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. HS001857

System Type: Standard

Situs: 7101 ARBOR RD, LINCOLN, NE 68517

Issued: 7/15/2019

Expires: 7/15/2020

Description: S27, T11, R7, 6th Principal Meridian, LOT 61 SW

Owner: SCULLY, DANIEL T REVOCABLE TRUST
9151 PIONEER CT
LINCOLN, NE 68520

Patricia D. Lopez

Patricia D. Lopez, RN, MSN, Interim 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.

Patricia D. Lopez

Patricia D. Lopez, RN, MSN
Interim Health Director

JAIME KUBIK
105 LOCUST ST, PO BOX 191
HICKMAN, NE 68372

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

A

Permit Number 4SC016857

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* 7101 Arbor Road (no rural route) City Lincoln, NE Zip 68517

Legal Description ____ 27 11 7 6th Principal Meridian 61SW

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

PID 18-27-300-005-000 *Approx. Address (If to be determined) ____

B. Owner

Name Judi Scully Signature ____

Address 9151 Pioneer Court City/State/Zip Lincoln, NE 68520

Home Phone ____ Work Phone ____

C. Certified Installer

Name: Jaime Kubik Signature Jaime Kubik

Address 105 Locust Street 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 3 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 20.45

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 ____ Date rec'd ____ Date frwd ____
Comments ____
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 1-15-16 Amount Paid $420.00
Received By JAC Cash/Check No 20 10014

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 7101 Arbor Road (no rural route) City Lincoln NE, Zip 68517

Owner Judy Scully Address 9151 Pioneer Court Lincoln, NE 68520

Date of Tests 7/11/19 to 7/12/19 Weather: Precipitation none Temperature 95

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		Initial	End				
Hole No.	Hole Depth(in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time Interval	Water Level Drop(in)	Percolation Rates (Min/in = mpi)
1	30	7/11	4:00	7/12	9:25	7/12	12:55	6	7/12	1:25	30 min	5/8	48
2	30	7/11	4:00	7/12	9:25	7/12	12:55	6	7/12	1:25	30 min	1/2	60
3	30	7/11	4:00	7/12	9:25	7/12	12:55	6	7/12	1:25	30 min	5/8	48
								6					
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Jason Kubik
Phone: 402-475-2462
Address 105 Locust Street P.O. Box 191
Hickman, NE 69372

Sum of Percolation Rates: 156
Average of Rates: 52
Rate Used for Calculation: 59

Soil type (NRCS Maps/Other) 7418 Morrill Clay Loam
Groundwater Depth +12

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official Date

CONDUCTING A PERCOLATION TEST

READ THOROUGHLY

DIAGRAM OF PERCOLATION TEST PROCEDURE

Natural Ground Level

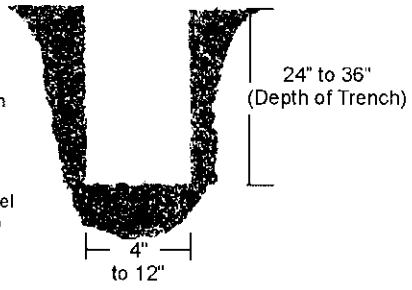
I. Number, Size and Location of Test Holes

A. Dig six or more holes spaced evenly over proposed drainfield.

B. Scratch smeared areas on the bottom 12" of hole.

C. Remove loose material from hole.

D. Add 2" layer of clean gravel in hole. Gravel (1/4"-3/4") may be placed in a nylon mesh bag so it can be used again.



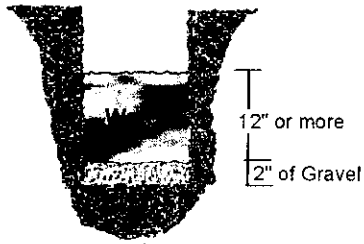
II. Saturation/Swelling of Soil

A. Fill hole with at least 12" of clear water.

B. **MAINTAIN THIS WATER LEVEL FOR 4 HOURS.**

C. Record on Form B, Columns A to F

D. **Must wait 24 hours before beginning Step III.**



24 Hours Later

III. Water Level Drop Measurement (Refer to instructions 4a, b or c)

A. Adjust water level to 6".

B. Measure from fixed reference point (nail) to water, or use a percometer.

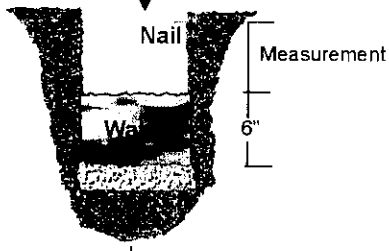
C. Record measurement and time on scratch paper.

D. 30 min. later re-measure and record time.

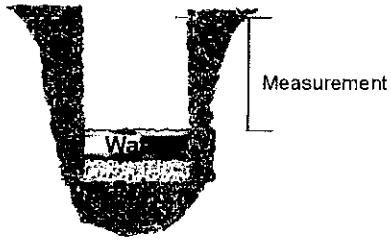
E. After each measurement, refill to 6" above gravel.

F. Continue for 4 hours taking readings evey 30 min. (Refer to 4b for exception)

G. Last 30 min. reading is used in filing out Form B. Record in Column G through M.



½ hour later
(30 minutes)



IV. The Department will calculate Percolation Rates.

Instructions

1. Percolation test holes. Percolation tests should be made in 6 or more separate holes spaced uniformly over proposed drainfield. Dig or bore holes 4 to 12" in diameter to the depth of the bottom of drainfield trench. (If sides of hole collapse, a slotted PVC plastic pipe and gravel pack may be needed to support the sides of the hole.) Do not dig holes in soil that is above the plastic limit or where frost is within 12" from the bottom of hole.
2. Preparation of test hole. Scratch any smeared areas on the bottom 12" of hole with nails driven into a 1x2" board to provide a natural soil interface for water to percolate. Remove all loose soil from bottom of hole. Add 2" of clean gravel to protect the bottom from scouring when water is put into hole.
3. Saturation and swelling of the soil. Fill holes with clear water to a depth fo 12" or more above gravel and maintain this water level at least 4 hours (add water as necessary). Do not remove water from holes. Holes should be covered with boards during the 20 hrs. wait before the test begins. Soils with slow permeability or containing greater than 30% clay will require several days saturation for thorough swelling in a dry season. The accuracy of the percolation test depends on thorough saturation and swelling of soil. Sandy soil containing no clay does not swell. The percolation test may proceed immediately if the 12" of water seeps away in 10 min. or less after filling holes twice. Proceed to Step 4c.
4. Measure percolation rate. Measurements must be made 24 hrs after starting saturation/swelling procedure described above. Record results on the front of this form and the Department will complete the calculations.

   a. If water remains in hole after the saturation/ swelling period, adjust depth to 6" above gravel. From a fixed point, measure the drop in water level over a 30 min. period to nearest 1/8". This drop is used to calculate percolation rate.

   b. If no water remains in hole after the saturation/ swelling period, add 6" of clear water above gravel. From a fixed point, measure the drop in water level to nearest 1/8" at 30 min. intervals for 4 hrs. Refill to the 6" level above gravel after each measurement. The drop that occurs during the last 30 min. of the 4 hrs. is used to calculate the percolation rate (when 3 consecutive percolation rates vary by no more than 10%, the test can stop before the end of 4 hr. period).

   c. In sandy soils, or other soils in which t he first 6" of water seeps away in less than 30 min., allow 10 min. between measurements and run the test for 1 hr. The drop that occurs during the last 10 min. of 1 hour is used to calculate the percolation rate. If 6" of water seeps away in less than 10 min., use a stopwatch.
5. Record test results on the front of this form. The average of the percolation rates calculated for all holes in 30 (10) min. will usually be the rate used to size the drainfield. Exceptions are the use of the slowest percolation rate when rates vary more than 20 mpi between holes or when other soil evaluation indicates a problem.

LLCHD reserves the right to witness or perform percolation tests and to required additional soil or groundwater information.

SCANNED

SCANNED

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

A

Permit Number HS001857

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* 7101 Arbor Road (no rural route) City Lincoln, NE Zip 68517

Legal Description ____ 27 11 7 6th Principal Meridian 61SW

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

PID 18-27-300-005-000 *Approx. Address (If to be determined) ____

B. Owner

Name Judi Scully Signature ____

Address 9151 Pioneer Court City/State/Zip Lincoln, NE 68520

Home Phone ____ Work Phone ____

C. Certified Installer

Name: Jaime Kubik Signature Jaime Kubik

Address 105 Locust Street 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 3 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 20.45

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 7/15/19
Date frwd 7/15/19
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 8/12/19

Business Office Use Only
Date Received 7-15-19 Amount Paid $420.00
Received By JAD Cash/Check No CC 02314

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

SCANNED

B

Permit Number:

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 7101 Arbor Road (no rural route) City Lincoln NE, Zip 68517

Owner Judy Scully Address 9151 Pioneer Court Lincoln, NE 68520

Date of Tests 7/11/19 to 7/12/19 Weather: Precipitation none Temperature 95

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Name: Jason Kubik
Phone: 402-475-2462
Address 105 Locust Street P.O. Box 191
Hickman, NE 69372

Sum of Percolation Rates: 156
Average of Rates: 52
Rate Used for Calculation: 59

Soil type (NRCS Maps/Other) 7418 Morrill Clay Loam
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
3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

SCANNED

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) 18-27-300-005-000

Owner: Judi Scully Address 71010 Arbor Road

A. Wastewater Piping

1. Material: SCH 40 PVC Diameter: 4 in.
2. Distance between dwelling and septic tank: 95 ft.

B. Septic Tank

1. Material Infiltrator IM 1060 and Infiltrator IM 540
2. Capacity: 1500
3. Depth to top of tank, below unfinished grade: 19 in.
4. Distance to:
   Well +500 ft.
   Pressure line +25 ft
   Property Line +100 ft.
   Foundation 95 ft.

C Distribution Box or Drop Box

Distance **and** Direction from septic tank: 23 ft. SW

D. Drainfield/Absorption Field

☑ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☒ Other
   Material brand and inside width of Chamberless: Infiltrator EZ Flow 1203
2. Number of Laterals: 2
3. Length of each lateral (linear): ft. 120 ft. 120 ft. _____ ft. _____
4. Drainfield size: 1080 sq. ft.
5. Distance to:
   Well +500 ft.
   Pressure line +25 ft.
   Property line +100 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.

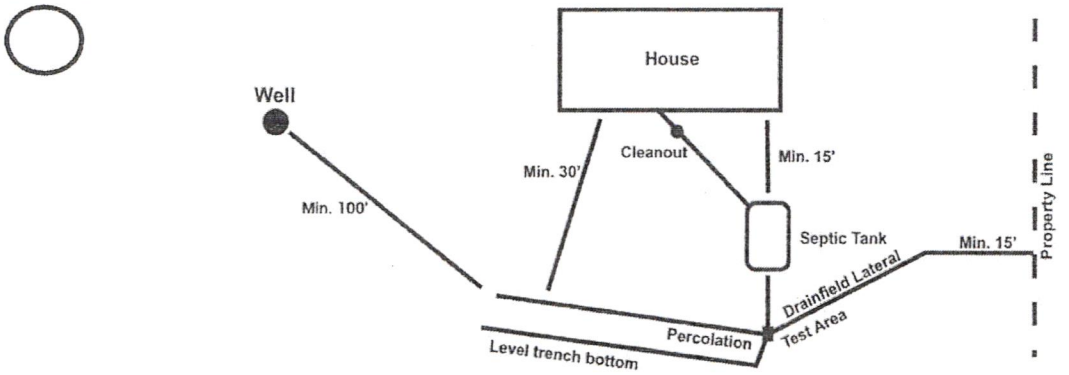
Certified Professional Signature: _____ Date: 12/16/19

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

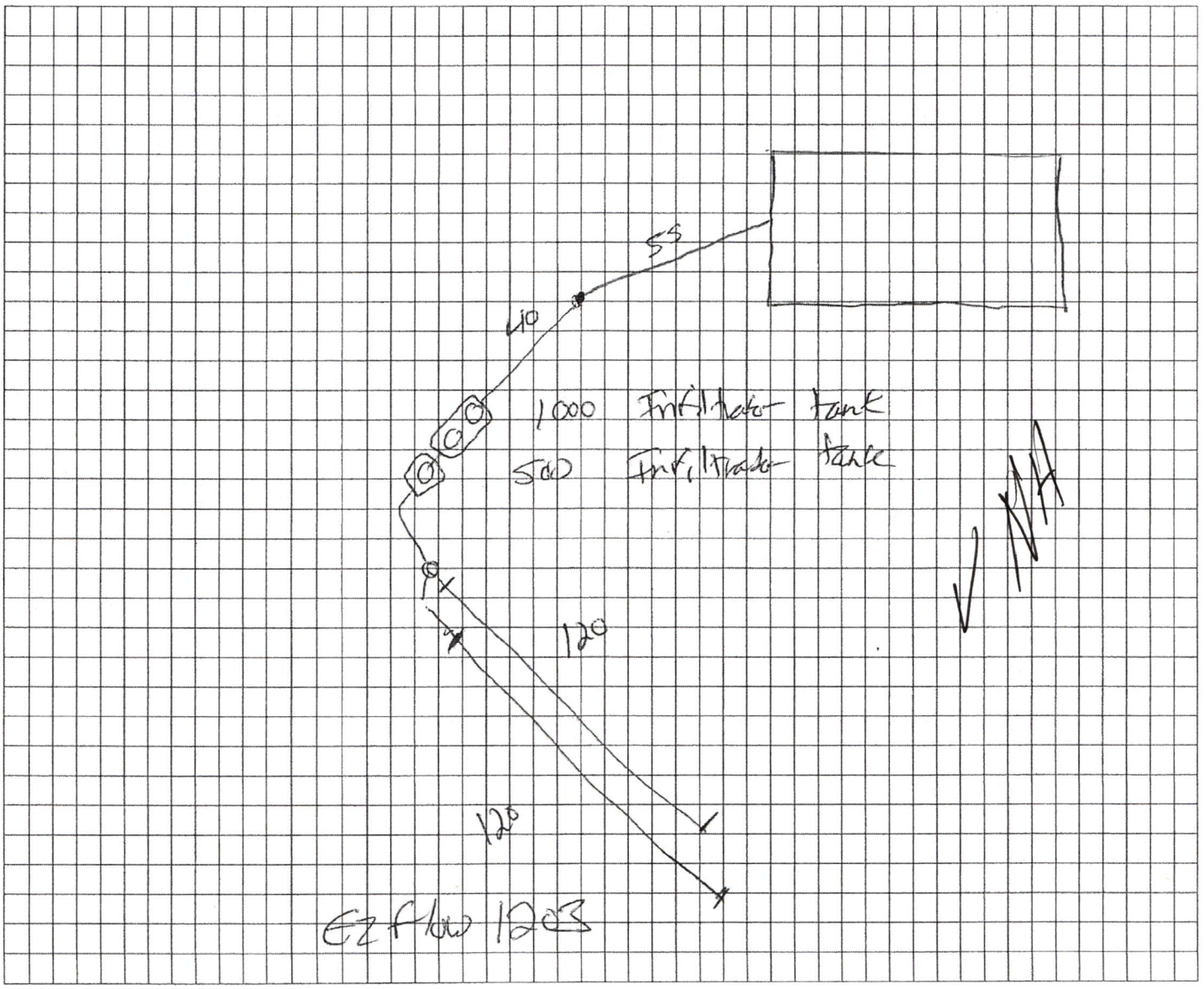
SCANNED

Onsite Wastewater System Design (Example)

Indicate North
w/ Arrow Here:



*Note-If Lagoon, show all applicable dimensions



400 ft
S
well

SCANNED

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

Permit Number: HS001857

Onsite Wastewater Treatment System

Inspection Sheet

Date 8/6/19 Legal Description _____
¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 7101 Arbor Rd. 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 1080 Sq. Ft. 105 Lin Ft Tank Size N/A gals

Total length of laterals 240 Type of Distribution: ❑ Chamber ❑ Perforated Pipe ❑ Other (describe) e2 flow

No. of Absorption Laterals _____ Width _____ No. of Drop Boxes 0 Distribution Box 1

Leveling Method Used laser level

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_____ Lateral #3_____

Lateral #2_____ Lateral #4_____

Comments:

Inspections prior to Final Approval
Initial _____ Date _____

Follow-Up_____ Date _____

Follow-Up_____ Date _____

Installation Final Written Approval
By _____

Date 8/12/19

Field Note Drawing (See Reverse Side):

Updated 5/18