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

**A**

Permit Number
HS001362

# 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* 801 W Pioneers Blvd City Lincoln, NE Zip 68522
(no rural route)

Legal Description _____ Patrick _____ 1
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 09-10-101-001-000 *Approx. Address (If to be determined) _____

### B. Owner

Name Mark Leiting Signature _____
Address 801 W Pioneers Blvd City/State/Zip Lincoln NE 68522
Home Phone 853-4027 Work Phone _____

### C. Certified Installer

Name: Jason Kubik Signature _____
Address 105 Locust City/State/Zip Hickman NE 68372
Work Phone 402-440-7006

### 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 1.84
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 _____ 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 10-27-16 Amount Paid $395
Received By SB Cash/Check No. 2735

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: HS001362

# Onsite Wastewater Treatment System
## Soil Evaluation Report

PLEASE PRINT OR TYPE

### Onsite System Location

Address 801 W Pioneers Blvd (no rural route) City Lincoln NE, Zip 68522

Owner Mark Leiting Address Same

Date of Tests 10/25/16 to 10/26/16 Weather: Precipitation 0 Temperature 60

### Percolation Test Data Table

| A. | B. | C. Saturation/Swelling Time Start | | D. Saturation/Swelling Time End | | E. Water Level Drop Last 30 mins of 4 hr or last 10 mins of 1 hr Start | | F. | G. | H. End | | I. | J. | K. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 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 | 28 | 10/25 | 10:00 | 10/26 | 10 | 10/26 | 1:30 | 6 | 10/26 | 2:00 | 30 | 4 1/8 | 5/8 | |
| 2 | 28 | 10/25 | 10 | 10/26 | 10 | 10/26 | 1:30 | 6 | 10/26 | 2:00 | 30 | 4 1/8 | 5/8 | |
| 3 | 28 | 10/25 | 10 | 10/26 | 10 | 10/26 | 1:30 | 6 | 10/26 | 2:00 | 30 | 3 0 | 1/2 | |
| | | | | | | | | 6 | | | | | | |
| | | | | | | | | 6 | | | | | | |
| | | | | | | | | 6 | | | | | | |
| | | | | | | | | 6 | | | | | | |
| | | | | | | | | 6 | | | | | | |

### Person Conducting Percolation Test

Name: Jason Kubik
Phone: 440-7606
Address 105 Locust St
Hickman NE 68372
Soil type (NRCS Maps/Other) 7207 Alvsaben
Groundwater Depth +12

Sum of Percolation Rates: 12 1/2
Average of Rates: 4 1/2
Rate Used for Calculation: 4 1/2

**DO NOT WRITE BELOW THIS LINE**

### Reviewing Action

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

Signature of Reviewing Official _____ Date _____

site Form B 12_06

**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. HS001362**

**System Type:** Standard

**Situs:** 801 W PIONEERS BLVD, RURAL, NE

Issued: 10/31/2016

Expires: 10/31/2017

**Description:** PATRICK SUBDIVISION, Lot 1

**Owner:** LEITING, MARK J
801 W PIONEERS BLVD
LINCOLN, NE 68522

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

11/6/14

Exhibit 5

Permit Number: HS001362

# Onsite Wastewater Treatment System

## Inspection Sheet

Date 11/2/16 Legal Description _____

¼ ¼ Section/Township/Range

**Onsite System Location**

Address (no rural route) 801 W. Prescott 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 1051.25 Sq. Ft. Tank Size 1500 - 1/0 gals

Total length of laterals 290 Type of Distribution: ☒ Chamber ☐ Perforated Pipe ☐ Other (describe) _____

No. of Absorption Laterals 5 Width 3' No. of Drop Boxes 2 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 _____

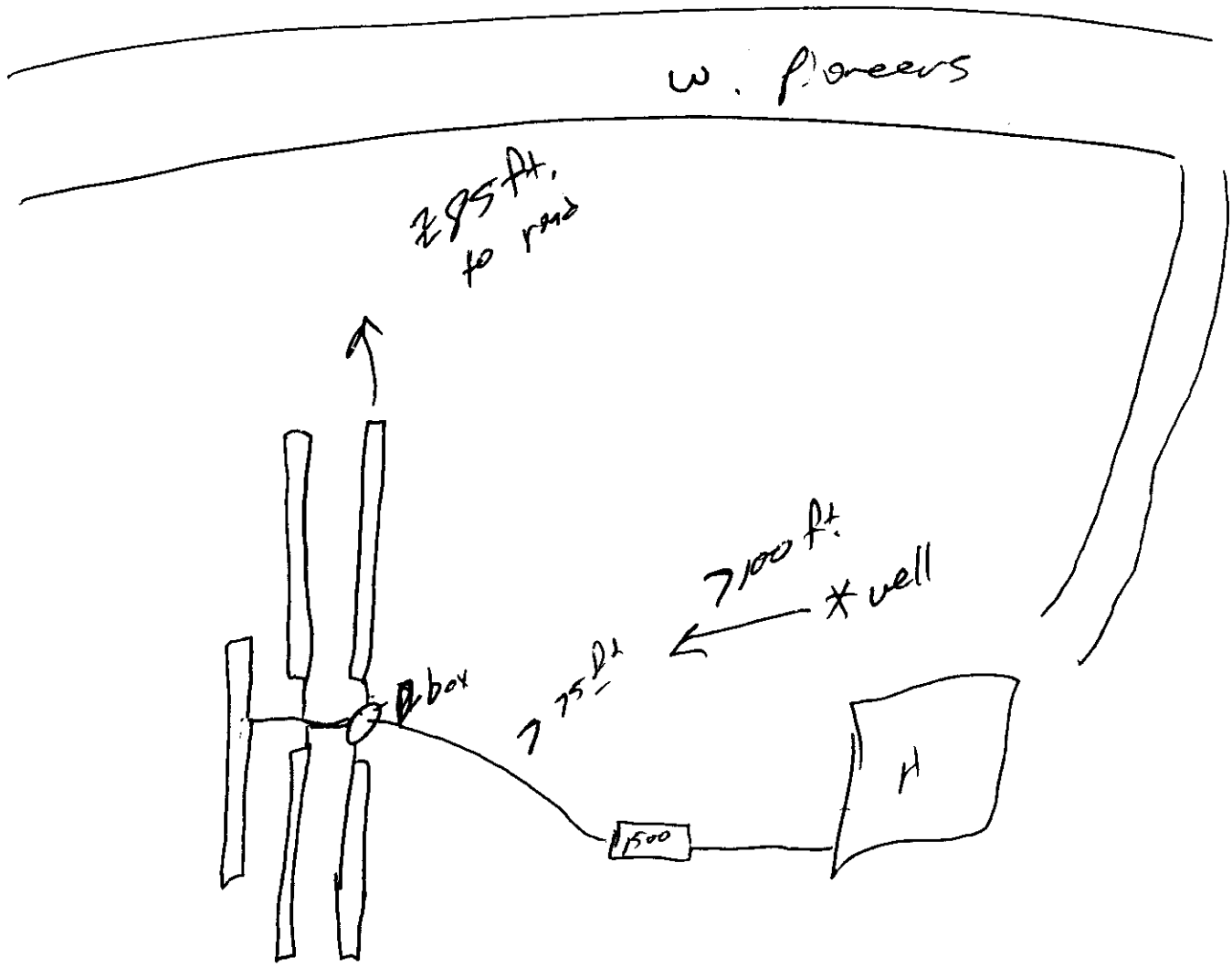
Lateral #1 _____ Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

**Comments:**

Inspections prior to Final Approval
Initial NA Date 11/3/16
Follow-Up NA Date 11/4/16
Follow-Up _____ Date _____
Installation Final Written Approval
By _____
Date 11/2/16

**Field Note Drawing (See Reverse Side):**


w. Pioneers
295 ft.
to road
7100 ft.
well
box
1500
H

# 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**

Address or Legal Description or Parcel Identification Number (PID) 09-10-101-001-000

Owner: Mark Leiting Address 801 W Pioneers

### A. Wastewater Piping

1. Material: Sch 40 PVC Diameter: 4 in.
2. Distance between dwelling and septic tank: 31 ft.

### B. Septic Tank

1. Material Concrete
2. Capacity: 1500
3. Depth to top of tank, below unfinished grade: 6 in.
4. Distance to:
   Well +60 ft.
   Pressure line +25 ft
   Property Line +50 ft.
   Foundation 31 ft.

### C Distribution Box or Drop Box

Distance and Direction from septic tank: 86 ft. W

### D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☒ Chamberless ☐ Other
   Material brand and inside width of Chamberless: ARC 36 29"
2. Number of Laterals: 5
3. Length of each lateral (linear): ft. 65 ft. 55 ft. 65 ft. 50 55
4. Drainfield size: 1050 sq. ft.
5. Distance to:
   Well +125 ft.
   Pressure line +50 ft.
   Property line +50 ft.
   Depth of Groundwater +12

Final NA 11/7/16

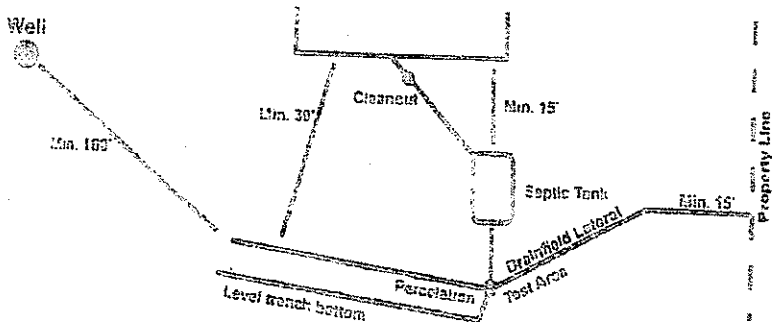
Was the Onsite Wastewater System covered prior to LLCHD inspection? ☒ Yes ☐ No

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

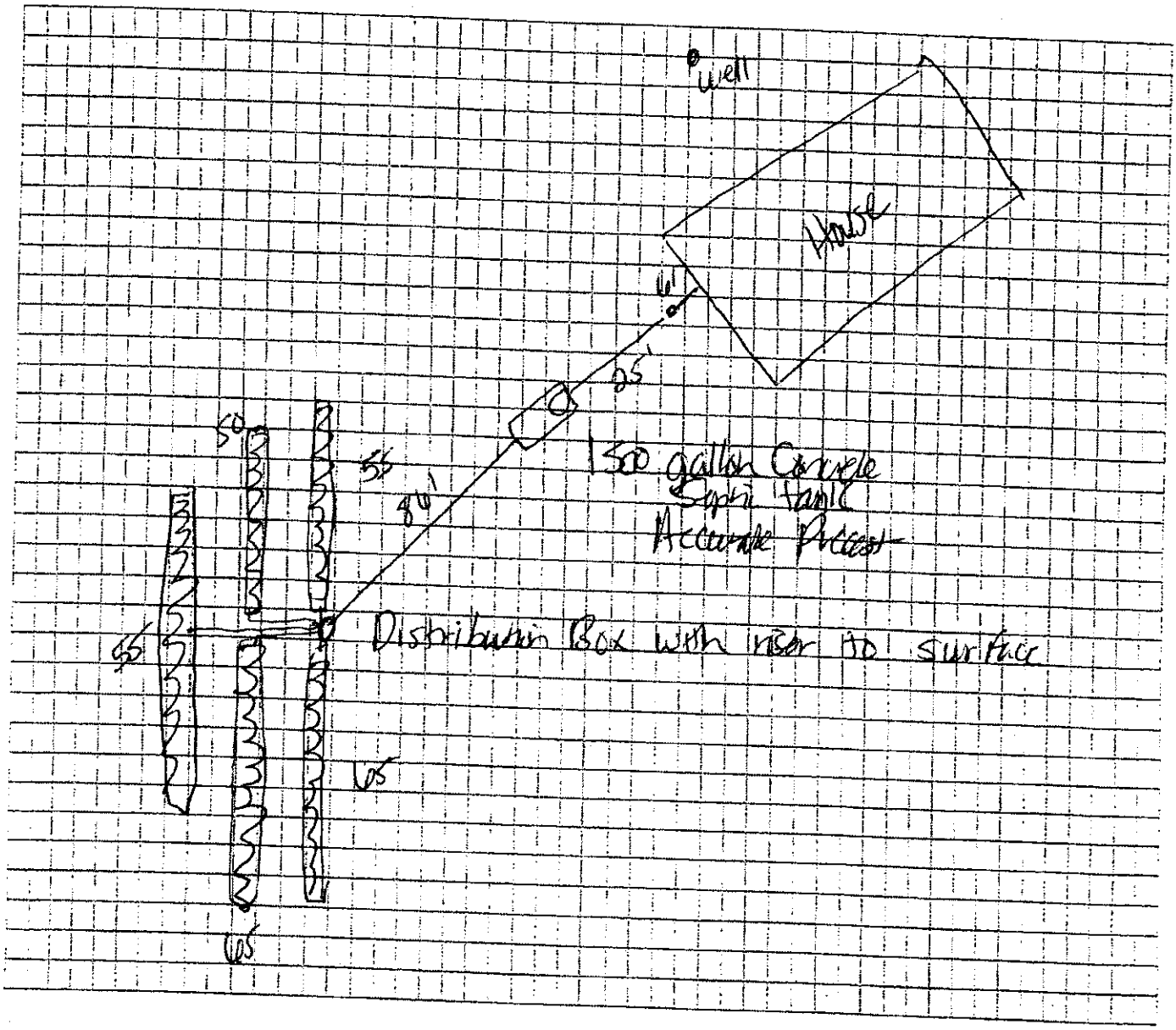
I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: Jason Kutter Date: 11/5/16

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




*Note-If Lagoon, show all applicable dimensions




ARC 36 Graveless Chambers

**Nate C. Hartman**

---

**From:** Jason Kubik <southwicksewer@yahoo.com>
**Sent:** Saturday, November 05, 2016 3:04 PM
**To:** Nate C. Hartman
**Subject:** D sheets for 22155 S 68 & 801 W Pioneers
**Attachments:** 22155 S 68th D sheet.pdf; 801 W Pioneers D sheet.pdf; 801 W Pioneers perc test.pdf

Here are the D sheets and correct perc test for 801 W Pioneers.

Thanks


# Jason and Jaime Kubik

**Southwick Liquid Waste**
**Office: 402-475-2462**
**www.southwickliquidwaste.com**