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

**A**

Permit Number #S001791

# 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* 6500 COUNTRYVIEW RD (no rural route) City LINCOLN, NE Zip 68516

Legal Description S28 T9 R7 COUNTRY LANE 1st 3 1

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

PID 16-28-410-001-000 *Approx. Address (If to be determined)

### B. Owner

Name SCOTT GORKA Signature

Address 6500 COUNTRYVIEW RD City/State/Zip LINCOLN, NE 68516

Home Phone Work Phone

### C. Certified Installer

Name: JASON KUBIK Signature

Address 105 LOCUST ST 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 5 Whirlpool Bathtub? ☒ Yes ☐ No Total Acres 3.03

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 01-10-19 Amount Paid $420.00
Received By JAD Cash/Check No. 0214

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

*Form A Updated: 4/15

Nebraska State Health Department
Division of Housing & Environmental Health

SAN 1701

# SOIL ABSORPTION TEST DATA REPORT

PROPERTY WHERE SOIL TESTED:
Location: Township 7 N, R 7 E
Section & ¼ Sect. SE¼ SEC 28
Property Dimensions: 264 ft. x 500 ft.
Area: 3.03 acres. (Attach sketch of property showing hole location).

Owner: COUNTRYLANE ESTATES
Address: LOT 1, BLOCK 3, 1ST ADDITION

Soil Type: Silty Clay ☐ ; Silty Clay Loam ☒ ; Sandy Loam ☐
WYMORE
Silty Loam ☐ ; Clay Loam ☐ ; Sandy Clay ☐

Dates of Tests: 10/30/96 to 10/31/96. Weather: Precip. 0 Temp. 40°

PERCOLATION TEST DATA TABLE

| a. | b. | c. | d. | e. | f. | g. | h. | i. | j. | k. | l. | m. | n. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Pre-Saturation Period | | | | Percolation readings | | | | | Results | | |
| | | Start | | End | | Start | | | End | | | | |
| Hole No. | Hole Depth (in.) | Date (Mo. Day) | Time (Hr. Min.) | Date (Mo. Day) | Time (Hr. Min.) | Date (Mo. Day) | Time (Hr. Min.) | Water Level (in.) | Time (Hr. Min.) | Water Level (in.) | Elapsed Time (Min.) | Water Level Drop (in.) | Percolation Rates (Min./inch |
| 1 | 50 | 10/30 | 11:15A | 10/30 | 3:15 P | 10/31 | 2:03P | 21.84 | 2:36 P | 22.56 | 33 | 0.72 | 45.8 |
| 2 | 52 | " | 11:17A | " | 3:17P | " | 2:05P | 27.30 | 2:37 P | 28.68 | 32 | 0.78 | 41.0 |
| 3 | 54 | " | 11:20A | " | 3:20P | " | 2:06P | 27.60 | 2:38P | 28.56 | 32 | 0.96 | 33.3 |
| 4 | 54 | " | 11:22A | " | 3:22P | " | 2:07P | 27.36 | 2:39P | 27.84 | 32 | 0.48 | 66.6 |
| 5 | 53 | " | 11:25A | " | 3:25P | " | 2:08P | 17.88 | 2:39P | 18.24 | 31 | 0.36 | 86.1 |
| 6 | 54 | " | 11:28A | " | 3:28P | " | 2:10P | 22.86 | 2:40P | 23.52 | 30 | 0.66 | 45.5 |

Sum of Percolation Rates 318.0
Average of Rates: 53.0
Inches per minute: 0.0189

[signature] P.E.
Signature of Person Conducting Test

Address 7241 PORTSCHE LANE LINCOLN NE 68516
Phone 402-423-0553

(Do not write below this line)

## REVIEWING ACTION

REMARKS: _____

Approved Percolation Rate(s)
A. _____ min./inch
B. _____ min./inch
C. _____ min./inch

DATE: _____

Signature of Reviewing Official

## Janet O'Neal

**From:** Nate C. Hartman
**Sent:** Thursday, January 10, 2019 8:31 AM
**To:** Janet O'Neal
**Subject:** FW: 6500 Countryview A sheet
**Attachments:** 6500 Countryview A Sheet.pdf

FYI

Nate Hartman REHS, QCIS, QPSWPPP
Senior Environmental Health Specialist
3131 'O' Street, Lincoln, NE 68510
O: 402-441-8643 F: 402-441-3890

**From:** Jason Kubik [mailto:southwicksewer@yahoo.com]
**Sent:** Tuesday, January 08, 2019 8:57 PM
**To:** Nate C. Hartman <nhartman@lincoln.ne.gov>; Doug R. Smith <drsmith@lincoln.ne.gov>
**Subject:** 6500 Countryview A sheet

Nate & Doug

I have attached the A sheet and perc for the Gorka/Gratopp project. We installed a 1500 gallon tank in front of the existing 1500 gallon tank today. We will be installing 1750 sq ft of chambers (484 ft) over the existing lateral field tomorrow and thursday. He is also having us put a holding tank in for the outbuilding, hopefully completing on Friday. I can have Jaime call the payment in, or call her to get it

Thanks guys

Jason and Jaime Kubik

**Southwick Liquid Waste**
**Office: 402-475-2462**
**www.southwickliquidwaste.com**

**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. HS001791**

**System Type:** Standard

**Situs:** No Site Address Specified

Issued: 1/11/2019

Expires: 1/11/2020

**Description:** COUNTRYLANE 1ST ADDITION, BLOCK 3, Lot 1

**Owner:** GORKA, SCOTT M & JORDIN DAHN
6500 COUNTRYVIEW RD
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
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 #S001791

# 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* 6500 COUNTRYVIEW RD City LINCOLN, NE Zip 68516
(no rural route)

Legal Description S28 T9 R7 COUNTRY LANE 1st 3 1
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 16-28-410-001-000 *Approx. Address (If to be determined)

## B. Owner

Name SCOTT GORKA Signature
Address 6500 COUNTRYVIEW RD City/State/Zip LINCOLN, NE 68516
Home Phone Work Phone

## C. Certified Installer

Name: JASON KUBIK Signature
Address 105 LOCUST ST 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 5 Whirlpool Bathtub? ☒ Yes ☐ No Total Acres 3.03
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 1/9/19, 1/10/19
Comments
Date rec'd 1/11/19
Date frwd 1/14/19
**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 1/23/19

***Business Office Use Only***
Date Received 01-10-19 Amount Paid $420.00
Received By JAD Cash/Check No. 0214

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

*Form A Updated: 4/15

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

Exhibit 5

Permit Number: HS001791

# Onsite Wastewater Treatment System

## Inspection Sheet

Date 1/23/19 Legal Description ¼ ¼ 28 / 9 / 7 Section/Township/Range

**Onsite System Location**

Address (no rural route) 6500 Countryview 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 4,750 Sq. Ft. Tank Size 3,000 – 2 @ 1,500 gals

Total length of laterals [redacted] 484' Type of Distribution: ☒ Chamber ☐ Perforated Pipe ☐ Other (describe)

No. of Absorption Laterals 4 Width [redacted] Fiction 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 NA

Lateral #1 Lateral #3

Lateral #2 Lateral #4

Comments:

Inspections prior to Final Approval
Initial DC + BH Date 1/9/19
A.J. & C.G. 1/10/19
Follow-Up Date
Follow-Up Date
Installation Final Written Approval
By Doug Ahlers
Date 1/23/19

Field Note Drawing (See Reverse Side):