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

A

Permit Number
HS001632

Onsite Wastewater Treatment System Permit Application

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

☐ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

PLEASE PRINT OR TYPE

A. Onsite System Location

Address* _____ City Denton / Lincoln, NE Zip 68523
(no rural route)

Legal Description 17 9 6 [redacted] Twin Pines 4 5
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 09-17-404-005-000 *Approx. Address (If to be determined) _____

B. Owner

Name Hoy, Mervin IV Signature _____
Address 2250 Bennet Rd Unit B City/State/Zip Roca, NE 68430
Home Phone _____ Work Phone _____

C. Certified Installer

Name: Marcus Hochstein Signature M Hochstein
Address 625 S. 40th St. PO Box 142 City/State/Zip Eagle, NE 68347
Work Phone 402-730-7749

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 5 Whirlpool Bathtub? ☐ Yes ☑ No Total Acres 3.01
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

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

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

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

Installation Final Written Approval
By _____
Date _____

Business Office Use Only
Date Received 3-26-19 Amount Paid $405.00
Received By JAG Cash/Check No. 1338

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 PID 09-17-404-005-000 (no rural route) City Linda/Denton NE, Zip 68523

Owner Hoy, Marvin IV Address 2250 Bennet Rd, Unit B, Roca, NE 68430

Date of Tests 3-21-18 to 3-22-18 Weather: Precipitation 0 Temperature 44-66

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			End				
Hole No.	Hole Depth (in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Initial Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time Interval	Water Level Drop (in)	Percolation Rates (Min/in = mpi)
1	40	3-21	6:30	3-22	1:30	3-22	6:00	6	3-22	6:30	30m	2 3/8	12.63
2	40	3-21	6:30	3-22	1:30	3-22	6:00	6	3-22	6:30	30m	1 7/8	16
3	40	3-21	6:30	3-22	1:30	3-22	6:00	6	3-22	6:30	30m	1/2	60
4	40	3-21	6:30	3-22	1:30	3-22	6:00	6	3-22	6:30	30m	1 1/4	24
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Marcus Hochstein
Phone: 402-730-7749
Address 625 S. 4th
Eagle, NE 68347

Sum of Percolation Rates: 112.63
Average of Rates: 28.16
Rate Used for Calculation: 60

Soil type (NRCS Maps/Other Wymore silt clay loam
Groundwater Depth 58 feet

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official Date

C

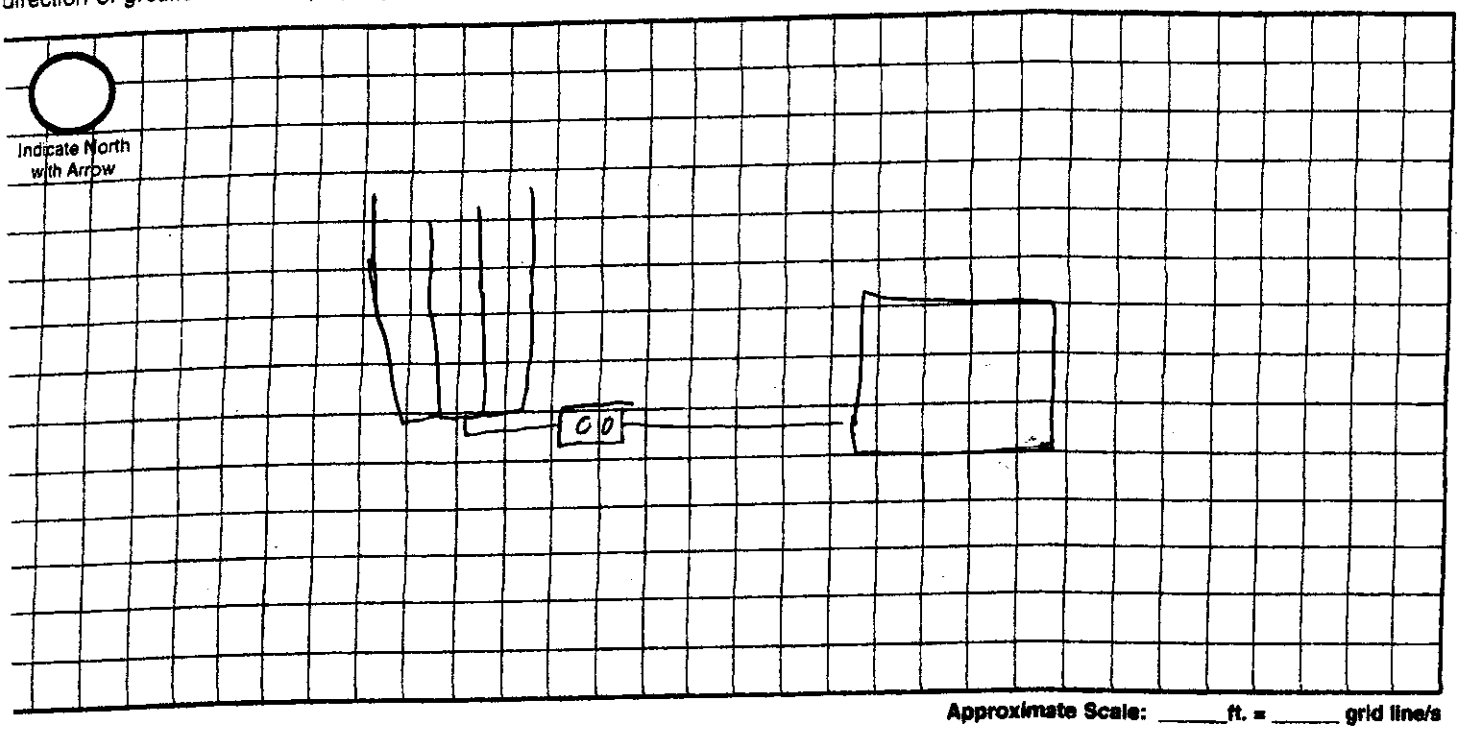
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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: _____ft. = _____ grid line/s

A. Onsite System Location

Address (no rural route) PID 09-17-404-005-000 City _____ NE, Zip 68523

B. Proposed Septic Tank/s

Septic Tank Cap 2000 gals Tank Material: ☑ Concrete ☐ Plastic ☐ Other_____ ☐ Lagoon(Max. seepage 1/8" per day)

C. Reserve Area for Replacement Onsite System

☑ Drainfield Absorption Area (percolation test required) ☐ Lagoon

D. Drainfield Absorption System

Percolation Rate 60 (min/inch = mpi) No. of Bedrooms 5 Soil Type Wymore silty clay Land Slope 3-6 %

☑ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 1758.125 sq.ft.

Total length of laterals 485 Type of distribution: ☐ Perforated pipe ☐ Half-Round ☑ Chamber ☐ Other

No. of absorption trenches 4 Width 36 No. of drop boxes 0 Distrubtion Box 1

No. of absorption beds 0 Width 0 No of Distribution lines per bed 0

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 ☑	☑

Required Signatures

Licensed Building Contractor _____ Date 3-25-18

Property Owner _____ Date

Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3131 O Street Lincoln, Nebraska 68510-1514

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT
No. HS001632

System Type: Standard

Situs: No Site Address Specified

Issued: 4/2/2018

Expires: 4/2/2019

Description: TWIN PINES ADDITION, BLOCK 4, Lot 5

Owner: HOY, MARVIN N
2250 BENNET RD UNIT B
ROCA, NE 68430

Shavonna M. Lausterer, MPH, CPH, 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.

Shavonna M. Lausterer, MPH, CPH
Health Director

MARCUS HOCHSTEIN
625 S 4TH ST
EAGLE, NE 68347

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

A

Permit Number
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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

1. Health Department
Site visits _____
Comments _____
Date rec'd 3/30/18
Date frwd 3/30/18
ACTION ☑ Approved ☐ Disapproved
Signature _____

2. Supt. Bldg. Insp. or Village Clerk
Comments _____
Date rec'd 3-30-18
Date frwd 3-30-18
ACTION ☑ Approved ☐ Disapproved
Signature _____

3. City or County Engineer
Comments _____
Date rec'd 3-30-2018
Date frwd 3-30-2018
ACTION ☑ Approved ☐ Disapproved
Signature _____

Installation Final Written Approval
By _____
Date 6/11/18

Business Office Use Only
Date Received 3-26-18 Amount Paid $405.00
Received By _____ Cash/Check No. 1738

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

Exhibit 5

Permit Number: HS001632

Onsite Wastewater Treatment System

Inspection Sheet

Date 6/4/18

Legal Description S 17 T9 R6 Twin Pines Blk 4, Lot 5
¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 6785 SW 29th City _____

Owner _____ Address _____

Mark One: ☒ Dwelling ☐ Non-dwelling

☒ New System ☐ Alteration [☐ Tank Only ☐ Trench Only] ☐ Lateral Only

☐ Temporary modification (Describe problem causing discharge and reason for temporary modification): _____

Drainfield Absorption System:

☒ Lateral ☐ Bed ☐ Non-standard (engineer-designed and NDEQ approved) ☐ Holding Tank ☐ Trench

Total square feet of drainfield 1758 Sq. Ft. Tank Size 2,000 gals

Total length of laterals 485' Type of Distribution: ☒ Chamber ☐ Perforated Pipe ☐ Other (describe) _____

No. of Absorption Laterals 4 Width 3.625 Facets No. of Drop Boxes _____ Distribution Box _____

Leveling Method Used Laser

Setbacks (Check the Boxes Below if the Required Setback has been Satisfied):

Distance From	Private Well	Public Well	Surface Water	Ground water	Pressure Water Lines	Property Lines
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	10 ☐	5 ☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	25 ☐	5 ☐

Geographical Coordinates to 6 Decimals:

Tank _____

Lateral #1 NA Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments:

Inspections prior to Final Approval
Initial D.J. Date 6/4/18

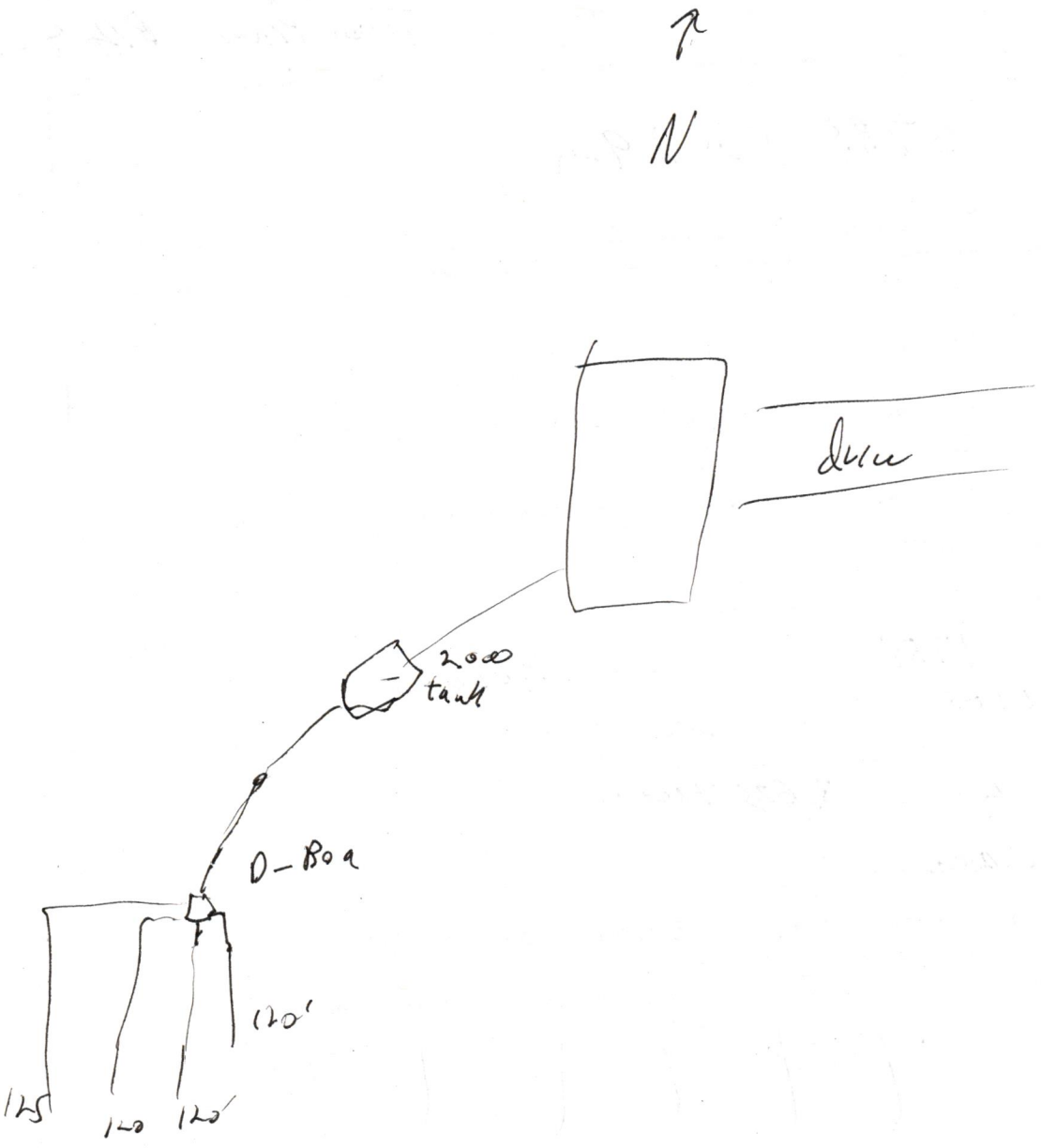
Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By Doug Ahrens

Date 6/4/18

Field Note Drawing (See Reverse Side):


N
dock
2000
tank
D-Boa
120'
125
120
120'