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

A

Permit Number HS002161

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* 11700 Van Dorn St City Walton/Linda, NE Zip 68461
(no rural route)

Legal Description 531 T10 R8 37
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 23-31-400-005-000 *Approx. Address (If to be determined)

B. Owner

Name Aaron Marshberks Signature

Address 11700 Van Dorn St City/State/Zip Lincoln, NE 68461

Home Phone Work Phone

C. Certified Installer

Name: Marcus Hackbarth Signature

Address 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 5
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
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 12-21-20 Amount Paid $440.00
Received By JAO Cash/Check No. 005792

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

Form A Updated: 4/15

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 11700 VanDorn st (no rural route) City Lincoln NE, Zip 68461

Owner Aaron Marshbanks Address 11700 VanDorn St, Lincoln, NE 68461

Date of Tests 12-17 to 12-18 Weather: Precipitation 0 Temperature 43°F

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	42	12-17	5:00	12-18	10:17	12/18	1:47	6	12-18	2:17	30 min	3/4	40
2	"	"	"	"	"	"	"	6	"	"	"	2 7/8	10.43
3	"	"	"	"	"	"	"	6	"	"	"	3/4	40
4	"	"	"	"	"	"	"	6	"	"	"	4 1/2	6.67
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Marcus Hechtein
Phone: 402-730-7749
Address PO Box 142
Eagle, NE 68347

Sum of Percolation Rates: 97.1
Average of Rates: 24.28
Rate Used for Calculation: 40

Soil type (NRCS Maps/Other) Aksarben silty clay loam
Groundwater Depth 77'

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official _____ Date _____

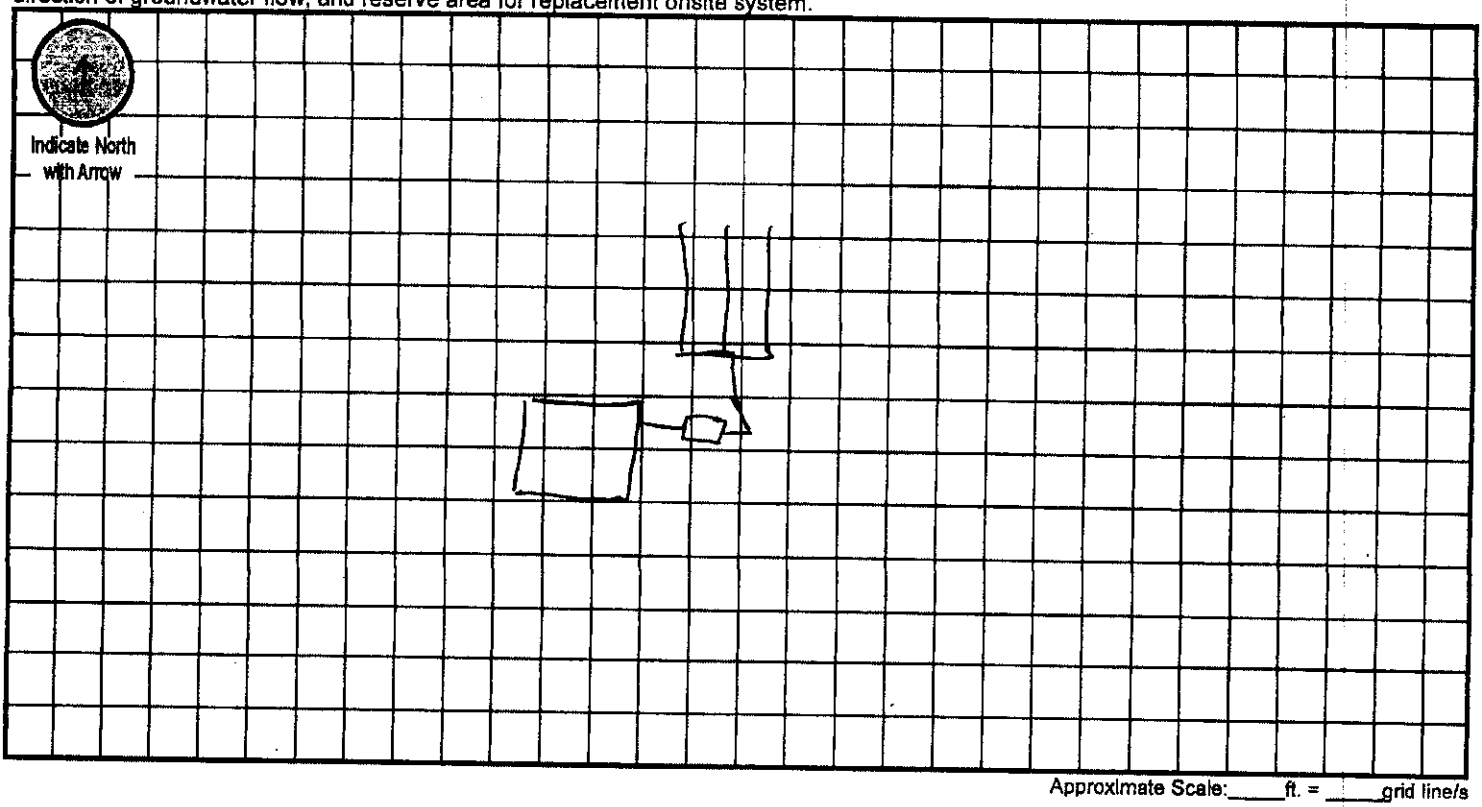
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

C

Permit Number

Onsite Wastewater Treatment System
Preliminary Plan Specification

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



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

A. Onsite System Location

Address (no rural route) 11700 Van Dorn St City Lincoln NE, Zip 68461

B. Proposed Septic Tank/s

Septic Tank Cap. 2000 gals Tank Material: ☑ Concrete ☐ Plastic ☐ Other _____ ☐ Lagoon (Max. Seepage 1/8"/day)

C. Reserve Area for Replacement Onsite System

☑ Drainfield Absorption Area (percolation test required) ☐ Lagoon

D. Drainfield Absorption System

Percolation Rate 40 (min/inch = mpi) No. of Bedrooms 5 Soil Type Aksarben silty clay loam Land Slope 0-1 %

☑ Trench ☐ Bed ☐ Non-standard (engineer-designed and NDEQ approved) Total square feet of drainfield 1345 Sq. Ft.

Total length of laterals 310 Type of Distribution: ☐ Perforated Pipe ☐ Half-Round ☐ Chambers ☑ Other Ez Flow

No. of Absorption Trenches 3 Width 36 No. of Drop Boxes 0 Distribution Box 1

No. of Absorption Beds _____ Width _____ No. of Distribution Lines per Bed _____

Installer Marcus Herbitter Date: 10-18-20

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. HS002161

System Type: Standard

Situs: No Site Address Specified

Issued: 12/21/2020

Expires: 12/21/2021

Description: S31, T10, R8, 6th Principal Meridian, LOT 37 SE

Owner: MARSHBANKS, AARON
11700 VAN DORN ST
LINCOLN, NE 68461

Patricia D. Lopez

Patricia D. Lopez, RN, MSN, Interim 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.

Patricia D. Lopez

Patricia D. Lopez, RN, MSN
Health Director

MARCUS HOCHSTEIN
PO BOX 142
EAGLE, NE 68347