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

A

Permit Number
HS001280

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* 901 W PIONEERS BLVD City LINCOLN, NE Zip 68523
(no rural route)

Legal Description 10 9 16 6TH PRIN MERIDIAN 22NW
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 09-10-100-013-000 *Approx. Address (If to be determined)

B. Owner

Name ELIASON, RANDON & HILLHOUSE, HEIDI Signature

Address 901 W PIONEERS BLVD City/State/Zip LINCOLN, NE 68523

Home Phone 402-470-7350 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 1.83
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 6-13-16 Amount Paid $385.00
Received By SB Cash/Check No. 2593

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: #S001280

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 901 W PIONEERS (no rural route) City LINCOLN NE, Zip 68523

Owner HEIDI HILL HOUSE Address SAME AS ABOVE

Date of Tests 6/6/11 to 6/7/11 Weather: Precipitation Ø Temperature 80°

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	30	6/6	7:15	6/7	9:00	6/6	12:30	6	6/7	1:00	30	5/8	48
2	30	6/6	7:15	6/7	9:00	6/7	12:30	6	6/7	1:00	30	3/4	40
3	30	6/6	7:15	6/7	9:00	6/7	12:30	6	6/7	1:00	30	7/8	35
								6					
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

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

Sum of Percolation Rates: 123
Average of Rates: 41
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. HS001280

System Type: Standard

Situs: 901 W PIONEERS BLVD, RURAL, NE

Issued: 6/14/2016

Expires: 6/14/2017

Description: S10, T9, R6, 6th Principal Meridian, LOT 22 NW

Owner: ELIASON, RANDON D & HILLHOUSE, HEIDI L
901 W PIONEERS BLVD
LINCOLN, NE 68523

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: HS001280

OR 7/18/16

Onsite Wastewater Treatment System

Inspection Sheet

Lot 22

Date 7/5/16 Legal Description ¼ ¼ 10 / 9 / 6 Section/Township/Range

Onsite System Location

Address (no rural route) 901 W. Pioneer 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 754 Sq. Ft. Tank Size 1500 gals

Total length of laterals 209 Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☐ Other (describe)

No. of Absorption Laterals Width 3.625 Factor 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:

Tank

Lateral #1 NA

Lateral #2

Lateral #3

Lateral #4

Comments:

Inspections prior to Final Approval
Initial DC Date 6/16/16
Follow-Up System Was Covered Date
Follow-Up Date

Installation Final Written Approval
By Doug Ahrens
Date 7/5/16

Field Note Drawing (See Reverse Side):