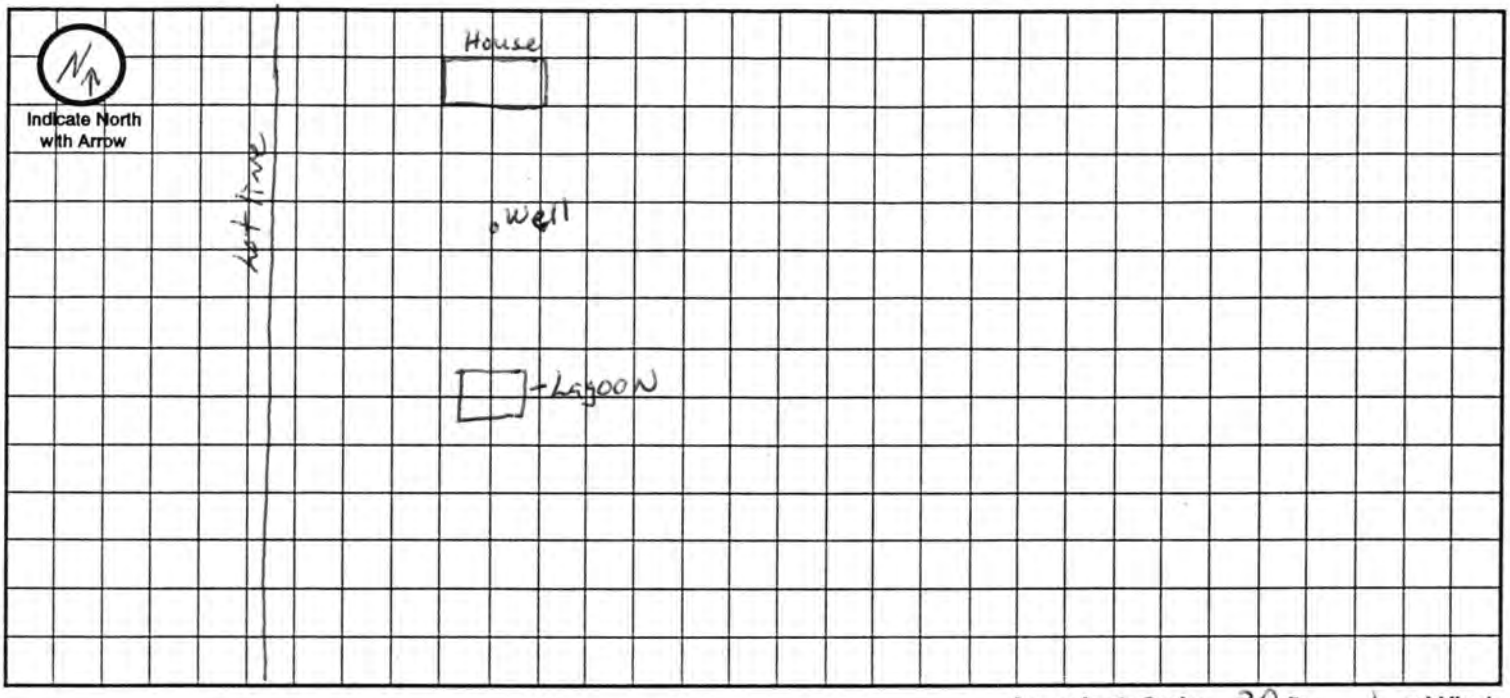
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 03802218

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: 30 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 2701 Olive Creek Rd ~~Martell~~ City Martell NE, Zip NE 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 _____ Date _____

Installer _____ Date _____

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

D

Permit Number: 03802218

Sewage Disposal System

As Built Plans & Specifications

Date _____

System Location (Indicate correct number and street)

Address _____ City _____ NE, Zip _____
(no rural route)

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: _____
   Number available outlets: _____
2. Factory built: ❑ Yes ❑ No
3. Distance from septic tank: _____ ft.

D. Absorption Field

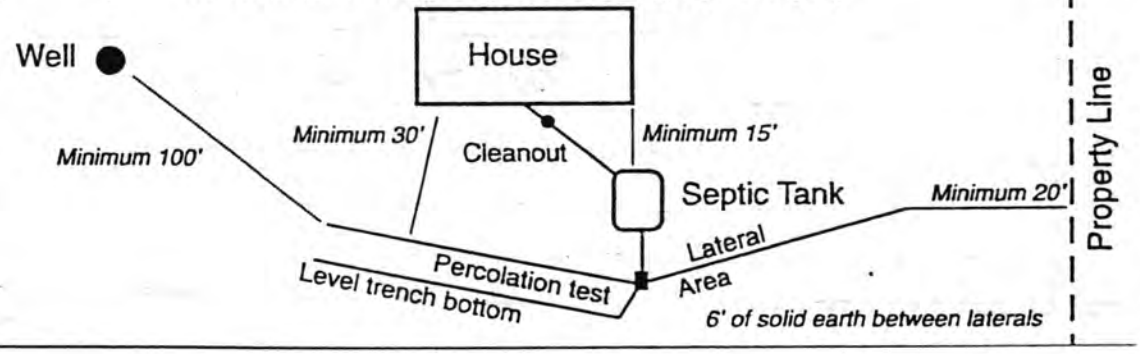
(Provide as-built drawings on back of this form)

1. Type: ❑ Half rounds ❑ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ❑ fiberglass ❑ plastic ❑ concrete
   ❑ other _____
2. Lateral lines: Number _____
   Length of each line: _____ ft. _____ ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width _____ ft.
   Slope _____ in/100 ft.
   Average depth _____ in
4. Filter material: _____
   Depth of material _____ 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)



LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health
2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

NON TRANSFERABLE

PERMIT

SEWAGE INSTALLATION

No. 923800835O1

Issued 05/07/92
Expires 11/05/92

ESTABLISHMENT

MARY DREVO
T7N R7E SEC 18 QTR NW
LOT 5
25 & OLIVE CREEK RD

FEES: Permit 018754 $150.00

Total $150.00

Issued By COUNTY HEALTH

PERMITTEE

MARY DREVO
BOX 00145
HICKMAN NE 68372

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

DATE	AMOUNT
5/8/92	PAID

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

FORM 20103-0477
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

A

FILING FEE: $ 150⁻

FILE NO. _____

DATE: 4-29-92

The undersigned hereby requests SITE CLEARANCE and PERMIT to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

1. Legal description of property: Twp. 7 North; Range 7 East of the 6th PM; Section 18; NW 1/4
   Block _____: Lot 5 I.T.: Addition _____
   Street Address 25th & Olive Creek Rd.

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 4. Describe _____

3. Type of Individual Sewage Disposal System: Septic Tank ☐ ; Other ☒

4. Distance to public sewer: > 1 miles ft.

Mary Drud
Signature of Applicant (Owner or Lessee)

PO Box 145, Hickman NE 68372
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 5/6/92. Date Frwd. 5/7/92. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 5/7/92 Date Frwd. 5/7/92 ACTION: Approved ☒ Disapproved ☐ Signature: Mel Hoddy
3. City or County Engineer: Date Rec'd. 05/6/92 Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Roger Williamson

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 5/18/92 by: L.C. Hood Piping only. fence & locked gate up but warning signs not have come off.
Date: 6-3-92 by: P.D. Need fence & signs
Date: 10/26/92 by: L.C. Hood

INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ By: _____

White: Health Dept. Copy
Yellow: Engineers Copy
Pink: Bldg. Inspector's Copy

FORM 23-43

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
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 7 North; Range 7 East of 6PM; Section & ¼ Section NW 1/4 18.
Property Dimensions: 1320 ft. x 800 ft. Approx Area: 24 Approx acres. (Attach Sheet C with sketch of property).

Soil Type: Silty Clay ☐ ; Silty Clay Loam ☒ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐

Dates of Tests: 4/29/92 to 4/30/92. Weather: Precip. _____ Temp. 86°

OWNER: Douglas + Mary Deuss

Address: PO Box 145, Hickman NE 68372

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./Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1	36"	4/29	6:00	4/30	7:20	4/30	7:25	8"	7:40	7 1/2"	40	—	40/0
2	36"	4/29	6:00	4/30	7:20	4/30	7:25	8 1/8"	7:40	9 5/8"	40	—	40/0
3	36"	4/29	6:00	4/30	7:20	4/30	7:25	8 3/8"	7:40	8 3/8"	40	—	40/0
4	36"	4/29	6:00	4/30	7:20	4/30	7:25	8 1/8"	7:40	6 1/2"	40	—	40/0
5	36"	4/29	6:00	4/30	7:20	4/30	7:25	8 1/8"	7:40	6 3/4"	40	—	40/0
6	36"	4/29	6:00	4/30	7:20	4/30	7:25	8 1/8"	7:40	7"	40	—	40/0

Sum of Percolation Rates: 0
Average of Rates: 0
Mean of Rates: _____

Douglas D. Deuss
Signature of Person Conducting Test

Address PO Box 145, Hickman NE 68372 Phone 792-9366 hm 473-8134 wk

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): Pawnee clay loam

Date: MAY 6, 1992

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

Gerrold C. Hood
Signature of Reviewing Official

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

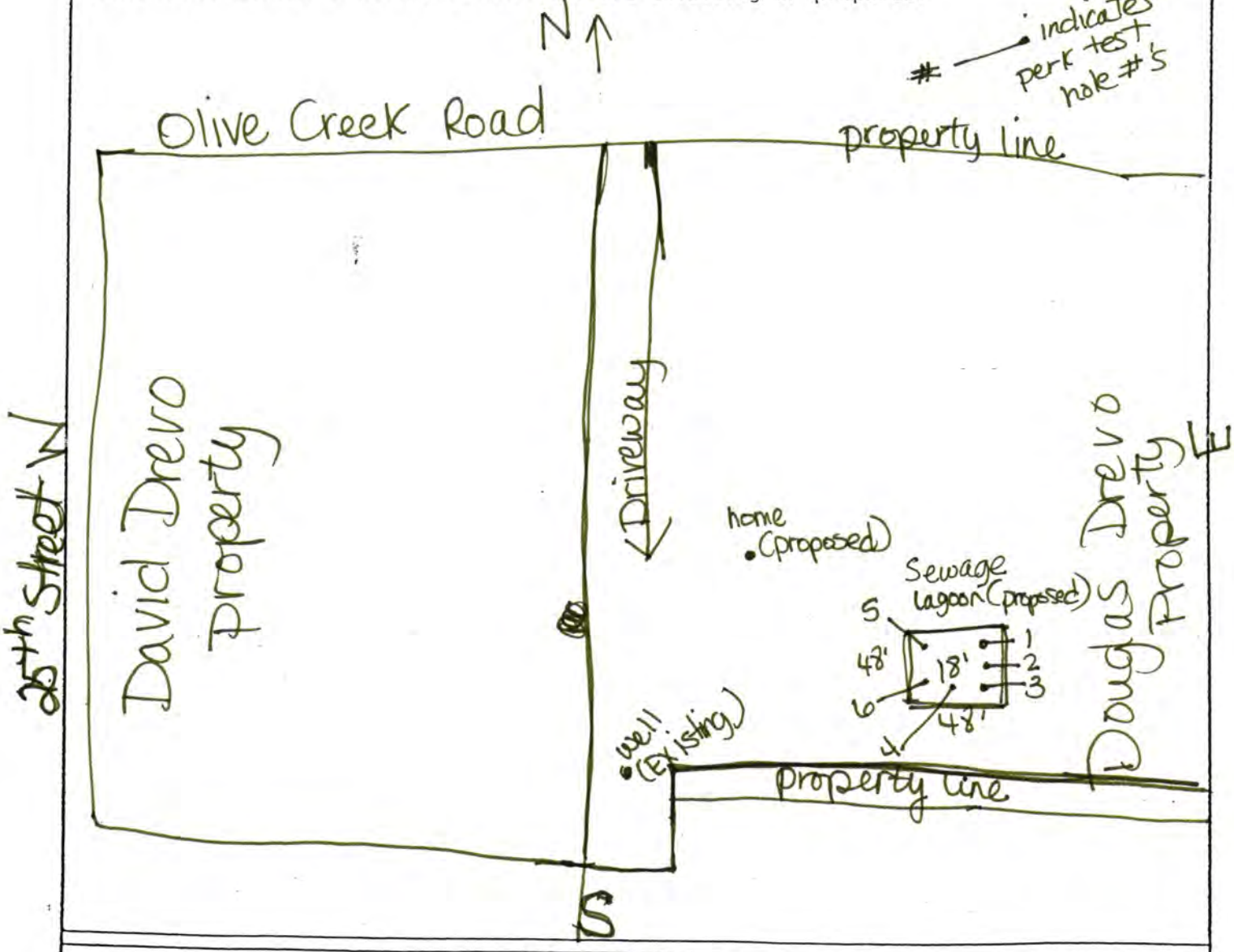
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

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: _____

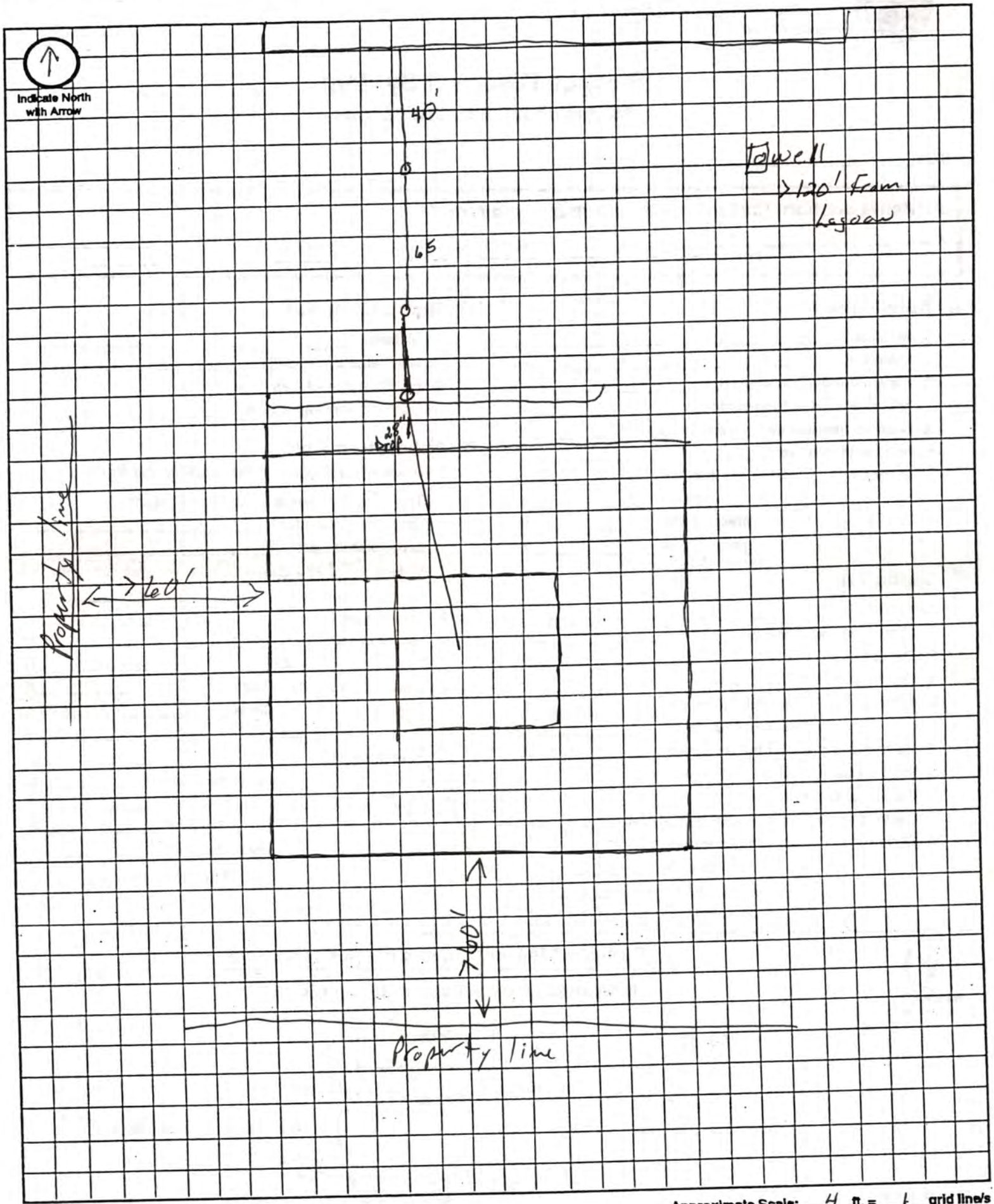
_____

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

As Built Drawing



Approximate Scale: 4 ft. = 1 grid line/s