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

A

Permit Number
#5001801

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* 6971 SW 29TH CIR City LINCOLN, NE Zip 68523
(no rural route)

Legal Description 5 17 T 9 R 6 TWIN PINES 3 8
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 091740308000 *Approx. Address (If to be determined)

B. Owner

Name MURRAY CUSTOM HOMES LLC Signature
Address 5900 S 58TH ST SUITE D City/State/Zip LINCOLN, NE 68516
Home Phone 402-802-7021 Work Phone

C. Certified Installer

Name: JASON KUBIK Signature
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 5 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 3.06
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 Amount Paid
Received By Cash/Check No.

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 TWIN PINE ADDITION BLOCK 3 LOT 8 (no rural route) City LINCOLN NE, Zip 68523

Owner MARVIN HOY Address 2550 BENNET RD UNIT B, ROCA NE 68430

Date of Tests 11/20/18 to 11/21/18 Weather: Precipitation 0 Temperature 45

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	11/20	2:30	11/21	8:45	11/21	12:15	6	11/21	12:45	30	1	30
2	30	11/20	2:30	11/21	8:45	11/21	12:15	6	11/21	12:45	30	1	30
3	30	11/20	2:30	11/21	8:45	11/21	12:15	6	11/21	12:45	30	1.25	24
								6					
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: JASON KUBIK
Phone: 402-475-2462
Address 105 LOCUST ST, HICKMAN NE

Sum of Percolation Rates: 84
Average of Rates: 28
Rate Used for Calculation: 28

Soil type (NRCS Maps/Other) 7466 OTOE SILTY CLAY ON SOIL MAP, BORINGS INDICITIVE OF 7231 JUDSON
Groundwater Depth +12

DO NOT WRITE BELOW THIS LINE

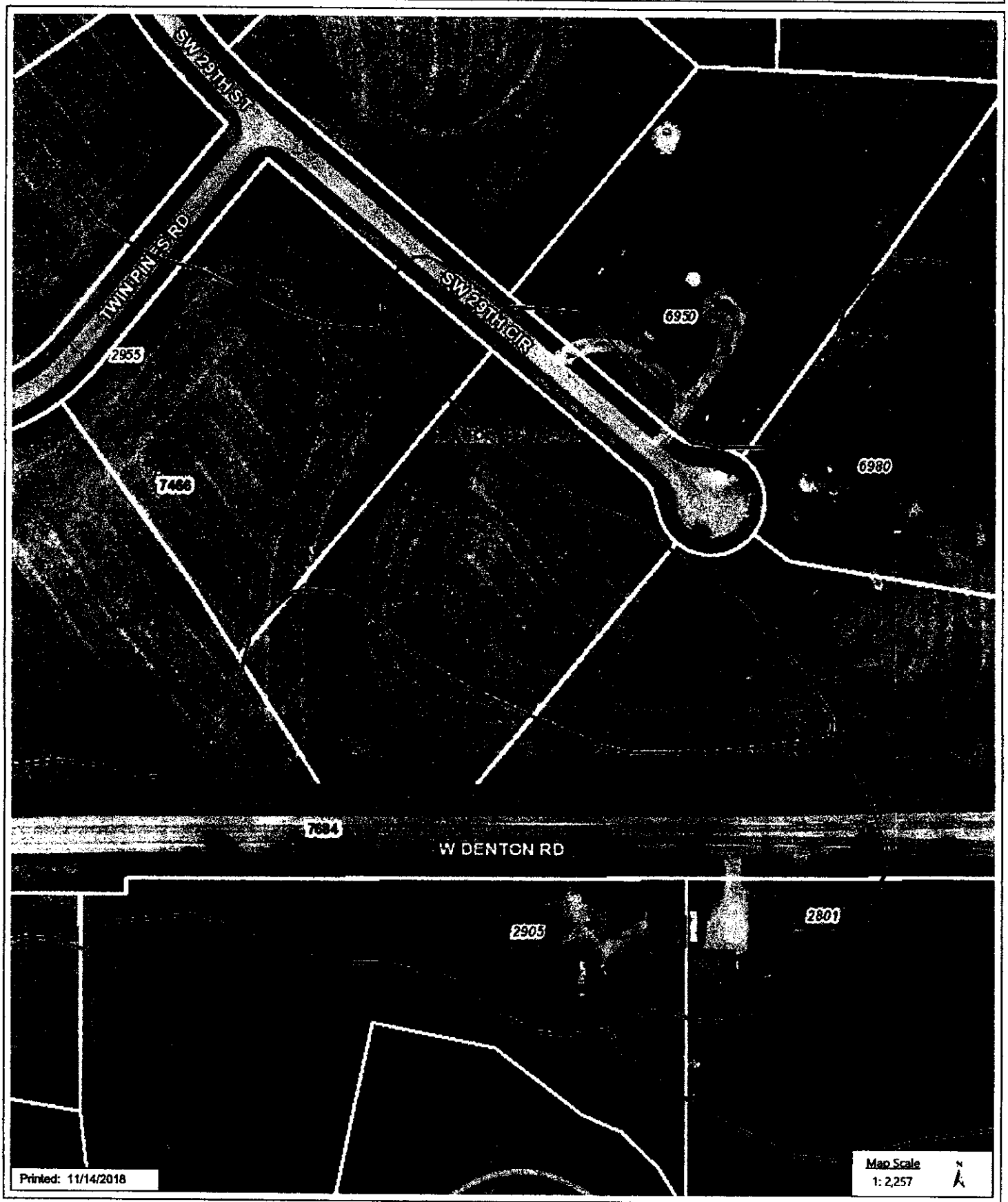
Reviewing Action

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

Signature of Reviewing Official Date

GIS Viewer

City of Lincoln\Lancaster County GIS Map



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 assessor@lancaster.ne.gov and you will be directed to the appropriate department.

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. HS001801

System Type: Standard

Situs: 6971 SW 29 CIR, LINCOLN, NE 68523

Issued: 4/8/2019

Expires: 4/8/2020

Description: TWIN PINES ADDITION, BLOCK 3, Lot 8

Owner: MURRAY CUSTOM HOMES LLC
5900 S 58 STE D
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

MURRAY CUSTOM HOMES
5800 S 58TH ST STE D
LINCOLN, NE 68516

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

SCANNED

A

Permit Number
#S001801

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* 6971 SW 29TH CIR City LINCOLN , NE Zip 68523
(no rural route)

Legal Description 5 17 T 9 R 6 , TWIN PINES 3 8
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 091740308000 *Approx. Address (If to be determined)

B. Owner

Name MURRAY CUSTOM HOMES LLC Signature

Address 5900 S 58TH ST SUITE D City/State/Zip LINCOLN, NE 68516

Home Phone 402-802-7021 Work Phone

C. Certified Installer

Name: JASON KUBIK Signature

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 5 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 3.06
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 Not inspected Site visit after install
Comments
Date rec'd 4/8/19
Date frwd 4/8/19
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 03/06/20

Business Office Use Only
Date Received Amount Paid
Received By Cash/Check No.

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: HW001801

Onsite Wastewater Treatment System

Inspection Sheet

CJ

Date 03/06/20 Legal Description _____

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 6971 SW 29th Cir. 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: 5 bedroom

☒ Lateral ☐ Bed ☐ Non-standard (engineer-designed and NDEQ approved) ☐ Holding Tank ☐ Trench

Total square feet of drainfield 1440 Sq. Ft. Tank Size 2,000 gals 2-1,000 gallon tanks

Total length of laterals 320' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☒ Other (describe) EZ Flow

No. of Absorption Laterals 3 Width 4.5 factor No. of Drop Boxes 1 Distribution Box _____

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 _____ NA Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments:

Inspections prior to Final Approval System installed Initial _____ Date Without inspection

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval By _____

Date 3/6/20

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:

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) 09-17-403-008-000

Owner: Murray Woton Homes Address 6971 SW 29TH Circle Lincoln, NE 68523

A. Wastewater Piping

1. Material: SCH 40 Diameter: 4 in.
2. Distance between dwelling and septic tank: 90 ft.

B. Septic Tank

1. Material IM 1060 Infiltrator (2)
2. Capacity: 2000
3. Depth to top of tank, below unfinished grade: 12 in.
4. Distance to:
   Well +50 ft.
   Pressure line +50 ft
   Property Line +50 ft.
   Foundation 90 ft.

C Distribution Box or Drop Box

Distance **and** Direction from septic tank: 6 ft. W

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☒ Other
   Material brand and inside width of Chamberless: E2 Flow 1203
2. Number of Laterals: 3
3. Length of each lateral (linear): ft. 110 ft. 110 ft. 100 ft.
4. Drainfield size: 1440 sq. ft.
5. Distance to:
   Well +50 ft.
   Pressure line +50 ft.
   Property line +50 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:

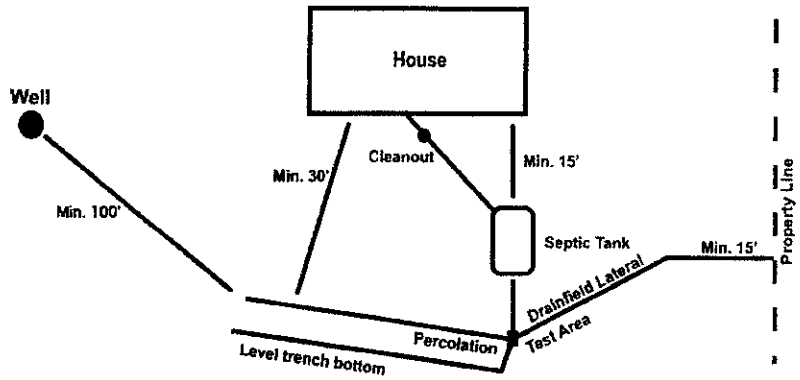
I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: [signature] Date: 10/22/19

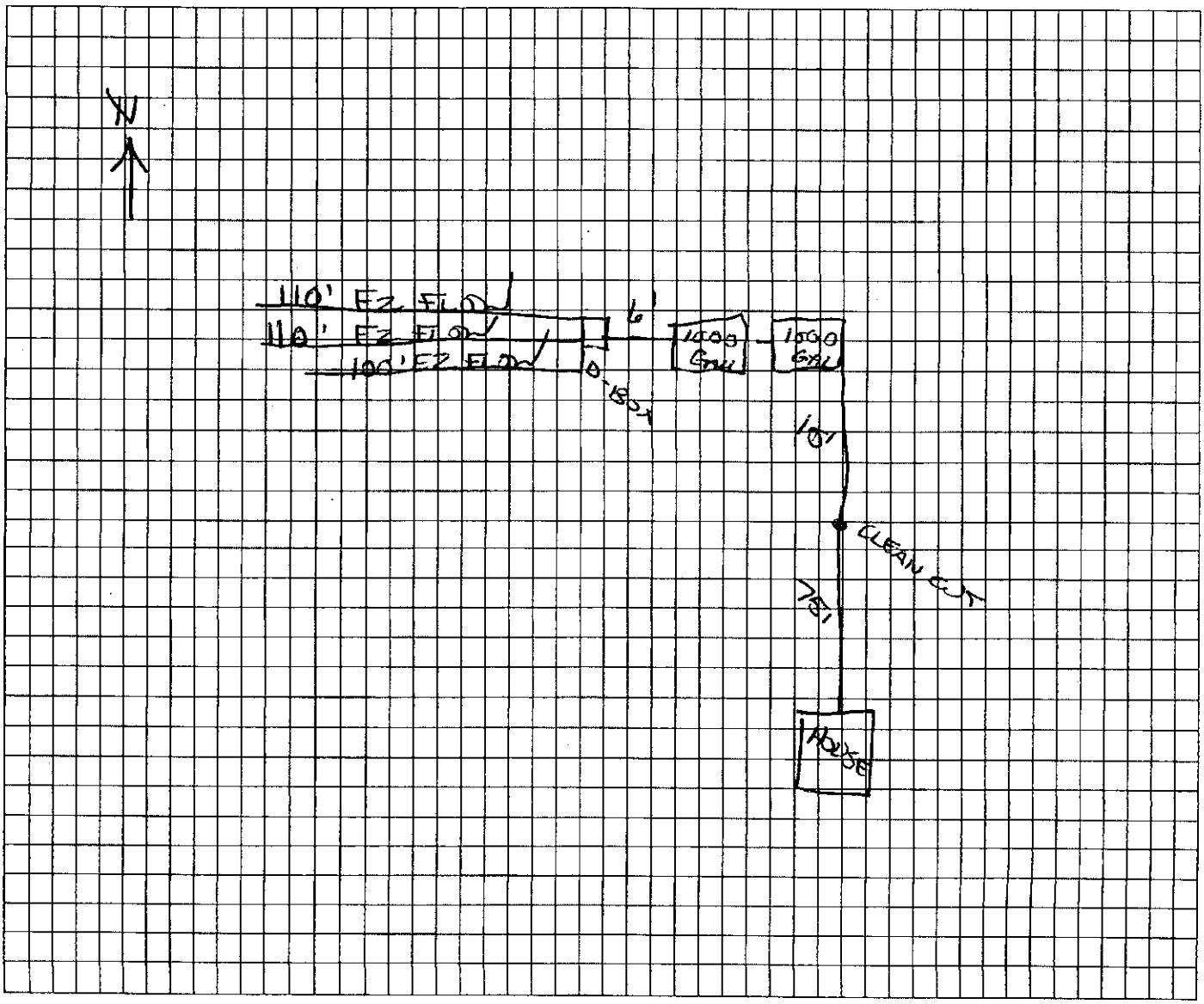
Complete As-Built drawing on the back of this form.

Indicate North
w/ Arrow Here:

Onsite Wastewater System Design (Example)



*Note-If Lagoon, show all applicable dimensions



Nate C. Hartman

From: Jason Kubik <southwicksewer@yahoo.com>
Sent: Tuesday, December 3, 2019 9:14 AM
To: Nate C. Hartman
Subject: 6971 SW 29th Circle D SHEET
Attachments: 6971 SW 29th Circle D SHEET.pdf

Jason and Jaime Kubik

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

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

D

Permit Number:

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) 09-17-403-008-000

Owner: Murray Woton Homes Address 6971 SW 29TH Circle Lincoln, NE 68523

A. Wastewater Piping

1. Material: SCH 40 Diameter: 4 in.
2. Distance between dwelling and septic tank: 90 ft.

B. Septic Tank

1. Material IM 1060 Infiltrator (2)
2. Capacity: 2000
3. Depth to top of tank, below unfinished grade: 12 in.
4. Distance to:
   Well +50 ft.
   Pressure line +50 ft
   Property Line +50 ft.
   Foundation 90 ft.

C Distribution Box or Drop Box

Distance **and** Direction from septic tank: 6 ft. W

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☒ Other
   Material brand and inside width of Chamberless: EZ Flow 1203
2. Number of Laterals: 3
3. Length of each lateral (linear): ft. 110 ft. 110 ft. 100 ft.
4. Drainfield size: 1440 sq. ft.
5. Distance to:
   Well +50 ft.
   Pressure line +50 ft.
   Property line +50 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:

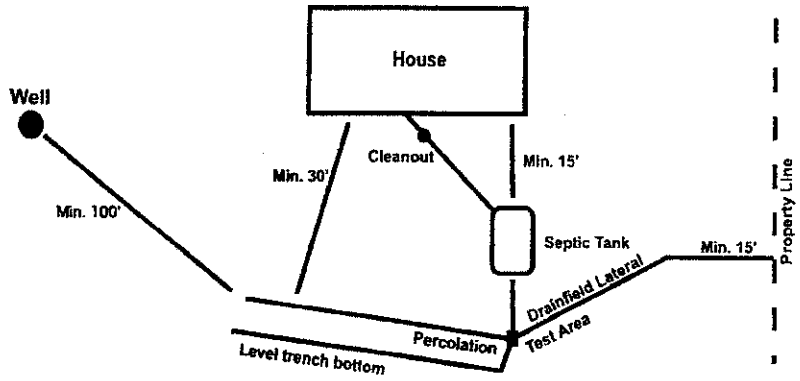
I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: Date: 10/22/19

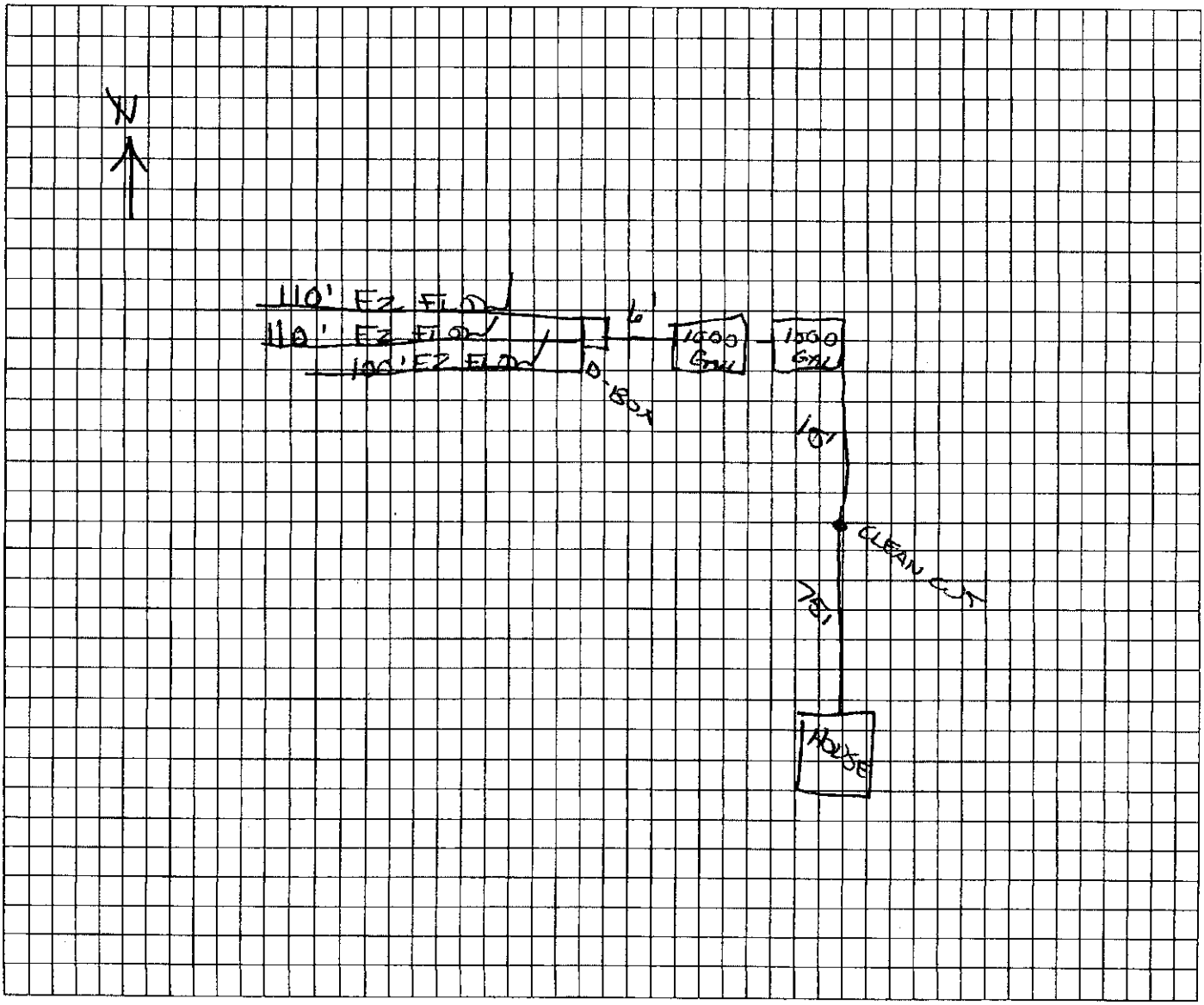
Complete As-Built drawing on the back of this form.

Indicate North
w/ Arrow Here:

Onsite Wastewater System Design (Example)



*Note-If Lagoon, show all applicable dimensions



SCANNED

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 TWIN PINE ADDITION BLOCK 3 LOT 8 City LINCOLN NE, Zip 68523
(no rural route)

Owner MARVIN HOY Address 2550 BENNET RD UNIT B, ROCA NE 68430

Date of Tests 11/20/18 to 11/21/18 Weather: Precipitation 0 Temperature 45

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			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	11/20	2:30	11/21	8:45	11/21	12:15	6	11/21	12:45	30	1	30
2	30	11/20	2:30	11/21	8:45	11/21	12:15	6	11/21	12:45	30	1	30
3	30	11/20	2:30	11/21	8:45	11/21	12:15	6	11/21	12:45	30	1.25	24
								6					
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: JASON KUBIK
Phone: 402-475-2462
Address 105 LOCUST ST, HICKMAN NE

Sum of Percolation Rates: 84
Average of Rates: 28
Rate Used for Calculation: 28

Soil type (NRCS Maps/Other) 7466 OTOE SILTY CLAY ON SOIL MAP, BORINGS INDICITIVE OF 7231 JUDSON
Groundwater Depth +12

DO NOT WRITE BELOW THIS LINE

Reviewing Action

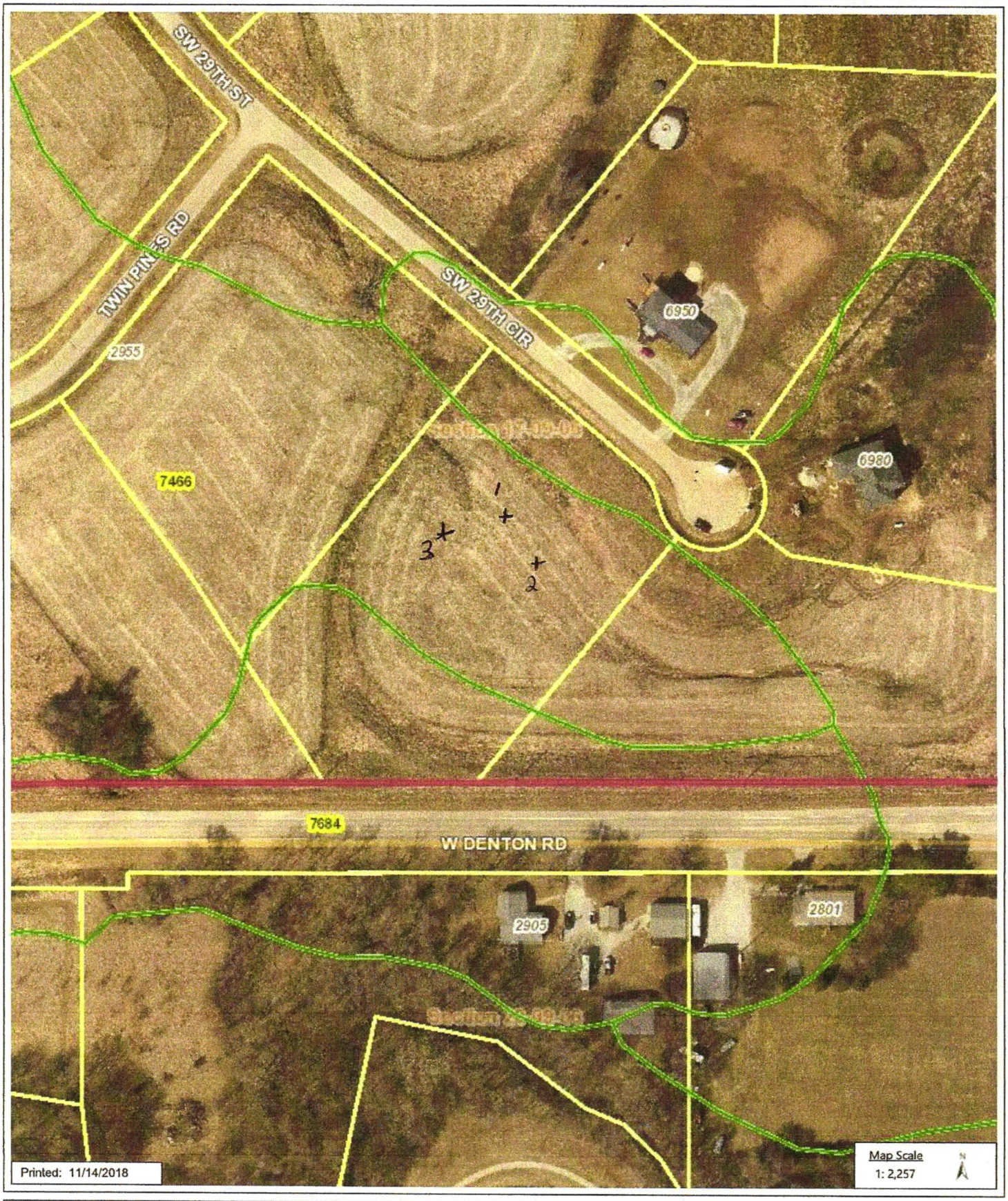
Comments (Soil type, groundwater, floodplain, etc.)

Signature of Reviewing Official Date

SCANNED

GIS Viewer
CITY OF LINCOLN - LANCASTER COUNTY, NE

City of Lincoln\Lancaster County GIS Map



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 assessor@lancaster.ne.gov and you will be directed to the appropriate department.