Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

A

Permit Number H5000725

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

Include Form B and C. Submit correct fee with this Application

3 acres or more required for: ☐ Septic System ☑ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Wastewater Treatment System in conformance with appropriate regulations.

PLEASE PRINT OR TYPE

A. Onsite System Location

Address 11930 W Adrienne St (no rural route) City _____, NE Zip _____

Legal Description Parkland Estates Addition 1 2
1/4 1/4 Section Township Range Subdivison Addition Block Lot

Geographical Location (if known): Lat/Long: _____ PID 04-05-201-002-000

B. Owner

Name Clifford + Marlyce Stahlman Signature _____

Address 4529 S. 58th St City/State/Zip Lincoln NE 68516

Home Phone _____ Work Phone _____

C. Certified Installer

Name: Nate Peterson Signature _____

Address 7701 Cornhusker Hwy Suite 5 City/State/Zip Lincoln NE 68507

Work Phone 402-202-8130

D. Engineer ☐ **Check and complete if engineer designed system** P.E. License Number: _____

Designer Name _____ Firm _____ Work Phone _____

E. This system will serve a

☑ Residential Dwelling Number of Bedrooms 3 Is there a Whirlpool Bathtub? ☑ Yes ☐ No Total Acres 3+

☐ Commercial Establishment/Other Facility Specify _____ Design flow in gallons per day _____

Type of Wastewater ☑ Domestic ☐ Non-Domestic Well Permit Applied for ☐ Yes ☐ No ☐ Not Applicable

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☐ County Resolution No. 02-30

1. Health Department
Site visits _____
Date rec'd 2/28/13
Date frwd 2/28/13
ACTION ☐ Approved ☐ Disapproved
Signature _____

2. Supt. Bldg. Insp. or Village Clerk
Comments _____
Date rec'd 2-27-13
Date frwd 2-27-13
ACTION ☒ Approved ☐ Disapproved
Signature _____

3. City or County Engineer
Comments _____
Date rec'd 2-27-13
Date frwd 2-27-13
ACTION ☒ Approved ☐ Disapproved
Signature Jim Ploughe

Installation Final Written Approval
By _____
Date _____

Business Office Use Only
Date Received _____ Amount Paid _____
Received By _____ Cash/Check No. _____

White - Health Department Yellow - Engineer Pink - Building & Safety

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

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By _____
Date _____

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Date Received _____ Amount Paid _____
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White - Health Department Yellow - Engineer Pink - Building & Safety

Form A Updated: 5/10

Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3140 N Street Lincoln, Nebraska 68510-1514

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT
No. HS000725

System Type: Lagoon

Situs:

Issued: 3/1/2013

Expires: 2/28/2014

Description: PARKLAND ESTATES ADDITION, BLOCK 1, Lot 2

Owner: STOHLMAN, CLIFFORD A &
MARLYCE M
4529 S 58 ST LINCOLN, NE 68516

Judith A Halstead
Judith A. Halstead, MS, Health Director

Dear Applicant:

The above document is your permit to construct a new On-site Waste Water System at the location listed. Please contact this office once the sytem is complete in order to schedule a final inspection before use.

Judith A Halstead
Judith A. Halstead, MS
Health Director

INFINITY EXCAVATING
7701 CORNHUSKER
LINCOLN, NE 68507

10-5-5

SCANNED

A

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

Permit Number H5000725

Onsite Wastewater Treatment System
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Approval Process ☐ Municipal Code 24.38 ☐ County Resolution No. 02-30

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Date frwd 2/28/13
ACTION ☐ Approved ☐ Disapproved
Signature _____

2. Supt. Bldg. Insp. or Village Clerk
Comments _____
Date rec'd 2-27-13
Date frwd 2-27-13
ACTION ☒ Approved ☐ Disapproved
Signature _____

3. City or County Engineer
Comments _____
Date rec'd 2-27-13
Date frwd 2-27-13
ACTION ☒ Approved ☐ Disapproved
Signature Jim Ploszyk

Installation Final Written Approval
By _____
Date 8/21/13

Business Office Use Only
Date Received 2-28-13 Amount Paid 355.—
Received By BA Cash/Check No. 3673

White - Health Department Yellow - Engineer Pink - Building & Safety

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

B

Permit Number:

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 11930 W Adrienne St. (no rural route) City _____ NE, Zip _____

Owner _____ Address _____

Date of Tests 5/17/13 to 5/18/13 Weather: Precipitation None Temperature 80+

Percolation Test Data Table

A.	B.	C. D. E. F. Saturation/Swelling Time				G. H. I. J. K. Water Level Drop Last 30 mins of 4 hr or last 10 mins of 1 hr					L. M. N. Results		
		Start		End		Start		Initial	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 Interval	Water Level Drop (in)	Percolation Rates (Min/in = mpi)
1	36	5/17	7:30	5/18	2:00	5/18	5:30	6	5/18	6:00	30	7/8	34
2	36	5/17	7:30	5/18	2:00	5/18	5:30	6	5/18	6:00	30	1 1/8	27
3	36	5/17	7:30	5/18	2:00	5/18	5:30	6	5/18	6:00	30	1 1/8	27
4	36	5/17	7:30	5/18	2:00	5/18	5:30	6	5/18	6:00	30	7/8	34
5	36	5/17	7:30	5/18	2:00	5/18	5:30	6	5/18	6:00	30	7/8	34
6	36	5/17	7:30	5/18	2:00	5/18	5:30	6	5/18	6:00	30	7/8	34
								6					
								6					

Person Conducting Percolation Test

Name: Claude Oie PE-3939
Phone: 402-486-4444 479-4535
Address 6645 S. 6C
Lincoln Ne. 68516

Soil type (NRCS Maps/Other) _____
Groundwater Depth N.A.

Sum of Percolation Rates: 190
Average of Rates: 31
Rate Used for Calculation: .0333

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Comments (Soil type, groundwater, floodplain, etc.) _____

Signature of Reviewing Official _____ Date _____

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

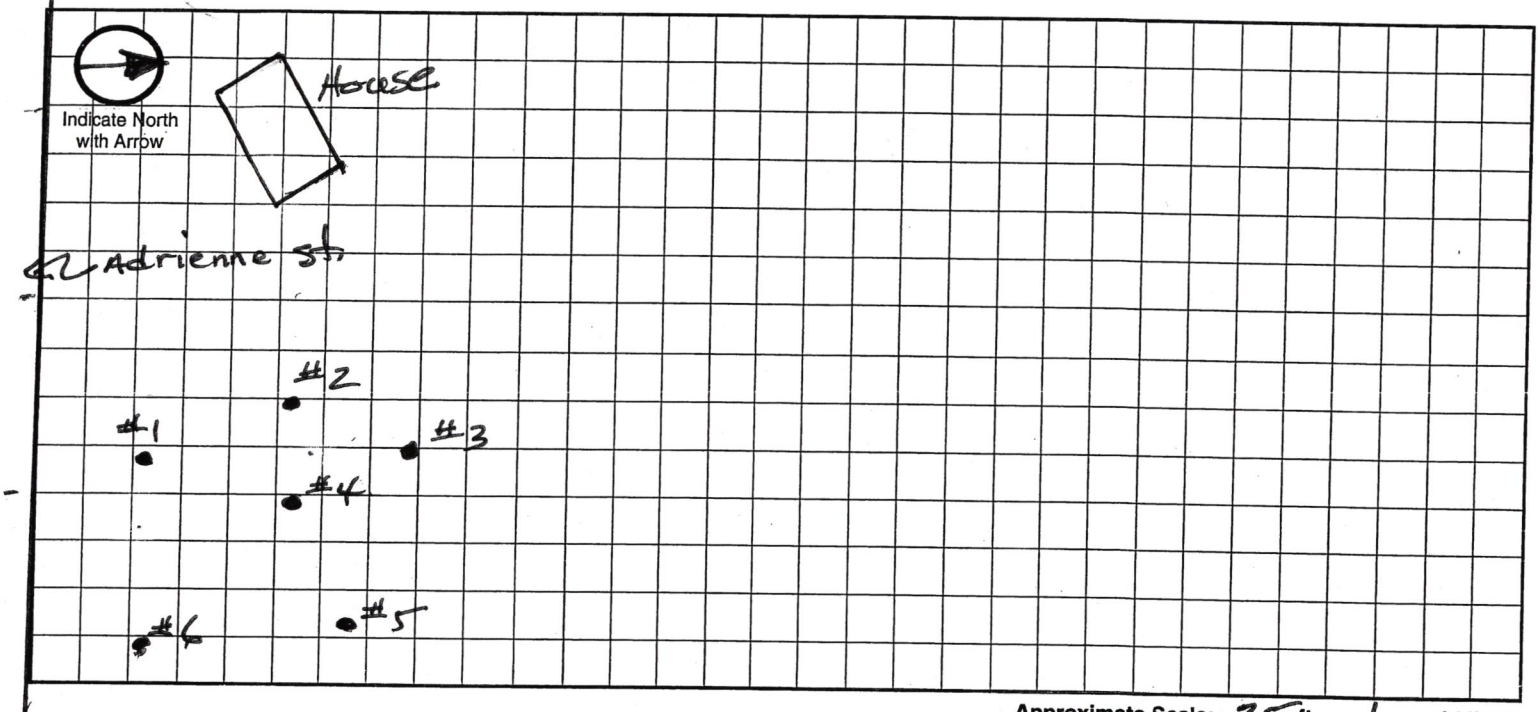
C

Permit Number:

Onsite Wastewater Treatment System

Preliminary Plan Specifications

Draw a plot plan showing onsite system sewer lines, drop of distribution boxes, tank, drainfields, percolation test holes, well, residence, direction of groundwater flow, property lines, and reserve area for replacement onsite system.



Approximate Scale: 25 ft. = 1 grid line/s

A. Onsite System Location

Address (no rural route) 11930 Adrienne St. City _____ NE, Zip _____

B. Proposed Septic Tank/s

Septic Tank Cap._____ gals Tank Material: ❑ Concrete ❑ Plastic ❑ Other_____ ❑ Lagoon(Max. seepage 1/8" per day)

C. Reserve Area for Replacement Onsite System

❑ Drainfield Absorption Area (percoloation test required) ❑ Lagoon

D. Drainfield Absorption System

Percolation Rate_____ (min/inch = mpi) No. of Bedrooms_____ Soil Type_____ Land Slope_____%

❑ Trench ❑ Bed ❑ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield_____sq.ft.

Total length of laterals_____ Type of distribution: ❑ Perforated pipe ❑ Half-Round ❑ Chamber ❑ Other

No. of absorption trenches_____ Width_____ No. of drop boxes_____ Distrubtion Box_____

No. of absorption beds_____ Width_____ No of Distribution lines per bed_____

E. 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 ❑	❑

F. Required Signatures

Home Building Contractor _____ Date _____

Installer _____ Date _____