MAY 1 2 2017

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

A

Permit Number HS001457

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* 6101 W YANKEE HILL RD City DENTON, NE Zip 68339
(no rural route)

Legal Description _____ GROW HOPE ACRES 2

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

PID 03-25-201-002-000 *Approx. Address (If to be determined) _____

B. Owner

Name KENT KIRCHHOFF Signature _____

Address 909 W 10th ST City/State/Zip HICKMAN, NE 68372

Home Phone 402-802-6113 Work Phone _____

C. Certified Installer

Name: JASON KUBIK Signature Jason Kubik

Address 105 LOCUST ST 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 _____ Whirlpool Bathtub? ☐ Yes ☐ No Total Acres 29.64
Garbage Grinder? ☐ Yes ☐ No

☒ Commercial Establishment/Other Facility Specify Convinence bathroom in outbuilding Design flow in gallons per day 200

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 5-12-17 Amount Paid $395
Received By SB Cash/Check No. 2909

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

Form A Updated: 4/15

MAY 1 2 2017

B

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

Permit Number: HS001457

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 6101 W YANKEE HILL RD (no rural route) City DENTON NE, Zip 68339

Owner KENT KIRCHHOFF Address 909 W 10th ST HICKMAN, NE 68372

Date of Tests 3/17/17 to 3/18/17 Weather: Precipitation 0 Temperature 50

Percolation Test Data Table

A.	B.	C. D. E. F. Saturation/Swelling Time				G. H. I. J. K. Last 30 mins of 4 hr or last 10 mins of 1 hr Water Level Drop					L. M. N. Results		
		Start		End		Start		Initial	End				
Hole No.	Hole Depth(in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time Interval	Water Level Drop(in)	Percolation Rates (Min/in = mpi)
1	30	3/17	4:00	3/18	8:30	3/18	1:00	6	3/18	1:30	30	0.625	48
2	30	3/17	4:00	3/18	8:30	3/18	1:00	6	3/18	1:30	30	0.50	60
3	30	3/17	4:00	3/18	8:30	3/18	1:00	6	3/18	1:30	30	0.625	48
								6					
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: JASON KUBIK
Phone: 402-475-2462
Address 105 LOCUST ST P.O. BOX 191
HICKMAN NE 68372

Sum of Percolation Rates: 156
Average of Rates: 52
Rate Used for Calculation: 59

Soil type (NRCS Maps/Other) 7501 PAWNEE

Groundwater Depth > 12 FEET

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. HS001457

System Type: Standard

Situs: No Site Address Specified

Issued: 5/15/2017

Expires: 5/15/2018

Description: GROW HOPE ACRES ADDITION, Lot 2

Owner: KIRCHHOFF, KENT D & AUNDRIA D
909 W 10 ST
HICKMAN, NE 68372

Charlotte Burke, MS, RD, Interim 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.

Charlotte Burke, MS, RD
Interim Health Director

SOUTHWICK LIQUID WASTE INC
105 LOCUST ST
HICKMAN, NE 68372

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

D

Permit Number:
HS001457

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) 03-25-201-002-000 6101 W YANKEE HILL RD DENTON NE

Owner: KENT KIRCHOFF Address 909 W 10th ST HICKMAN, NE 68372

A. Wastewater Piping

1. Material: _____ Diameter: _____in.
2. Distance between dwelling and septic tank: _____ft.

B. Septic Tank

1. Material _____
2. Capacity: _____
3. Depth to top of tank, below unfinished grade: _____ in.
4. Distance to:
   Well _____ ft.
   Pressure line _____ ft
   Property Line _____ ft.
   Foundation _____ ft.

C Distribution Box or Drop Box

Distance **and** Direction from septic tank: _____ ft. _____

D. Drainfield/Absorption Field

☐ Trench ☐ Bed

1. Type: ☑ Perforated Pipe ☑ Chamberless ☑ Other
   Material brand and inside width of Chamberless:
   _____
2. Number of Laterals: _____
3. Length of each lataral (linear): ft._____ ft._____ ft._____ ft._____
4. Drainfield size: _____sq. ft.
5. Distance to:
   Well _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.
   Depth of Groundwater _____

System covered

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: _____ Date: 5/16/17

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

see previous D Sheet

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

D

Permit Number: HS001457

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date 5/16/17 Legal Description Grow Hope Acres Addition Lot 2
1/4 1/4 Section Township Range

Onsite System Location

Address (no rural route) 6101 W Yankee Hill City Denton NE, Zip 68339

Owner Kent Kirchhoff Address 909 W 10th St Hickman NE 68372

A. Sewer Pipe

1. Material: SCH 40 PVC
   Diameter: 4" in.
2. Distance above basement floor: ____ in.
   or distance below basement floor: 24 in.
3. Distance between dwelling and septic tank: 28 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line +50 ft.
   stream +100 ft.
   pressure line 30 ft.
   property line +50 ft.

B. Septic Tank

☒ Label with Manufacturer, address and gallon capacity

1. Material: plastic Infiltrator Dm 1060
   Number of compartments: 1
2. Capacity: 1000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 24 in.
   Over outlet, diameter 24 in.
   Riser: ☒ above ☐ below grade 0 in.
5. Inlet: ☐ baffle ☐ tee ☐ 6" dia. inspection pipe
6. Outlet: ☐ baffle ☐ tee ☐ 6" dia. inspection pipe
7. Depth to top of tank, below unfinished grade: 12 in.
8. Distances to: Well or suction line +50 ft.
   Stream +100 ft.
   Pressure line +30 ft.
   Property line 50 ft.

C. ☐ Distribution Box ☐ Drop Boxes

(≥ 12" inspection opening) (removable lid to inspect)

1. Material: ____
   Number available outlets: ____
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: ____ ft.

D. Drainfield Absorption

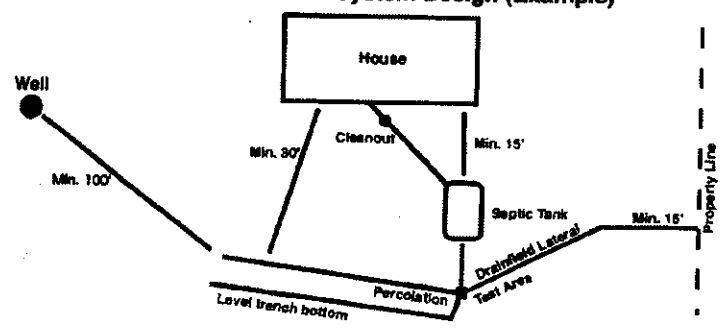
☒ Trench ☐ Bed ☐ Level Bottom

1. Type: ☐ Half rounds ☐ Perforated pipe ☒ Chambers
   Diameter or width: ____
   Number of distribution lines in bed ____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other ____
2. Drainfield Laterals: Number 1
   Length of each line: 100 ft. ____ ft.
   ____ ft. ____ ft., ____ ft.
3. Drainfield dimensions: Width ____ ft.
   Distribution Pipe Slope ____ in/100 ft.
   Average depth ____ in
4. Filter material: ____
   Depth of material ____ in.
5. Distances to: Well or suction line +100 ft.
   Pressure line 30 ft.
   Property line 30 ft.
   House or building 28 ft.
   Lake or Stream +100 ft.

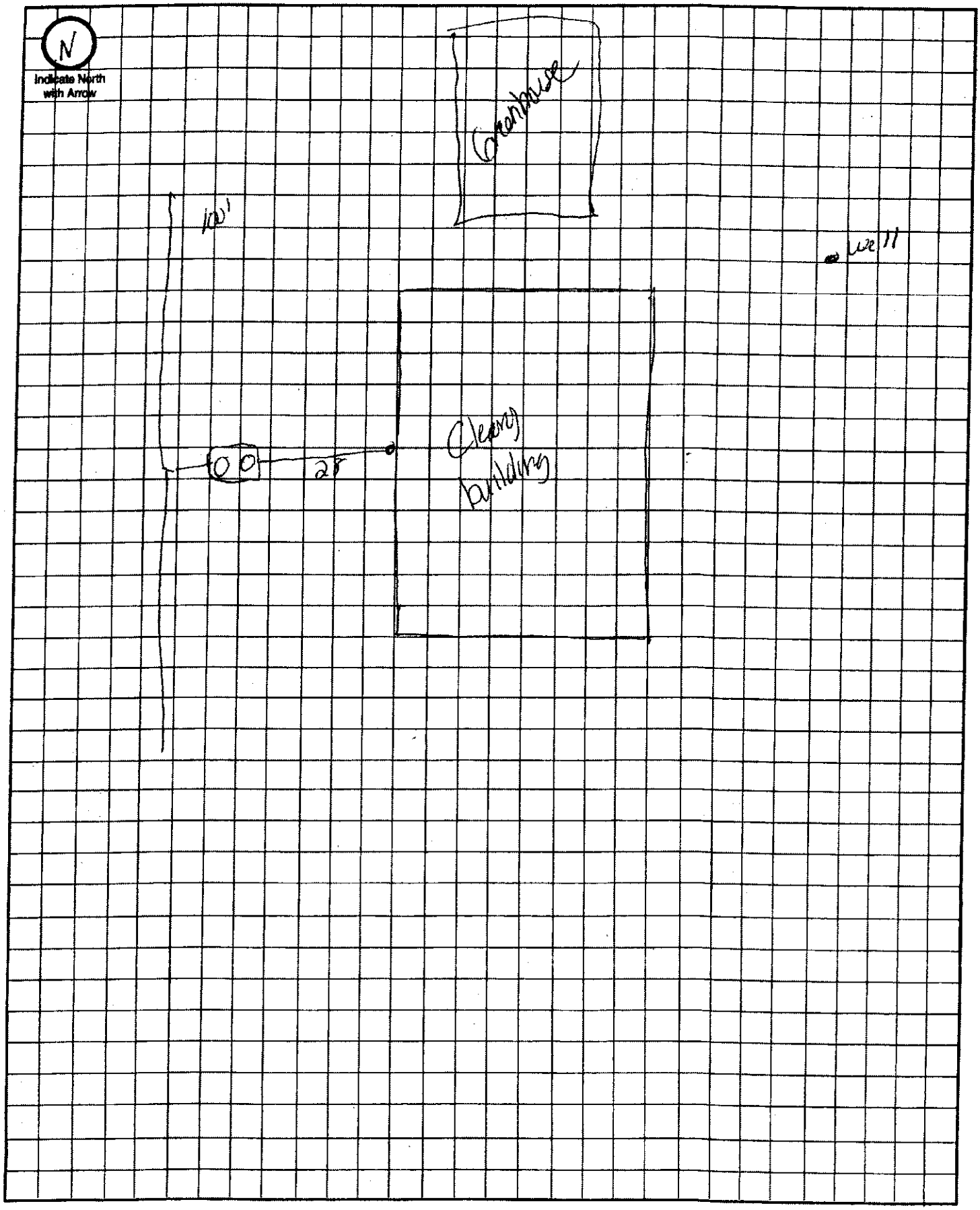
Complete As-Built drawing on the back fo this form.

Onsite Wastewater System Design (Example)

Indicate North with Arrow



As Built Drawing



Approximate Scale: _____ ft. = _____ grid line/s

Nate C. Hartman

From: Jason Kubik <southwicksewer@yahoo.com>
Sent: Saturday, May 27, 2017 2:26 PM
To: Nate C. Hartman
Subject: D sheets
Attachments: 6101 W Yankee Hill D sheet.pdf; 2700 S 154th ST D Sheet.pdf; 8800 S 56th ST D Sheet.pdf; 13400 Sunshine Cir D Sheet.pdf

Here are the D sheets for the past month

Thanks

Jason and Jaime Kubik

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

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

Exhibit 5

Permit Number: 17500145?

Onsite Wastewater Treatment System

Inspection Sheet

OK 6/14

Date _____ Legal Description 9-5-25 Lot 2
¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 6101 W Yankee Hill 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 _____ Sq. Ft. Tank Size _____ 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 ☐

Geographical Coordinates to 6 Decimals:

Tank _____

Lateral #1 _____ Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments: * System covered prior to inspection - marked by sheet. -WH

Inspections prior to Final Approval
Initial WH Date N/A

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By _____

Date 6/15/17

Field Note Drawing (See Reverse Side):

MAY 1 2 2017

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

A

SCANNED

Permit Number HS001457

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* 6101 W YANKEE HILL RD City DENTON, NE Zip 68339
(no rural route)

Legal Description 25 9 5 GROW HOPE ACRES 2
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 03-25-201-002-000 *Approx. Address (If to be determined)

B. Owner

Name KENT KIRCHHOFF Signature

Address 909 W 10th ST City/State/Zip HICKMAN, NE 68372

Home Phone 402-802-6113 Work Phone

C. Certified Installer

Name: JASON KUBIK Signature

Address 105 LOCUST ST 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 Whirlpool Bathtub? ☐ Yes ☐ No Total Acres 29.64
Garbage Grinder? ☐ Yes ☐ No

☒ Commercial Establishment/Other Facility Specify Convinience bathroom in outbuilding Design flow in gallons per day 200

Type of Wastewater ☒ Domestic ❑ Non-Domestic

DO NOT WRITE BELOW THIS LINE

Approval Process

1. Health Department
Site visits
Comments
Date rec'd 5/15/17
Date frwd 5/15/17
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 6/15/17

Business Office Use Only
Date Received 5-12-17 Amount Paid $395
Received By SB Cash/Check No. 2109

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

Form A Updated: 4/15

* Bathroom for existing outbuilding
* Contractor for Greenhouse & motor building already on property