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

A

Permit Number HS002245

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* 5201 W Roca Rd City Martell, NE Zip 68404
(no rural route)

Legal Description S19 T8 R6 Eric Wendelin 1st Add 2
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 08-19-102-002-000 *Approx. Address (If to be determined)

B. Owner

Name Zachary David Heusinkveldt Signature

Address 1450 W Fourth St. City/State/Zip Sprague, NE 68404

Home Phone Work Phone

C. Certified Installer

Name: Marcus Hechstein 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 4 Whirlpool Bathtub? ☐ Yes ☑ No Total Acres 4.16
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 6-24-21 Amount Paid $440.00
Received By JNC Cash/Check No. 5792

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 5201 W Rocca Rd (no rural route) City Martell NE, Zip 68404

Owner Zachary Hewinghuelt Address 1450 W 4th St, Sprague, NE 68404

Date of Tests 6-24-21 to 6-24-21 Weather: Precipitation 0 Temperature 90-93°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	6-24	8:00	6-24	1:00	6-24	4:30	6	6-24	5:00	30m	1/2	60
2	"	"	"	"	"	"		6				5	6
3	"	"	"	"	"	"		6				3/4	40
4	"	"	"	"	"	"		6				1/2	60
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

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

Soil type (NRCS Maps/Other) Wymore silty clay loam
Groundwater Depth 10+

Sum of Percolation Rates: 166
Average of Rates: 41.5
Rate Used for Calculation: 60

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official _____ Date _____

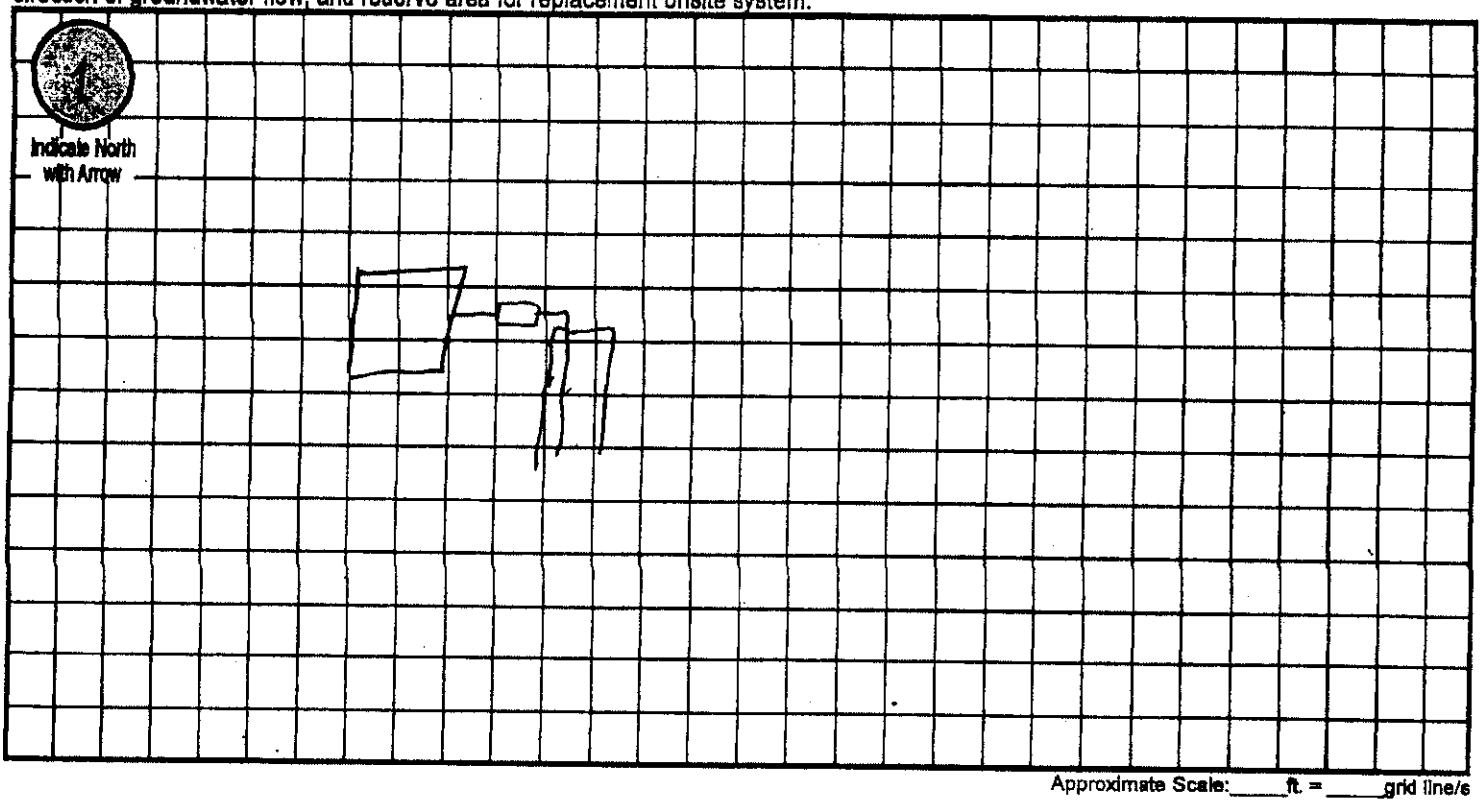
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

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) 5201 W Reed Rd City Marshall NE, Zip 68404

B. Proposed Septic Tank/s

Septic Tank Cap. 1500 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 60 (min/inch = mpi) No. of Bedrooms 4 Soil Type Wymore silty clay loam Land Slope 1-2 %

☑ Trench ☐ Bed ☐ Non-standard (engineer-designed and NDEQ approved) Total square feet of drainfield 1440 Sq. Ft.

Total length of laterals 320 Type of Distribution: ☐ Perforated Pipe ☐ Half-Round ☐ Chambers ☐ Other _____

No. of Absorption Trenches 3 Width 76 No. of Distribution Lines per Bed ☑ Distribution Box 1

No. of Absorption Beds _____ No. of Drop Boxes _____

Installer Marcus Hochstein Date: 6-24-21

Updated 2/18

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. HS002245

System Type: Standard

Situs: No Site Address Specified

Issued: 6/25/2021

Expires: 6/25/2022

Description: ERIC WENDELIN 1ST ADDITION, Lot 2

Owner: RUHLMAN EILERS CONSTRUCTION LLC
2900 RUHLMAN CIR
MARTELL, NE 68404

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

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

A

Permit Number HS002245

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* ~~2201~~ W Roca Rd City Martell, NE Zip 68404
519 (no rural route)

Legal Description S19 ~~T8~~ R6 Eric Wendelin 1st Add 2
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 08-19-102-002-000 *Approx. Address (If to be determined)

B. Owner

Name Zachary David Heusinkveldt Signature
Address 1450 W Fourth St. City/State/Zip Sprague, NE 68404
Home Phone Work Phone

C. Certified Installer

Name: Marcus Hoekstra Signature
Address PO Box 142 City/State/Zip Eagle, NE 68347
Work Phone 402-780-7749

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 4 Whirlpool Bathtub? ☐ Yes ☑ No Total Acres 4.16
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 11/8/24
Comments
Date rec'd 6/25/21
Date frwd 6/25/21
ACTION ☒ Approved ☐ Disapproved
Signature

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

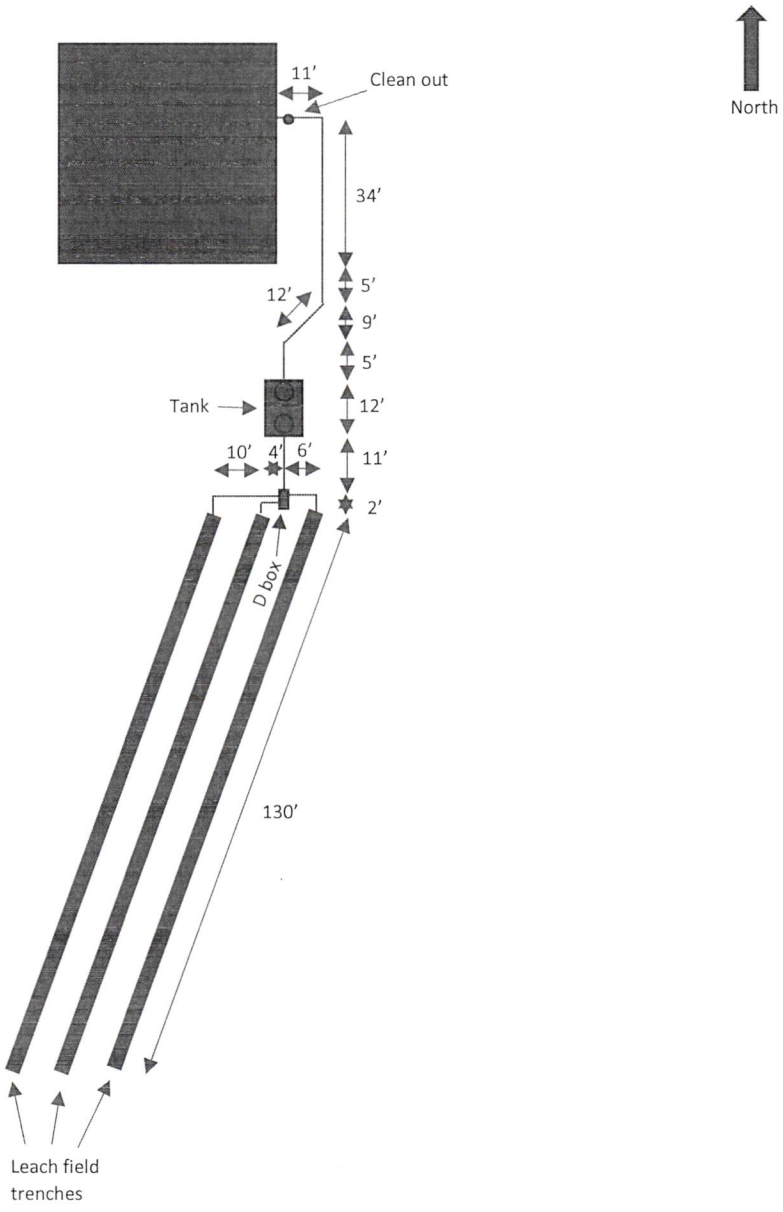
3. City or County Engineer
Comments
Date rec'd
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature

Installation Final Written Approval
By Doug Thiel
Date 11/9/24

Business Office Use Only
Date Received 6-24-21 Amount Paid $140.00
Received By JAC Cash/Check No. 5792

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

Form A Updated: 4/15


North
11'
Clean out
34'
5'
9'
5'
12'
11'
2'
12'
Tank
10'
4'
6'
D box
130'
Leach field
trenches

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

Exhibit 5

Permit Number: HS002245

Onsite Wastewater Treatment System

Inspection Sheet

d

Date 11/9/21 Legal Description ¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 5191 W Roca Rd. 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 1,755 Sq. Ft. Tank Size 1,500 gals

Total length of laterals 390' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☒ Other (describe) E2 Flow Factor

No. of Absorption Laterals 3 Width 4.5 No. of Drop Boxes Distribution Box 1

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: NA

Tank

Lateral #1 Lateral #3

Lateral #2 Lateral #4

Comments:

Field Note Drawing (See Reverse Side):

Inspections prior to Final Approval
Initial DS Date 11/8/21

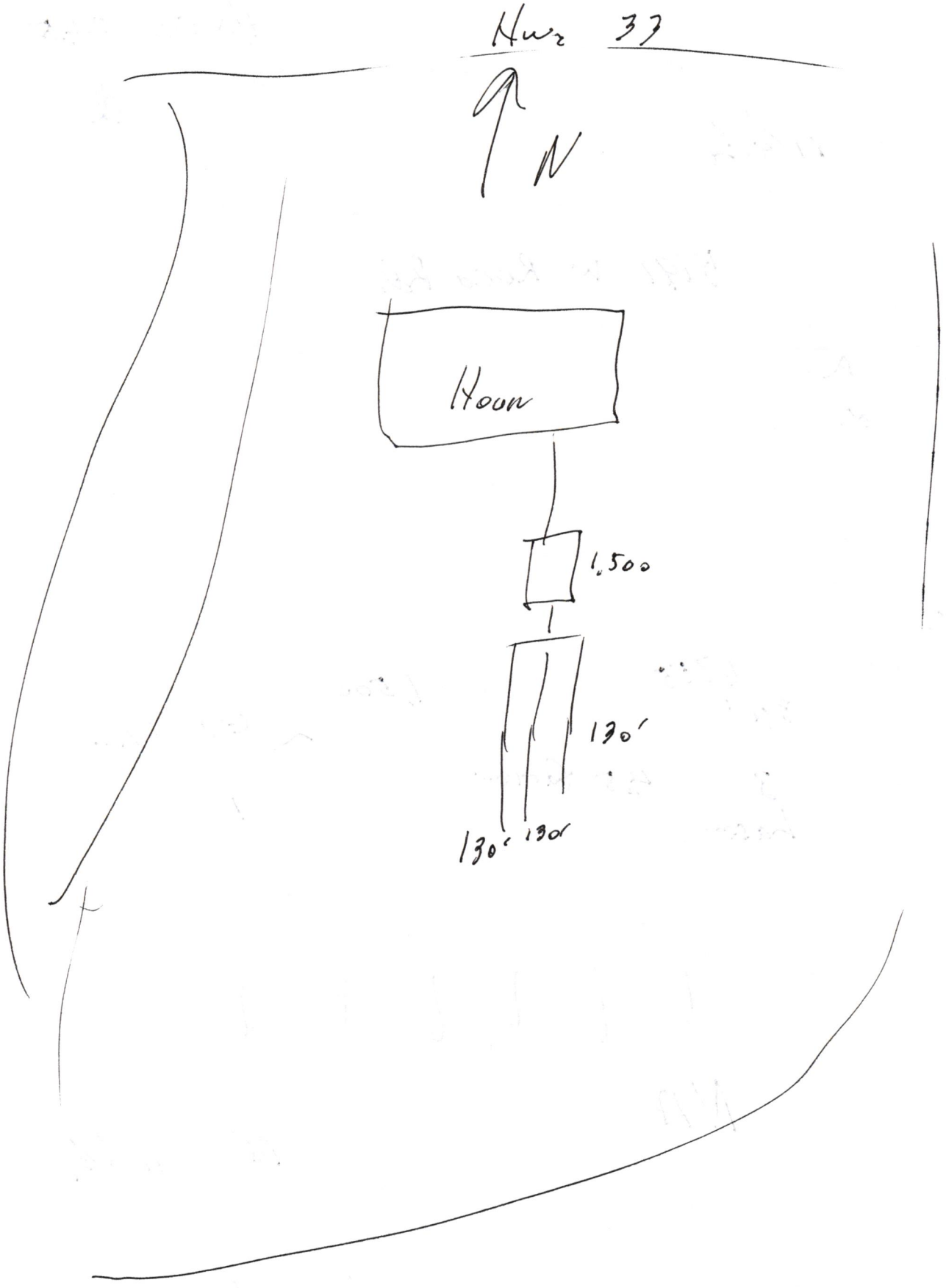
Follow-Up Date

Follow-Up Date

Installation Final Written Approval
By Doug Rhue

Date 11/9/21

Updated 4/15


Hwy 33
N
Moon
1,500
130'
130'
130'