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

A

Permit Number
HS001525

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* _____ City _____, NE Zip _____
(no rural route)

Legal Description _____ 15 8N 7E SOUTH RIDGE ACRES 3 1
1/4 1/4 Section Township Range LC · Subdivison Addition Block Lot

PID _____ *Approx. Address (If to be determined) _____

B. Owner

Name SCOTT VONMINDEN Signature _____
Address _____ City/State/Zip _____
Home Phone _____ Work Phone 402-770-5452

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 4 Whirlpool Bathtub? ☒ Yes ☐ No Total Acres _____
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 8-23-17 Amount Paid 395.00
Received By LC Cash/Check No. 3016

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:

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address South Ridge Acres Block 3 Lot 1 City _____ NE, Zip _____
(no rural route)

Owner Scott Van Minden Address _____

Date of Tests 3/16/17 to 3/17/17 Weather: Precipitation trace Temperature 60

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)
1	30	3/16	3:30	3/17	8:50	3/17	12:20	6	3/17	12:50	30	1	30
2	30	3/16	3:30	3/17	8:50	3/17	12:20	6	3/17	12:50	30	3/4	40
3	30	3/16	3:30	3/17	8:50	3/17	12:20	6	3/17	12:50	30	7/8	35
4	30	3/16	3:30	3/17	8:50	3/17	12:20	6	3/17	12:50	30	1	30
5	30	3/16	3:30	3/17	8:50	3/17	12:20	6	3/17	12:50	30	3/4	40
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Jason Kubik
Phone: 402-475-2462
Address 105 Locust St
Hickman NE 68372
Soil type (NRCS Maps/Other) 7684 Wymore
Groundwater Depth + 12'

Sum of Percolation Rates: 175
Average of Rates: 35
Rate Used for Calculation: 39

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official _____ Date _____

Nate C. Hartman

From: Todd A. Stutzman
Sent: Thursday, August 24, 2017 3:22 PM
To: Nate C. Hartman
Subject: South Ridge Acres

Nate,

South Ridge Acres Block 3 Lots 1 & 8 are buildable.

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

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. HS001525

System Type: Standard

Situs: No Site Address Specified

Issued: 8/30/2017

Expires: 8/30/2018

Description: undefined

Owner: SCOTT VONMINDEN
LINCOLN, NE

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