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

JAN 12 2005

A

Permit Number: 05380295101

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 6565 W. WITTSTRUCK RD (no rural route) City MARTELL NE, Zip 68404

Legal Description NE (1/4) NW (1/4) 13 (Section) 8N (Township) 5E (Range) Lot 6 (Subdivision) G.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 DEBORAH FRAZIER Signature Deborah Frazier

Address 22107 A ST. City/State/Zip EAGLE, NE. 68347

☐ Check if owner designed system Home Phone 402-781-2685 Work Phone 402-471-6901

C. Contractor

Name GARY L. HOLLY Company Name HOLLY CONTRACTING CO.

Address 71860 - 567 AV City/State/Zip FAIRBURY, NE. 68352

☒ Check if contractor designed system Work Phone 402-587-0120

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 300 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 1/12/05 Date frwd 1/13/05 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 1/13/05 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 1-13-05 Date frwd 1-13-05 ACTION ☒ Approved ☐ Disapproved Signature Jim Blomgren

3/14/04 Line + Lagoon - need fence OS-

Installation Final Written Approval

By _____

Date 6/23/06

Business Office Use Only

Date Rec'd 01/12/05

Amt Paid 200.00

Rec'd By _____ Cash/Check No. 1233

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

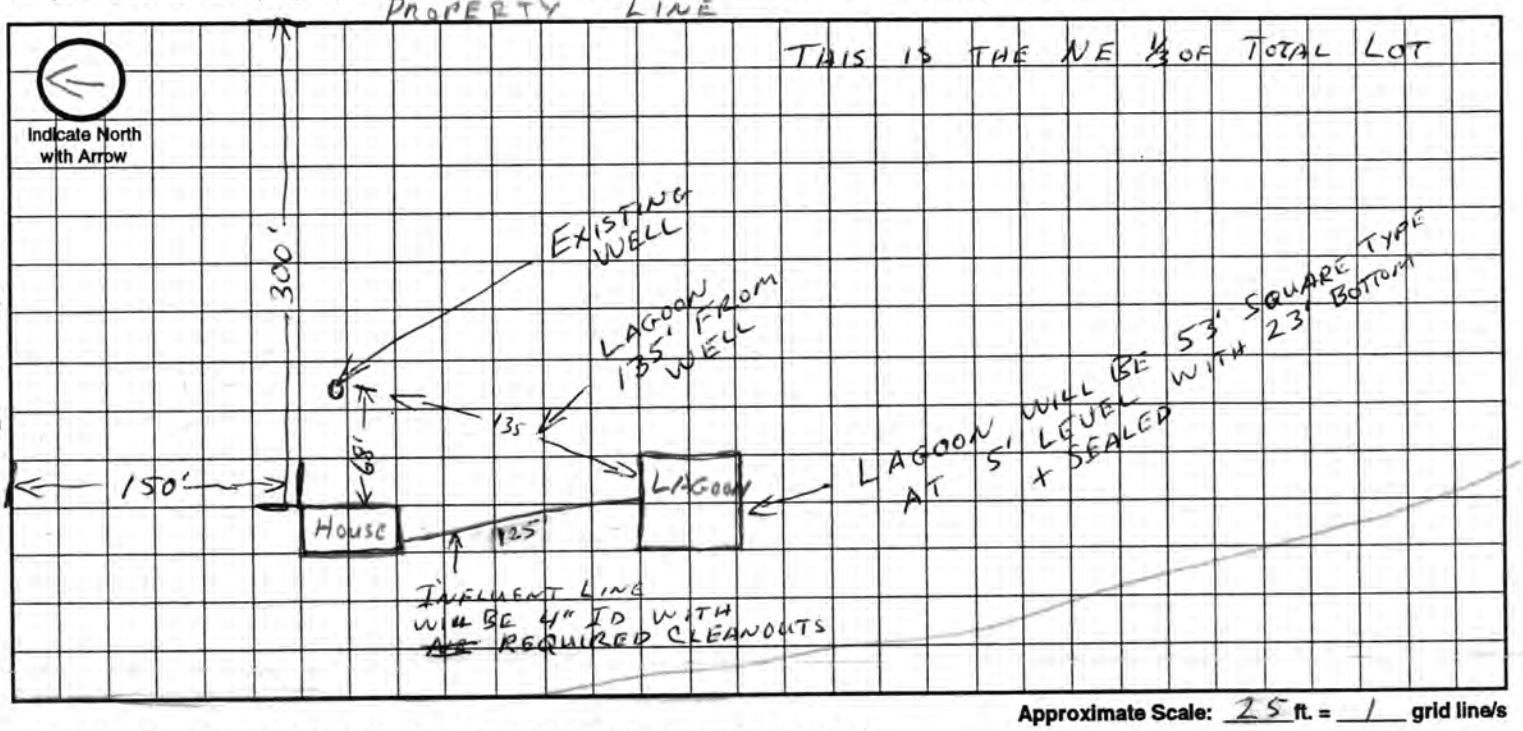
C

Permit Number: 053802951

JAN 18 2005

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: 25 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 6565 W. WITTSTRUCK RD City MARTELL NE, Zip 68404

B. Proposed Septic Tank/s LAGOON

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 Gary & Holly Date 010705

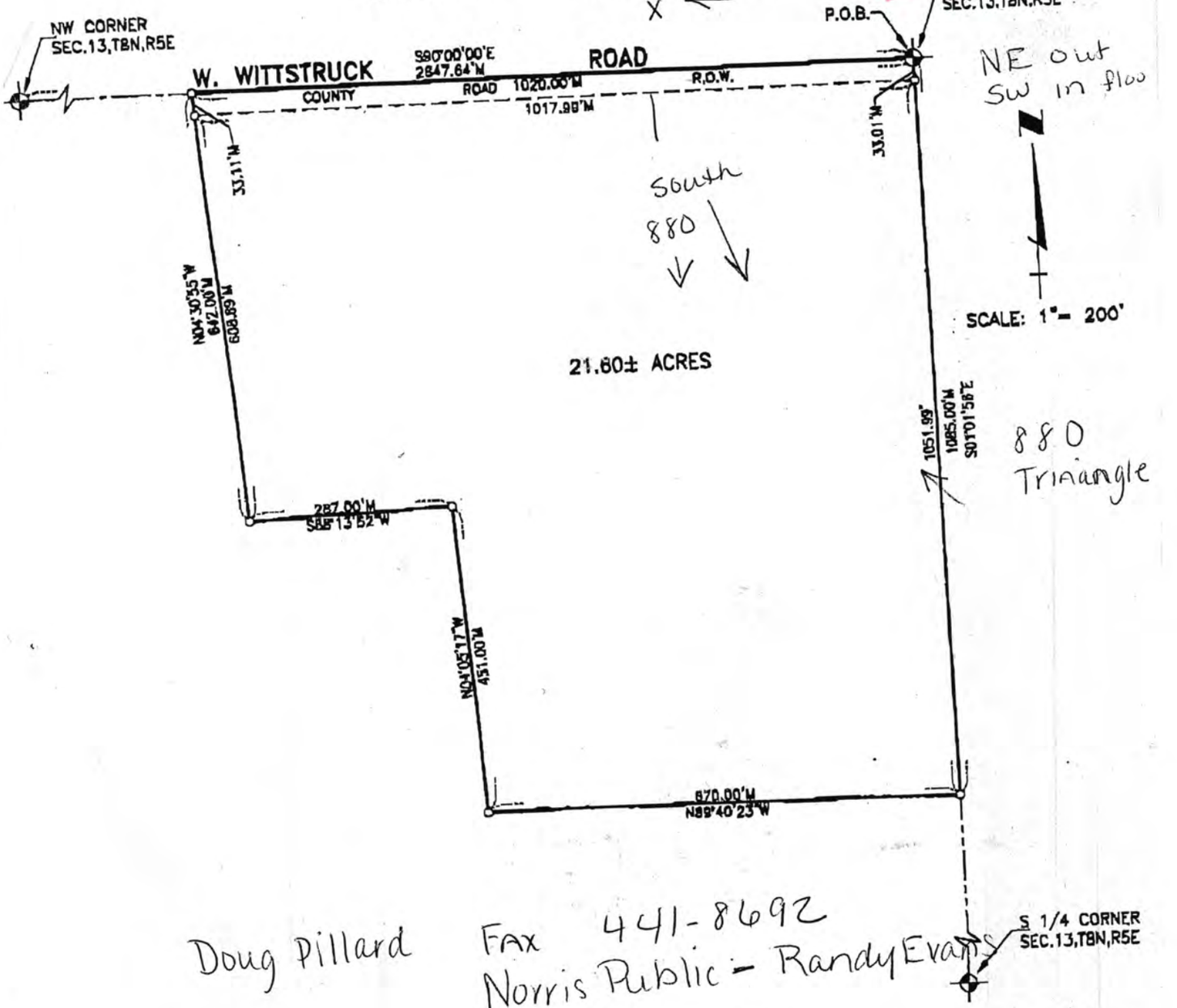
FORM 23-102 10-96

SURVEY RECORD

PREPARED BY
L & S SURVEYING
PO. BOX 354 CRETE, NE 68333
(402) 826-4820 FAX (402) 826-4846

RE: JAN 1 2 2005

590ft west



NE out
SW in flow

880 Triaangle

Doug Pillard FAX 441-8692
Norris Public - Randy Evans

93 [redacted] easement - high powered ft.

LEGAL DESCRIPTION

A tract of land located in the NE¼ of the NW¼ of Section 13, T8N, R5E of the 6th P.M., Lancaster County, Nebraska, described as follows:

Beginning at the NE Corner of said NE¼NW¼; thence S01°01'56"E (Assumed Bearing) on the east line of said NE¼NW¼, 1085.00 feet; thence N89°40'23"W, 670.00 feet; thence N04°05'17"W, 451.00 feet; thence S88°13'52"W, 287.00 feet; thence N04°30'55"W, 642.00 feet to the north line of said NE¼NW¼ thence S90°00'00"E on said north line, 1020.00 feet to the point of beginning.
Containing 21.60 acres more or less.

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

APR 1 4 2005

D

Permit Number: 05380295101

Sewage Disposal System

As Built Plans & Specifications

Date MAR. 22, 2005

System Location (Indicate correct number and street)

Address 6565 WEST WITTSTRUCK RD (no rural route) City MARTELL NE, Zip 68404

8-5-12 a 17

A. Building Sewer

SEALED LAGOON

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

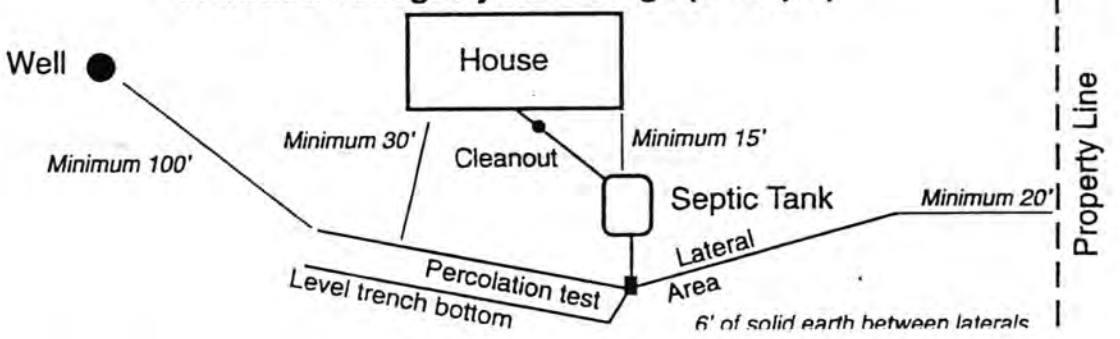
(Provide as-built drawings on back of this form)

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.

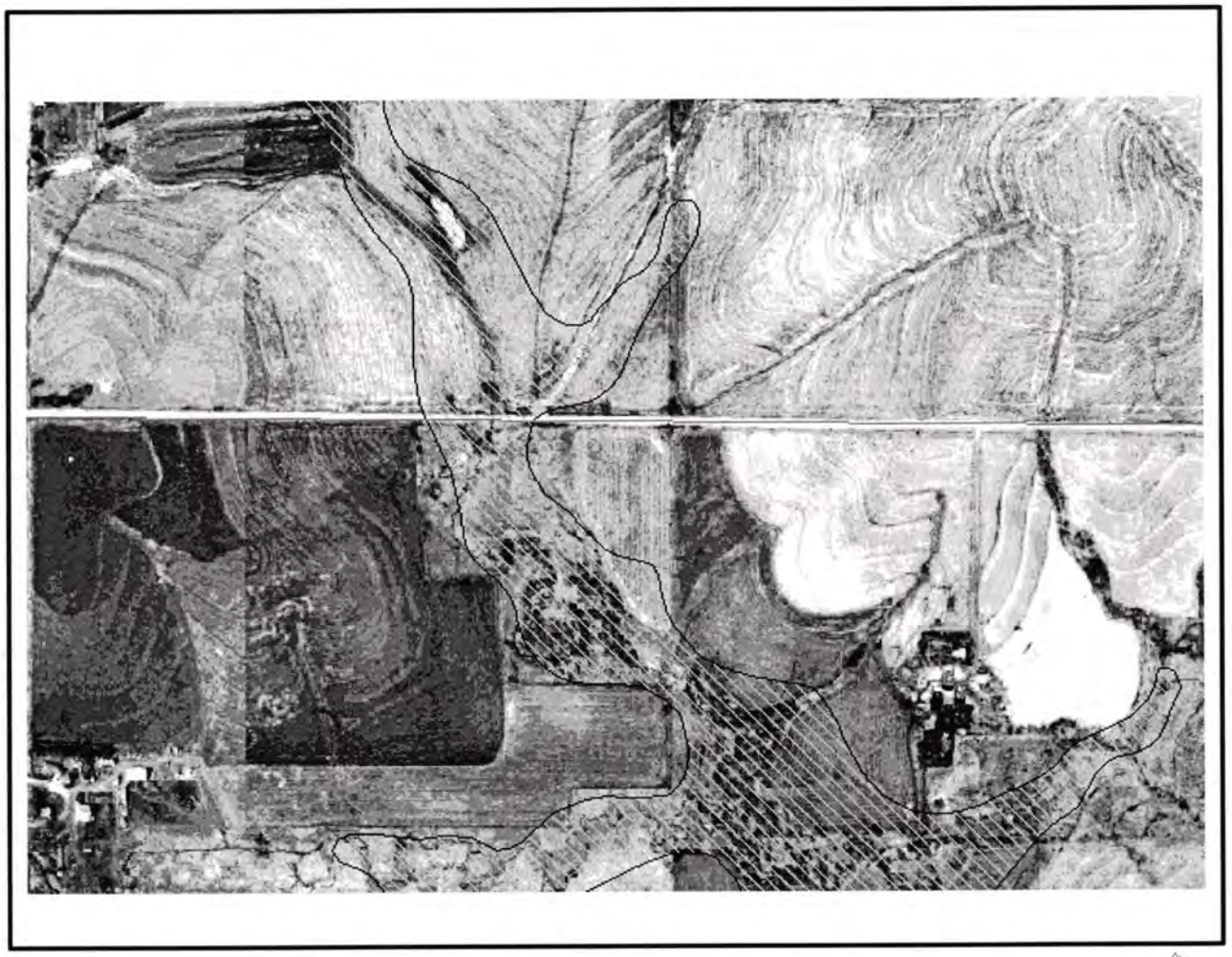
Indicate North with Arrow

Individual Sewage System Design (Example)



ESRI ArcExplorer 2.0

6565 West Wittstruck Road



streets

flood1

N

Thursday, Jan 13 2005

Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

006146

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Permit # 05380295101

Issued 01/12/05
Expires 07/12/05
Revenue Code 3157

Establishment:
DEBORAH FRAZIER
T8N R5E SEC 13 QTR NW
NE 1/4 OF NW 1/4 LOT 6
6565 W WITTSTRUCK RD-MARTELL

FEES: $200.00

Permittee:
DEBORAH FRAZIER
22107 A ST
EAGLE NE 68347

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

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

B

Permit Number: 05380295101

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 6565 W. WITTSTRUCK RD. City MARTELL NE, Zip 68404
(no rural route)

Owner DEBORAH FRAZIER Addresss 22107 A ST., EAGLE, NE. 68347

Soil Type (SCS): A LAGOON WILL BE USED + SEALED Percolation Rate: _____ min./inch

Date of Tests _____ to _____ Weather: Precipitation _____ Temperature _____

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)

Person Conducting Percolation Tests

Name: GARY L. HOLLY, HOLLY CONTRACTING CO.
Phone: 402-587-0120
Address 71860-567, AV
FAIRBURY, NE. 68352

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

DO NOT WRITE BELOW THIS LINE

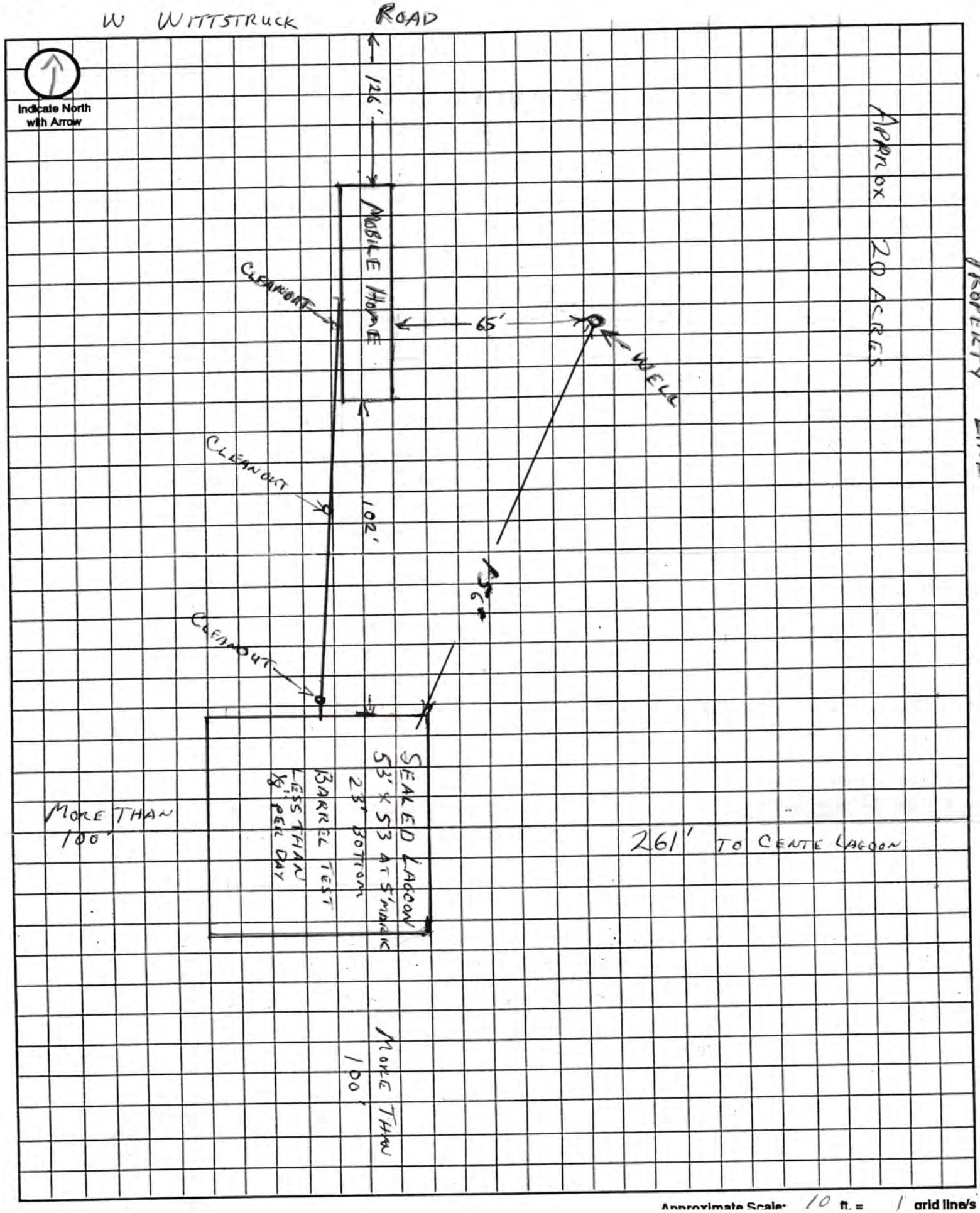
Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

As Built Drawing



Approximate Scale: 10 ft. = 1 grid line/s