Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

009902

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8006

Permit: SEWAGE INSTALLATION
LAGOON

Permit #: 07380331501

Issued: 03/23/07
Expires: 03/23/08
Revenue Code: 3157

Establishment:
JEFF MARTIN
T8N R7E SEC 28 QTR NW
6TH PRIN MEREDIAN LOT 31
5757 MARTELL RD-HICKMAN

FEES: $290.00

Permittee:
JEFF MARTIN
5930 S 78 ST
LINCOLN NE 68516

TOTAL: $290.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

Fax to: 441-3890
Attention: Nate H.
A

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

Permit Number: 07380331501 1 of

FAXED
MAR 23 2007
BY:

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:

5 acres

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address 5757 Markell Rd (no rural route) City Hickman NE, Zip NE 68372

LCR 5944

Legal Description S 28, T8, R7, 6th Principal meridian Lot 31 NW(NW)
1/4 1/4 Section Township 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 Jeff Martin Signature Jeff Martin

Address 5930 S. 70th St City/State/Zip Lincoln, NE 68516

☐ Check if owner designed system Home Phone 488-6359 Work Phone 423-7640/432-4629

C. Contractor

Name Vogt ToT - Dave Vogt Company Name Vogt ToT Excavating

Address P.O. Box 22953 City/State/Zip Lincoln, NE 68542-2253

☐ Check if contractor designed system Work Phone 560-4267

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 5 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 3/23/07 Date frwd 3/23/07 ACTION ☒ Approved ☐ Disapproved Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 3/24/07 Date frwd 3/26/07 ACTION ☒ Approved ☐ Disapproved Signature Bldg Inspector
3. **City or County Engineer** Date rec'd 3-26-07 Date frwd 3-26-07 ACTION ☒ Approved ☐ Disapproved Signature Jon Planck

Installation Final Written Approval

By _____

Date 7/19/07

Business Office Use Only
Date Rec'd 3/23/07
Amt Paid 290.00
Rec'd By dw Cash/Check No. 8276

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

B

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

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 5757 Morrell Road (no rural route) City _____ NE, Zip _____

Owner _____ Address _____

Soil Type (SCS): Clay Percolation Rate: _____ min./inch

Date of Tests 7-2-07 to 7-3-07 Weather: Precipitation Sunny Temperature 89°

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	60	7-2	10 a.m.	7-3	5:00	7-3	5:00	6"	7-3	5:30	30	7/8	34
2	60	7-2	10:00	7-3	5:00	7-3	5:00	6"	7-3	5:30	30	5/8	48
3	60	7-2	10:00	7-3	5:00	7-3	5:00	6"	7-3	5:30	30	7/8	34
4	60	7-2	10:00	7-3	5:00	7-3	5:00	6"	7-3	5:30	30	5/8	48
5	60	7-2	10:00	7-3	5:00	7-3	5:00	6"	7-3	5:30	30	3/4	40
6	60	7-2	10:00	7-3	5:00	7-3	5:00	6"	7-3	5:30	30	3/4	40
7	60	7-2	10:00	7-3	5:00	7-3	5:00	6"	7-3	5:30	30	7/8	34
8	60	7-2	10:00	7-3	5:00	7-3	5:00	6"	7-3	5:30	30	3/4	40

Sum of Percolation Rates: 318
Average of Rates: 39.75
Rate Used for Calculation: 40

Person Conducting Percolation Tests

Name: David Vogt
Phone: 402 560 4267
Address: P.O. Box 22753
Lincoln NE 68542

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

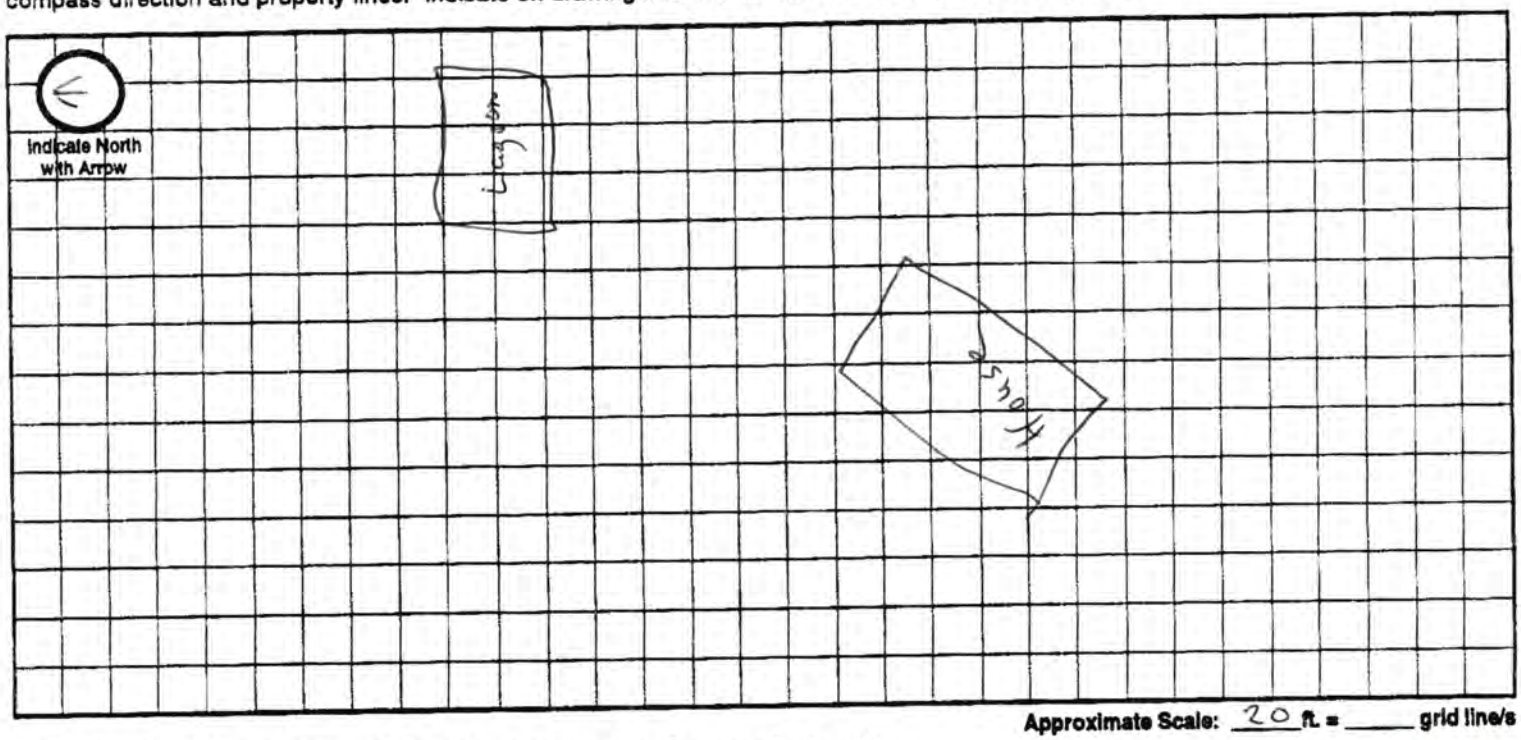
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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: 20 ft. = _____ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 5757 Martell Rd City Hickman NE, Zip 68372

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other Contractor is Dave Vogt

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

Percolation Rate _____ (min. per inch) Soil Type: _____ Land Slope: 3 %

Type of Absorption System: ☐ Trench ☐ Bed ☐ Other Lagoon

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 3/19/07

Installer _____ Date 3-19-07

Sewage Disposal System
As Built Plans & Specifications

Date 7-16-07

System Location (Indicate correct number and street)

Address 5757 Martell Road (no rural route) City _____ NE, Zip _____

A. Building Sewer

1. Material: PVC
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 12" in.
3. Distance between dwelling and septic tank: 66' ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line N/A ft.
   stream N/A ft.
   pressure line 50+ ft.
   property line 40+ ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: 1
2. Capacity: 1500 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter 24" in.
   Over outlet, diameter 24" in.
   Riser: ☒ above ☐ below grade 1" in.
5. Inlet: ☐ baffle ☐ tee
6. Outlet: ☐ baffle ☒ tee
7. Depth to top of tank, below unfinished grade: 26" in.
8. Distances to: Well or suction line N/A ft.
   Stream N/A ft.
   Pressure line 50+ ft.
   Property line 40+ ft.

C. Distribution Box

1. Material: Plastic
   Number available outlets: 9
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 11 ft.

D. Absorption Field

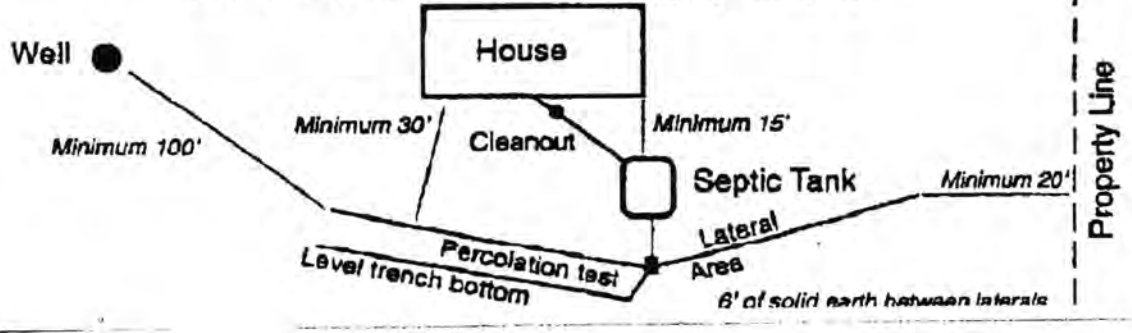
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: Plastic Infiltrator
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other Infiltrator
2. Lateral lines: Number 4
   Length of each line: 86 ft. 82 ft.
   86 ft. 94 ft., _____ ft.
3. Trench dimensions: Width 4' ft.
   Slope 2" in/100 ft.
   Average depth 4' in
4. Filter material: Dirt
   Depth of material 4' in.
5. Distances to: Well or suction line N/A ft.
   Stream N/A ft.
   Pressure line 50+ ft.
   Property line 40+ ft.

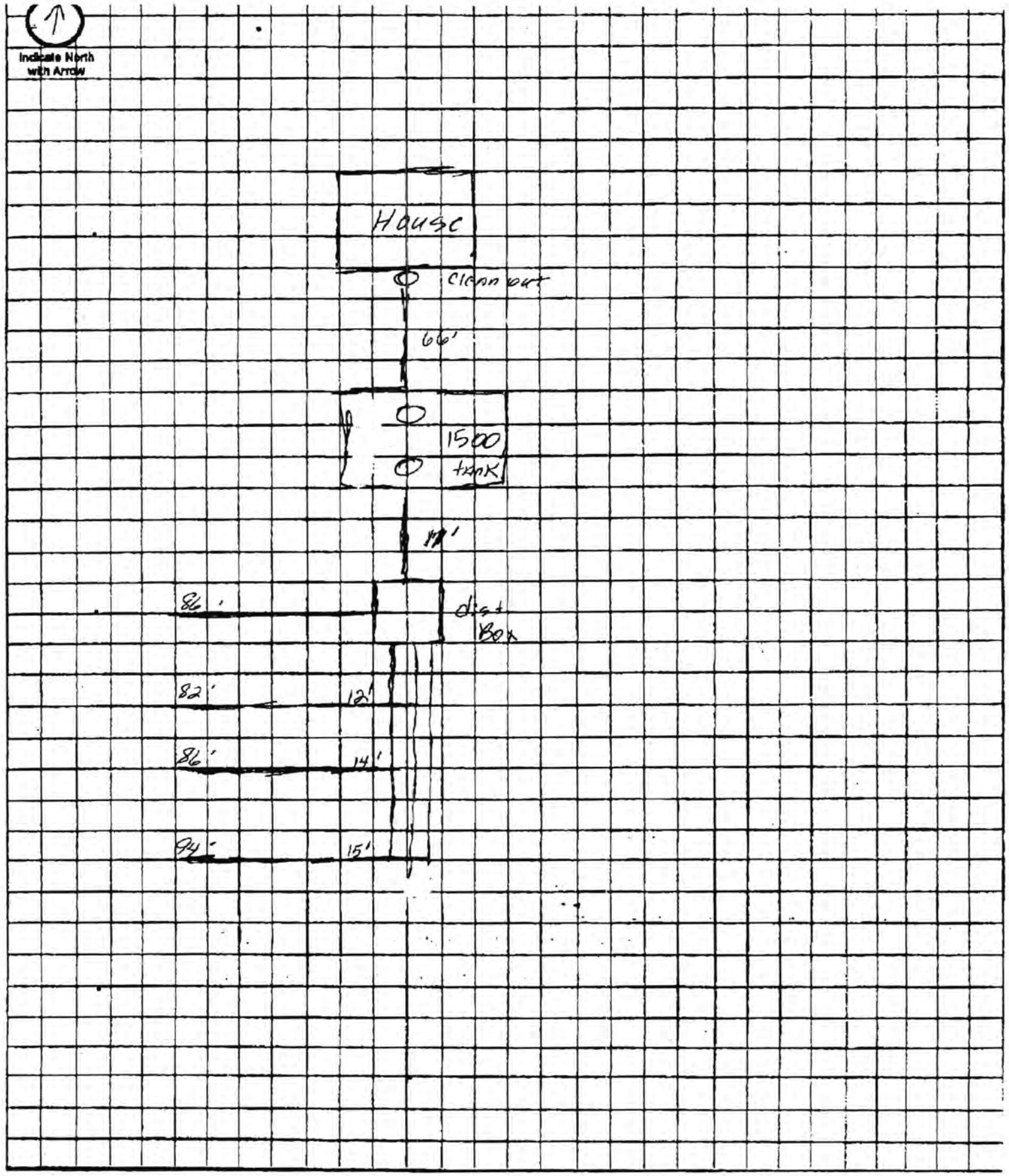
Complete "As Built" drawing on back of this form.

Indicate North with Arrow

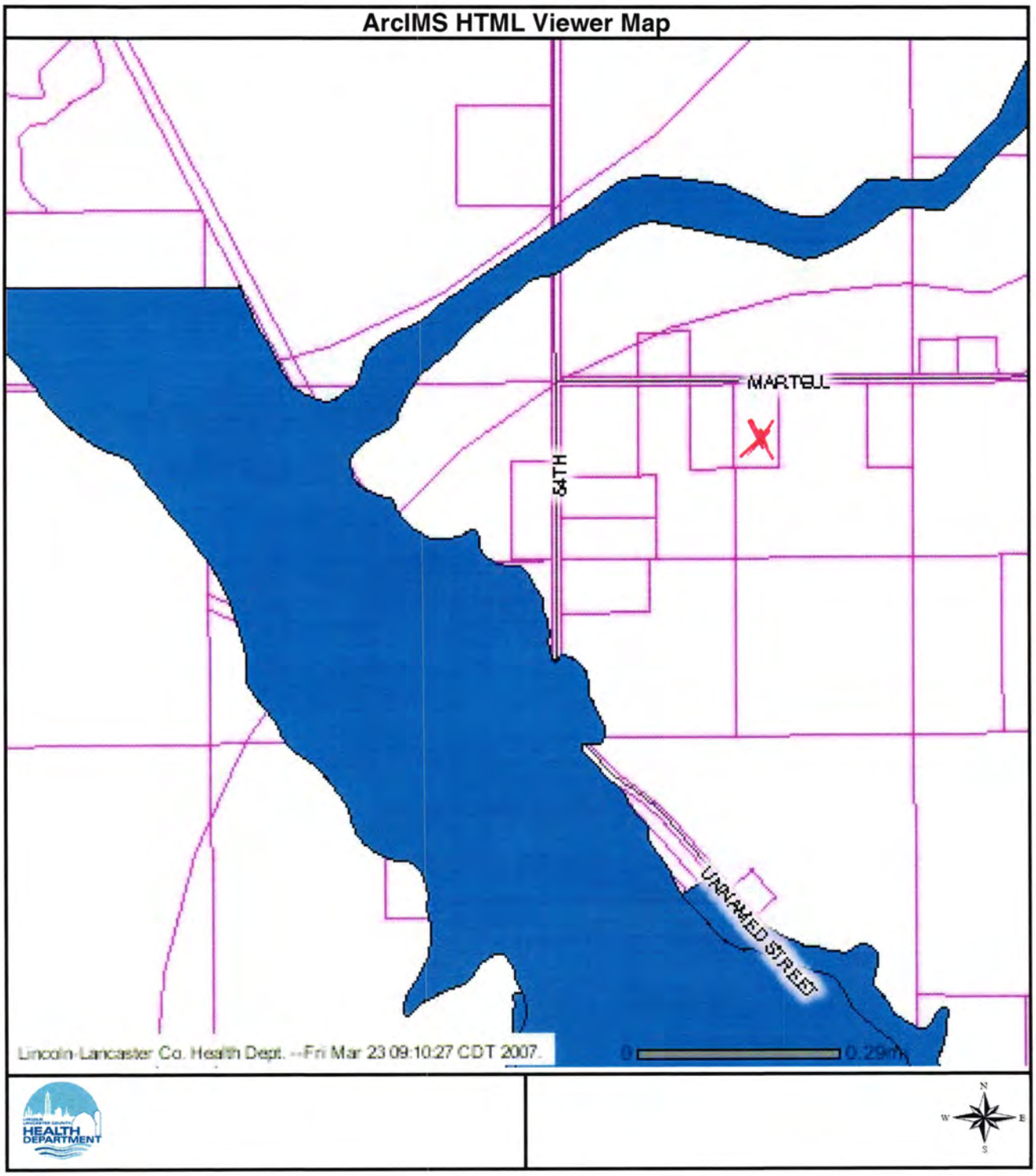
Individual Sewage System Design (Example)

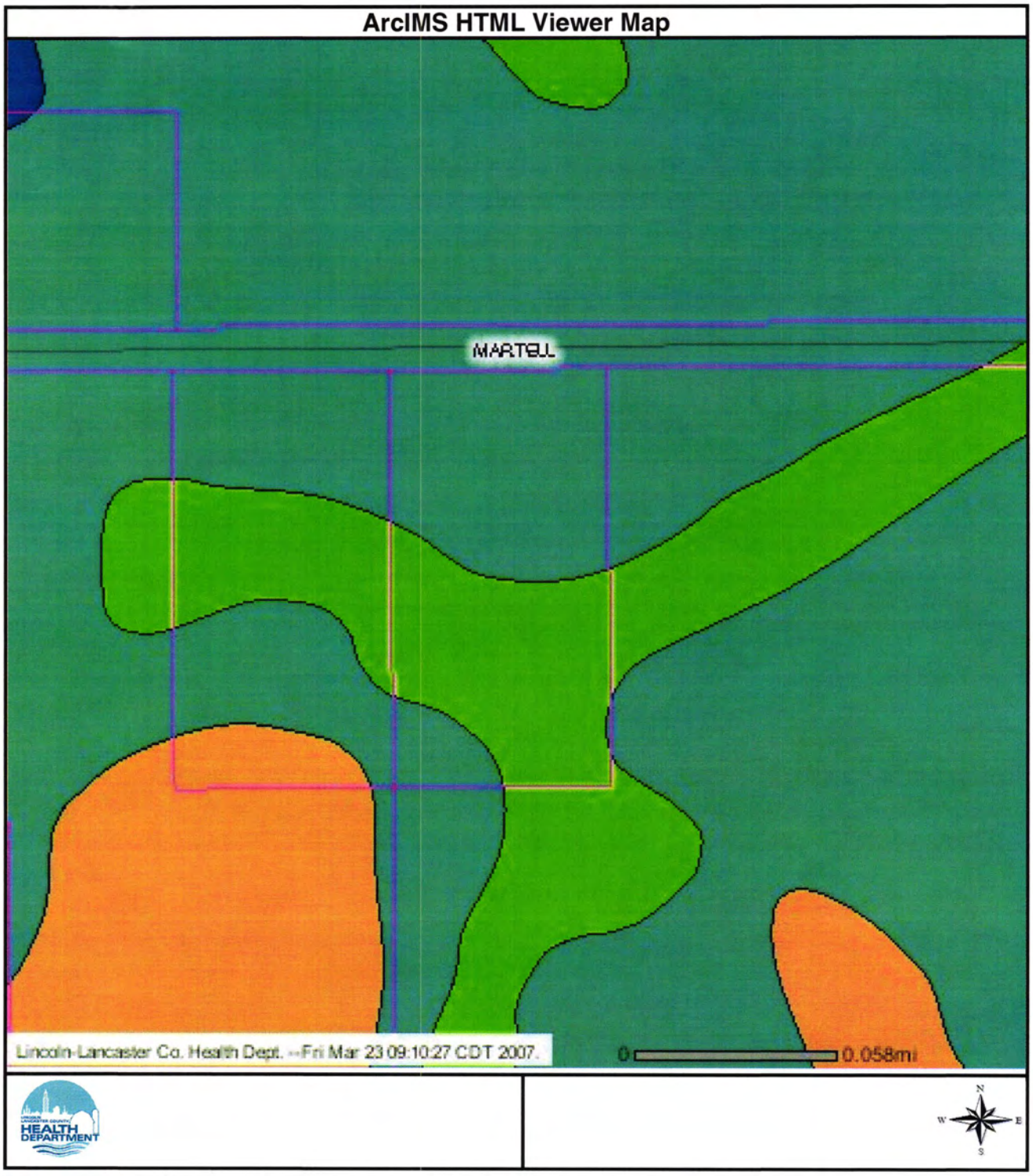


FORM 23-103 10-96



Approximate Scale: _____ ft. = _____ grid line/s


ArcIMS HTML Viewer Map
MARTELL
84TH
UNNAMED STREET
Lincoln-Lancaster Co. Health Dept. --Fri Mar 23 09:10:27 CDT 2007.
0
0.29mi
HEALTH DEPARTMENT
N
W
E
S


ArcIMS HTML Viewer Map
MARTELL
Lincoln-Lancaster Co. Health Dept. --Fri Mar 23 09:10:27 CDT 2007.
0
0.058mi
HEALTH DEPARTMENT
N
W
E
S