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

NOV 12 2015

A

Permit Number
HS001167

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* 10430 Weeks Dr (no rural route) City Lincoln, NE Zip 68516

Legal Description Nealrane Acres 1st 3 2

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

PID 16-33-100-009-000 *Approx. Address (If to be determined)

B. Owner

Name Surefire Properties LLC Signature

Address 2840 S 70 ST Unit 302, SE 7 City/State/Zip Lincoln NE 68506

Home Phone Work Phone Mike Mota 402-730-9030

C. Certified Installer

Name: Jason Kubik Signature

Address 105 Locust St City/State/Zip Hickman NE 68372

Work Phone 402-440-7606

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 3 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 1.65

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 11-12-15 Amount Paid $385.00
Received By SB Cash/Check No. 2446

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

NOV 1 2 2015

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

B

Permit Number: HS00 1167

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

PID 16-33-100-009-000

Onsite System Location

Address 10430 Weeks Dr (no rural route) City Lincoln NE, Zip 68516

Owner Surefire Properties LLC Address 2840 S 70th St Unit 302 Lincoln NE 68506

Date of Tests 11/9/15 to 11/10/15 Weather: Precipitation 0 Temperature 55

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			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	30	11/9	2:15	11/10	8:45	11/10	12:15	6	11/10	12:45	30	3/4	40
2	30	11/9	2:15	11/10	8:45	11/10	12:15	6	11/10	12:45	30	1	30
3	30	11/9	2:15	11/10	8:45	11/10	12:15	6	11/10	12:45	30	5/8	48
4	30	11/9	2:15	11/10	8:45	11/10	12:15	6	11/10	12:45	30	1/2	60
5	30	11/9	2:15	11/10	8:45	11/10	12:15	6	11/10	12:45	30	7/8	35
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Jason Kubik

Phone: 402-440-7106

Address 105 Locust St Hickman NE 68372

Soil type (NRCS Maps/Other) 7684 Wymore

Groundwater Depth 7 12

Sum of Percolation Rates: 213

Average of Rates: 42.6

Rate Used for Calculation: 59

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 (402) 441-8027
3140 N Street Lincoln, Nebraska 68510-1514

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT
No. HS001167

System Type: Standard

Situs: 10430 WEEKS DR, RURAL, NE

Issued: 11/13/2015

Expires: 11/13/2016

Description: NEALRENE ACRES FIRST ADDITION, BLOCK 3, Lot 2

Owner: SUREFIRE PROPERTIES LLC
2840 S 70 ST UNIT 302, STE 7
LINCOLN, NE 68506

Judith A Halstead
Judith A. Halstead, MS, 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.

Judith A Halstead
Judith A. Halstead, MS
Health Director

SOUTHWICK LIQUID WASTE
105 LOCUST ST
HICKMAN, NE 68372

56th & Saltillo to Rokeby to Weeks Dr.

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

Exhibit 5

Permit Number: HS001167

Onsite Wastewater Treatment System

Inspection Sheet

Date 11/18 Legal Description _____
¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 10430 Weeks Dr City Lincoln

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 ? Sq. Ft. Tank Size 1500 gals

Total length of laterals ? Type of Distribution: ❑ Chamber ❑ Perforated Pipe ❑ Other (describe) _____

No. of Absorption Laterals ? Width ? 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 ❑

Not Sure

System covered prior to inspection

Geographical Coordinates to 6 Decimals:

Tank _____

Lateral #1 _____ Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments:

Drawing on back

Field Note Drawing (See Reverse Side):

Inspections prior to Final Approval
Initial _____ Date _____

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By _____

Date 11/20/15

Updated 4/15

N