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

A

Permit Number
#S001465

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* 7801 NW 105th St. SB City _____, NE Zip _____
(no rural route)

Legal Description S28 T11 R5 6th Principal Meridian LOT 30 SW

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

PID# 05-28-300-018-00 *Approx. Address (If to be determined) _____

B. Owner

Name MURRAY CUSTOM HOMES Signature _____
Address 6201 S 57th STREET City/State/Zip LINCOLN, NE 68516
Home Phone 402-802-7021 Work Phone _____

C. Certified Installer

Name: JAIME KUBIK Signature _____
Address 105 LOCUST STREET P.O. 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 3 BEDRROMS Whirlpool Bathtub? ☒ Yes ☒ No Total Acres 20
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 6-1-17 Amount Paid $395
Received By SB Cash/Check No. VISA 0906

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

Form A Updated: 4/15

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. HS001465

System Type: Lagoon

Situs: 7801 NW 105 ST, RURAL, NE

Issued: 6/12/2017

Expires: 6/12/2018

Description: S28, T11, R5, Acres 6th Principal Meridian, LOT 30 SW

Owner: POPPE, LUCAS & TEELLA
231 MANATT CT
LINCOLN, NE 68521

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
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

SCANNED

A

Permit Number
HS0014465

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* 7801 NW 105th St. SB (no rural route) City _____, NE Zip _____

Legal Description S28 T11 R5 6th Principal Meridian LOT 30 SW

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

PID # 05-28-300-018-000 *Approx. Address (If to be determined) _____

B. Owner

owner: Lucas Polpe

Name MURRAY CUSTOM HOMES Signature _____

Address 6201 S 57th STREET City/State/Zip LINCOLN, NE 68516

Home Phone 402-802-7021 Work Phone _____

C. Certified Installer

Name: JAIME KUBIK Signature _____

Address 105 LOCUST STREET P.O. 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 3 BEDRROMS Whirlpool Bathtub? ☒ Yes ■ No Total Acres 20

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 09/02/2016 & Near fence
Comments _____
Date rec'd 6/12/17
Date frwd 6/12/17
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 6-7-17
Date frwd 6-7-17
ACTION ☒ Approved ☐ Disapproved
Signature James Plouzek

Installation Final Written Approval
By _____
Date 3/5/20

Business Office Use Only
Date Received 6-1-17 Amount Paid $395
Received By SB Cash/Check No. VISA 0966

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

Form A Updated 4/15

* Proposed as a Lagoon

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

Exhibit 6

Permit Number: HS0014 65

Onsite Wastewater Treatment System-Lagoon

Inspection Sheet

Date 03/02/2018 Legal Description ___ ¼ ___ ¼ 28/11/5 Lot 30 Section/Township/Range

Onsite System Location

Address (no rural route) 7801 NW 105th City ___

Owner ___ Address ___

Mark One: ☑ Dwelling ☐ Non-dwelling

☒ New System ☐ Repair

☐ Temporary modification (Describe problem causing discharge and reason for temporary modification): ___

Lagoon constructed so not to receive surface water	Yes ☒ No ☐
Lagoon floor is level	Yes ☒ No ☐
Lagoon is equipped with a depth gage/concrete slab	Yes ☐ No ☒
Influent line is at least 4 inches and slopes no less than 1/8 inch	
Clean outs located every 75 feet and one located 1 foot about highest water level	Yes ☒ No ☐
Inside slope not steeper than three horizontal to one vertical	Yes ☒ No ☐
Minimum width of the top of the dike shall be 4 feet	Yes ☐ No ☒
Fence installed	Yes ☒ No ☐

Top of the Dike 5' Bottom of Lagoon 2' Design Flow 300

NH

Needs Fence

Setbacks (Check the Boxes Below if the Required Setback has been Satisfied):

Surface Water distance from Water Mark	Private Drinking Water Wells	Public Drinking Water Supply Wells		All Other Water Wells	Property Lines	Trees and Brush	Neighbor's Foundation		All Other Setbacks
50 ft ☑	100 ft ☑	Non-Community	100ft ☐	100ft ☑	50ft ☑	50ft ☐	Class 1	200ft ☐	☐
		Community	* ☐				Class 2	200ft ☐	
							Class 3	100ft ☐	

*Evaluated by a professional engineer for potential impact on the well and submitted to Dept. for approval if less than 1000ft.

Geographical Coordinates to 6 Decimals: ___

Dike North side

Comments: Septic Contr will owner on 9/3/19 spoke to owner on 9/5/19 - says he will have fence up before

Inspections prior to Final Approval
Initial ___ Date 03/02/18
Follow-Up RS Date 4/30/18
Follow-Up NH Date 10/17/18 - NO Fence
~~Installation Final Written Approval~~
By ___
Date 3/5/20

Nate C. Hartman

From: Todd A. Stutzman
Sent: Thursday, June 08, 2017 9:48 AM
To: Nate C. Hartman
Subject: 7801 NW 105TH St

Nate,

Building and Safety have no concerns with the waste water system on this lot if it is within our Jurisdiction.

Todd Stutzman
Plan Examiner II
402-441-7097
555 S 10th Street, Room 203
Lincoln, NE 69508

Nate C. Hartman

From: Matt Murray <matt@murraycustomhomes.com>
Sent: Thursday, June 08, 2017 11:00 AM
To: Nate C. Hartman
Subject: RE: test

Nate,

The septic/lagoon will be on the South side, Lincoln. Let me know if you have any other questions.

Thanks!

Matt Murray
Murray Custom Homes, LLC
Design/Build Contractor
402-802-7021 Phone
1-877-329-4645 Fax
www.murraycustomhomes.com

Murray Custom Homes is also home to Murray Roofing, Murray Construction, and Murray Enterprises: each company specializing in a different area of the construction industry.

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From: Nate C. Hartman [mailto:nhartman@lincoln.ne.gov]
Sent: Thursday, June 8, 2017 8:31 AM
To: 'matt@murraycustomhomes.com' <matt@murraycustomhomes.com>
Subject: test

test

Nate Hartman REHS, QCIS, QPSWPPP
Senior Environmental Health Specialist
Water Quality Section
Lincoln-Lancaster County Health Department
(402) 441-8643 Fax (402) 441-3890

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Nate C. Hartman

From: Jason Kubik <southwicksewer@yahoo.com>
Sent: Sunday, April 22, 2018 4:27 PM
To: Nate C. Hartman
Subject: 7801 NW 105TH ST D Sheet
Attachments: 7801 NW 105th ST D Sheet.pdf

#3

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

D

Permit Number:
HS001465

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) 7801 NW 105TH ST, MALCOM NE 68402

Owner: LUCAS POPPE Address 231 MANATT COURT, LINCOLN NE 68521

A. Wastewater Piping

1. Material: SCH 40 PVC Diameter: 4 in.
2. Distance between dwelling and septic tank: 82 ft.

B. Septic Tank

1. Material PLASATIC INFILTRATOR IM 1530
2. Capacity: 1500
3. Depth to top of tank, below unfinished grade: 12 in.
4. Distance to:
   Well 100 ft.
   Pressure line 50 ft
   Property Line 10 ft.
   Foundation 82 ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: NA 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 60 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:

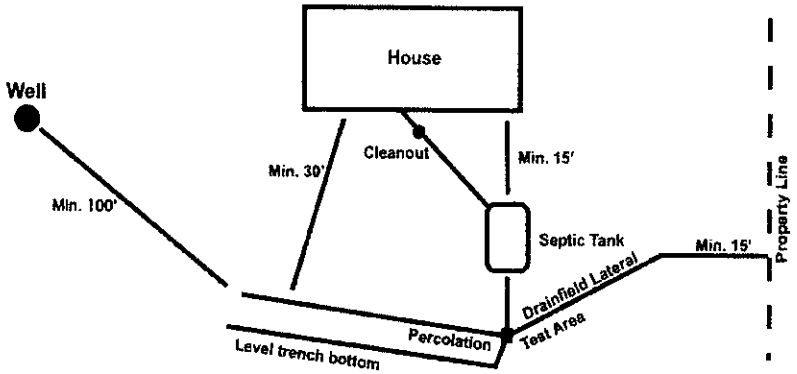
I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: Dan Nutter Date: 3/21/18

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

Indicate North
w/ Arrow Here:

Onsite Wastewater System Design (Example)



*Note-If Lagoon, show all applicable dimensions

