LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1394-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

FEBRUARY 21, 1979 — THIS PERMIT EXPIRES

Duane Helmink — ISSUED TO

Martell, NE 68404 — ADDRESS

T8N, R6E, Section 28, Block 2, Lot 8,9,10,11, Add. Martell 1st — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE (REPAIR)

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 15.00	$	$	$ 15.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
	110.16	148.14	6-2

RECEIPTED BY — DATE — AMOUNT

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH — ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. 2832

20109-0977

FORM HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Ave.
Lincoln, Nebraska 68502 (Phone: 475-6221)

FILE NO. 1394-C

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: 8-21-78

The undersigned hereby applies for a permit to ALTER ☐, EXTEND ☐, or 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: Twp. 8N; Range 6E; Section 28;
Block 2; Lot 8-9-10-11; Addition Martell First Addition
~~Street~~ Address Martell, Nebr.

2. Property Use: Residential ☒; Commercial ☐
No. Bedrooms 3
Describe
Other Use ☐
Describe

3. Type of existing Individual Sewage Disposal System: Septic Tank ☒; Other ☐

4. Description of proposed alteration, extension or repair:
Addition or replacement of existing laterals.

5. Work to be done by: Owner ☐; or Contractor ☒, Irvin Wendland
Contractor's Name Martell

6. Estimated cost of project:

a. Materials	$
b. Labor	$
c. Other	$
TOTAL app	$ 750.00

Lorraine Schyrick (Realtor)
Signature of Applicant (owner or lessee)

Malcolm, Nebr. 68402
Address

(Do not write below this line) owner Duane Helmick

REVIEWING ACTION

1. Date Rec'd:
Filing Fee: $ 15.00

2. Site Visits:
Date: 10- -78 by: gw
Date: by:
Date: by:

3. Date: Approved ☒; Disapproved ☐
by: Gerald E. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 10-16-78 by: James Wevelka

FORM HD- 43(73) SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone 475-6221)

FILE NO. _____

PROPERTY WHERE SOIL TESTED:
Location: Township _____; Range _____
Section & ¼ Sect. _____
Property Dimensions: ____ft. x ____ ft.
Area: _____acres. (Attach sketch of property showing hole location).

Owner: _____
Address _____

Soil Type: Silty Clay ☐; Silty Clay Loam ☒; Sandy Loam ☐
Silty Loam ☐; Clay Loam ☐; Sandy Clay ☐

Dates of Tests: 8-23-78 to 8-24-78. Weather: Precip. 0 Temp. 90° F.

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
		Pre-Saturation Period				Percolation Readings					Results		
		Start		End		Start			End				
Hole No.	Hole Depth (in.)	Date (Mo. Day)	Time (Hr. Min.)	Date (Mo. Day)	Time (Hr. Min.)	Date (Mo. Day)	Time (Hr. Min.)	Water Level (in.)	Time (Hr. Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./inch)
1	32"	8/23	6 PM	8/24	6 PM	8/24	6 PM	12"	8 30 PM	9 3/4	30 M	1/4	
2										10		1/4	
3										3/4		1	
4										8 1/2		1/2	
5										4 3/4		3/4	
6										3 1/2		1	

Robert D Johnson
Signature of Person Conducting Test

Address 2618 no 3rd
Phone: 432 3595

Sum of Percolation Rates _____
Average of Rates: _____
Mean of Rates: _____

(Do not write below this line)

REVIEWING ACTION

REMARKS: _____

Approved Percolation Rate(s)
A. 48 min./inch
B. _____ min./inch
C. _____ min./inch

DATE: August 25, 1978

Jerrold C Hood
Signature of Reviewing Official

FORM 20104-0477
PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

D

DATE: _____

FILE NO. _____

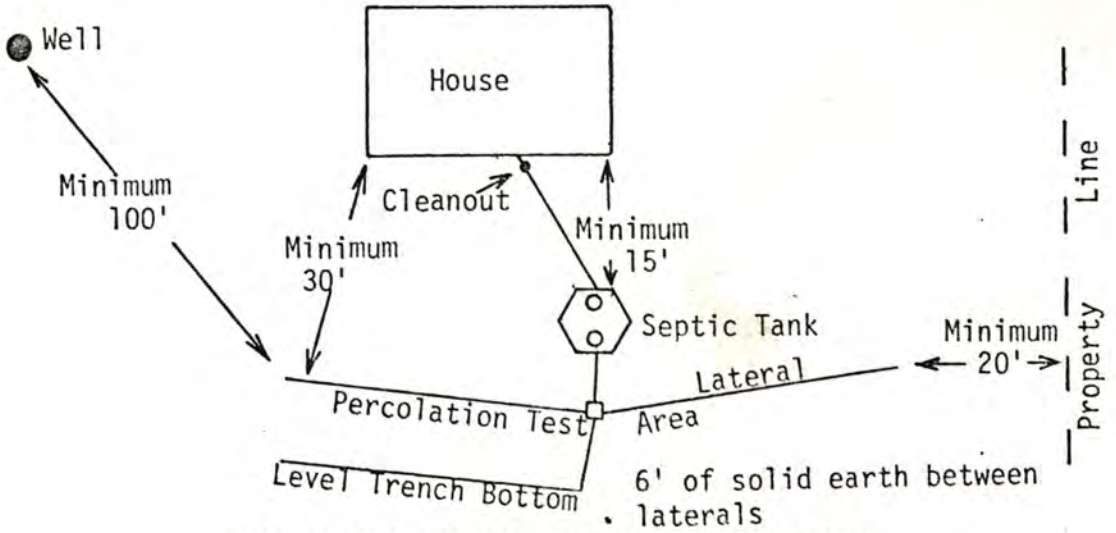
SPECIFICATIONS AS BUILT T8N R6E Sec 28 Martell

A. BUILDING SEWER:
1. Material _____; Diameter _____ in.
2. Distance above basement floor _____ in., or below basement floor _____ in.
3. Distance between dwelling and septic tank 36 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 (EXISTING)
1. Material CONCRETE No. of compartments _____.
2. Capacity _____ gals.;
3. Factory Built: Yes ☒ No ☐
(Company _____)
4. Manholes: Over Inlet; diam. _____ in.
Over Outlet; diam. _____ in.
Riser Above ☐ Below ☒ Grade 12 in.
5. Inlet: Baffle ☐ ; or Tee ☐
6. Outlet: Baffle ☐ ; or Tee ☐
7. Depth of top of tank below finished grade 36 in.
8. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material CONCRETE; Number - available outlets SIX.
2. Factory Built: Yes ☒ No ☐
(Company _____)
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 20" or Perforated Pipe _____.
Material: fiberglass ☐ ; plastic ☐ ; concrete ☒ ; other _____.
2. Lateral Lines:
Number ~~2~~ 4; Length of each line _____, 104, 100, _____, (204) ft.; Total length of laterals ~~304~~ 408 ft.; Distance between lateral lines 30 ft.
3. Trench dimensions: Width 4 ft.; Slope Two(2) in/100 ft.; Average Depth 4 FT ~~in.~~
4. Filter Material: GRAVEL
Depth of Material 24 in.
5. Distances to:
Well or Suction Line 100 PLUS ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line 35 ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

FORM HD- 45(73) PLANS & SPECIFICATIONS
SEWAGE DISPOSAL SYSTEM
(Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 475-6221)

FILE NO. _____

SPECIFICATIONS

DATE: _____

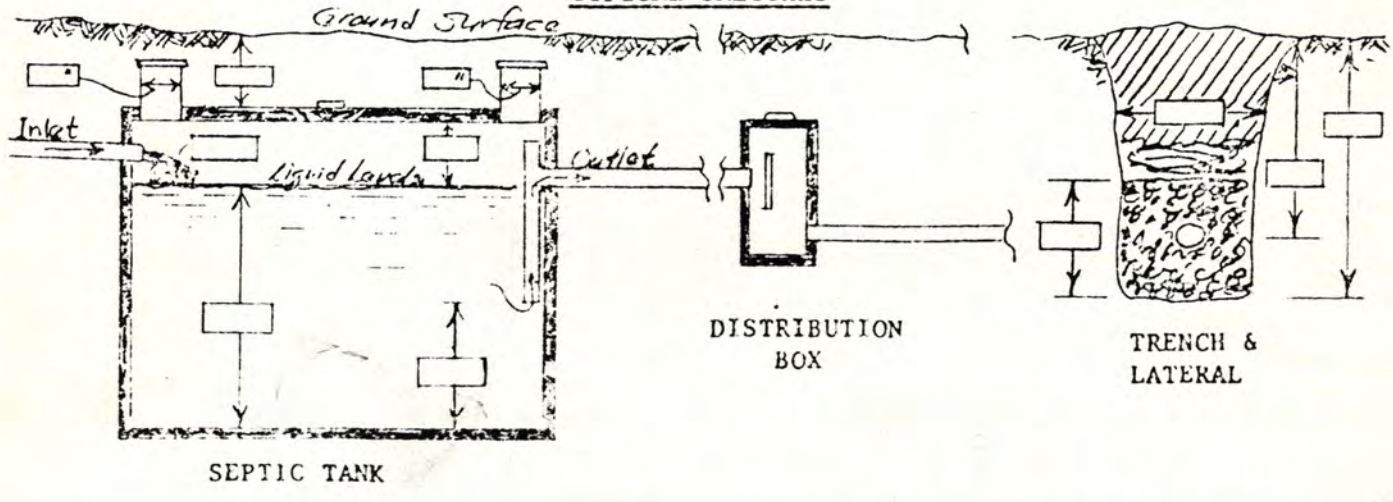
A. BUILDING SEWER:
1. Material _____; Diameter ____ in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank ____ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line ____ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material _____; No. of compartments _____.
2. Capacity 1000 gals.; Liquid depth 51 in.
3. Factory Built: Yes ☒ (Company Pre Cast Step) No ☐
4. Manholes: Over Inlet; diam. 6 in.
Over Outlet; diam. 6 in.
Below Grade _____in.
5. Inlet: Baffle ☒; or Tee ☐
6. Outlet: Baffle ☒ or Tee ☐
Depth of outlet below inlet ___in.
7. Depth of top of tank below finished grade ____in.
8. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line ____ft.

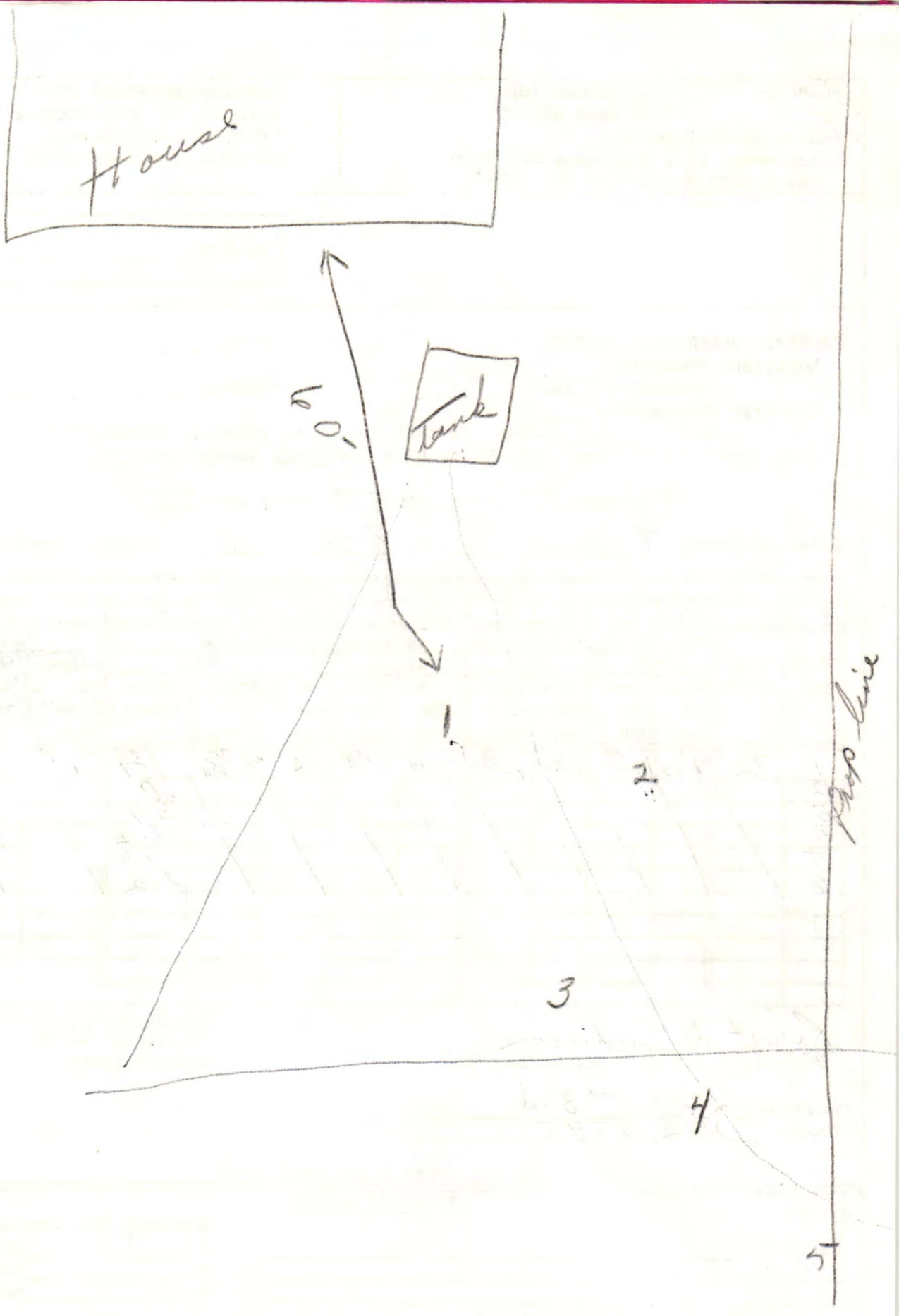
C. DISTRIBUTION BOX
1. Material Concrete No. available outlets 5.
2. Factory Built: Yes ☒, (Company Pre Cast Step) No ☐
3. Dimension: Length 21 in.; Width 14 in. Depth 14 in.
4. Distance from Septic Tank ____ft.
5. Serial Distribution: Yes ☐, No ☐
(If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: Half moon
2. Lateral Lines: Depth below grade __in.
Number ____; Length of each line ___ft
Total length of Laterals 229 ft.;
Slope ____in/100 ft. Diameter of pipe 20 in.; Shape Half moon
Material: concrete ☒; fiber asbestos ☐; clay ☐; other _____
Distance between lateral lines ____ft.
3. Trench Dimensions: Depth ___in.; Width 48 in.
4. Filter Material: Road Gravel.
Depth of material from trench bottom _____in.
5. Distances To:
Well or Suction Line ____ft.;
Stream _____ft.; Pressure Line ____ft.
Property Line ____ft.
6. Percolation Rate: 48 minutes/inch

TYPICAL SKETCHES



Signature of Applicant

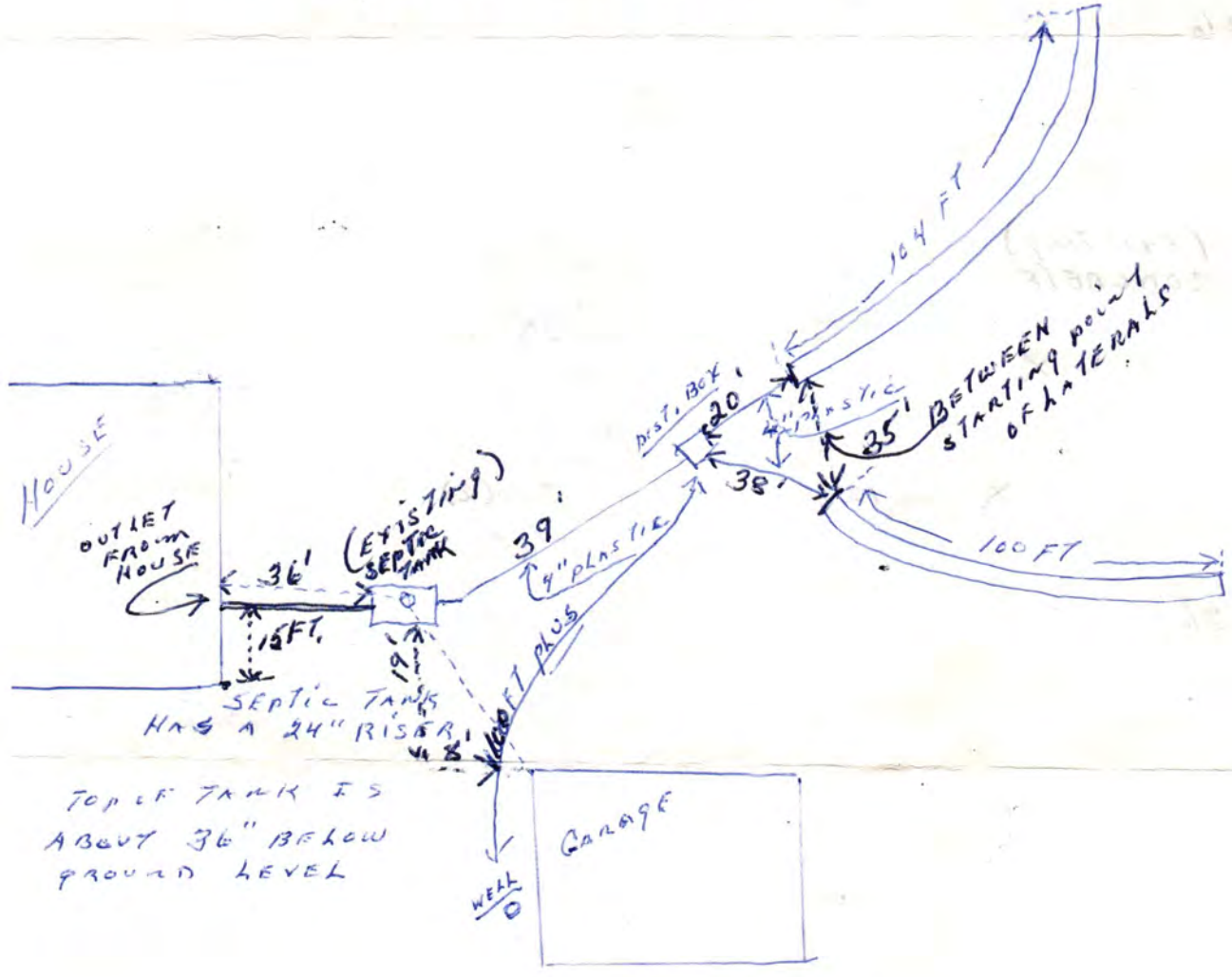

House
50'
Tank
1
2
3
4
5
Prop line

AS BUILT DRAWING OF SYSTEM

DATE OCT. 11-'78 INSTALLER PETE WENDELIN

LATERAL TRENCHES ARE AT LEAST 48" WIDE
" " START AT A DEPTH OF 48" AND
TAPER TO APPROX. 36" DEEP

20" CONCRETE HALF MOONS - SETTING ON 8" CONCRETE BLOCKS
COVERED OVER WITH GRAVEL FROM 2" TO 4" OF GRAVEL
ABOVE TOP OF HALF MOONS



Application to Alter, Extend or Repair an Onsite Wastewater Treatment System

NOV 21 2006

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

The undersigned hereby applies for a permit to: ☒ **ALTER** ☐ **EXTEND** ☐ **REPAIR** an existing wastewater treatment system, complying with appropriate Ordinance or Resolution, as marked above with drawings attached.

1. **Legal description of property:**
   Township 8N Range 6E 1/4 ____ 1/4 ____ Section 27
   Block 2 Lot 5,6,7,8 Addition 1st
   Parcel ID ____-____-____-____-____ (i.e. 99-99-999-999-999)
   Street Address (no rural route) 17740 S. 3rd st martell, NE 68404

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

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

4. **Description of proposed alteration, extension or repair** CUT off 100ft Add 100 ft LATERAle.

5. **Work to be done by:** ☐ owner ☒ contractor's name Gagner CONST.

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

Print Name Chris Volkman Address 17740 S. 3rd St. Phone: 794-8510

Applicant Signature (owner or lessee) Chr Volkman

Please include the permit fee ($150) with this application
Fee must be included before the application will be processed. Incomplete information will delay processing

---

HEALTH DEPARTMENT USE ONLY

Date received 11/29/06 REVIEW: ☑ Approved ☐ Disapproved By: [signature]

Site visits
Date 12/6/06 By DS
Date ____/____/____ By ____
Date ____/____/____ By ____

Installation final written approval
Date 12/6/06 By [signature]

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

Business Office Use Only

Received: Date: 11/29/06 Amount 150 cc 10 cc Check No. 1301 # 1302 Initials LS LS

White - Division Copy Pink - Business Office Revised 9-05

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 1ST ADD. Block 2 Lots 4+5+6+7+8+9+10+11 (no rural route) City Martell NE, Zip NE 68404

Owner Chris Volkman Addresss 17740 S. 3rd St. Martell, NE 68404

Soil Type (SCS): ~~Black~~ WYMORE SILTY CLAY LOAM Percolation Rate: 40 min./inch

Date of Tests 11/22/03 to 11/24/03 Weather: Precipitation 0.00" Temperature 38

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	36"	11/22	8 AM	11/24	10 AM	11/24	10:05	6	11/24	2:05	30	3/4	HC
2	36"	11/22	8 AM	11/24	10 AM	11/24	10:06	7	11/24	2:06	30	5/8	HC
3	36"	11/22	8 AM	11/24	10 AM	11/24	10:07	6 1/4	11/24	2:07	30	3/4	HC
4	36"	11/22	8 AM	11/24	10 AM	11/24	10:08	6 1/2	11/24	2:08	30	5/8	HC
5	36"	11/22	8 AM	11/24	10 AM	11/24	10:09	7	11/24	2:09	30	1 1/2	20

Person Conducting Percolation Tests

Name: Chris Volkman

Phone: 794-8510

Address 17740 S. 3rd St.
Martell, NE 68404

Sum of Percolation Rates:

Average of Rates:

Rate Used for Calculation: HC

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Jerrold C. Wood R.E.H.S. Date NOVEMBER 18, 2003

1000 gal tank

206' lateral of 4' wide

FORM 23-101 10-96

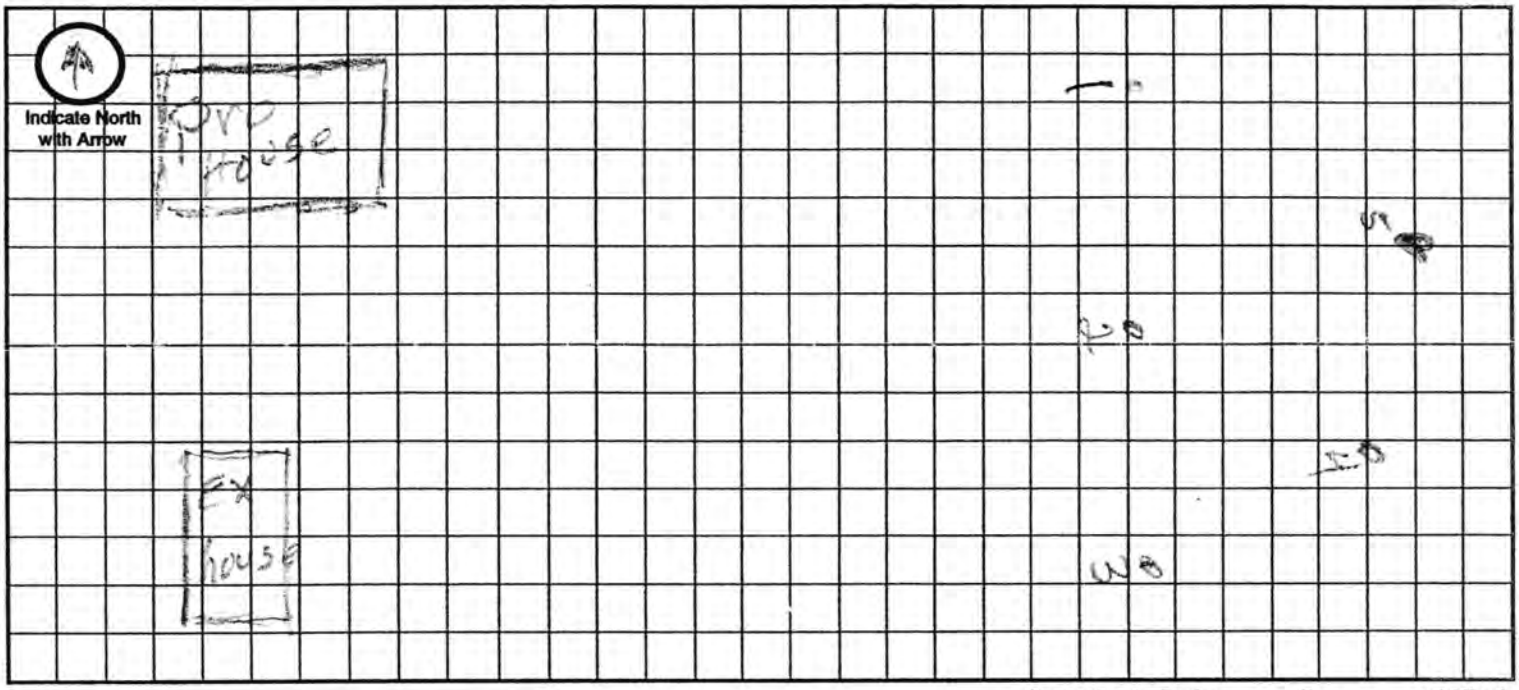
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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) 17740 S. 3rd St City Martell NE, Zip NE

B. Proposed Septic Tank/s

Tank Material: ☑ Concrete ☐ Plastic ☐ Other _____

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate 40 (min. per inch) Soil Type: Wymore Silty Clay Loam Land Slope: _____ %

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

Total Square Feet of Field Required: 480 sq. ft.

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

Capacity of Septic Tank 1500 gals Number of Absorption Beds: [redacted] Number of Distribution Laterals per Bed _____

Total Length of Laterals 200 ft. Number of Trenches 2 Trench Width 4 FT.

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 [signature] Date 11/18/06

Installer [signature] Date 18 NOV 06

FORM 23-102 10-96

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

FOR PROPERTY IN **LANCASTER COUNTY** ONLY

This form must be completed and returned with payment to request a real estate transfer inspection.

MAKE CHECK PAYABLE TO: "Lincoln-Lancaster County Health Department" or "LLCHD"

☒ Enclosed is $200.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 17740 So 3Rd Street, Martell, Ne

Parcel ID ____-____-____-____-____ (i.e. 99-99-999-999-999)

Twp 8 Range 6 Section 21 1/4 ____ 1/4 ____ Block ____ Lot ____ Addition ____

Directions to Property ____

Location of Well West of Detached Garage 2-3 feet, around center of garage west Tap Location: Inside ☐ Outside ☐

Location of Sewage System East of Howe 20-30 feet, Lateral goes south towards garden Year Installed UNKNOWN

Site Hazards (dogs, etc.) ____

	NAME	ADDRESS	PHONE
Present Owner:	Albert & Velda Sloan Jr.	Same / 4 or 7321 S. 16th, Lincoln NE 68512	420-7923
Tenant/Buyer:	Realtor		
Return to:	John Wiebel 441-4428 Re Max Chris Volkman	423-2610	(Fax)

Signature of Applicant Christopher Volkman Address 5550 Salt Valley View Apt. 4 Date 05/09/01

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 5/11/01 Amount $200.00 Check No. 6695 Initials CW

DATA ENTRY Date ____/____/____ Case No. ____ Initials ____

PRELIMINARY STATUS--By Doug Smith **DATE:** 05/14/01

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM		Additional Site Visits
Construction	☒	☐	Approved	☐	Date ____/____/____ by ____
Bacteria	☒ 00./ml	☐ ____/ml	Provisional	☒	Date ____/____/____ by ____
Nitrate	☒ 05 ppm	☐ ____ppm	Disapproved	☐	Date ____/____/____ by ____

Comments: Unable to determine the exact location of sewage system, No visible malfunction of system observed in area described on application, It is recommended but not required to have a pumper locate tank and pump to check condition of system. Results discussed with Chris Volkman 5/17/01 See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Approved ☒ **SEWAGE DISPOSAL SYSTEM:** Approved ☐ Provisional Approval ☒

Approved by Doug Smith Date 05/16/01

Approval or disapproval is based on State and local standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operations.

White - Applicant after approval Yellow - Environmental Health Pink - Business Office

Revised/Reprint: 9-00

8-6-28

LOGO---LLCHD

Laboratory Water Test Request

Lab Test #_____ Method_____

Test For: Nitrate/Coliform/Other:_____

Reason: Annual Well, Loan Approval, New Well, Other:

Collected by: Doug Smith Date/Time 05/14/2001 10:30 am/pm
MM DD YYYY

LLCHD Permit #_____ State ID #_____

P17119-67

Well Location
Address: 17740 S. 3rd.
Martell

Legal Description: T N R E Sec 1/4 1/4 or b a b a
c d c d

GPS: Long._____ Lat._____

RESULTS: 0.5 mg 5-15-01 Wayne Hallock