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

A

Permit Number HS061485

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* 10405 RICKY RD City LINCOLN, NE Zip 68516
(no rural route)

Legal Description ____ NEALRENE ACRES 1 1 1
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 16-33-100-038-000 *Approx. Address (If to be determined)____

B. Owner

Name DELORES HAVLAT Signature____
Address 10405 RICKY RD City/State/Zip____
Home Phone TODD HAVLAT 402-440-0624 Work Phone____

C. Certified Installer

Name: JASON KUBIK Signature [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 2 Whirlpool Bathtub? ☑ Yes ☒ No Total Acres 1.40
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____

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____

Business Office Use Only
Date Received 6-27-11 Amount Paid $395
Received By SB Cash/Check No. 2947

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: 402-441-8643

B

Permit Number: HS001485

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 10405 RICKY RD (no rural route) City LINCOLN NE, Zip 68516

Owner DELORES HAVLAT Address 10405 RICKY RD LINCOLN NE 68516

Date of Tests 6/22/17 to 6/23/17 Weather: Precipitation 0 Temperature 80

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	6/22/17	2:30	6/23/17	10:30	6/23/17	2:00	6	6/23/17	2:30	30	0.50	60
2	30	6/22/17	2:30	6/23/17	10:30	6/23/17	2:00	6	6/23/17	2:30	30	1	30
3	30	6/22/17	2:30	6/23/17	10:30	6/23/17	2:00	6	6/23/17	2:30	30	1	30
								6					
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: JASON KUBIK
Phone: 402-475-2462
Address 105 LOCUST ST
HICKMAN, NE 68372

Sum of Percolation Rates: 120
Average of Rates: 40
Rate Used for Calculation: 59 DUE TO 20mpi VARIANCE

Soil type (NRCS Maps/Other) 7684 WYMORE SILTY CLAY LOAM

Groundwater Depth + 12'

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official Date

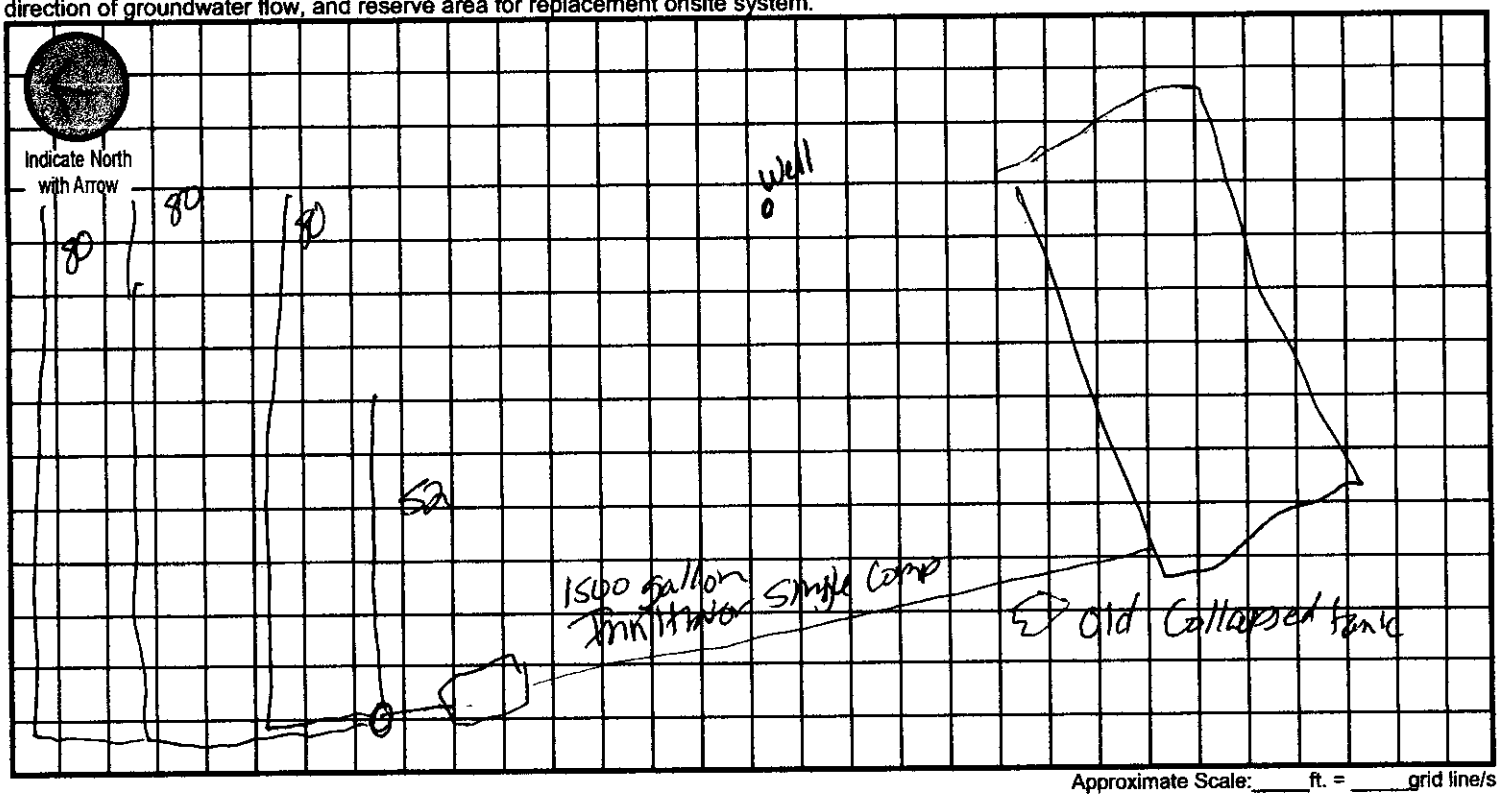
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

C

Permit Number
HS001485

Onsite Wastewater Treatment System
Preliminary Plan Specification

Draw a plot plan showing onsite system sewer lines, tank, drop or distribution boxes, drainfields, percolation test holes, well, residence, direction of groundwater flow, and reserve area for replacement onsite system.



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

A. Onsite System Location

Address (no rural route) 10405 RICKY RD City LINCOLN NE, Zip 68516

B. Proposed Septic Tank/s

Septic Tank Cap. 1500 gals Tank Material: ☐ Concrete ☒ Plastic ☐ Other _____ ☐ Lagoon (Max. Seepage 1/8"/day)

C. Reserve Area for Replacement Onsite System

☐ Drainfield Absorption Area (percolation test required) ☐ Lagoon

D. Drainfield Absorption System

Percolation Rate 59 (min/inch = mpi) No. of Bedrooms 3 Soil Type 7684 WYMORE Land Slope 3 %

☒ Trench ☐ Bed ☐ Non-standard (engineer-designed and NDEQ approved) Total square feet of drainfield 1050 Sq. Ft.

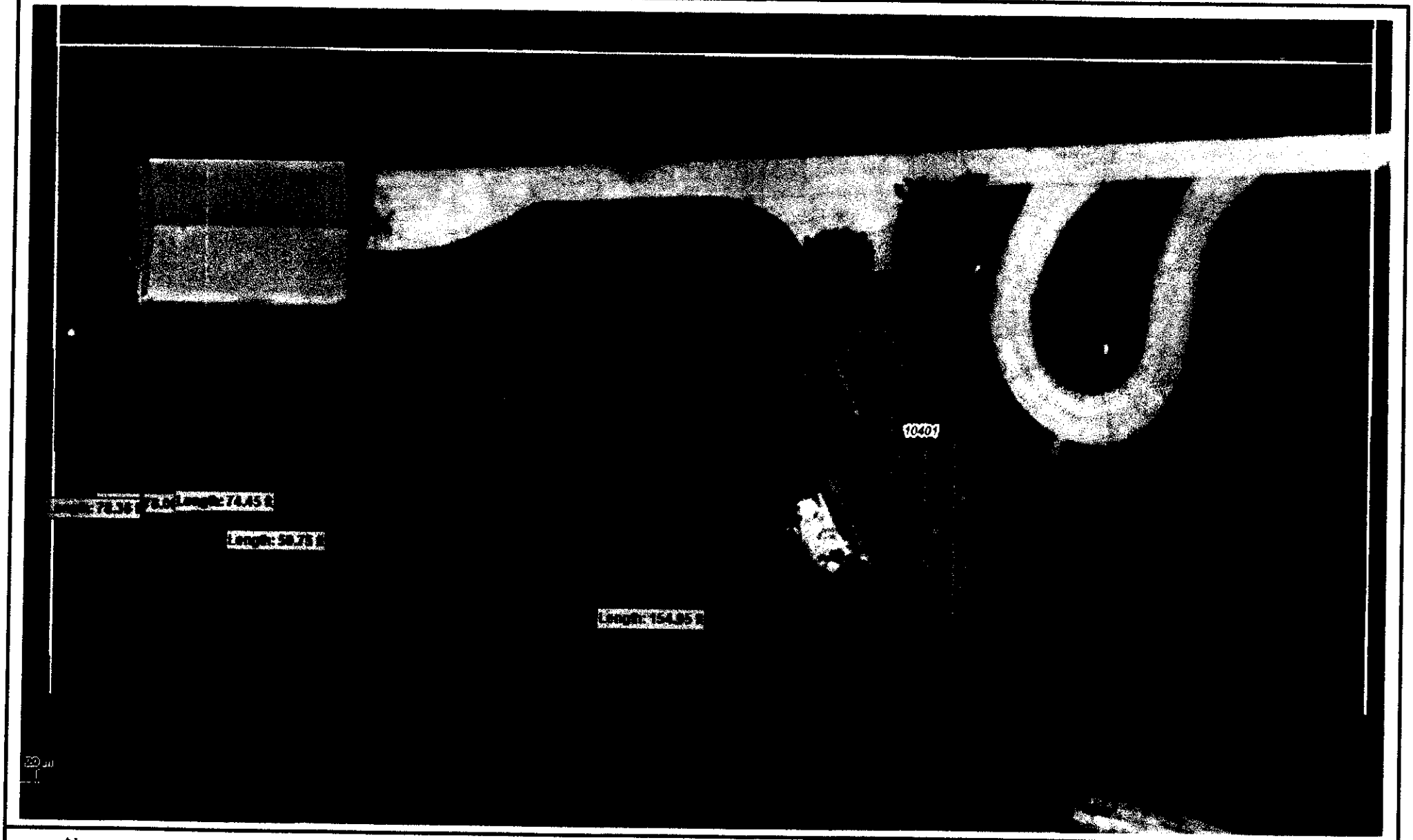
Total length of laterals 292 Type of Distribution: ☐ Perforated Pipe ☐ Half-Round ☐ Chambers ☐ Other _____

No. of Absorption Trenches 4 Width 36 No. of Drop Boxes 0 Distribution Box 1

No. of Absorption Beds _____ Width _____ No. of Distribution Lines per Bed _____

Installer JASON KUBIK Date: 6/24/17

Updated 4/15



Lancaster County/City of Lincoln GIS Map

N
W E
S

Printed: Jun 25, 2017

DISCLAIMER: The information is presented on a best-efforts basis, and should not be relied upon for making financial, survey, legal or other commitments. If you have questions or comments regarding the data displayed on this map, please email ags@lincolnne.gov and you will be directed to the appropriate department.

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. HS001485

System Type: Standard

Situs: 10405 RICKY RD, RURAL, NE

Issued: 7/5/2017

Expires: 7/5/2018

Description: NEALRENE ACRES FIRST ADDITION, BLOCK 1, Lot 1

Owner: HAVLAT, LOUIS & DELORES D
10405 RICKY RD
LINCOLN, NE 68516

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, 68

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

ok g 7/18/17

D

Permit Number: H5001485

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): 16-33-100-038-000

Owner: DELORES HAVLAT Address: 10405 RICKY RD

A. Wastewater Piping

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

B. Septic Tank

1. Material: PLASTIC - INFILTRATOR IM 1530
2. Capacity: 1500
3. Depth to top of tank, below unfinished grade: 24 in.
4. Distance to:
   Well 75 ft.
   Pressure line NA ft
   Property Line NA ft.
   Foundation +150 ft.

C Distribution Box or Drop Box

Distance **and** Direction from septic tank: 5 ft. W

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: 4
3. Length of each lataral (linear): ft. 76 ft. 80 ft. 76 ft. 100
4. Drainfield size: 1050 sq. ft.
5. Distance to:
   Well 110 ft.
   Pressure line NA ft.
   Property line NA ft.
   Depth of Groundwater +12

N H

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

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

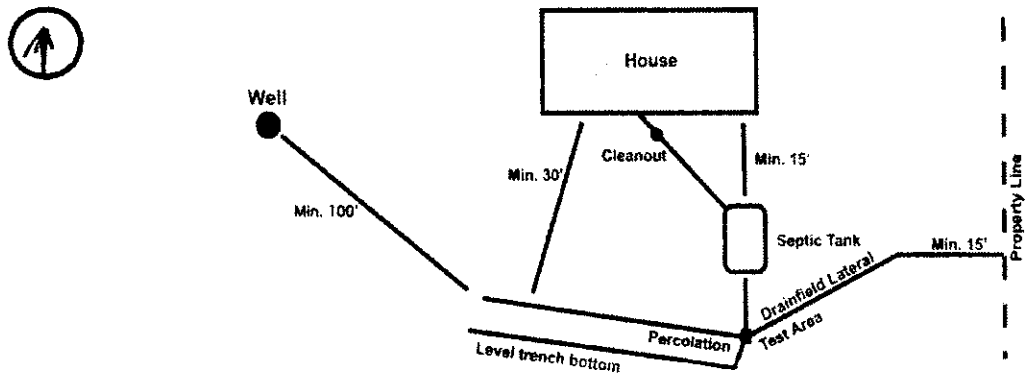
I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: _____ Date: 7/7/17

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

