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

A

Permit Number
HSOD1542

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 8 7 Southridge Acres Addition Block 3 Lot 2
1/4 1/4 Section Township LC Range Subdivison Addition Block Lot

PID 15-15-403-002-000 *Approx. Address (If to be determined) _____

B. Owner

Name Bryan Wintz Signature _____
Address 8521 Dunrovin Road City/State/Zip Lincoln, NE 68526
Home Phone 402-540-1830 Work Phone _____

C. Certified Installer

Name: Jason Kubik Signature _____
Address 105 Locust Street 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 4 Whirlpool Bathtub? ☒ Yes ☐ No Total Acres 3.42
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 9-25-17 Amount Paid 405.00
Received By LC Cash/Check No. 4317

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

Form A Updated: 4/15

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

B

Permit Number:

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address SOUTH RIDGE ACRES BLOCK 3 LOT 2 (no rural route) City ROCA NE, Zip 68430

Owner BRYAN WINTZ Address

Date of Tests 6/2314/17 to 6/24/17 Weather: Precipitation 0 Temperature 80

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		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	6/23/17	2:00	6/24/17	10:00	6/24/17	1:30	6	6/24/17	2:00	30	0.50	60
2	30	6/23/17	2:00	6/24/17	10:00	6/24/17	1:30	6	6/24/17	2:00	30	0.50	60
3	30	6/23/17	2:00	6/24/17	10:00	6/24/17	1:30	6	6/24/17	2:00	30	0.625	48
4	30	6/23/17	2:00	6/24/17	10:00	6/24/17	1:30	6	6/24/17	2:00	30	0.625	48
								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: 216
Average of Rates: 54
Rate Used for Calculation: 54

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 (402) 441-8027
3140 N Street Lincoln, Nebraska 68510-1514

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT
No. HS001542

System Type: Standard

Situs: No Site Address Specified

Issued: 9/27/2017

Expires: 9/27/2018

Description: SOUTH RIDGE ACRES ADDITION, BLOCK 3, Lot 2

Owner: WINTZ, BRYAN & JILL
8521 DUNROVIN RD
LINCOLN, NE 68526

Shavonna M. Lausterer, MPH, CPH, 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.

Shavonna M. Lausterer, MPH, CPH
Health Director

BRYAN WINTZ
3600 W ROSE ST
LINCOLN, NE

LINCOLN-LANCASTER COUNTY
HEALTH DEPARTMENT
3140 "N" Street
Lincoln, NE 68510-1514

RETURN SERVICE REQUESTED

CITY OF LINCOLN NEBRASKA

neopost
10/11/2017
US POSTAGE $000.46[9]

FIRST-CLASS MAIL

ZIP 68510
041M12250929

OCT 23 2017

BRYAN WINTZ
3600 W ROSE ST
LINCOLN, NE 68522-9216

NIXIE 681 FE 1 0010/22/17
RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

BC: 68510151499 *1186-04703-11-44

68522921[illegible]