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

A

Permit Number HS001573

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* 1105 SW 40TH ST City LINCOLN, NE Zip 68522
(no rural route)

Legal Description 30 T 10N R 6E CUSHMAN PARK 7
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 10-30-400-009-000 *Approx. Address (If to be determined)

B. Owner

Name JEFF HILLIS Signature
Address 1105 SW 40TH ST City/State/Zip LINCOLN, NE 68522
Home Phone Work Phone 402-429-8507

C. Certified Installer

Name: JASON KUBIK Signature Jason Kubik
Address 105 LOCUST ST, P.O. BOX 191 City/State/Zip HICKMAN, NE 68372
Work Phone

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 6 Whirlpool Bathtub? ☒ Yes ☐ No Total Acres 4.28
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

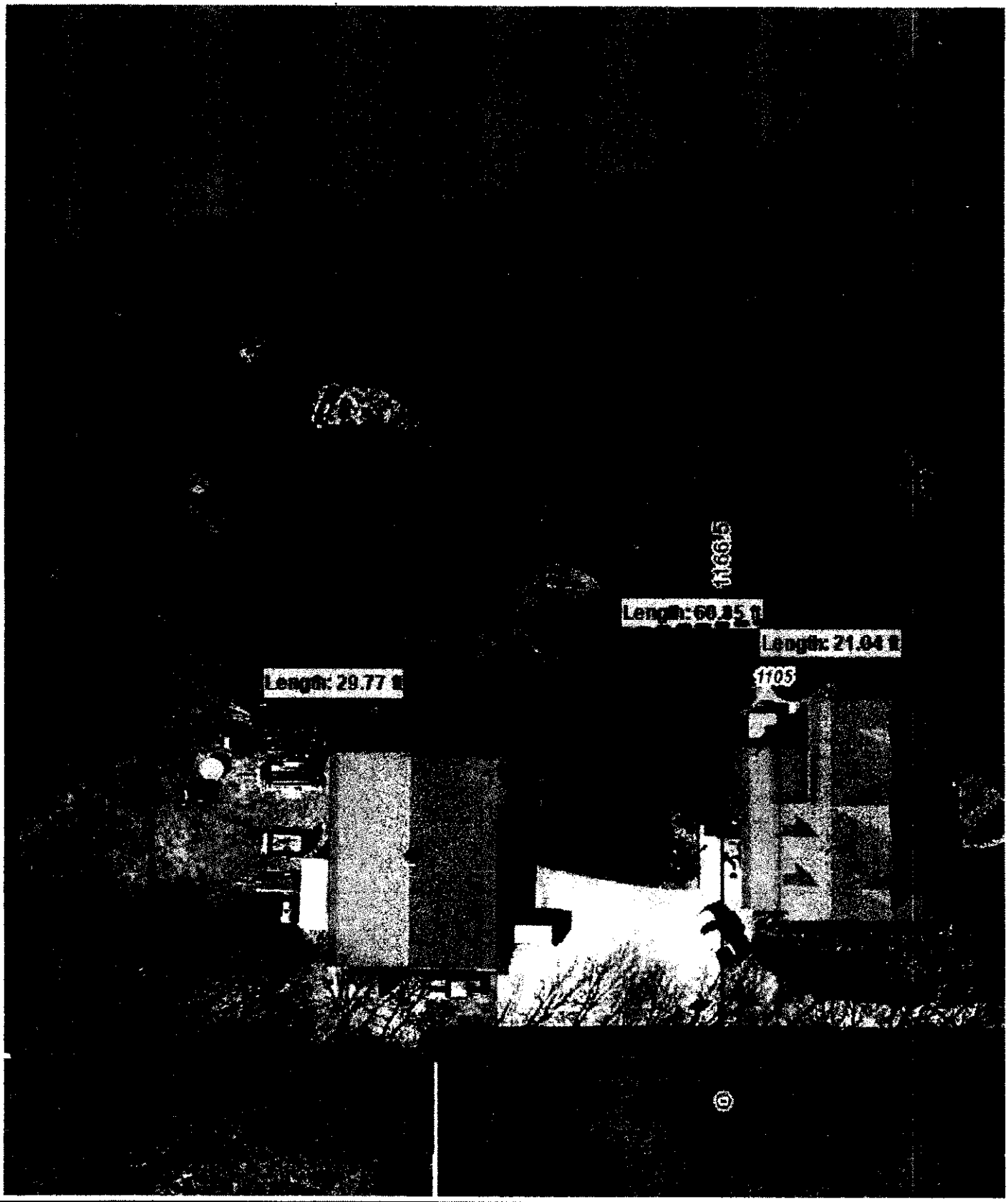
3. City or County Engineer
Comments
Date rec'd
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature

Installation Final Written Approval
By
Date

Business Office Use Only
Date Received 11/21/17 Amount Paid $405.00
Received By JAC Cash/Check No. CC0406

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

Form A Updated: 4/15



Lancaster County/City of Lincoln GIS Map

1145 sw 40th Septic plan

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Printed: Nov 20, 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@lincoln.ne.gov and you will be directed to the appropriate department.

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 1105 SW 40TH ST (no rural route) City LINCOLN NE, Zip 68522

Owner JEFF HILLIS Address SAME

Date of Tests 11/8/17 to 11/9/17 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		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	11/8	3:00	11/9	10:30	11/9	11:20	6	11/9	11:30	10	1.5	6.67
2	30	11/8	3:00	11/9	10:30	11/9	11:20	6	11/9	11:30	10	1.625	6.15
3	30	11/8	3:00	11/9	10:30	11/9	11:20	6	11/9	11:30	10	0.875	11.43
								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: 24.25
Average of Rates: 8.08
Rate Used for Calculation: 9

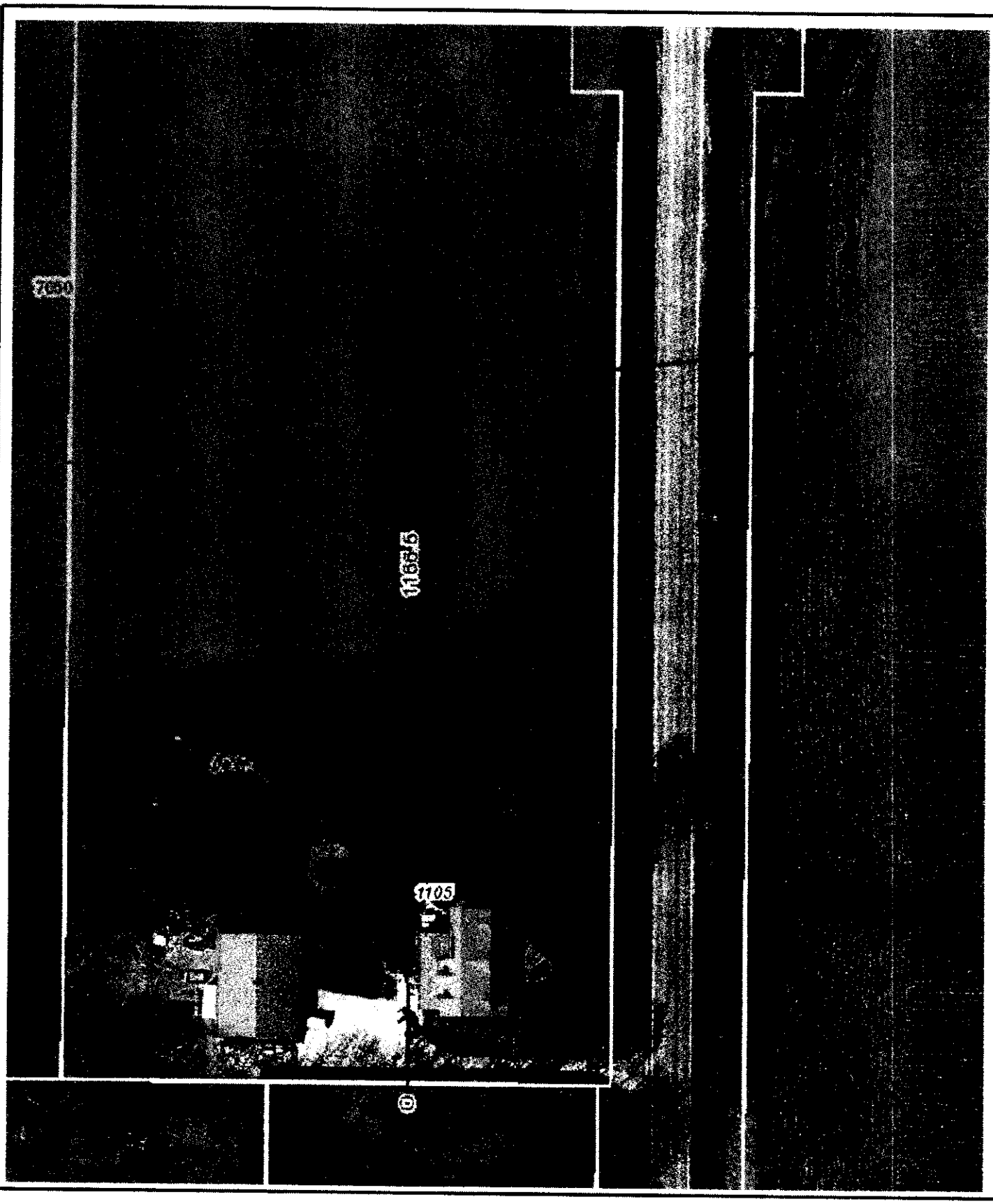
Soil type (NRCS Maps/Other) 7231 JUDSON
Groundwater Depth TEST HOLE DUG GROUNDWATER FIRST APPEARED AT 102"

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official Date



Lancaster County/City of Lincoln GIS Map

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Printed: Nov 08, 2017

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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. HS001573

System Type: Standard

Situs: 1105 SW 40 ST, RURAL, NE

Issued: 12/1/2017

Expires: 12/1/2018

Description: CUSHMAN PARK, Lot 7, EX 2594 SF ON E SIDE FOR RD (#2012-009641)

Owner: HILLIS, JEFFERY & TAMARA
1105 SW 40 ST
LINCOLN, NE 68522

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

JASON KUBIK
105 LOCUST ST, PO BOX 191
HICKMAN, NE 68372

SCANNED

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

A

Permit Number HS001573

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* 1105 SW 40TH ST City LINCOLN, NE Zip 68522
(no rural route)

Legal Description 30 T 10N R 6E CUSHMAN PARK 7
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 10-30-400-009-000 *Approx. Address (If to be determined)

B. Owner

Name JEFF HILLIS Signature

Address 1105 SW 40TH ST City/State/Zip LINCOLN, NE 68522

Home Phone Work Phone 402-429-9507

C. Certified Installer

Name: JASON KUBIK Signature Jason Kubik

Address 105 LOCUST ST, P.O. BOX 191 City/State/Zip HICKMAN, NE 68372

Work Phone

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 6 Whirlpool Bathtub? ☒ Yes ☐ No Total Acres 4.28
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 12/1/17
Date frwd 12/1/17
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
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature

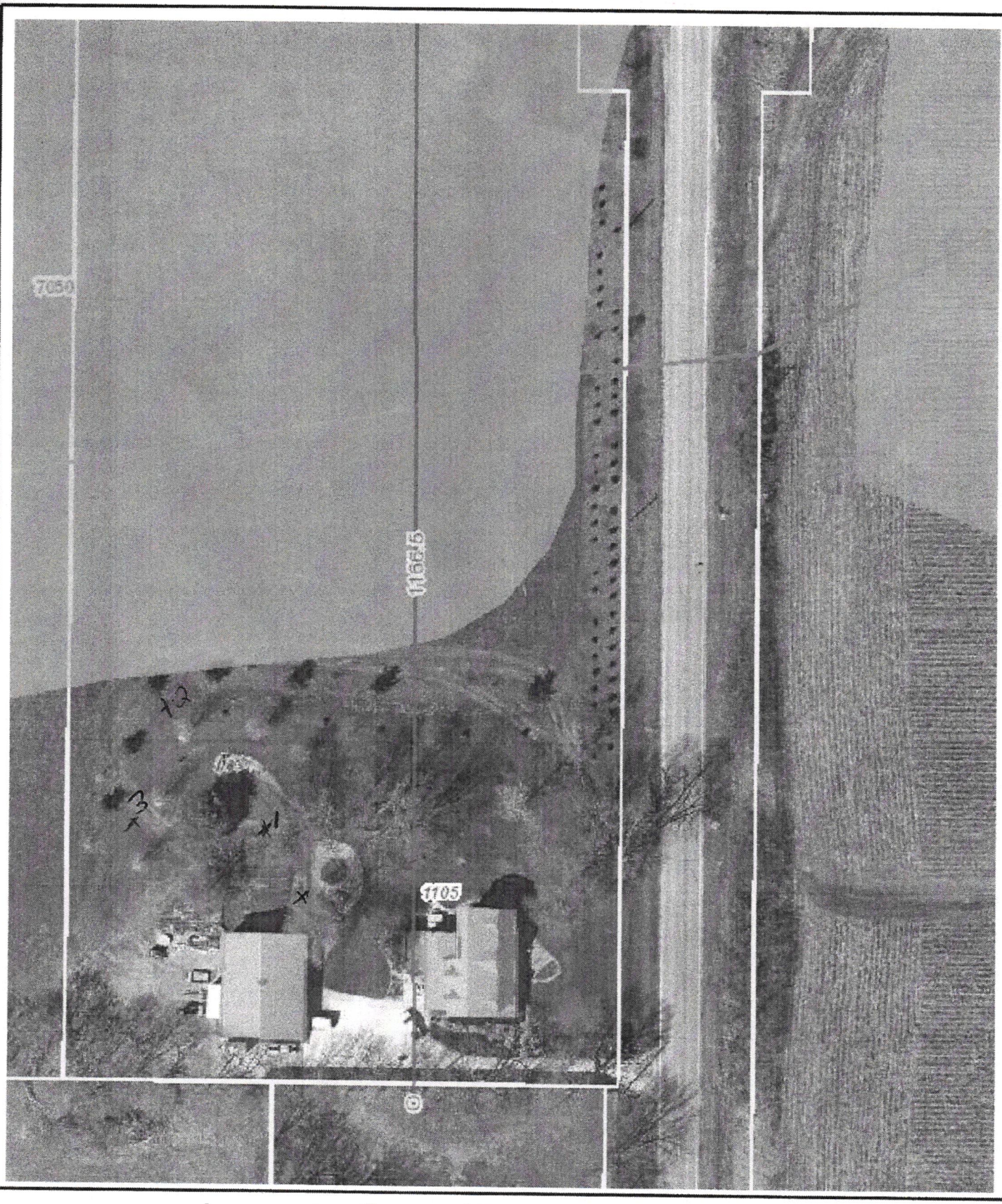
Installation Final Written Approval
By
Date 1/3/18

Business Office Use Only
Date Received 11/21/17 Amount Paid $405.00
Received By JAC Cash/Check No. CC0406

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

Form A Updated: 4/15

SCANNED



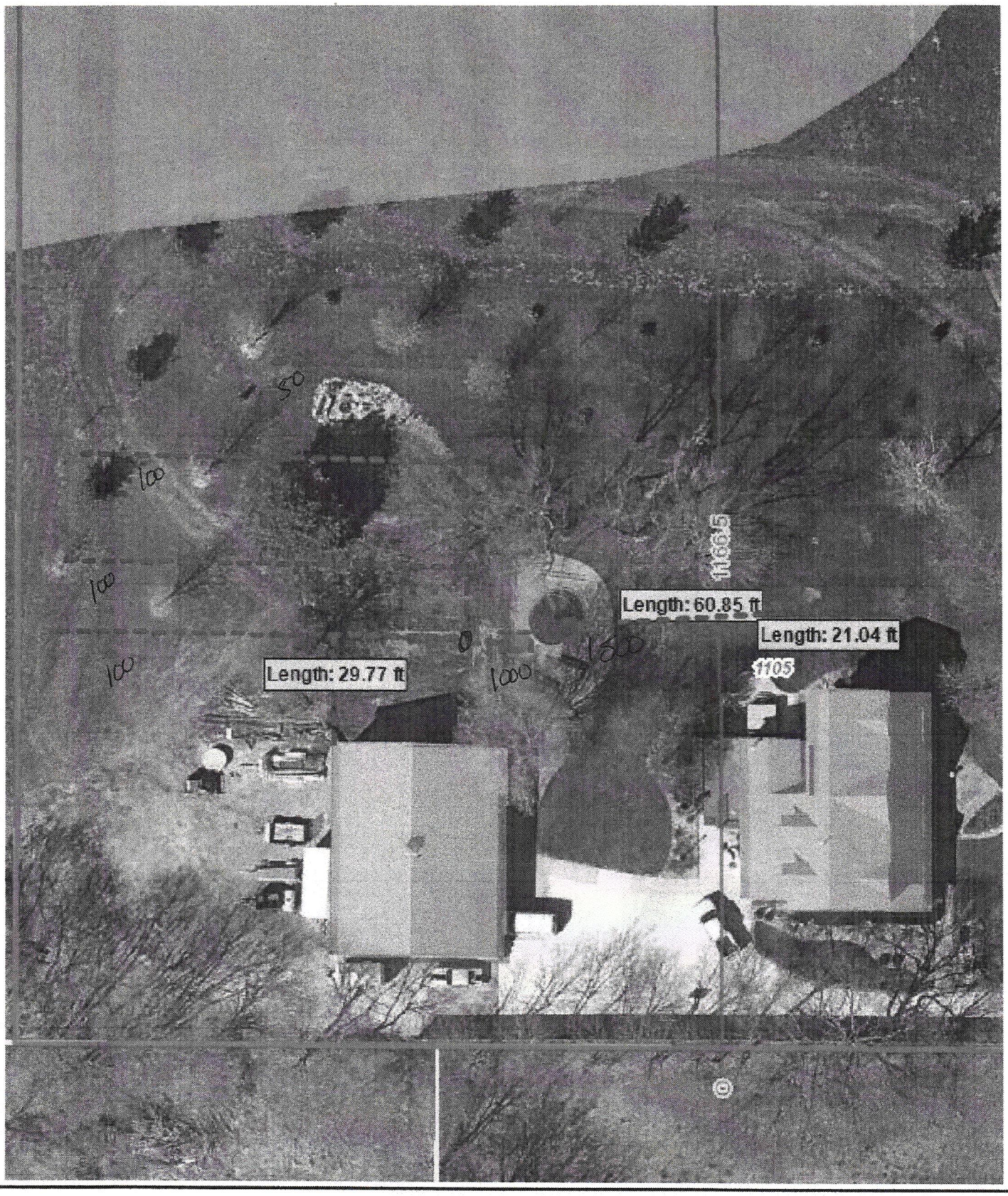
Lancaster County/City of Lincoln GIS Map

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Printed: Nov 06, 2017

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SCANNED



Lancaster County/City of Lincoln GIS Map

1145 sw 40th Septic plan

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Printed: Nov 20, 2017

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

D

Permit Number:
HS001573

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) 10-30-400-009-000

Owner: JEFF HILLIS Address 1105 SW 40th ST

A. Wastewater Piping

1. Material: SCH 40 PVC Diameter: 4 in.
2. Distance between dwelling and septic tank: 86 ft.

B. Septic Tank

1. Material INFILTRATOR PLASATIC (1) 1500, (1) 1000
2. Capacity: 2500
3. Depth to top of tank, below unfinished grade: 26 in.
4. Distance to:
   Well + 100 ft.
   Pressure line 25 ft
   Property Line +50 ft.
   Foundation 86 ft.

C Distribution Box or Drop Box

Distance **and** Direction from septic tank: 14 ft. W

D. Drainfield/Absorption Field

☐ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☐ Other
   Material brand and inside width of Chamberless:
   INFLTRATOR QUICK 4 PLUS - 29
2. Number of Laterals: 4
3. Length of each lataral (linear): ft. 108 ft. 100 ft. 84 ft. 60
4. Drainfield size: 1260 sq. ft.
5. Distance to:
   Well + 150 ft.
   Pressure line 25 ft.
   Property line 10 ft.
   Depth of Groundwater 102"

12 ft pre approved for weekend install

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.

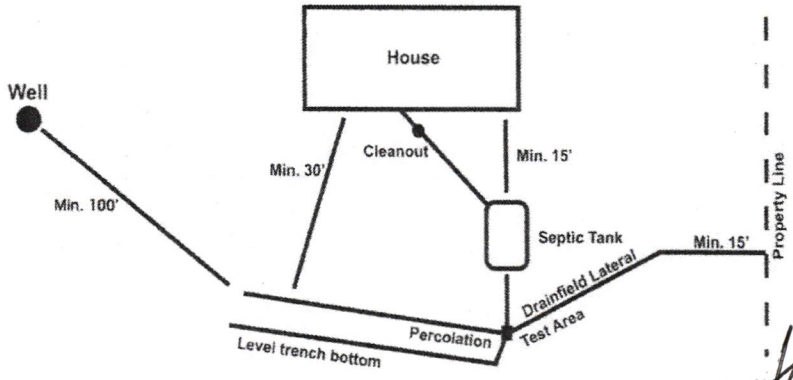
Certified Professional Signature: [signature] Date: 12/9/17

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

* System out of Boundaries

Infiltrator Quick 4 Plus
352' total
1,276 sq ft

(1) 1500 gallon Infiltrator
(1) 1000 gallon Infiltrator

60
84
100
125

1000 ft W H well

Barn

House

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

JL 1-8-18

Exhibit 5

Permit Number: #500573

Onsite Wastewater Treatment System

Inspection Sheet

Date 1/3/18 Legal Description ____ ¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 1105 SW 40th± 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 ____ Sq. Ft. Tank Size ____ gals

Total length of laterals ____ Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☐ Other (describe) ____

No. of Absorption Laterals ____ Width ____ No. of Drop Boxes 0 Distribution Box ____

Leveling Method Used N/A

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: Pre-approach for coverage on weekends - see asbuilt

Inspections prior to Final Approval
Initial ____ Date ____
Follow-Up ____ Date ____
Follow-Up ____ Date ____
Installation Final Written Approval
By ____
Date 1/3/18

Field Note Drawing (See Reverse Side):

10-6-50

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

DEC 5 2003

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

FOR PROPERTY IN **LANCASTER COUNTY** ONLY

This form must be completed and returned with payment to request a real estate transfer inspection.

MAKE CHECK PAYABLE TO: "Lincoln-Lancaster County Health Department" or "LLCHD"

☒ Enclosed is $200.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 1105 SW 40TH STR, LINCOLN NE 68522

Parcel ID 10-30-400-009-000 (i.e. 99-99-999-999-999)

Twp____ Range____ Section____ 1/4____ 1/4____ Block____ Lot 7 Addition CUSHMAN PARK

Directions to Property NORTH OF WEST "A" STR ON SW 40TH STR

Location of Well NE CORNER OF YARD, BY THE HAY BALES Tap Location: Inside ☒ Outside ☒

Location of Sewage System NORTH OF SCREENED PORCH Year Installed 1999 WELL

Site Hazards (dogs, etc.) UNDERGROUND SPRINKLERS 1999 LATERALS

SEPTIC - PUMPED CLEAN '99; AGE UNKNOWN

	NAME	ADDRESS	PHONE
Present Owner:	DAN LESOING Jennifer	1105 SW 40TH LINCOLN NE 68522	477-4826
~~Tenant~~/Buyer:	JOHN KNOPP	151 OREGON TRAIL LINCOLN NE 68521	474-0108
Return to:	ELLEN WALSH HIGH	HOME REAL ESTATE 7211 S 27 STR, LINCOLN NE 68512	432-0334 / 436-3266 (Fax)

Signature of Applicant [signature] 12 Address 151 OREGON TRAIL LINCOLN NE 68521 Date 12/2/03

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 12/5/03 Amount $200.00 Check No. 2989 Initials CW

DATA ENTRY Date__/__/__ Case No.____ Initials____

PRELIMINARY STATUS--By Doug Smith **DATE:** 12/08/03

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ ____/ml	☐ ____/ml
Nitrate	☒ 4.0 ppm	☐ ____ppm

SEWAGE SYSTEM	
Approved	☐
Provisional	☑
Disapproved	☐

Additional Site Visits

Date__/__/__ by____

Date__/__/__ by____

Date__/__/__ by____

Comments:

See Attached Letter ☒

FINAL STATUS

WATER SYSTEM: Approved ☒ **SEWAGE DISPOSAL SYSTEM:** Approved ☐ Provisional Approval ☒

Approved by Doug Smith Date 12/10/03

Approval or disapproval is based on State and local standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operations.

White - Applicant after approval Yellow - Environmental Health Pink - Business Office

Revised/Reprint: 9-00