Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

008073

(402) 441-8000

Permit SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 05380306801

Issued 08/10/05
Expires 08/10/06
Revenue Code 3157

Establishment GUY CVITAK
T8N R5E SEC 24 QTR SE
NW1/4 OF SE 1/4 LOT 27IT
6810 W MARTELL RD-MARTELL

FEES: $200.00

Permittee GUY CVITAK
1650 VAN DORN ST
LINCOLN NE 68502

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

A

Permit Number: 05380306801

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 6810 "W" MARTELL Rd City MARTELL NE, Zip 68404
(no rural route)

Legal Description NW 1/4 SE 1/4 24 Section 8N Township 5E Range ____ Subdivision ____ Addition ____ Block 27 Lot I.T.

Geographical Location (if known): Longitude ____ Latitude ____

☐ Check if system mail address is not the same as the owner's address

B. Owner

Name Guy Cvitak Signature Guy Cvitak

Address 1650 Vandorn City/State/Zip Lincoln NE 68502

☐ Check if owner designed system Home Phone ____ Work Phone 402-440-2578

C. Contractor

Name Guy Cvitak Company Name Owner

Address 1650 Vandorn City/State/Zip Lincoln Ne 68502

☐ Check if contractor designed system Work Phone 402-440-2578

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

Designer Name Mel Gagner Firm Gagner Const Work Phone 432-5698

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 8/9/05 Date frwd 8/10/05 ACTION ☐ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 8-10-05 Date frwd 8-10-05 ACTION ☒ Approved ☐ Disapproved CANT BE IN Flood Plain Signature ____
3. **City or County Engineer** Date rec'd 8/10/05 Date frwd 8/10/05 ACTION ☒ Approved ☐ Disapproved Signature ____

Installation Final Written Approval

By ____

Date ____

Permit Expired

Business Office Use Only
Date Rec'd 08/10/05
Amt Paid 200.00
Rec'd By LO Cash/Check No. 2379

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

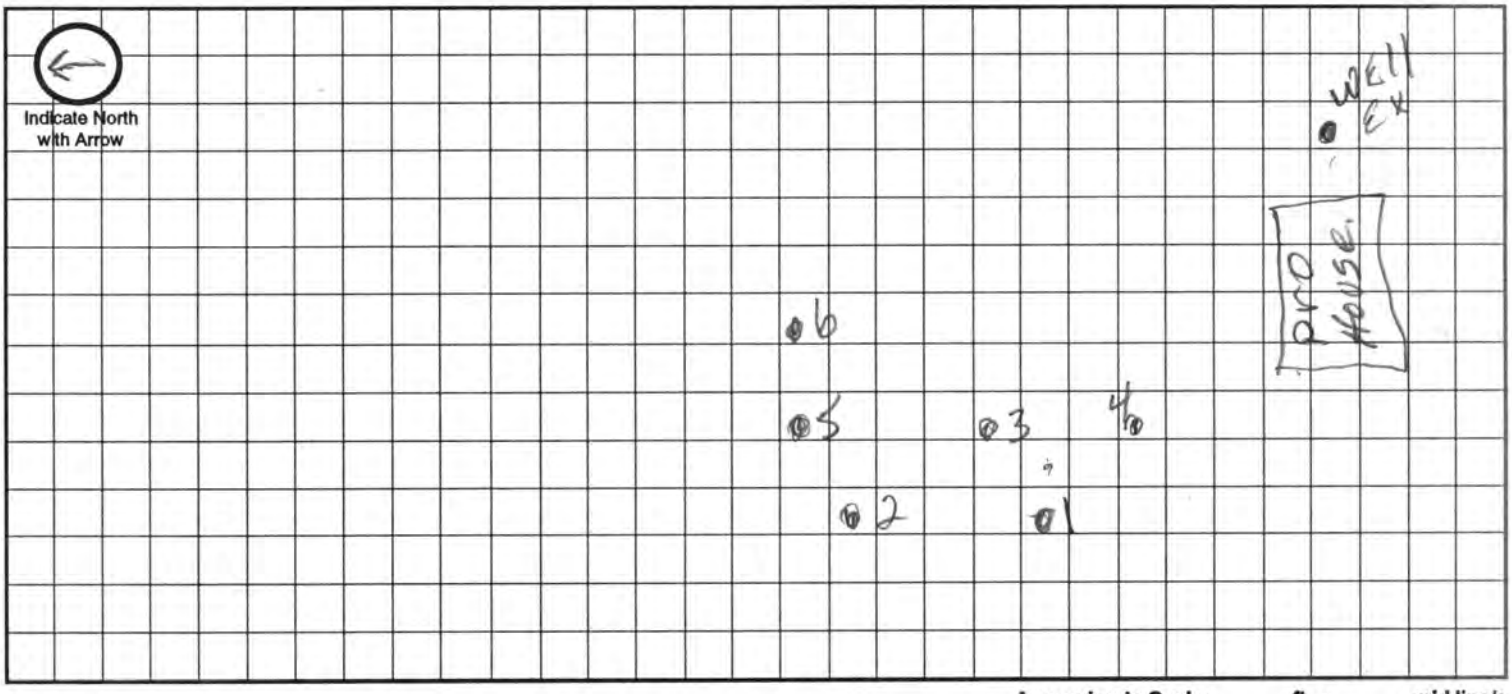
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number:

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 54.67 (min. per inch) Soil Type: WYMORE SILTY CLAY LOAM Land Slope: _____ %

Type of Absorption System: ☑ Trench ☐ Bed ☐ Other _____

Total Square Feet of Field Required: 1050 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: _____

Capacity of Septic Tank 1250 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 Jerry Curtis Date 7-28-05

Installer Melvin H. Gagner Date 7-28-05

FORM 23-102 10-96

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 6810 "W" MARTELL Rd (no rural route) City MARTELL NE, Zip 68404

Owner EUGENE TAK Addresss 1650 VAN DORN LINCOLN NE 68502

Soil Type (SCS): WYMORE SILTY CLAY LOAM Percolation Rate: 54.67 min./inch

Date of Tests 7-27-05 to 7-28-05 Weather: Precipitation 0 Temperature 82

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	29	7-27	2:30	7-28	4:00	7-28	4:00	6	7-28	4:30	30	1/2	60
2	30	"	"	"	"	"	"	"	"	"	"	1/2	60
3	31	"	"	"	"	"	"	"	"	"	"	5/8	52
4	30	"	"	"	"	"	"	"	"	"	"	5/8	52
5	28	"	"	"	"	"	"	"	"	"	"	5/8	52
6	31	"	"	"	"	"	"	"	"	"	"	5/8	52

Person Conducting Percolation Tests

Name: Mel Eagner

Phone: 432-5698

Address 4810 "W" CLAIRE AVE LINCOLN NE 68523

Sum of Percolation Rates: 328

Average of Rates: 54.67

Rate Used for Calculation:

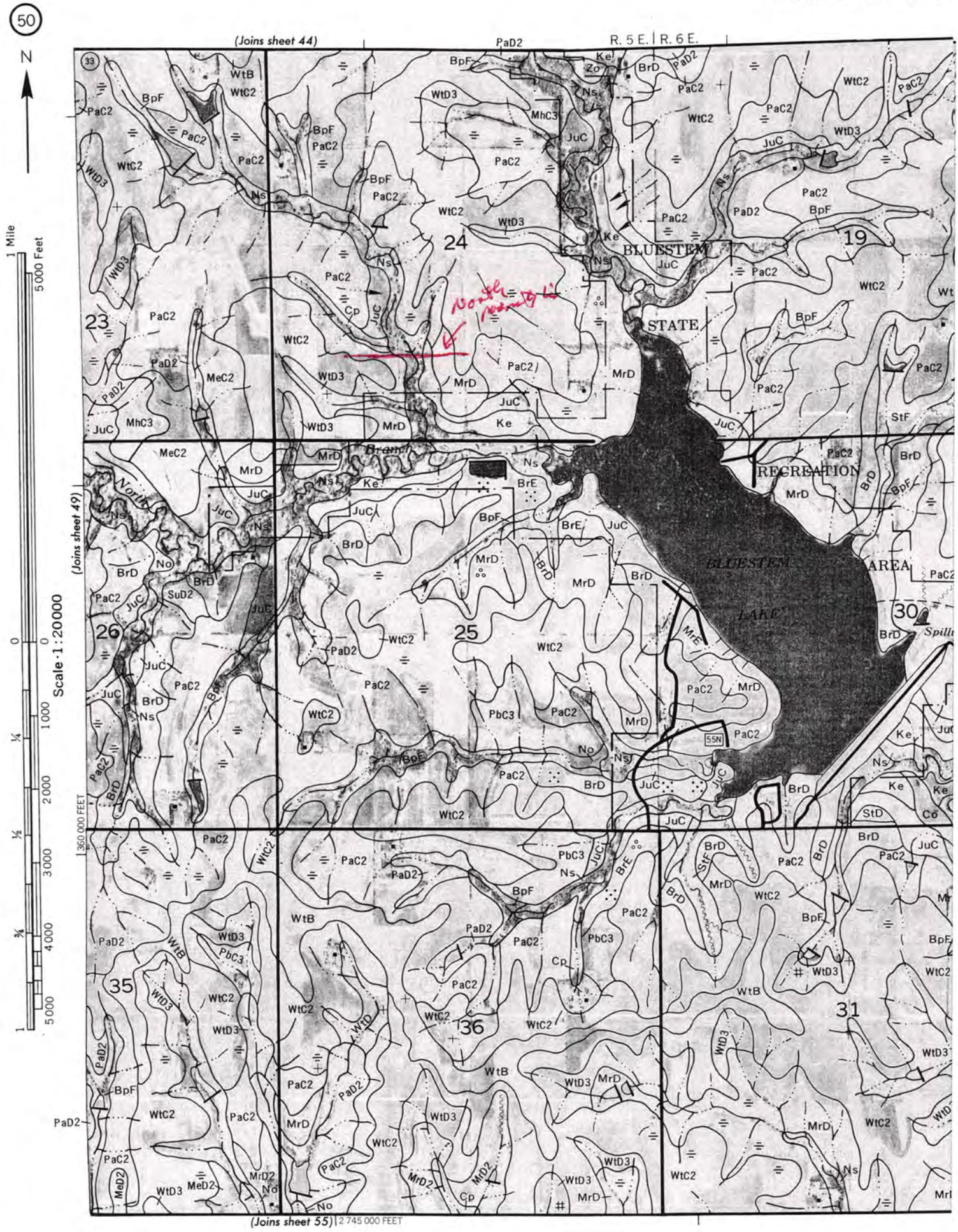
DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. Date

FORM 23-101 10-96


50
N
(Joins sheet 44)
R. 5 E.
R. 6 E.
33
24
19
23
25
26
30
31
35
36
BLUESTEM
STATE
RECREATION
AREA
LAKE
Brandt
North
55N
1 Mile
5000 Feet
Scale · 1 : 20000
(Joins sheet 49)
360 000 FEET
(Joins sheet 55)
2 745 000 FEET