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

A

Permit Number
HSDO2308

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* 195 N 148th St (no rural route) City Lincoln, NE Zip 68527

Legal Description 21 10 8 6th P.M. Meridian 5 1 S E
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 23-21-400-008-000 *Approx. Address (If to be determined)

B. Owner

Name Lucas Stamler Signature

Address 195 N 148th St City/State/Zip Lincoln, NE 68527

Home Phone Work Phone

C. Certified Installer

Name: Marcus Hecht 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 Whirlpool Bathtub? ☐ Yes ☐ No Total Acres
Garbage Grinder? ☐ Yes ☐ No

☑ Commercial Establishment/Other Facility Specify Shed Design flow in gallons per day 200

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 12-18-21 Amount Paid 450.00
Received By LC Cash/Check No. CC 5192

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 195 N 148th St (no rural route) City Lincoln NE, Zip 68527

Owner Lucas Stanek Address 195 N 148th St, Lincoln, NE 68527

Date of Tests 10-2-21 to 10-2-21 Weather: Precipitation 0 Temperature 73

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	36	10/2	7:00	10/2	12:00	10/2	3:30	6	10/2	4:00	30m	1/2	60
2	"	"	"	"	"	"	"	6	"	"	"	2 1/8	14
3	"	"	"	"	"	"	"	6	"	"	"	7/8	34
4	"	"	"	"	"	"	"	6	"	"	"	1 1/4	24
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Marcus Hecklein
Phone: 402-730-7719
Address PO Box 142
Eagle, NE 68347

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

Sum of Percolation Rates: 132.
Average of Rates: 33.1
Rate Used for Calculation: 60

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official Date

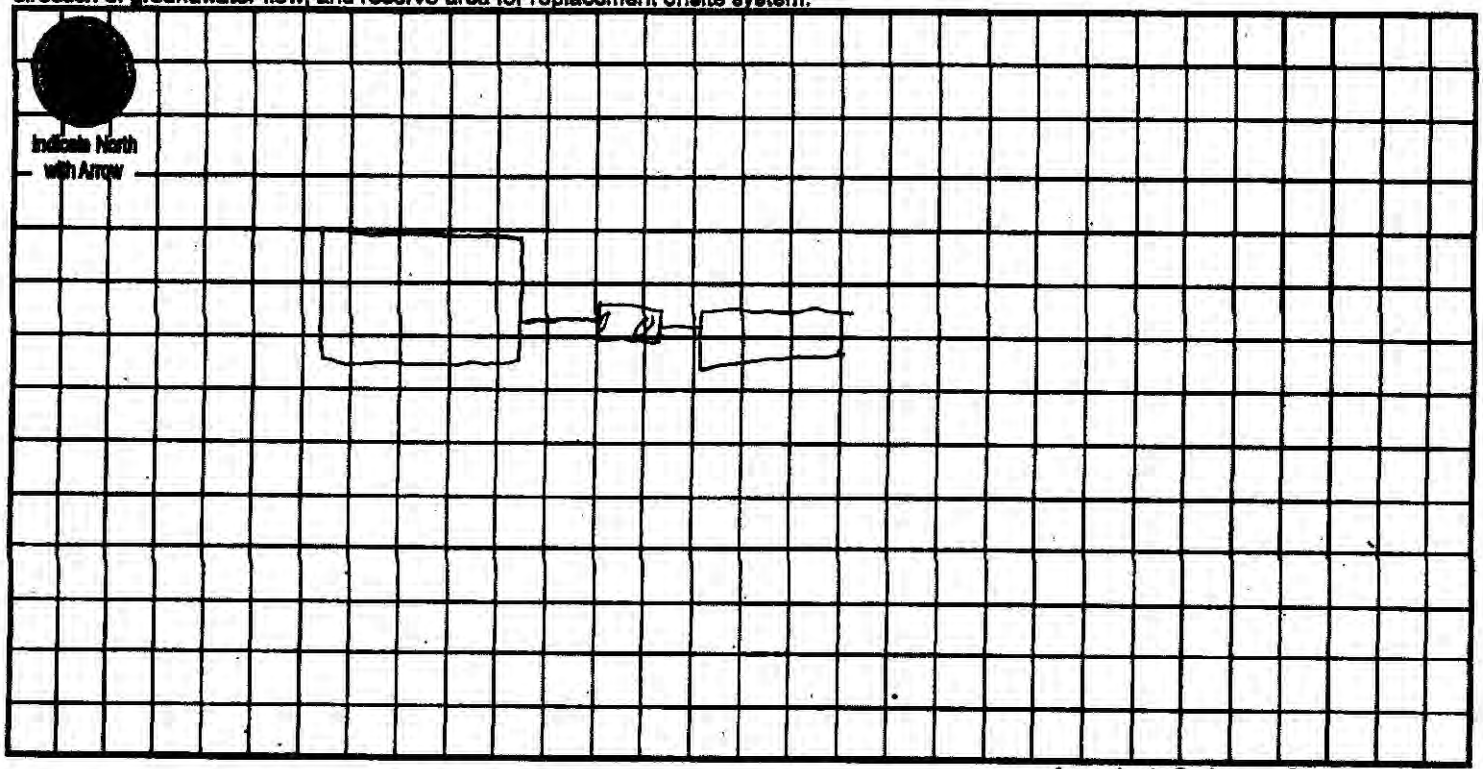
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

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) 195 N 148th St City Lincoln NE, Zip 68527

B. Proposed Septic Tank/s

Septic Tank Cap. 1000 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 2 Soil Type A Absorbing silty clay loam Land Slope 0-1 %

☐ Trench ☐ Bed ☐ Non-standard (engineer-designed and NDEQ approved) Total square feet of drainfield 360 Sq. Ft.

Total length of laterals 80' Type of Distribution: ☐ Perforated Pipe ☐ Half-Round ☐ Chambers ☐ Other EZ Flow

No. of Absorption Trenches 2 Width 36" No. of Drop Boxes 0 Distribution Box 1

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

Installer Marcus Hoehle Date: 10-11-21

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. HS002308

System Type: Standard

Situs: No Site Address Specified

Issued: 10/20/2021

Expires: 10/20/2022

Description: S21, T10, R8, 6th Principal Meridian, LOT 51 SE

Owner: STAMLER, LUCAS
195 N 148 ST
LINCOLN, NE 68527

Patricia D. Lopez

Patricia D. Lopez, RN, MSN, 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
P O BOX 142
EAGLE, NE 68347

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

SCANNED
A

Permit Number
HSDD 230B

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* 195 N 148th St (no rural route) City Lincoln, NE Zip 68527

Legal Description 21 10 8 6th Prin. Mer. [illegible] 515E

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

PID 23-21-400-008-000 *Approx. Address (If to be determined)

B. Owner

Name Lucas Stanley Signature

Address 195 N 148th St City/State/Zip Lincoln, NE 68527

Home Phone Work Phone

C. Certified Installer

Name: Marcus Herbst Signature

Address PO Box 142 City/State/Zip Eagle, NE 68347

Work Phone 402-770-7749

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 N/A Whirlpool Bathtub? ☐ Yes ☐ No Total Acres 4.99

Garbage Grinder? ☐ Yes ☐ No

☑ Commercial Establishment/Other Facility Specify Shed - Shop Design flow in gallons per day 200

Type of Wastewater ☑ Domestic ☐ Non-Domestic

DO NOT WRITE BELOW THIS LINE

Approval Process

1. Health Department
Site visits 10/22/21
Comments
Date rec'd 10/20/21
Date frwd 10/20/21
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 Mrsny
Date 10/22/21

Business Office Use Only
Date Received 10-18-21 Amount Paid 450.00
Received By LC Cash/Check No. CC 5092

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

Form A Updated: 4/15

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

Exhibit 5

Permit Number: HS002308

Onsite Wastewater Treatment System

Inspection Sheet

Date 10/22/24 Legal Description ____ ¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 195 N 148th City ____

Owner ____ Address ____

Mark One: ☐ Dwelling ☒ Non-dwelling Shop/out building

☒ 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 405 Sq. Ft. Tank Size 1000 gals

Total length of laterals 90' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☒ Other (describe) E-Z Flow

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

Leveling Method Used ____

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 ____ NA

Lateral #1 ____ Lateral #3 ____

Lateral #2 ____ Lateral #4 ____

Comments:

Inspections prior to Final Approval
Initial DS Date 10/22/24
Follow-Up ____ Date ____
Follow-Up ____ Date ____
Installation Final Written Approval By Doug Shaw
Date 10/22/24

Field Note Drawing (See Reverse Side):