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

A

Permit Number
HS000935

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 10775 W Stagecoach RD (no rural route) City Kramer, NE Zip

Legal Description 54 T7 R5 6th meridian 25 NW

1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 01-04-100-010-000

B. Owner

Name Dennis Holsteen Signature

Address 6615 S 34 ST City/State/Zip Lincoln, Ne 68516

Home Phone Work Phone

C. Certified Installer

Name: Brian Probyl Signature

Address 135 E 28th City/State/Zip Crete, Ne 68333

Work Phone 402-826-0192

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 1 Whirlpool Bathtub? ☐ Yes ☑ No Total Acres 31.45

Garbage Grinder? ☐ 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. 02-30

1. Health Department
Site visits
Comments
Date rec'd
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature

3. City or County Engineer
Comments
Date rec'd
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature

Installation Final Written Approval
By
Date

Business Office Use Only
Date Received 7-21-14 Amount Paid 315.00
Received By SB Cash/Check No. 5417

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

Form A Updated: 1/13

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

B

Permit Number: HS000935

Onsite Wastewater Treatment System

Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 10775 W Stagecoach Rd City Kramer NE, Zip _____
(no rural route)

Owner Dennis Holsteen Address 6615 S 34 St.

Date of Tests July 2 to July 3 Weather: Precipitation rain overnight Temperature 90°

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	26	7-2	10AM	7-3	1PM	7-3	1-20	6	7-3	1-50	30	.75	40Mpi
2	26	7-2	10AM	7-3	1PM	7-3	1-20	6	7-3	1-50	30	.625	48Mpi
3	24	7-2	10AM	7-3	1PM	7-3	1-20	6	7-3	1-50	30	.75	40Mpi
								6					
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Brian Pribyl
Phone: 402-826-0192
Address 135 E 23rd
Crete Ne 68333

Sum of Percolation Rates: ~~43.67~~ 128
Average of Rates: 42.67
Rate Used for Calculation: 40-50 mpi

Soil type (NRCS Maps/Other) _____
Groundwater Depth _____

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 (402) 441-8027
3140 N Street Lincoln, Nebraska 68510-1514

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT
No. HS000935

System Type: Standard

Situs: 10775 W STAGECOACH RD, RURAL, NE

Issued: 7/22/2014

Expires: 7/22/2015

Description: S4, T7, R5, 6th Principal Meridian, LOT 25 NW

Owner: HOLSTEEN, DENNIS K & SUSAN C
6616 S 34 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

PRIBYL PLUMBING & HEATING INC.
1475 BLUE ACRES
CRETE, NE 68333

SCANNED

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

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1/4 | 1/4 | Section | Township | Range | Subdivison | Addition | Block | Lot

PID 01-04-100-010-000

B. Owner

Name Dennis Holsteen Signature _____

Address 6615 S 34 ST City/State/Zip Lincoln, Ne 68516

Home Phone _____ Work Phone _____

C. Certified Installer

Name: Brian Probyl Signature Brian Probyl

Address 135 E 23rd City/State/Zip Crete, Ne 68333

Work Phone 402-826-0192

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1. Health Department

Site visits _____

Comments _____

Date rec'd 7/22/14

Date frwd 7/22/14

ACTION ☑ Approved ☐ Disapproved

Signature _____

2. Supt. Bldg. Insp. or Village Clerk

Comments _____

Date rec'd _____

Date frwd _____

ACTION ☐ Approved ☑ Disapproved

Signature _____

3. City or County Engineer

Comments _____

Date rec'd _____

Date frwd _____

ACTION ☐ Approved ☐ Disapproved

Signature Not needed

Installation Final Written Approval

By Doug Brown

Date 12/12/14

Business Office Use Only

Date Received 7-21-14 Amount Paid 315.00

Received By SB Cash/Check No. 5417

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

Form A Updated: 1/13