Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

008174

Permit: SEWAGE SYSTEM REPAIR
SEWAGE REPAIR

Permit # 05390083801

8-6-21
Lot 6

Issued 08/31/05
Expires 08/31/06
Revenue Code 3157

Establishment:
PAUL WEBER
T8N R6E SEC 21
LOT 6 & 7
2700 W MARTELL RD-MARTELL

FEES: $100.00

Permittee:
PAUL WEBER
10133 WILLOW COVE LN
FIRTH NE 68358

TOTAL: $100.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

Application to Alter, Extend or Repair an Individual Sewage Disposal System

☐ Municipal Code 24.38 ☐ County Resolution Number 2832

The undersigned hereby applies for a permit to: ☐ **ALTER** ☐ **EXTEND** ☒ **REPAIR** an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. **Legal description of property:**
   Township 8 N Range 6 E Section 21 1/4 Section _____
   Block _____ Lot 6 + 7 Addition _____
   Parcel ID 08-21-300-004-000 (i.e. 99-99-999-999-999)
   Street Address 2700 West Martell Road Martell 68404

2. **Property use:** ☒ residential ☐ commercial ☐ other use
   Number of bedrooms 4 Describe _____

3. **Type of Present Individual Disposal System** ☒ septic tank ☐ lagoon ☐ other

4. **Description of proposed alteration, extension or repair** Lift pump - absorption field

5. **Work to be done by:** ☐ owner ☒ contractor's name Paul Weber Weber Well

6. **Estimated project:** a. Repair, replace or minor extension with a cost less than $400 (no fee required). # 1000
   b. Total cost is greater than $400 (Return fee with this application)
   c. A "construction permit" is required if the use, operation, location, or type of the system is being change.

Print Name Paul Weber Address 10133 Willow Cove Lane Phone 791-3008
Applicant Signature (owner or lessee) _____ Firth Ne

Please include the permit fee ($100) with this application
Fee must be included before the application will be processed. Incomplete information will delay processing

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HEALTH DEPARTMENT USE ONLY

Date received 8/31/05 REVIEW: ☒ Approved ☐ Disapproved By: Doug Smee

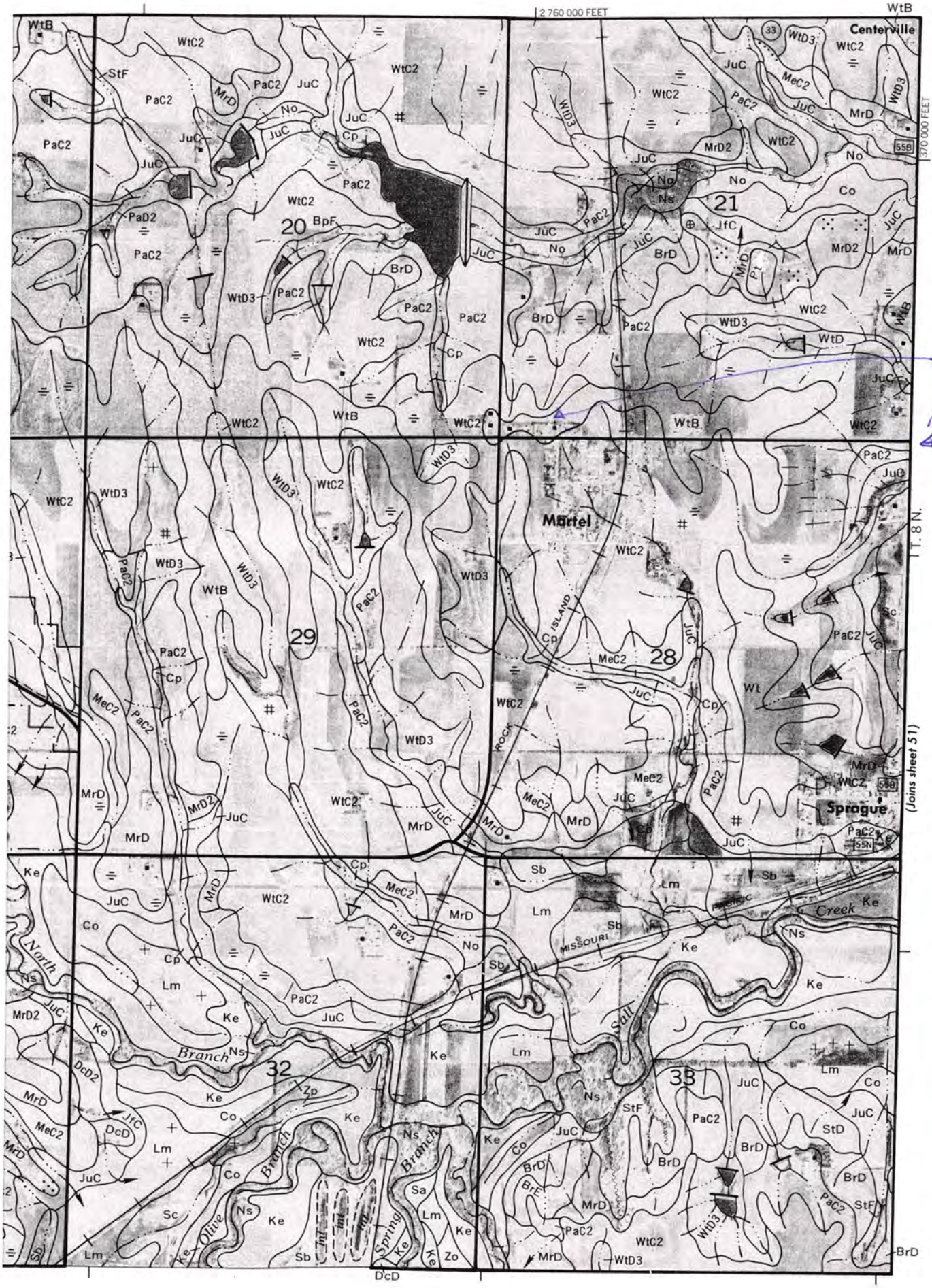
Site visits
Date ____/____/____ By _____
Date ____/____/____ By _____
Date ____/____/____ By _____

Installation final written approval
Date 8/31/05 By _____

Return application to: Lincoln-Lancaster County Health Department - Environmental Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: 441-8022

Business Office Use Only
Received: Date: 08/31/05 Amount 100⁻ Check No. 5762 Initials _____

White - Division Copy Pink - Business Office Revised 9/00


2 760 000 FEET
370 000 FEET
Centerville
Martel
Sprague
20
21
28
29
32
35
T. 8 N.
(Joins sheet 51)
MISSOURI
Creek
Branch
Spring
Olive
Rock Island
abandoned
Martel

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 2700 West Martell Road (no rural route) City Martell NE NE, Zip 68404

Owner Martell Methodist Church

Soil Type (SCS): Black and Clay Percolation Rate: _____ m

Date of Tests 8-26-05 to 8-27-05 Weather: Precipitation 1/2 inch rain night before Temperature 84 Damp

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 (Min/i
West L → 1	24"	8-26	900	8-27	900	8-27	910	6"	8-27	940	30	3"	
R 2	24"	8-26	900	8-27	900	8-27	910	6"	8-27	940	30	4"	
L 3	24"	8-26	900	8-27	900	8-27	910	6"	8-27	940	30	4½"	
R 4	24"	8-26	900	8-27	900	8-27	910	6"	8-27	940	30	3½"	
L 5	24"	8-26	900	8-27	900	8-27	910	6"	8-27	940	30	2½"	
R 6	24"	8-26	900	8-27	900	8-27	910	6"	8-27	940	30	5"	

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: _____

Person Conducting Percolation Tests

Name: Carl Weis

Phone: 402-787-2070

Address Martell NE 68404

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____