Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

007972

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Permit # 05380305601

Issued 07/07/05
Expires 07/07/06
Revenue Code 3157

Establishment:
LINDA K HOLLMAN
T8N R6E SEC 17 QTR NE
W 1/2 OF NE 1/4
3315W WITTSTRUCK RD-MARTELL
3377

$200.00

Permittee:
LINDA K HOLLMAN
6175 W WITTSTRUCK RD
MARTELL NE 68404

200.00

Not Quite sure of address yet. ✓

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

JUL 07 2005

A

Permit Number: 05380305601

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 ~~3375~~ 3377 W WITTSTRUCK Rd (no rural route) City MARTELL NE, Zip 68404

Legal Description W½ (1/4) NE¼ (1/4) 17 (Section) 8N (Township) 6E (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 LINDA HOLLMANN Signature Linda K Hollman

Address 6175 W WITTSTRUCK RD City/State/Zip MARTELL NE 68404

☐ Check if owner designed system Home Phone 402 794 4535 Work Phone 402 467 8323

C. Contractor

Name ~~KRICK~~ HELMINK Company Name NEBRASKA DIRT WORKS

Address ~~26761 S 70th~~ 304 ALLEN City/State/Zip FIRTH NE 68358

☐ Check if contractor designed system Work Phone 402 450-0100

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

Designer Name DAVE PRUSA Firm NEBR DIRT WORKS Work Phone 402-450-0100

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. 525-0822

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☐ County Resolution No. 2832

1. **Health Department** Date rec'd 7/7/05 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature Doug Smith
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 7/11/05 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 7-11-05 Date frwd 7-11-05 ACTION ☐ Approved ☐ Disapproved Signature _____

4-12-05 Discharge - Need fence

Installation Final Written Approval

By Doug Smith

Date 8/23/06

Business Office Use Only

Date Rec'd 07/07/05

Amt Paid 200.00

Rec'd By _____ ~~Cash~~/Check No. 1898

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

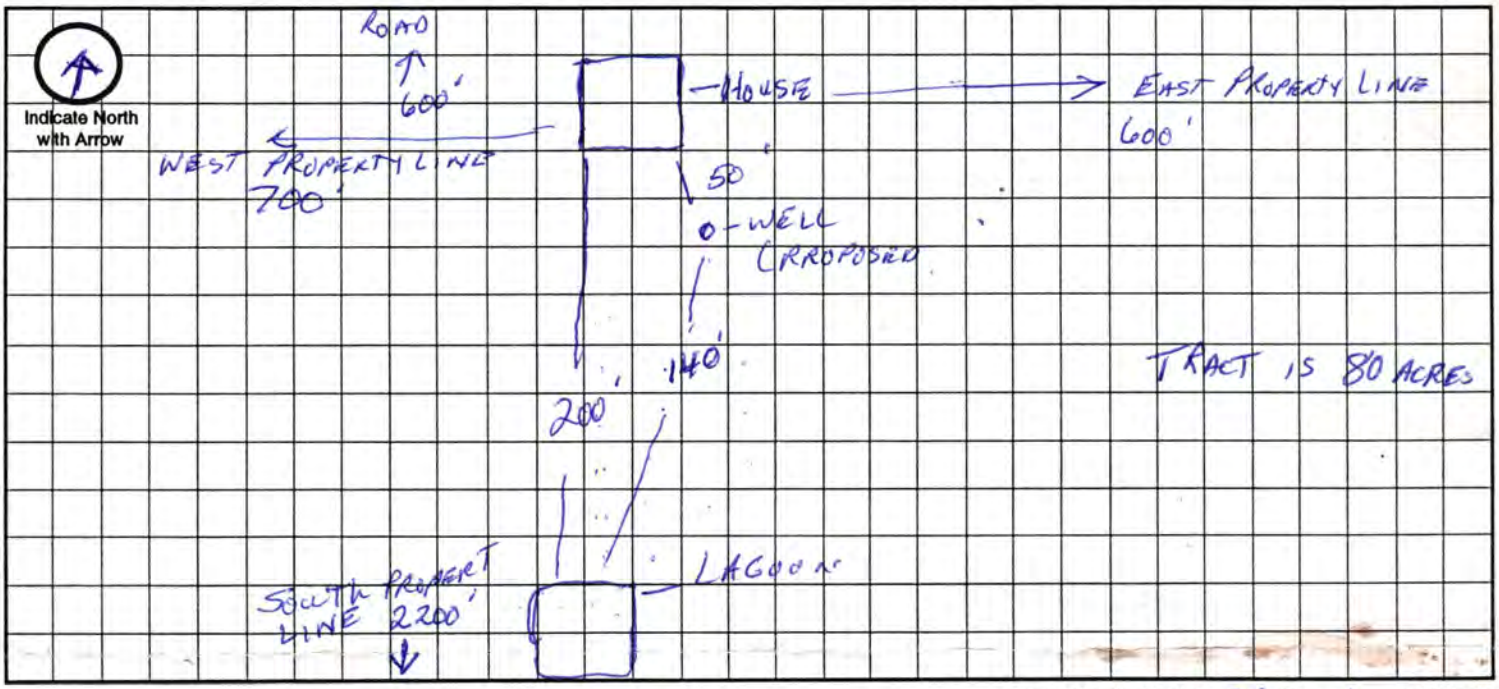
RECEIVED
JUL 07 2005

C

Permit Number: 05 3803056

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) 3315 W WITTSTRUCK Rd City MARTELL NE, Zip 68404
(APPROX - No # ASSIGNED YET

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. Lagoon - will seal

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 Dave Prusa Date 7-05-2005

FORM 23-102 10-96

Lancaster County

County Assessor/Register of Deeds
Property Information

InterLinc

Parcel Identification No: 08-17-200-001-000

Taxing District:	0097 RURAL
Property Class:	RGBA RURAL FARM IN GREENBELT
Neighborhood:	3800 MARKET AREA EIGHT
Situs Address:	99999 **NO SITUS** ST RURAL
Final Value Summary for Tax Year 2005	
Total Value:	77,007

Property Owner:

HOLLMAN, LINDA K
6175 W WITTSTRUCK RD
MARTELL NE 68404-5134

Legal Description:

THAT PART LOT 13 LYING IN THE W1/2 NE 17-8-6

Click Photo to Enlarge

Sale History:

Instrument #	Sale Date	Sale Pri
00-020896	03/21/2000	0

Land and Miscellaneous

Map

Treasurer's Information

County Assessor Property Information

8-6-17

D

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

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 9-11-05

System Location (Indicate correct number and street)

Address 3330 W Withstruck (no rural route) City Martell NE, Zip 68404

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

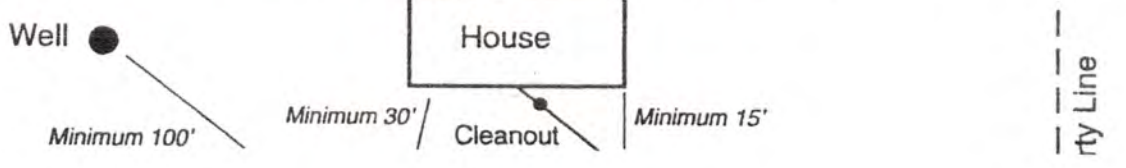
(Provide as-built drawings on back of this form)

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.

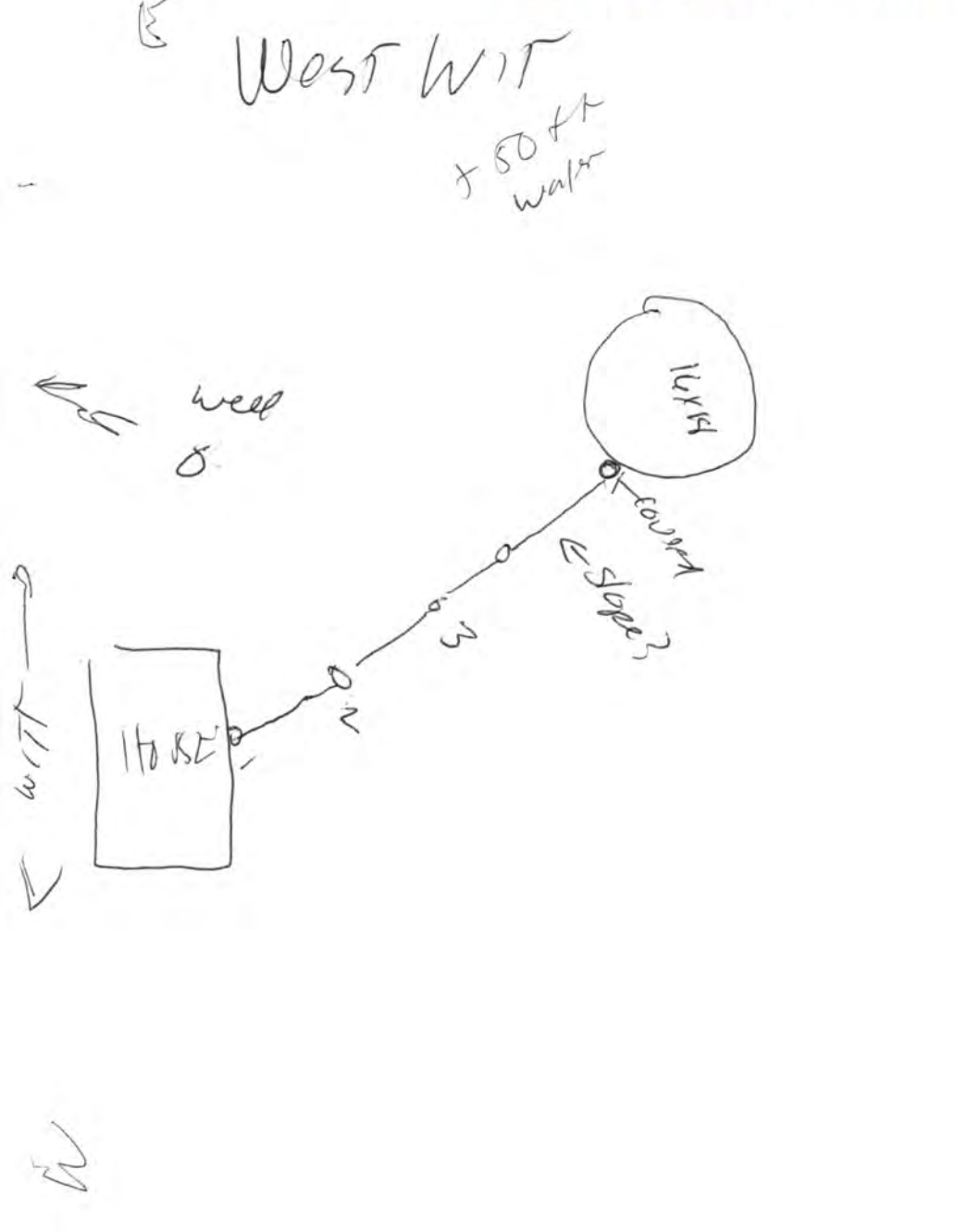
Indicate North with Arrow

Individual Sewage System Design (Example)



Lincoln-Lancaster County
HEALTH DEPARTMENT

3140 "N" STREET LINCOLN, NE 68510-1514
402-441-8000 TDDY 402-441-6284
M. JANE FORD, HEALTH DIRECTOR



As Built Drawing

