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

A

Permit Number
HS001480

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* 17550 Red Sunset Ct City Bennet, NE Zip 68317
(no rural route)

Legal Description _____ Nemeha Ridge Addition 2 2
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 21-11-202-002-000 *Approx. Address (If to be determined) 17550 Red Sunset Court

B. Owner

Name Dax Boyte Signature _____
Address 15051 Seneca Ridge Court City/State/Zip Bennet, NE 68317
Home Phone 402-988-8709 Work Phone _____

C. Certified Installer

Name: Jason Kubik Signature Jason Kubik
Address 105 Locust Street 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 4 Whirlpool Bathtub? ☐ Yes ☐ No Total Acres 3.09
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 10-15-17 Amount Paid $395
Received By SB Cash/Check No. 513

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: HS001480

Onsite Wastewater Treatment System

Soil Evaluation Report

PLEASE PRINT OR TYPE

PID 21-11-202-002-000

Onsite System Location

Address Nemaha Ridge Addition Block 2 Lot 2 (no rural route) City Beaver NE, Zip 68317

Owner _____ Address _____

Date of Tests 3/9/17 to 3/10/17 Weather: Precipitation 0 Temperature 50

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	3/9	5:30	3/10	10:30	3/10	2:00	6	3/10	2:30	30	5⅛	48
2	30	3/9	5:30	3/10	10:30	3/10	2:00	6	3/10	2:30	30	5⅛	48
3	30	3/9	5:30	3/10	10:30	3/10	2:00	6	3/10	2:30	30	3/4	40
								6					
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Jason Kubik
Phone: 402-415-2462
Address 105 Locust St
Hickman NE 68372
Soil type (NRCS Maps/Other) 7227
Groundwater Depth + 12

Sum of Percolation Rates: 136
Average of Rates: 46
Rate Used for Calculation: 49

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. HS001480

System Type: Standard

Situs: 17550 RED SUNSET CT, LINCOLN, NE

Issued: 6/19/2017

Expires: 6/19/2018

Description: NEMAHA RIDGE ADDITION, BLOCK 2, Lot 2

Owner: POHL, GREGORY J & CHERYL A
62797 EASTVIEW CT
BARNESVILLE, OH 43713

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

GREGORY POHL
62797 EASTVIEW COURT
BARNESVILLEE, OH 43713

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

SCANNED

A

Permit Number
HS001480

Onsite Wastewater Treatment System Permit Application

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(no rural route)

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Home Phone 402-988-8709 Work Phone

C. Certified Installer

Name: Jason Kubik Signature Jason Kubik
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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 4 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 8.09 as per contractor
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

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Signature Approved

3. City or County Engineer
Comments
Date rec'd
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature

Installation Final Written Approval
By
Date 11/22/17

Business Office Use Only
Date Received 6-15-17 Amount Paid $395.00
Received By SB Cash/Check No. 513

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

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

A

Permit Number

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)

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(no rural route)

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Comments _____

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Comments OK 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 12-15-17 Amount Paid $395
Received By SB Cash/Check No. 513

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

Form A Updated: 4/15

SCANNED

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

B

Permit Number: HS001480

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

PID 21-11-202-002-000

Onsite System Location

Address Nemaha Ridge Addition Block 2 Lot 2 (no rural route) City Bennet NE, Zip 68317

Owner _____ Address _____

Date of Tests 3/9/17 to 3/10/17 Weather: Precipitation 0 Temperature 50

Percolation Test Data Table

A.	B.	C. D. E. F. Saturation/Swelling Time				G. H. I. J. K. Water Level Drop Last 30 mins of 4 hr or last 10 mins of 1 hr					L. M. N. 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)
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3	30	3/9	5:30	3/10	10:30	3/10	2:00	6	3/10	2:30	30	3/4	40
								6					
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Jason Kubik
Phone: 402-475-2462
Address 105 Locust St
Uehling NE 68072
Soil type (NRCS Maps/Other) 7227
Groundwater Depth ± 12

Sum of Percolation Rates: 136
Average of Rates: 46
Rate Used for Calculation: 49

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
3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

D

Permit Number:

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) 21-11-202-002-000

Owner: GREG POHL Address 17550 RED SUNSET CT, BENNET NE 68317

A. Wastewater Piping

1. Material: SCH 40 PVC Diameter: 4 in.
2. Distance between dwelling and septic tank: 75 ft.

B. Septic Tank

1. Material PLASTIC - INFILTRATOR 1530
2. Capacity: 1500
3. Depth to top of tank, below unfinished grade: 10 in.
4. Distance to:
   Well NA ft.
   Pressure line 120 ft
   Property Line +50 ft.
   Foundation 60 ft.

C Distribution Box or Drop Box

Distance **and** Direction from septic tank: W ft. 58

D. Drainfield/Absorption Field

☑ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☐ Other
   Material brand and inside width of Chamberless:
   INFILTRATOR QUICK 4 PLUS - 29
2. Number of Laterals: 3
3. Length of each lataral (linear): ft. 120 ft. 124 ft. 124 ft.
4. Drainfield size: 1334 sq. ft.
5. Distance to:
   Well NA ft.
   Pressure line 30 ft.
   Property line 35 ft.
   Depth of Groundwater +12

Was the Onsite Wastewater System covered prior to LLCHD inspection? ☒ Yes ☐ No (System cover if complete upon arrival)

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.

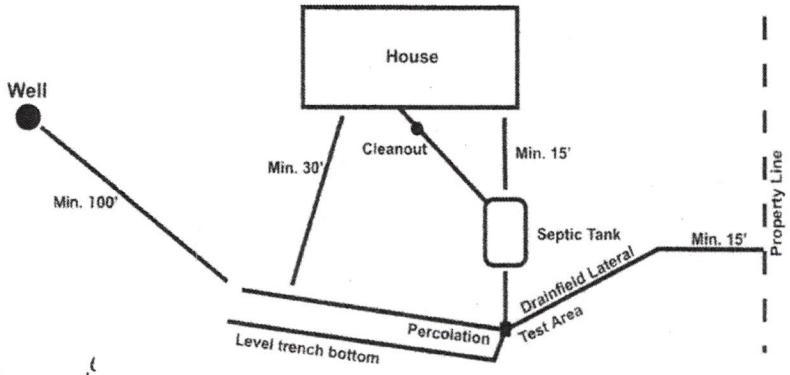
Certified Professional Signature: Jason Kinkead Date: 11/1/17

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

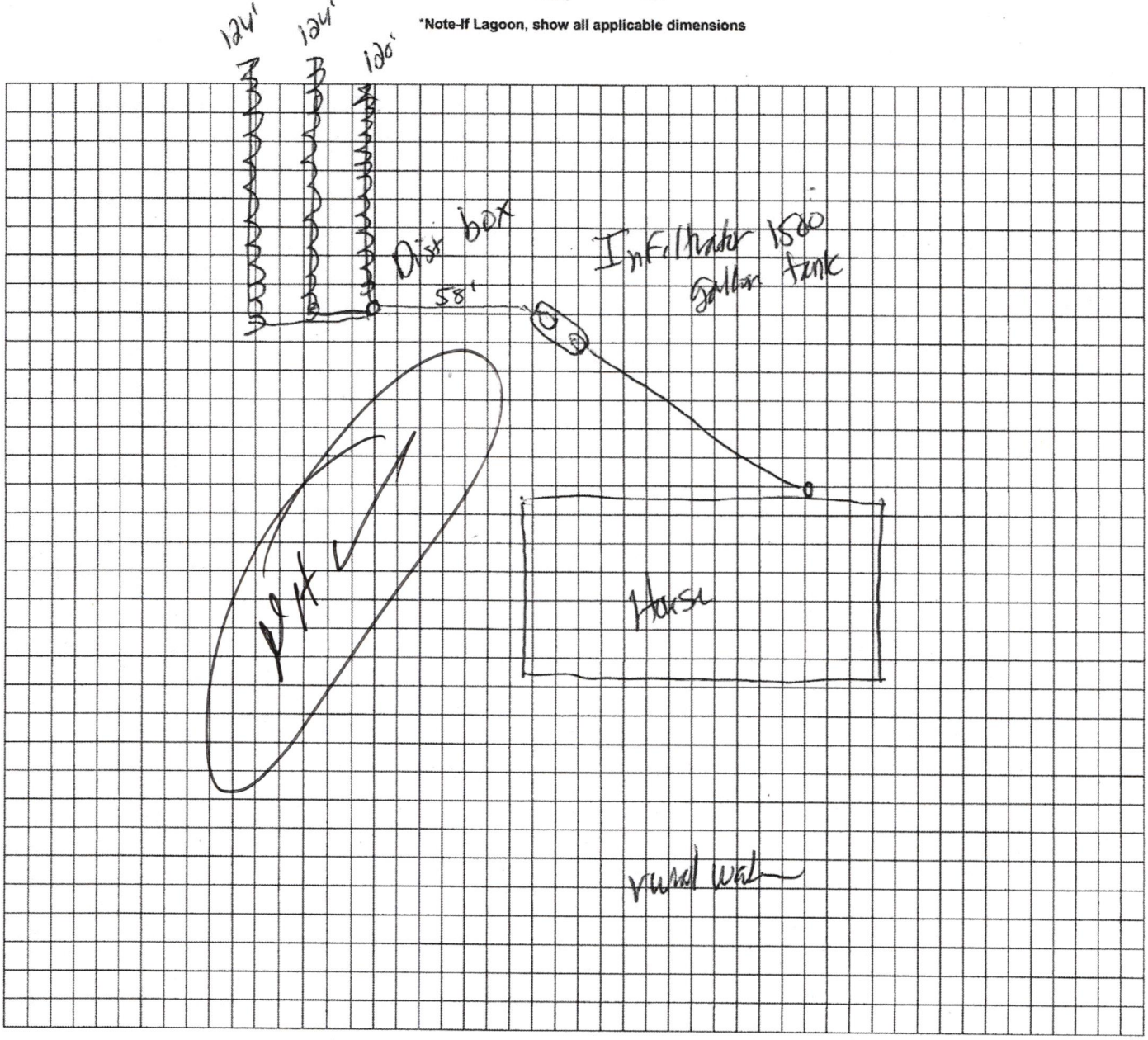
Onsite Wastewater System Design (Example)

Indicate North
w/ Arrow Here:





*Note-If Lagoon, show all applicable dimensions



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

Exhibit 5

Permit Number: 14500 148

Onsite Wastewater Treatment System

Inspection Sheet

Date 11/22/17 Legal Description 11-8N 8E 6, W 1/2

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 17550 Red Sunset Ct. 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 1334 Sq. Ft. Tank Size 1500 gals

Total length of laterals 368' (1320 req'd) Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☐ Other (describe) _____

No. of Absorption Laterals 3 Width 3' No. of Drop Boxes 0 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: * Rural Water
See 96 Bolt

Inspections prior to Final Approval
Initial NH Date 11/4/17

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By _____

Date 11/22/17

Field Note Drawing (See Reverse Side):