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

A

Permit Number
HS001279

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 8701 S 1ST STREET (no rural route) City LINCOLN, NE Zip 68372

Legal Description _____ HUDKINS SUBDIVISION 1

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

PID 09-27-201-001-000

B. Owner

Name DAN HUDKINS Signature _____

Address 8701 S 1ST STREET City/State/Zip LINCOLN, NE 68512

Home Phone 402-430-4599 Work Phone _____

C. Certified Installer

Name JASON KUBIK/JAIME KUBIK Signature Jaime Kubik

Address 105 LOCUST ST./BOX 191 City/State/Zip HICKMAN, NE 68372

Work Phone 402-475-2462

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 2 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 5.98

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 _____ Date rec'd _____ Date frwd _____
Comments _____
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 6-13-16 Amount Paid $385.00
Received By SB Cash/Check No. 2594

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

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

B

Permit Number: #S001279

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 8701 S 155 (no rural route) City LINCOLN NE, Zip 68512

Owner DAN HUDKINS Address SAME AS ABOVE

Date of Tests 6/16/14 to 6/17/14 Weather: Precipitation Ø Temperature 80°

Percolation Test Data Table

A.	B.	C. D. E. Saturation/Swelling Time				F. 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	6/16	8:00	6/17	9:30	6/17	1:00	6	6/17	1:30	30	5/8	48
2	30	6/16	5:00	6/17	9:30	6/17	1:00	6	6/17	1:30	30	Ø	0
3	30	6/16	8:00	6/17	9:30	6/17	1:00	6	6/17	1:30	30	7/8	35
4	30	6/16	8:00	6/17	9:30	6/17	1:00	6	6/17	1:30	30	7/8	35
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: JASON KIRK
Phone: 402 475-2462
Address 105 LOCUST BOX 191
HICKMAN, NE 68372
Soil type (NRCS Maps/Other) LETE CLAY
Groundwater Depth

Sum of Percolation Rates: 118
Average of Rates: 39
Rate Used for Calculation:

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. HS001279

System Type: Standard

Situs: 8701 S 1 ST, RURAL, NE

Issued: 6/15/2016

Expires: 6/15/2017

Description: HUDKINS SUBDIVISION, Lot 1

Owner: HUDKINS, DONALD L
8701 S 1 ST
LINCOLN, NE 68512

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 INC
105 LOCUST STREET
HICKMAN, NE 68372

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

Exhibit 5

Permit Number: H 500 1279

6/30/16

Onsite Wastewater Treatment System

Inspection Sheet

Date 6/30/16 Legal Description 27 / 9 / 6 Lot 1
¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 8701 S. 168 City _____

Owner _____ Address _____

Mark One: ☒ Dwelling ☐ Non-dwelling

Replaced collapsed tank + added lateral to bring to current capacity

☐ 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 1,000 gals

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

Added to one lateral

No. of Absorption Laterals _____ Width _____ No. of Drop Boxes _____ Distribution Box _____

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:

Tank _____

Lateral #1 NA

Lateral #2 _____

Lateral #3 _____

Lateral #4 _____

Comments:

Inspections prior to Final Approval
Initial DS. Date 6/?/16

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By Doug Thiel

Date 6/30/16

Field Note Drawing (See Reverse Side):

Onsite Wastewater Treatment System
As-Built Description and Drawing

Type of Onsite Wastewater System: ☐ Lagoon (Skip to Back Page) ☒ Subsurface Septic ☐ Mound

Onsite Wastewater System Location 9-6-27

Address or Legal Description or Parcel Identification Number (PID) 09-27-201-001-000

Owner: Donald Hudkins Address 8701 S 1st

A. Wastewater Piping

1. Material: SCH 40 Diameter: 4 in.
2. Distance between dwelling and septic tank: 35ft.

B. Septic Tank

1. Material Concrete
2. Capacity: 1000
3. Depth to top of tank, below unfinished grade: 18 in.
4. Distance to:
   - Well +100 ft.
   - Pressure line +25 ft
   - Property Line +30 ft.
   - Foundation 35 ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: SW ft. 15

D. Drainfield/Absorption Field

☐ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☐ Other

   Material brand and inside width of Chamberless:

2. Number of Laterals: 2
3. Length of each lataral (linear): ft. 124 ft. 28 ft. ____ ft. ____
4. Drainfield size: 551 sq. ft.
5. Distance to:
   - Well +100 ft.
   - Pressure line +30 ft.
   - Property line +30 ft.
   - Depth of Groundwater +12

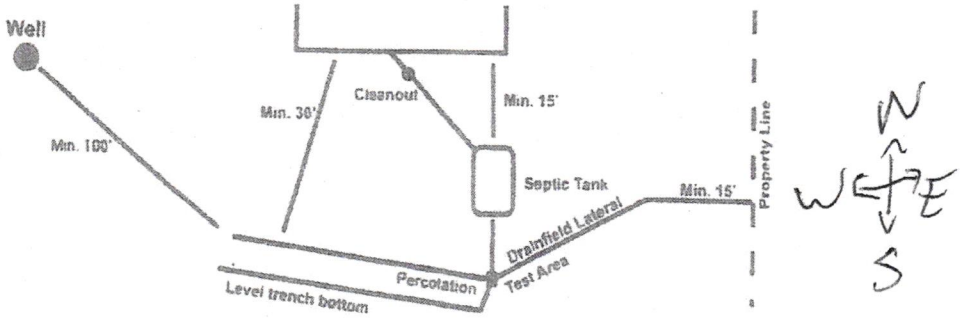
Was the Onsite Wastewater System covered prior to LLCHD inspection? ☒ Yes ☐ No

If Yes, the Certified Professional must sign below for final approval:

I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: [signature] Date: 6/17/16

Complete As-Built drawing on the back of this form.



*Note-If Lagoon, show all applicable dimensions

