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

A

Permit Number H5007242

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* 11800 DEERFIELD TRL (no rural routes) City LINCOLN, NE Zip 68526

Legal Description 18 09 08 WHISPERING CREEK 6TH 1 1
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 2218211001000 *Approx. Address (if to be determined)

B. Owner

Name ROBERT & MARY ANN STALLINGS Signature

Address 7210 WHITESTONE CIR City/State/Zip LINCOLN NE 68506

Home Phone Work Phone

C. Certified Installer

Name: TAYLOR BASS Signature

Address 5770 WAVERLY LN City/State/Zip LINCOLN, NE 68516

Work Phone 402-430-8380

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 6 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 3.01
Garbage Grinder? ☒ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day 700

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 6-16-21 Amount Paid $440.00
Received By JHO Cash/Check# CC 4643

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

Form A Updated: 4/15

Nebraska DEQ

Onsite Wastewater Treatment System
Soil Percolation Test Data Sheet

Owner Name Robert & Mary Ann Stallings Phone _____

Address [redacted] 11800 Deerfield Trl City Lincoln State NE Zip 68526

Location (Attach a sketch of the property showing test hole locations)

__ __ 18 Section 09 Township 08 Range Lancaster County

Lot # 1 Subdivision Whispering Creek 5th Addition

Soil Type (Check one)

Sand ___ Silt ___ Clay ___ Sandy Clay ___ Loamy Sand ___ Silty Clay ___

Silty Clay Loam ✓ Sandy Loam ___ Silt Loam ___ WYNRE

Dates of Test

Start Date 5/8 to End Date 5/9, 2021

Weather Conditions

Precipitation N/A Avg. Temp 60 °F

Percolation Test Measurements and Data

Hole No.	Hole Depth (in.)	Pre-saturation Period Start Date (Mo./Day)	Pre-saturation Period Start Time (Hr./Min)	Pre-saturation Period End Date (Mo./Day)	Pre-saturation Period End Time (Hr./Min)	Percolation Readings (last period) Start Date (Mo./Day)	Start Time (Hr./Min)	Start Water Level (inch)	End Time (Hr./Min)	End Water Level Drop (inch)	Results: Elapsed Time (minutes)	Drop in Water Level (inches)	Percolation Rate (min./in.) (Minutes per inch)
1	35"	5/8	17:00	5/9	18:00	5/9	18:01	11 7/8	18:31	11 1/4	30	5/8	48
2	36"	1	1	1	1	1	18:03	12	18:33	11 3/8	30	5/8	48
3	36"	1	1	1	1	1	18:05	12	18:35	11 1/4	30	3/4	40

Tests must be performed by a certified professional, a professional engineer or a registered environmental health specialist.

Signature _____

Certificate or License # Master Installer #2655

Address 8770 Waverly Rd

City Lincoln St NE Zip 68517

Phone 402-430-8380

Sum of Percolation Rates = 136

Avg. of Percolation Rates* = 45.3
(sum of rates ÷ number of tests)
(minutes per inch)

* If rates vary by more than 20 min/in., do not average. Use slowest rate measured for sizing soil absorption area.

Version 9-2014

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

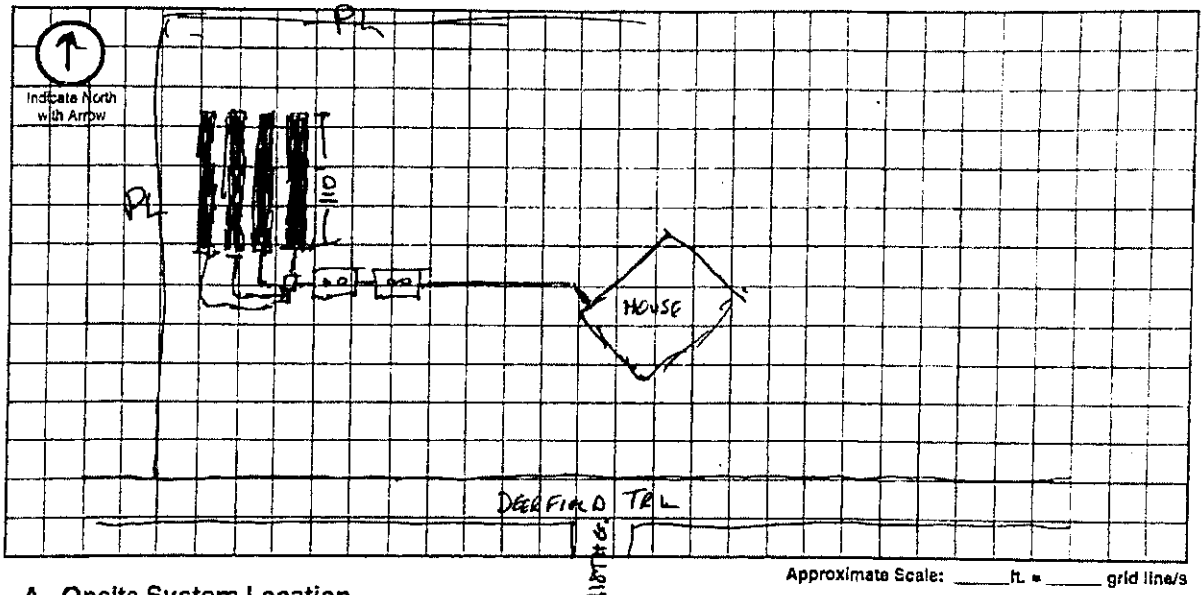
C

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: _____ ft. = _____ grid line/s

A. Onsite System Location

Address (no rural route) 11800 Deerfield Trl City Lincoln NE, Zip 68526

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 45.3 (min/inch = mpi) No. of Bedrooms 6 Soil Type Wymore Silty Clay Loam Land Slope 3-6 %

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 1980 sq.ft.

Total length of laterals 440' Type of distribution: ☐ Perforated pipe ☐ Half-Round ☐ Chamber ☒ Other ECFlow 36"

No. of absorption trenches 4 Width 4.5 No. of drop boxes 1 Distrubtion Box _____

No. of absorption beds _____ Width _____ No of Distrioution 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 Taylor Boss Mason Installer #2665 Date 6/18/21

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. HS002242

System Type: Standard

Situs: No Site Address Specified

Issued: 6/21/2021

Expires: 6/21/2022

Description: WHISPERING CREEK 5TH ADDITION, BLOCK 1, Lot 1

Owner: STALLINGS, ROBERT G & MARY ANN
7210 WHITESTONE CIR
LINCOLN, NE 68506

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

TAYLOR BUSS
8770 WAVERLY RD
LINCOLN, NE 68517