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

A

Permit Number H5001843

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* 4944 S 89TH ST City LINCOLN, NE Zip 68526
(no rural route) S11 T9 R7

Legal Description HIMARK ESTATES 21ST ADDITION PT OUTLOT E IN TD 0035

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

PID 16-11-409-006-000 *Approx. Address (If to be determined)

B. Owner

Name NUMARK GOLF LLC Signature

Address 4944 S 89th ST City/State/Zip LINCOLN NE 68526

Home Phone 402-310-0933 Work Phone

C. Certified Installer

Name: JASON KUBIK Signature

Address 105 LOCUST ST 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 Whirlpool Bathtub? ☐ Yes ☐ No Total Acres
Garbage Grinder? ☐ Yes ☐ No

☒ Commercial Establishment/Other Facility Specify Golf Course Clubhouse Design flow in gallons per day 600

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 6/17/19 Amount Paid $420.00
Received By JAK Cash/Check No 3520

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 4944 S 89th ST (no rural route) City Lincoln NE, Zip 68526

Owner NuMark Golf LLC Address same

Date of Tests 5/10/19 to 5/11/19 Weather: Precipitation 0 Temperature 55

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	5/10	4:00	5/11	8:00	5/11	11:30	6	5/11	12:00	30	1/2	60
2	30	5/10	4:00	5/11	8:00	5/11	11:30	6	5/11	12:00	30	5/8	48
3	30	5/10	4:00	5/11	8:00	5/11	11:30	6	5/11	12:00	30	5/8	48
4	30	5/10	4:00	5/11	8:00	5/11	11:30	6	5/11	12:00	30	5/8	48
5	30	5/10	4:00	5/11	8:00	5/11	11:30	6	5/11	12:00	30	1/2	60
								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: 264
Average of Rates: 52.8
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

NuMark Clubhouse

From: Tim Gergen (tim.gergen@clarkenersen.com)

To: southwicksewer@yahoo.com

Date: Wednesday, May 22, 2019, 5:31 PM CDT

Jason-

The clubhouse for the NuMark Golf course is designed to accommodate golfers for the golf course only. It will not be used for reception events or for other activities other than the golf course. The clubhouse will not have a kitchen and will have a two – 3 hole bathroom with sinks. Given these parameters I assumed a sanitary loading of 5 gallons/day/person. The golf course is 27 holes. I assumed the golf course would have 120 people per day. Therefore a sanitary loading of 600 gallons/day.

Let me know if you have any questions or need additional information.

Tim

Tim Gergen, PE

Civil Engineer

Principal

The Clark Enersen Partners

1010 Lincoln Mall, Suite 200

Lincoln, NE 68508-2883

402.477.9291 Office

402.525.6588 Cell

tim.gergen@clarkenersen.com

clarkenersen.com

site.clarkenersen.com

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.

SCANNED

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

A

Permit Number #S001843

Onsite Wastewater Treatment System Permit Application

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☐ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

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DO NOT WRITE BELOW THIS LINE

Approval Process

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Site visits
Comments
Date rec'd 6/18/19
Date frwd 6/18/19
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

Business Office Use Only
Date Received 6/17/19 Amount Paid $420.00
Received By JAC Cash/Check No 5320

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

Form A Updated: 4/15

Outside city limits 6/18/19 - NH

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) 12-11-118-013-000

Owner: NuMark Address 8701 Augusta Drive

A. Wastewater Piping

1. Material: SCH 40 Diameter: 4 in.
2. Distance between dwelling and septic tank: 147 ft.

B. Septic Tank

1. Material 1M1060 INFILTRATOR
2. Capacity: 1000
3. Depth to top of tank, below unfinished grade: 12 in.
4. Distance to:
   Well _____ ft.
   Pressure line _____ ft
   Property Line _____ ft.
   Foundation 147 ft.

C Distribution Box or Drop Box

Distance **and** Direction from septic tank: 52 ft. SW

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: 4
3. Length of each lateral (linear): ft. 106 ft. 106 ft. 106 ft. 106
4. Drainfield size: 1800 sq. ft.
5. Distance to:
   Well _____ ft.
   Pressure line _____ ft.
   Property line _____ 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:

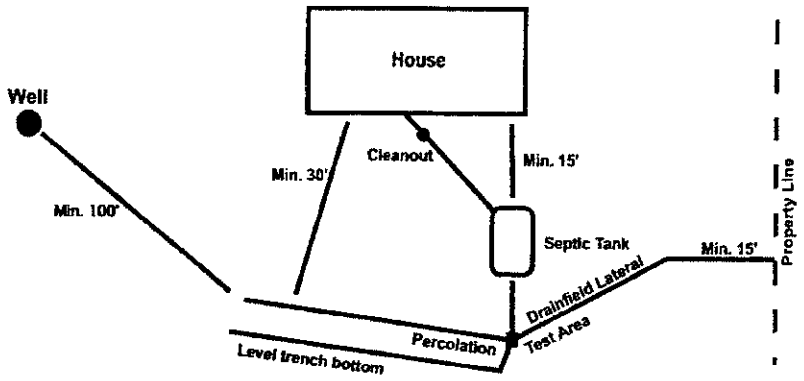
I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: _____ Date: 10/25/19

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

