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

A

Permit Number HS001436

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* 5000 Princeton Rd (no rural route) City Firth, NE Zip 68358

Legal Description _____

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

PID 14-17-400-008-000 *Approx. Address (If to be determined) _____

B. Owner

Name Matthew Cochell Signature _____

Address 500 Sherman St City/State/Zip Cortland NE 68331

Home Phone _____ Work Phone _____

C. Certified Installer

Name: Jason Kubik Signature Jason Kubik

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

Work Phone 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 3 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 19.52

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 4-19-17 Amount Paid $395
Received By SB Cash/Check No. 3191

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: HS001436

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

PID # 14-17-400-008-000

Onsite System Location

Address 5000 Princeton Rd (no rural route) City Firth NE, Zip 68358

Owner Matt Cockrell Address 500 Sherman St Cortland NE 68331

Date of Tests 4/17/17 to 4/18/17 Weather: Precipitation trace Temperature 65

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	4/17	12:45	4/18	11:30	4/18	11:30	6	4/18	12:00	30	1	30
2	30	4/17	12:45	4/18	11:30	4/18	11:30	6	4/18	12:00	30	7/8	35
3	30	4/17	12:45	4/18	11:30	4/18	11:30	6	4/18	12:00	30	7/8	35
								6					
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Jason Kubik
Phone: 475-2462
Address 105 Locust St
Hickman NE 68372
Soil type (NRCS Maps/Other) 7150 Nodaway
Groundwater Depth +12

Sum of Percolation Rates: 100
Average of Rates: 34
Rate Used for Calculation: 34

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. HS001436

System Type: Standard

Situs: No Site Address Specified

Issued: 4/25/2017

Expires: 4/25/2018

Description: S17, T7, R7, 6th Principal Meridian, LOT 47 SE

Owner: COCHELL, MATTHEW A
500 SHERMAN ST
CORTLAND, NE 68331

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

JENNINGS CONSTRUCTION
P.O. BOX 292
FIRTH, NE 68358