Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

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

Permit

SEWAGE INSTALLATION
LAGOON

Permit # 02380253201

Issued 09/09/02
Expires 03/09/03
Revenue Code 3157

Establishment

RODNEY HOLLMAN
T8N R5E SEC 13 QTR NE
5905 W WITTSTRUCK RD-MARTELL

FEES: $200.00

Permittee

RODNEY HOLLMAN
5905 W WITTSTRUCK RD
MARTELL NE 68404

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

002908

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

A

Permit Number: 02380253201

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 5905 W WITTSTRUCK Rd (no rural route) City MARTELL NE, Zip 68404

Legal Description NE (1/4) 13 (1/4) 8N (Section) 5E (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 Rodney Hollman Signature Rodney Hollman

Address 5905 W WITTSTRUCK Rd City/State/Zip MARTELL NE 68404

☐ Check if owner designed system Home Phone 794-4535 Work Phone _____

C. Contractor

Name DAVE Schwanieger Company Name _____

Address _____ City/State/Zip HALLAM NE

☐ Check if contractor designed system Work Phone _____

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

Designer Name KIM FOSTER Firm FOSTER Plumbing Work Phone 402-826-2677

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 9/9/02 Date frwd 9/9/02 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Wood
2. **Supt. Bldg. Insp. or Village Clerk** Flood Plain Permits Date rec'd 9/9 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 9/10/02 Date frwd 9/10/02 ACTION ☒ Approved ☐ Disapproved Signature _____

9/10/02 FLOOD PLAIN NOT ENVOLVED, J.C.H.

Installation Final Written Approval

By _____

Date _____

Business Office Use Only

Date Rec'd 9/9/02
Amt Paid #200.00
Rec'd By ldf Cash/Check No. 4226.

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

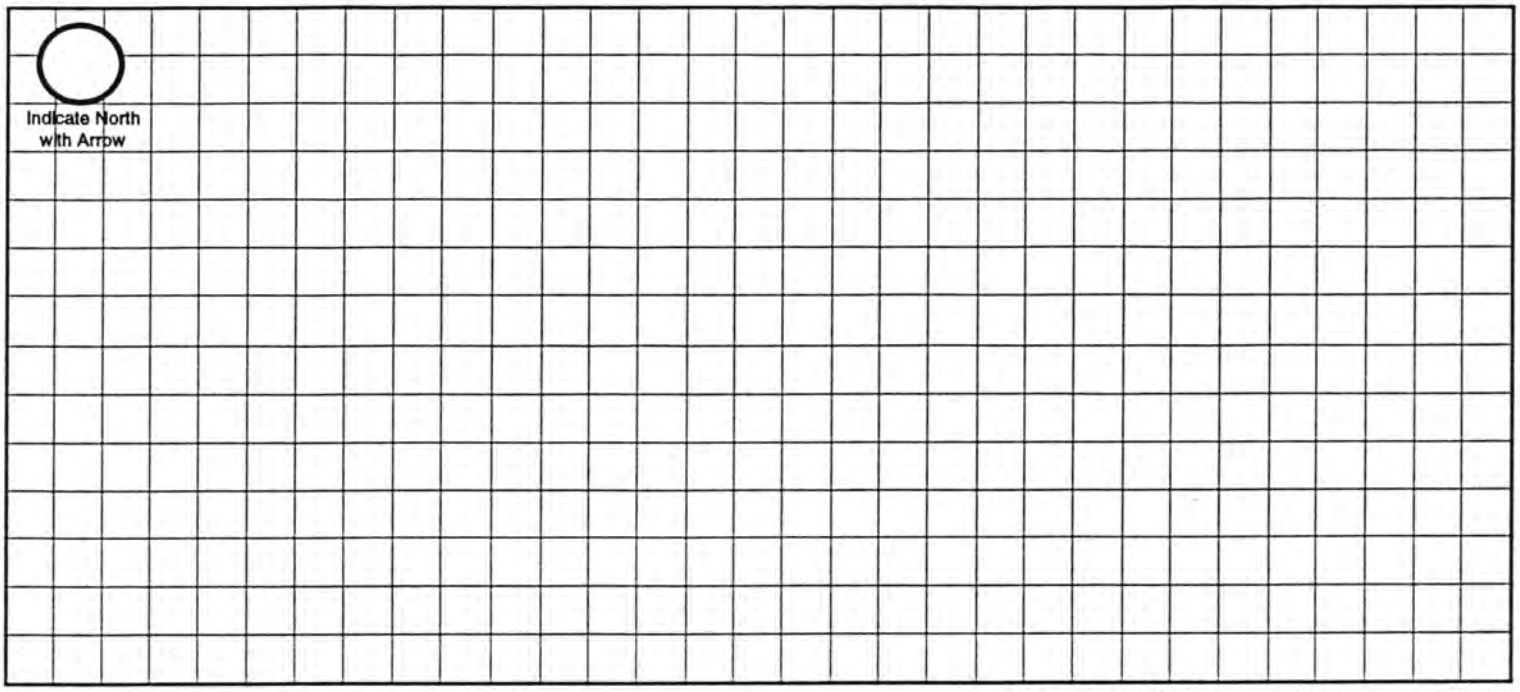
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 023802532

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) 5905 W WITTSTRUCK City MARTELL 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

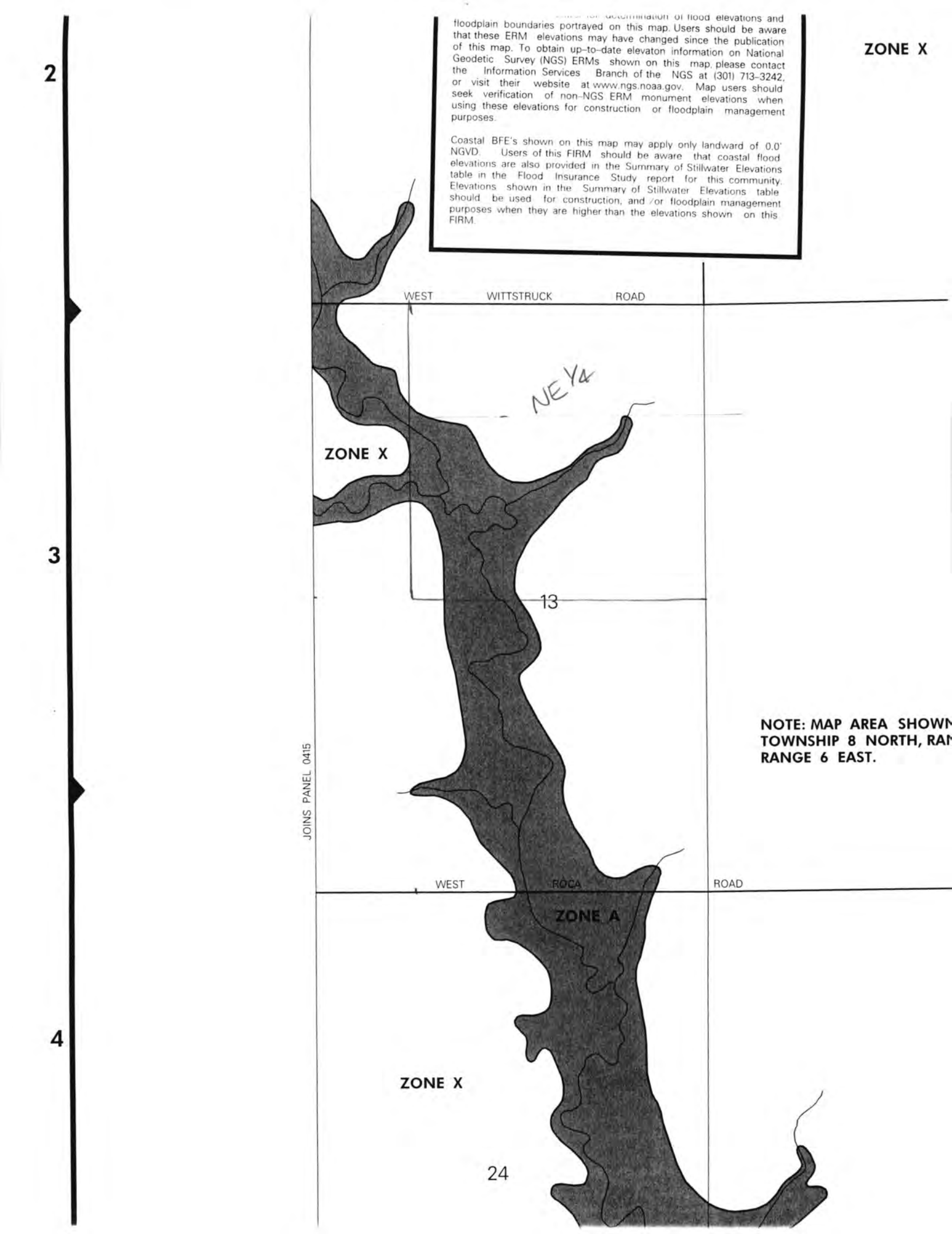
Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
Lagoon (ft)	100 ☒	500 ☐	50 ☐	N/A ☐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

E. Required Signatures

Home Building Contractor _____ Date _____

Installer Kris A. Foster Date 9-7-02

FORM 23-102 10-96


for determination of flood elevations and floodplain boundaries portrayed on this map. Users should be aware that these ERM elevations may have changed since the publication of this map. To obtain up-to-date elevaton information on National Geodetic Survey (NGS) ERMs shown on this map, please contact the Information Services Branch of the NGS at (301) 713-3242, or visit their website at www.ngs.noaa.gov. Map users should seek verification of non-NGS ERM monument elevations when using these elevations for construction or floodplain management purposes.
Coastal BFE's shown on this map may apply only landward of 0.0' NGVD. Users of this FIRM should be aware that coastal flood elevations are also provided in the Summary of Stillwater Elevations table in the Flood Insurance Study report for this community. Elevations shown in the Summary of Stillwater Elevations table should be used for construction, and /or floodplain management purposes when they are higher than the elevations shown on this FIRM.
ZONE X
2
WEST WITTSTRUCK ROAD
NE¼
ZONE X
3
13
NOTE: MAP AREA SHOWN
TOWNSHIP 8 NORTH, RAN
RANGE 6 EAST.
JOINS PANEL 0415
WEST ROCA ROAD
ZONE A
4
ZONE X
24