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

A

Permit Number
#5002526

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

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

3 acres or more required for: ☐ Septic System ☒ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Wastewater Treatment System in conformance with appropriate regulations.

PLEASE PRINT OR TYPE

A. Onsite System Location

Address 11660 Stagecoach Rd City Hickman, NE Zip 68372
(no rural route)

Legal Description S31 T8 R8 Nature Meadows Add 2 2
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 21-31-402-005-000

B. Owner

Name Travis VonRentzell Signature

Address City/State/Zip

Home Phone Work Phone

C. Certified Installer

Name: Scott Moeller Signature

Address 1345 N 26th Rd City/State/Zip Syracuse NE 68446

Work Phone 402-430-2946

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
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 ☐ Municipal Code 24.38 ☐ County Resolution No. 02-30

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 4-17-23 Amount Paid $460
Received By JRO Cash/Check No. 7982

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

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. HS002526

System Type: Lagoon

Situs: No Site Address Specified

Issued: 4/18/2023

Expires: 4/18/2024

Description: NATURE MEADOWS ADDITION, BLOCK 2, Lot 2

Owner: VONRENTZELL, MARY L & TRAVIS D
11660 STAGECOACH RD
HICKMAN, NE 68372

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

SCOTT MUELLER
1345 N 26TH RD
SYRACUSE, NE 68446

SCANNED

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

A

Permit Number
#S002526

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

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

3 acres or more required for: ☐ Septic System ☒ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Wastewater Treatment System in conformance with appropriate regulations.

PLEASE PRINT OR TYPE

A. Onsite System Location

Address 11660 Stagecoach Rd City Hickman, NE Zip 68372
(no rural route)

Legal Description S31 T8 R8 Nature Meadows Add 2 2
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 21-31-402-005-000

B. Owner

Name Travis VonRentzell Signature

Address City/State/Zip

Home Phone Work Phone

C. Certified Installer

Name: Scott Moeller Signature

Address 1345 N 26th Rd City/State/Zip Syracuse NE 68446

Work Phone 402-430-2946

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
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 ☐ Municipal Code 24.38 ☒ County Resolution No. 02-30

1. Health Department
Site visits installed 11/3/23 - No inspection Date rec'd 4/18/23
Date frwd 4/18/23
ACTION ☒ Approved ☐ Disapproved
Signature
Comments

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

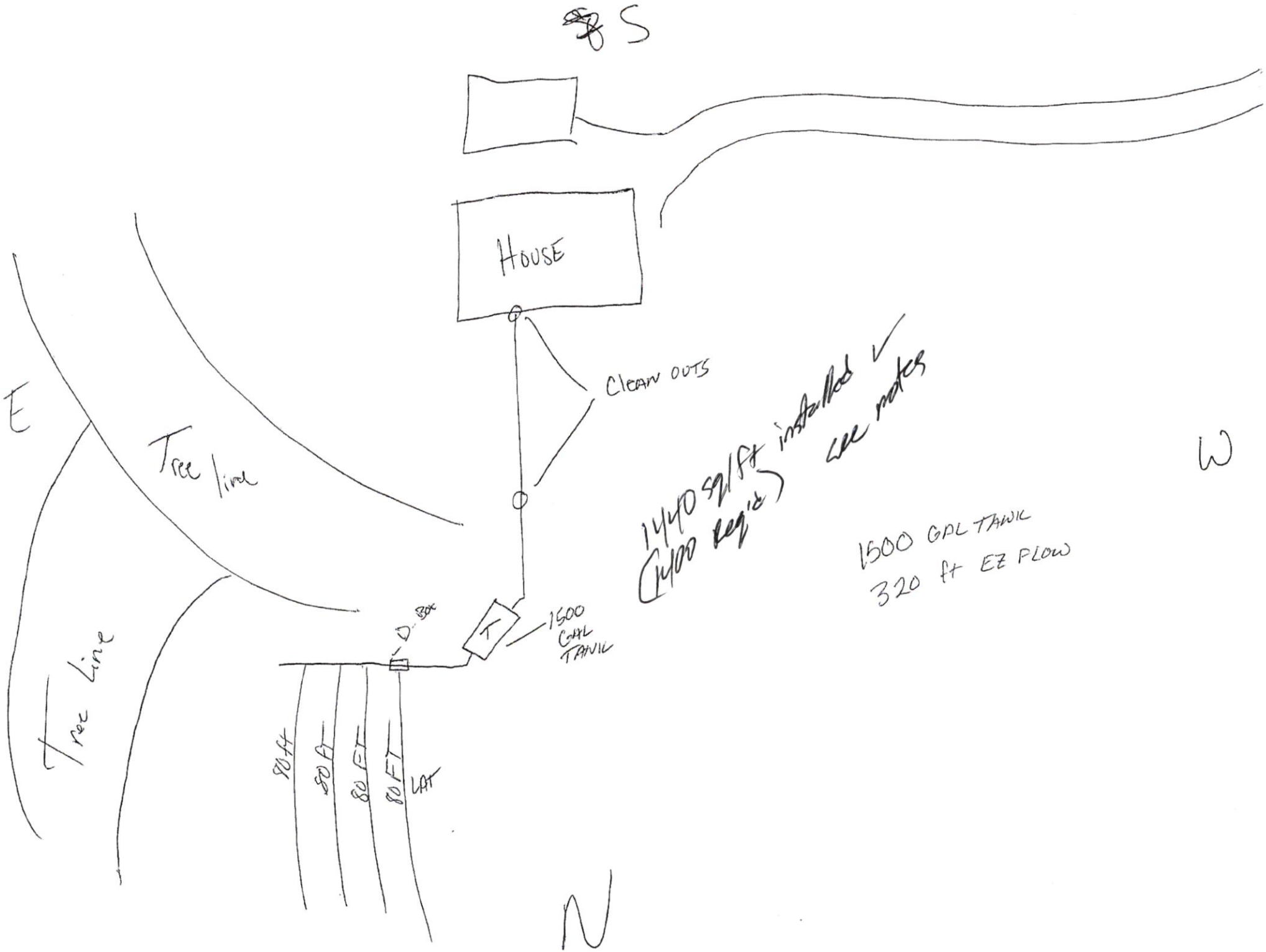
Installation Final Written Approval
By
Date 1/11/24

Business Office Use Only
Date Received 4-19-23 Amount Paid $460
Received By JRO Cash/Check No. 1982

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

Form A Updated 1-13

* existing home


S
HOUSE
Clean outs
E
Tree line
Tree Line
D-Box
T
1500 GAL TANK
80 FT
80 FT
80 FT
80 FT LAT
1440 sq/ft installed ✓
(1400 req'd) see notes
1500 GAL TANK
320 ft EZ FLOW
W
N

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 11660 Stagecoach Rd (no rural route) City _____ NE, Zip _____

Owner _____ Address _____

Date of Tests 9-16 to 9-17 Weather: Precipitation N/A Temperature 90's

Percolation Test Data Table

A.	B.	C.	D.	E.	F.	G.	H.	I.	J.	K.	L.	M.	N.
		Saturation/Swelling Time				Water Level Drop Last 30 mins of 4 hr or last 10 mins of 1 hr					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	36	9-16	9:00	9-17	8:00	9-17	8:00	6	9-17	8:30	30	5/8	52
2								6				1/2	60
3								6				1/2	60
								6					
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Scott Mueller

Phone: 402-430-2946

Address: Syracuse NE

Sum of Percolation Rates: 172

Average of Rates: 57.34

Rate Used for Calculation: 50-60 mpi

Soil type (NRCS Maps/Other) _____

Groundwater Depth 12+

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official _____ Date _____