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

A

Permit Number HS001575

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* 6701 WILDFLOWER CT City LINCOLN, NE Zip 68516
(no rural route)

Legal Description 28 T9N R7E COUNTYLANE 5 1
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 16-28-405-001-000 *Approx. Address (If to be determined)

B. Owner

Name JASON KRUGER Signature
Address 6701 WILDFLOWER CT City/State/Zip LINCOLN, NE 68516
Home Phone Work Phone 402-261-8773

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 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 3.02
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 Cash/Check No. 00 0406

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 6701 WILFLOWER CT (no rural route) City LINCOLN NE, Zip 68516

Owner JASON KRUGER Address SAME

Date of Tests 11/6/17 to 11/7/17 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	11/6	3:30	11/7	8:55	11/7	12:25	6	11/7	12:55	30	0.625	48
2	30	11/6	3:30	11/7	8:55	11/7	12:25	6	11/7	12:55	30	0.5	60
3	30	11/6	3:30	11/7	8:55	11/7	12:25	6	11/7	12:55	30	0.625	48
4	30	11/6	3:30	11/7	8:55	11/7	12:25	6	11/7	12:55	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: 204
Average of Rates: 51
Rate Used for Calculation: 59

Soil type (NRCS Maps/Other) 7684 WYMORE
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. HS001575

System Type: Standard

Situs: 6701 WILDFLOWER CT, RURAL, NE

Issued: 12/1/2017

Expires: 12/1/2018

Description: COUNTRYLANE ADDITION, BLOCK 5, Lot 1

Owner: KRUGER, JASON A & KATHRYN R
6701 WILDFLOWER CT
LINCOLN, NE 68516

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