Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514 (402) 441-8000

Permit

SEWAGE INSTALLATION
LAGOON

Establishment

MICHAEL C MARTIN
T9N R7E SEC 28 QTR SE
COUNTRYLANE ADD BLK 3 LOT 1
6901 COUNTRYVIEW RD

Permittee

MICHAEL C MARTIN
5527 STONECLIFFE DR
LINCOLN NE 68522

Permit # 02380242001

Issued 01/15/02
Expires 07/15/02
Revenue Code 3157

FEES: $200.00

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

POST IN A PROMINENT PLACE • NOT TRANSFERABLE

000458

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

A

Permit Number: 02380242O

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

CHANGE TO ☒ 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 6901 Country View Rd (no rural route) City Lincoln NE, Zip NE 68516

Legal Description SE 28 9N 7E Country Lane 3 1
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 Michael C. Martin Signature Michael C Martin

Address 5527 Stonecliffe Dr City/State/Zip Lincoln NE 68516

☐ Check if owner designed system Home Phone _____ Work Phone _____

C. Contractor

Name Michael C. Martin Company Name _____

Address 5527 Stonecliffe Dr City/State/Zip Lincoln NE 68516

☐ Check if contractor designed system Work Phone 423-7640

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 2 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 1/15/02 Date frwd 1/16/02 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hoop
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 1/16/02 Date frwd _____ ACTION ☐ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 1/16/02 Date frwd 1/16/02 ACTION ☒ Approved ☐ Disapproved Signature Chase Baker

5-13-02 Sewer line & tank
5-14-02 need drawing

Installation Final Written Approval

By _____

Date 9/14/02

Business Office Use Only
Date Rec'd 01/15/02
Amt Paid 200.00
Rec'd By LS ~~Cash~~/Check No. 3669

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

B

Permit Number:

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

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 6901 Country View Rd (no rural route) City Lincoln NE. Zip 68516

Owner Michael Martin Address 5527 Stonecliff Dr Lincoln 68516

Soil Type (SCS): WYMORE SILTY CLAY LOAM Percolation Rate: 60 min./inch

Date of Tests 2-21-02 to 2-22-02 Weather: Precipitation NONE - WINTER Temperature 50° Day 19° Night

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	2-21-02	10:00	2-22-02	10:00	2-22-02	10:00	6"	2-22-02	10:30	30	1/2	60 MIN/IN
2	36	"	"	"	"	"	"	"	"	"	30	5/8	48 MIN/IN
3	36	"	"	"	"	"		"	"	"	30	5/8	48 MIN/IN
4	36	"	"	"	"	"		"	"	"	30	1"	30 MIN/IN
5	36	"	"	"	"	"		"	"	"	30	1 3/8	22 MIN/IN
6	36	"	"	"	"	"		"	"	"	30	1/2	60 MIN/IN
7	36	"	"	"	"	"		"	"	"	30	1/2	60 MIN/IN
8	36	"	"	"	"	"		"	"	"	36	3/4	34 MIN/IN

Sum of Percolation Rates:

Average of Rates:

Rate Used for Calculation: 60 MIN/IN

Person Conducting Percolation Tests

Name:

Phone:

Address

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

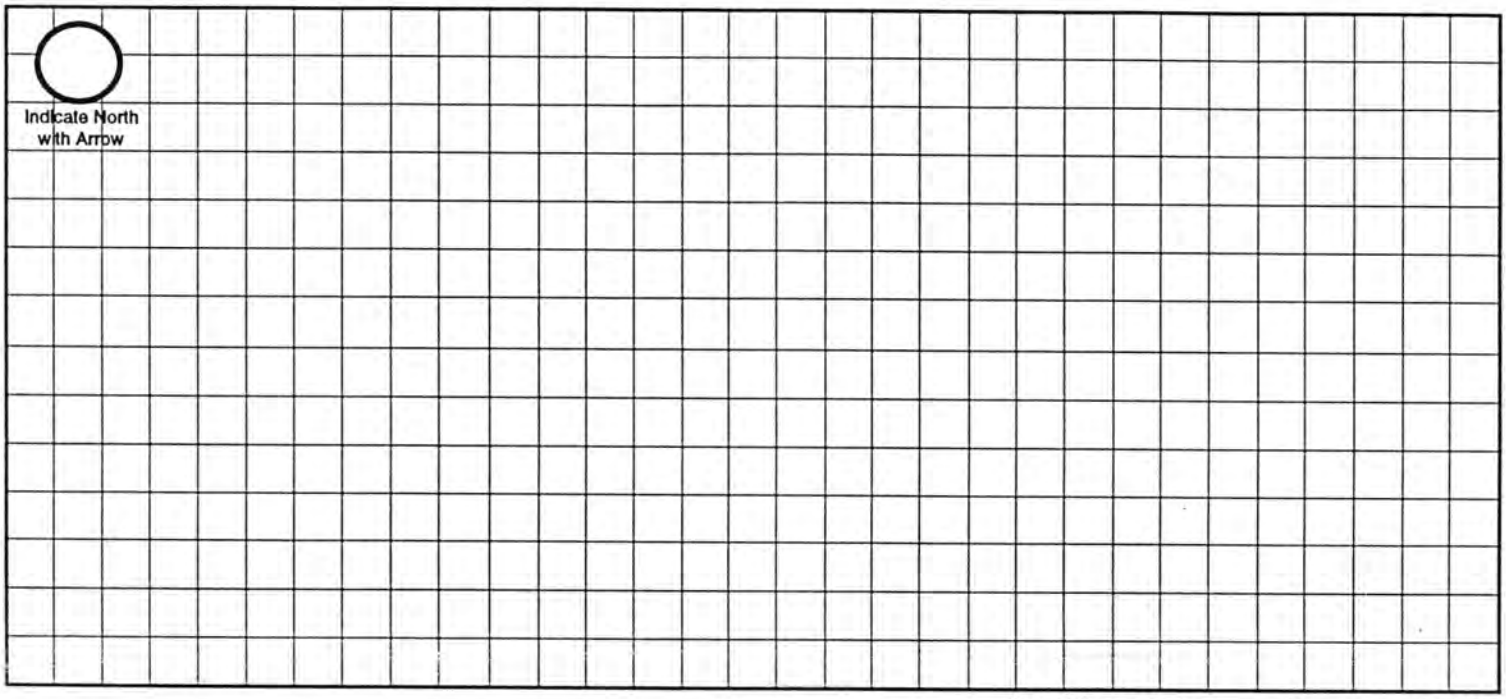
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 0238024 20

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) 6901 Country View Rd City Lincoln NE, Zip NE 68516

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other Lagoon must be sealed - no more than 1" per day

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

Percolation Rate 60 (min. per inch) Soil Type: WYMORE SILTY CLAY LOAM Land Slope: _____ %

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

Total Square Feet of Field Required: 700 sq. ft.

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

Capacity of Septic Tank 1000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 175 ft. Number of Trenches _____ Trench Width 4'

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 Michael C Marks Date 1-15-02

Installer Michael C Marks Date 1-15-02

FORM 23-102 10-96

MARTIN RESIDENCE

#0238024 20

NOTE:

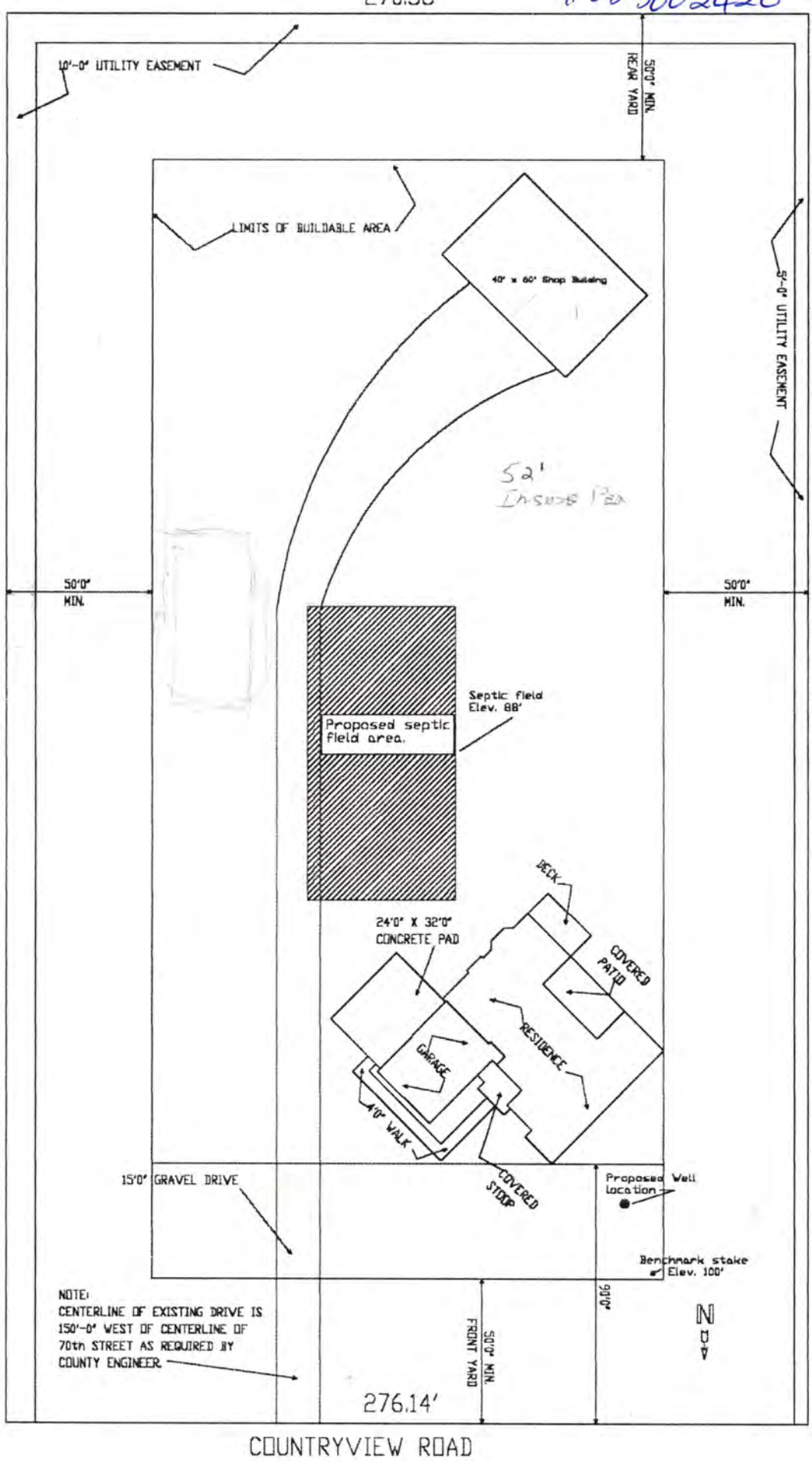
BUILDING MAY BE LOCATED ANYWHERE WITHIN LIMITS OF BUILDABLE AREA.

LEGAL:

Lot 1 Block 3 Country Lane Addition
Lincoln, Lancaster County
6901 Country View Rd.

PLOT PLAN

SCALE: 1" = 50'-0"

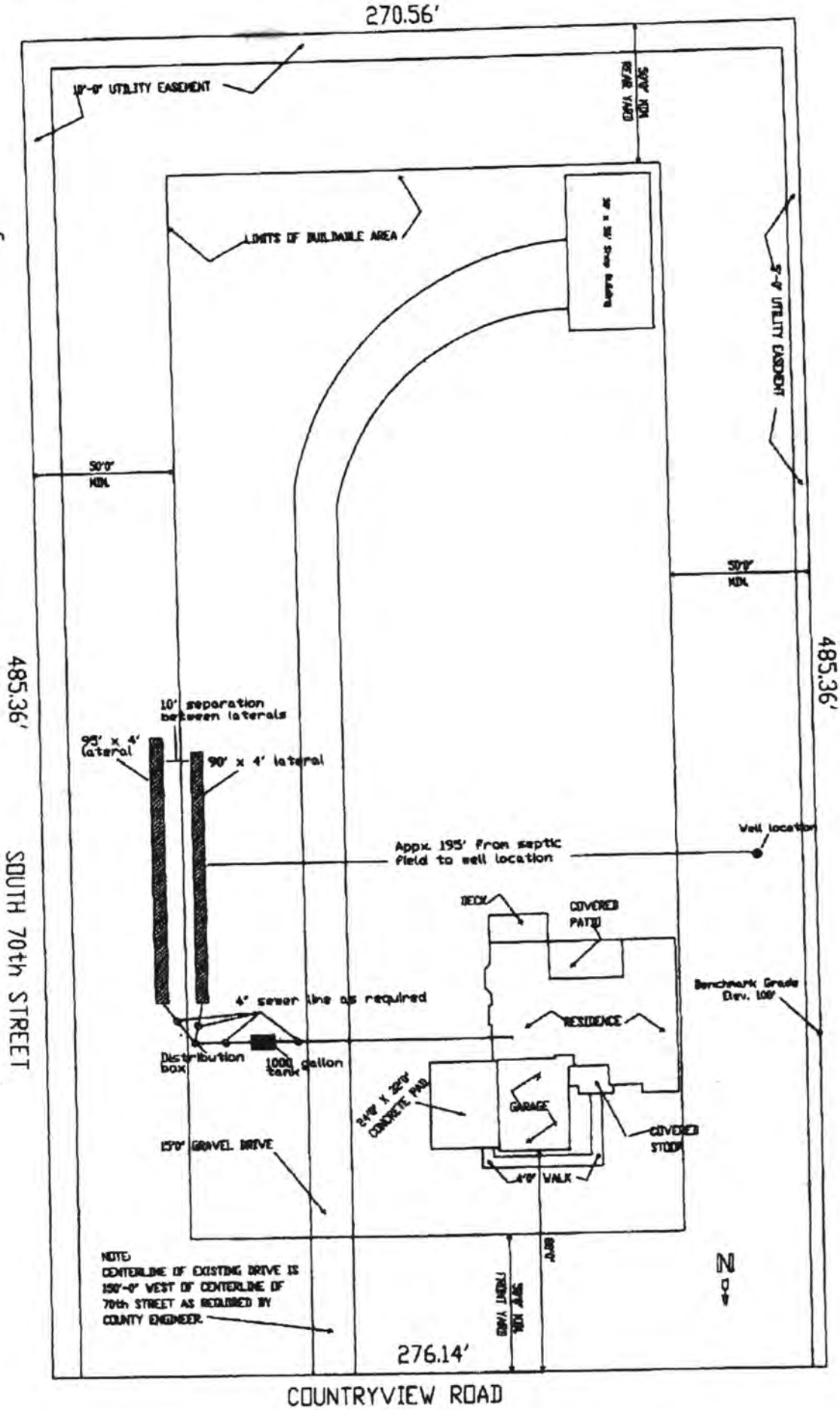


MARTIN RESIDENCE

NOTE:
BUILDING MAY BE LOCATED ANYWHERE WITHIN LIMITS OF BUILDABLE AREA

LEGAL:
Lot 1 Block 3 Country Lane Addition
Lincoln, Lancaster County
6901 Country View Rd.

PLOT PLAN
SCALE: 1" = 50'-0"



Michael & Cheryl Martin - 6901 Countryview Rd

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

D

Permit Number:

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date 8/10 Legal Description 1/4 1/4 28 Section 9 Township 7 Range

Onsite System Location

Address (no rural route) 6800 WildHeaver City Lincoln NE, Zip 68516

Owner Mick Martin Address 6901 Countryview Ln

A. Sewer Pipe

1. Material: PVC Sch 40
   Diameter: 4" in.
2. Distance above basement floor: 50 in.
   or distance below basement floor: ____ in.
3. Distance between dwelling and septic tank: 60 ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line > 50 ft.
   stream NA ft.
   pressure line NA ft.
   property line > 20 ft.

B. Septic Tank

☒ Label with Manufacturer, address and gallon capacity Dominator

1. Material: Plastic Snyder Ind.
   Number of compartments: ____
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 ____ in.
5. Inlet: ☐ baffle ☒ tee ☐ 6" dia. inspection pipe
6. Outlet: ☐ baffle ☒ tee ☐ 6" dia. inspection pipe
7. Depth to top of tank, below unfinished grade: 12 in.
8. Distances to: Well or suction line > 50 ft.
   Stream NA ft.
   Pressure line > 50 ft.
   Property line > 20 ft.

C. ☐ Distribution Box ☒ Drop Boxes

(≥ 12" inspection opening) (removable lid to inspect)

1. Material: ____
   Number available outlets: ____
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: ____ ft.

D. Drainfield Absorption

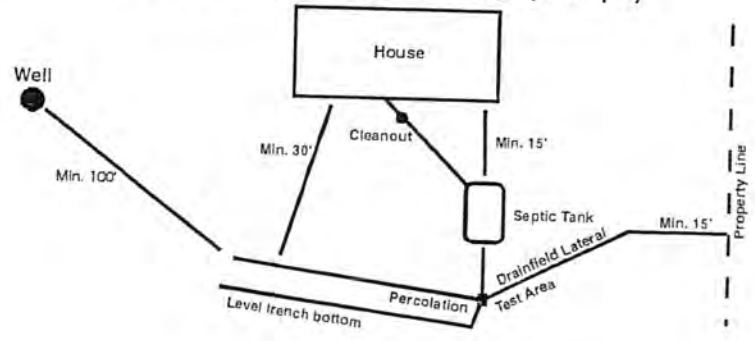
☒ Trench ☐ Bed ☐ Level Bottom

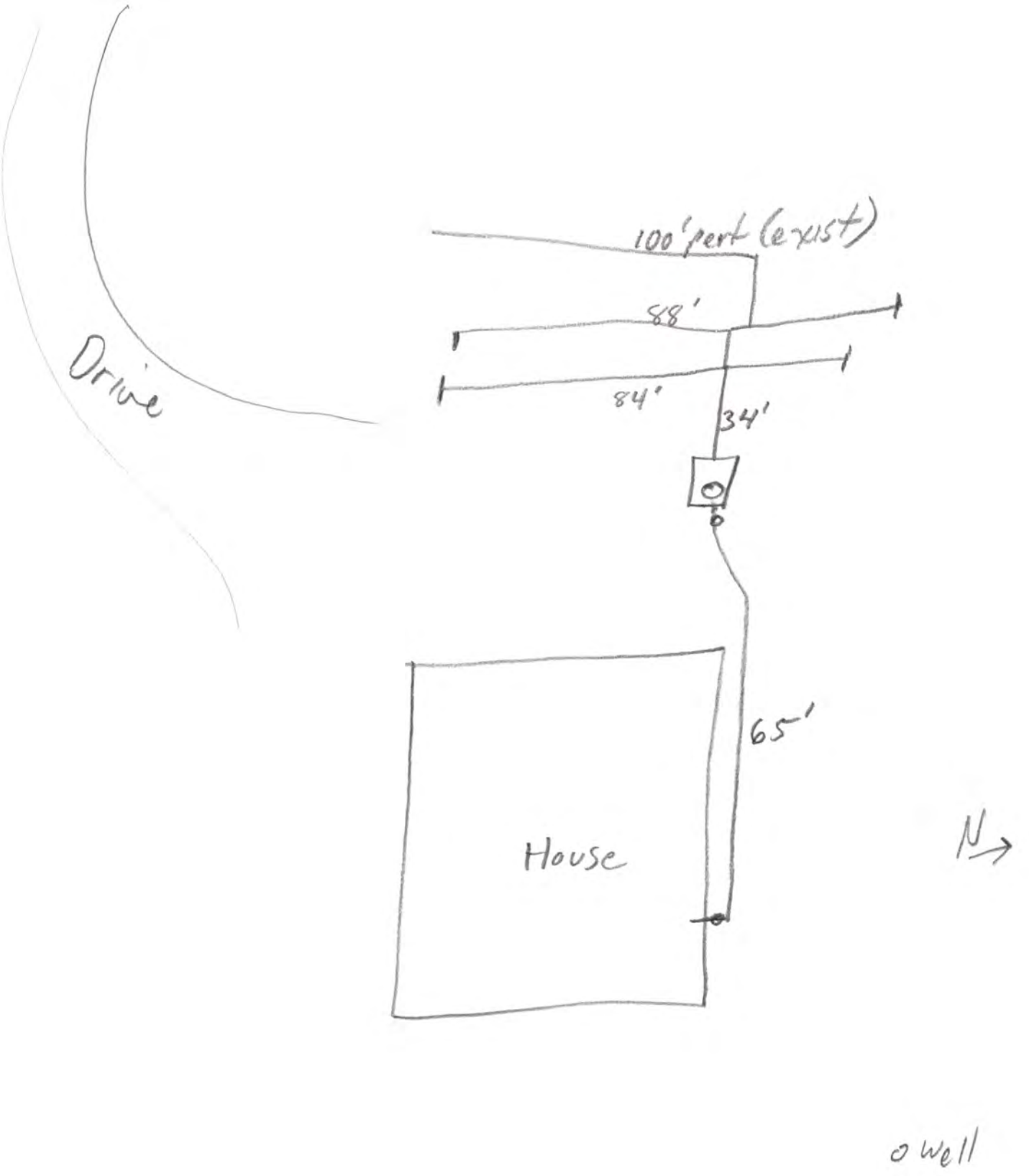
1. Type: ☐ Half rounds ☒ Perforated pipe ☒ Chambers Quest
   Diameter or width: ____
   Number of distribution lines in bed ____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other ____
2. Drainfield Laterals: Number 3
   Length of each line: 100 ft. 88 ft.
   92 ft. ____ ft., ____ ft.
3. Drainfield dimensions: Width 3 ft.
   Distribution Pipe Slope 4 in/100 ft.
   Average depth 38 in
4. Filter material: road gravel w/ 100' geot.
   Depth of material 12 in.
5. Distances to: Well or suction line > 100 ft.
   Pressure line > 35 ft.
   Property line > 20 ft.
   House or building 50 ft.
   Lake or Stream NA ft.

Complete As-Built drawing on the back fo this form.

Onsite Wastewater System Design (Example)

Indicate North with Arrow





o well

Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514 (402) 441-8000

Permit

WATER WELL
NEW WATER WELL CONSTRUCTION

Establishment

MICHAEL C MARTIN
T9N R7E SEC 28 QTR SE
COUNTRYLANE ADD BLK 3 LOT 1
6901 COUNTRYVIEW RD

Permittee

MICHAEL C MARTIN
5527 STONECLIFFE DR
LINCOLN NE 68522

Permit # 02400101101

Issued 01/15/02
Expires 07/15/02
Revenue Code 3162

FEES: $100.00

TOTAL: $100.00

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

000457

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

Permit No. 2240010 11

Request for Site Clearance and Permit for Individual Water Well

The undersigned hereby requests:

- ☐ Site Clearance and Permit to construct a new individual water well - $100
- ☒ Bi-Annual Permit for an existing well - $100 (Renewed every 2 years)
- ☐ Permit to repair or alter existing well involving opening of well - $50

1. Well Site Address 6901 Country View Rd City Lincoln, NE Zip 68516
(No Rural Route Please)
Township 9N Range 7E Section 28 1/4 Section SE
Block 3 Lot 1 Addition Country Lane
Parcel ID ____-____-_____-_____-_____ (i.e. 99-99-999-999-999)

2. Well use: ☒ Residential ☐ Commercial ☐ Other Describe _____

3. Distance to Public Water Supply 1/2 mile feet.

Signature of Owner Michael C Martin Print Name Michael C. Martin
Current Address 5527 Stonecliffe Dr Lincoln NE 68516
Current Home Phone 423-7650 Work Phone 423-7640

Signature of Contractor Michael C Martin Print Name Michael C. Martin
Address 5527 Stonecliffe Dr Lincoln NE 68516
Home Phone 423-7650 Work Phone 423-7640 Cellular Phone 432-4626

Sewage Permit Applied for: ☐ Yes ☐ No ☐ Not applicable

Please Submit Permit Fee with This Request

Fee must be included before the application will be processed. Incomplete information will delay processing.

HEALTH DEPARTMENT USE ONLY

Approval Process: Lincoln Municipal Code 8.44

1. Health Department	Date received 1/15/02 Date forwarded 1/16/02	ACTION ☒ Approved ☐ Disapproved Signature:	Jerold C. Hood
2. Building & Safety	Date received 1/16/02 Date forwarded ___/___/___	ACTION ☐ Approved ☐ Disapproved Signature:	
3. City Engineer	Date received 1/22/02 Date forwarded 1/22/02	ACTION ☐ Approved ☐ Disapproved Signature:	

REMARKS OR REASONS FOR DISAPPROVAL: _____

Site Visits
Date: 9/19/02 By J.C. Hood
Date: ___/___/___ By _____
Date: ___/___/___ By _____

Nitrate Level 0.5 mg/L
Chloride Level _____ mg/L
Bacteriological Analysis Satisfactory X Yes ____ No
Other _____

Installation Final Written Approval
Date: 9/23/02 By J.C. Hood

Business Office Use Only
Received: Date: 01/15/02 Amount 100.00 Check No. 3669 Initials MS

Also Sewage

Distribution: White - Health Department Lt. Green - Engineer Lt. Blue - Building Inspector

SEP 2 6 2002

FORM: 20223-0483
REQUEST FOR SITE CLEARANCE AND PREMIT
FOR INDIVIDUAL WATER WELL
CITY ORDINANCE NO. 13558
FILE NO. 02400101101

LINCOLN-LANCASTER COUNTY
HEALTH DEPARTMENT
3140 "N" STREET LINCOLN, NE 68510-1514

DATA SHEET FOR WATER WELL

Legal Description: Sec. 28 T. 9 R. 7 Block ____ Lot ____ Addition COUNTRY LANE ESTATES

Owner MICK MARTIN Address 6901 COUNTRY VIEW LANE, LINCOLN, NE 68516

LOG OF WELL	
Depth Ft to:	Description
0- 50	BROWN CLAYS
50- 55	BROWN SAND
55- 80	BROWN CLAYS
80-105	BLUE CLAY
105-108	FINE SANDSTONE
108-115	BLUE CLAY
115-145	COARSE SANDSTONE
145-175	GRAY SHALE
175-215	RED, YELLOW SHALE SOME
	COARSE SANDSTONE
215-260	MED FINE YEL SANDSTONE
260-278	VERY COARSE SS & GRAVEL
278-289	VERY COARSE SS & SHALE
289-295	DARK RED SHALE
295-305	DARK GRAY SHALE

WELL COMPLETION RECORD

Drilling Method: ROTO/WATER

Depth (from ground level). Ft. 289'

Date Completed 2/21/02

Casing: Length, Ft. 269' :Dia. In. 4"

Wall Thickness, Inc. .214 :Type PVC

Screen: Length, Ft. 20' Dia. In. 4"

Type PVC WOP; SLOTTED Slot Size .030; .025

Drop Pipe: Length, Ft. 220' Dia. In. 1 1/4"

Water Level, Surface to top of water, Ft.:

Static 198', Pumping 205'

Yield: 10 gpm, Measured XX. Est. ____

Chlorination Completed Yes XX No ____

The above information including "Log of Well" is a true record of the job performed by me.

Driller [signature]
(Signed)

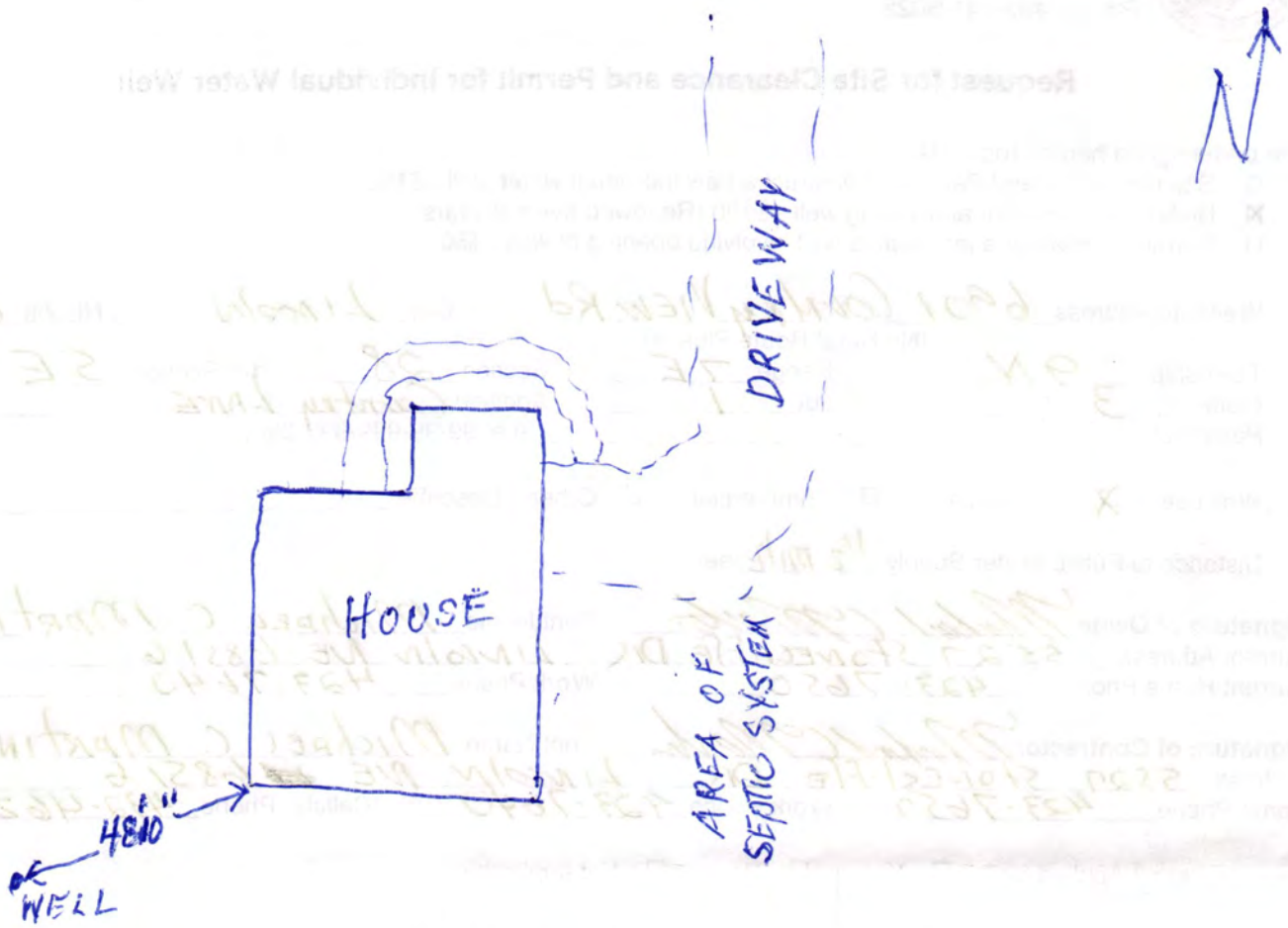
Address: P. O. BOX 308
HICKMAN, NE 68372

Date: 7 MARCH 2002

Remarks NITRATE NITROGEN 0.5 ppm.
BACTERIOLOGICAL O.K.

DO NOT WRITE BELOW THIS DOUBLE LIN

Health Department forwarded copy of record to Nebraska Conservatioin and Survey Department for Scientific Record X


N
DRIVEWAY
HOUSE
AREA OF SEPTIC SYSTEM
48'10"
WELL