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

A

Permit Number HS0016187

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* 10695 W OLIVE CREEK RD City CRETE, NE Zip 68333
(no rural route)

Legal Description NW NE 16 7N 5E

1/4	1/4	Section	Township	Range	Subdivison	Addition	Block	Lot

PID 01-16-200-004-000 *Approx. Address (If to be determined)

B. Owner

Name LINCOLN HOMEBUYERS LLC Signature

Address 1423 GRANDVIEW AVE City/State/Zip PAPILLION, NE 68046

Home Phone Work Phone

C. Certified Installer

Name: JASON KUBIK Signature

Address 105 LOCUST ST City/State/Zip HICKMAN, NE 68372

Work Phone 402-440-7606

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 2.79
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 6-12-18 Amount Paid $405
Received By JMO Cash/Check No 02147

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 10695 W OLIVE CREEK RD (no rural route) City CRETE NE, Zip 68333

Owner LINCOLN HOME BUYERS Address 1423 GRANDVIEW AVE, PAPILLION NE 68046

Date of Tests 5/31/18 to 6/1/18 Weather: Precipitation 0 Temperature 95

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	5/31	6:00	6/1	9:05	6/1	12:35	6	6/1	1:05	30	1	30
2	30	5/31	6:00	6/1	9:05	6/1	12:35	6	6/1	1:05	30	1/2	60
3	30	5/31	6:00	6/1	9:05	6/1	12:35	6	6/1	1:05	30	5/8	48
4	30	5/31	6:00	6/1	9:05	6/1	12:35	6	6/1	1:05	30	5/8	48
5	30	5/31	6:00	6/1	9:05	6/1	12:35	6	6/1	1:05	30	3/4	40
								6					
								6					
								6					

Person Conducting Percolation Test

Name: JASON KUBIK
Phone: 402-475-2462
Address 105 LOCUST ST P.O. BOX 191
HICKMAN, NE 68372

Sum of Percolation Rates: 226
Average of Rates: 45.2
Rate Used for Calculation: 59 DUE TO VARIANCE

Soil type (NRCS Maps/Other) 7501 PAWNEE
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
3131 O Street Lincoln, Nebraska 68510-1514

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT
No. HS001687

System Type: Standard

Situs: No Site Address Specified

Issued: 6/15/2018

Expires: 6/15/2019

Description:

Owner: LINCOLN HOMEBUYERS LLC
1423 GRANDVIEW AVE
PAPILLION, NE 68046

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
HICKMAN, NE 68372

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

SCANNED

A

Permit Number HS001687

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* 10695 W OLIVE CREEK RD (no rural route) City CRETE, NE Zip 68333

Legal Description NW 1/4 NE 1/4 16 Section 7N Township 5E Range Subdivison Addition Block Lot

PID 01-16-200-004-000 *Approx. Address (If to be determined)

B. Owner

Name LINCOLN HOMEBUYERS LLC Signature

Address 1423 GRANDVIEW AVE City/State/Zip PAPILLION, NE 68046

Home Phone Work Phone

C. Certified Installer

Name: JASON KUBIK Signature

Address 105 LOCUST ST City/State/Zip HICKMAN, NE 68372

Work Phone 402-440-7606

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 Garbage Grinder? ☐ Yes ☒ No Total Acres 2.79

☐ 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 6/13/18
Comments
Date rec'd 6/15/18
Date frwd 6/15/18
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 6/19/18

Business Office Use Only
Date Received 6-12-18 Amount Paid $405
Received By Cash/Check No 00214

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

Form A Updated: 4/15

+ Exist Home Replacement System

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

Exhibit 5

Permit Number: HS 00 1687

Onsite Wastewater Treatment System

Inspection Sheet

Date 6/19/18 Legal Description _____ ¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 10695 W Olive Creek 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 1,050 Sq. Ft. Tank Size 1,500 gals

Total length of laterals 292' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☐ Other (describe) _____

No. of Absorption Laterals 2 Width 3.625 Vactron No. of Drop Boxes _____ Distribution Box 1

Leveling Method Used Laser

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 N/A Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments:

Inspections prior to Final Approval
Initial _____ Date 6/13/18

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By _____
Date 6/19/18

Field Note Drawing (See Reverse Side):

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

D

Permit Number:
HS001687

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) 01-16-200-004-000

Owner: LINCOLN HOME BUYERS LLC Address 10695 W OLIVE CREEK RD, CRETE NE 68333

A. Wastewater Piping

1. Material: SCH 40 PVC Diameter: 4 in.
2. Distance between dwelling and septic tank: 109 ft.

B. Septic Tank

1. Material PLASTIC - INFILTRATOR IM1530
2. Capacity: 1500
3. Depth to top of tank, below unfinished grade: 14 in.
4. Distance to:
   Well 125 ft.
   Pressure line + 50 ft
   Property Line 15 ft.
   Foundation 129 ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: 20 ft. NE

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: 2
3. Length of each lataral (linear): ft. 144 ft. 148 ft. ____ ft. ____
4. Drainfield size: 1050 sq. ft.
5. Distance to:
   Well 110 ft.
   Pressure line +50 ft.
   Property line + 10 ft.
   Depth of Groundwater +12

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

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

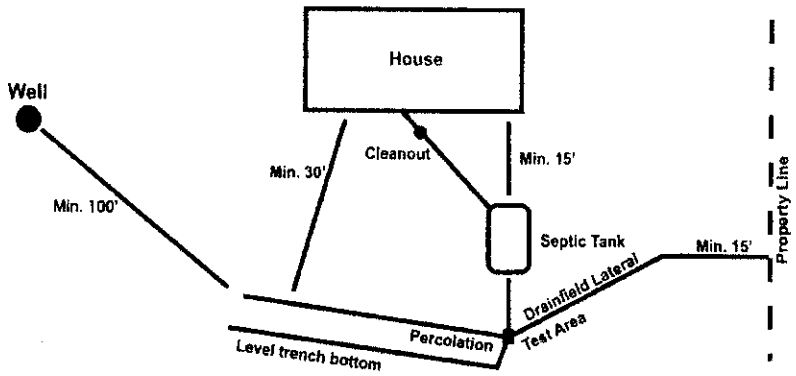
I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: _____ Date: 6/13/18

Complete As-Built drawing on the back of this form.

Indicate North
w/ Arrow Here:

Onsite Wastewater System Design (Example)



*Note-if Lagoon, show all applicable dimensions

