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

A

Permit Number H5001901

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* _____ City _____, NE Zip _____
(no rural route)

Legal Description S15 T8 R7 SOUTHRIDGE ACRES 5 1
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 15-15-405-001-000 *Approx. Address (If to be determined) _____

B. Owner

Name AARON & NIKI BELL Signature _____
Address 2000 STOCKWELL ST City/State/Zip LINCOLN, NE 68502
Home Phone 402-310-6990 Work Phone _____

C. Certified Installer

Name: JAIME KUBIK Signature _____
Address 105 LOCUST ST P.O. BOX 191 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 7 Whirlpool Bathtub? ☒ Yes ☐ No Total Acres 3.13
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 _____ **ACTION** ☐ Approved ☐ Disapproved
Date frwd _____ Signature _____
Comments _____

2. Supt. Bldg. Insp. or Village Clerk
Comments _____ Date rec'd _____ **ACTION** ☐ Approved ☐ Disapproved
Date frwd _____ Signature _____

3. City or County Engineer
Comments _____ Date rec'd _____ **ACTION** ☐ Approved ☐ Disapproved
Date frwd _____ Signature _____

Installation Final Written Approval
By _____
Date _____

Business Office Use Only
Date Received 9-23-19 Amount Paid $430.00
Received By JAO Cash/Check No. 5012

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

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 PID 15-15-405-001-000

Onsite System Location

Address SOUTH RIDGE ACRES BLOCK 5 LOT 1 (no rural route) City ROCA NE, Zip 68430

Owner BAADE PROPERTY LLC Address 5500 SALTILLO RD

Date of Tests 5/5/18 to 5/6/18 Weather: Precipitation TRACE Temperature 75

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	5/5	5:15	5/6	8:00	5/6	11:30	6	5/6	12:00	30	2	15
2	30	5/5	5:15	5/6	8:00	5/6	11:30	6	5/6	12:00	30	2	15
3	30	5/5	5:15	5/6	8:00	5/6	11:30	6	5/6	12:00	30	1.75	17
								6					
								6					
								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: 47
Average of Rates: 15.66
Rate Used for Calculation: 16

Soil type (NRCS Maps/Other) 7466 OTOE SILTY CLAY BY MAP, MORE INDICATIVE OF JUDSON SILT LOAM IN APPEARENCE AND RESULT

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. HS001901

System Type: Standard

Situs: No Site Address Specified

Issued: 9/30/2019

Expires: 9/30/2020

Description: SOUTH RIDGE ACRES ADDITION, BLOCK 5, Lot 1

Owner: BELL, AARON & NIKI
2000 STOCKWELL ST
LINCOLN, NE 68502

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

AARON BELL
2000 STOCKWELL ST
LINCOLN, NE 68502

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

SCANNED

A

Permit Number
H500 1901

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* 15320 S. 76th (no rural route) City _____, NE Zip _____

Legal Description S15 T8 R7 SOUTHRIDGE ACRES 5 1

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

PID 15-15-405-001-000 *Approx. Address (If to be determined) _____

B. Owner

Name AARON & NIKI BELL Signature _____

Address 2000 STOCKWELL ST City/State/Zip LINCOLN, NE 68502

Home Phone 402-310-6990 Work Phone _____

C. Certified Installer

Name: JAIME KUBIK Signature _____

Address 105 LOCUST ST P.O. BOX 191 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 7 Whirlpool Bathtub? ☒ Yes ☐ No Total Acres 3.13

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 12/13/19 DC
Comments _____
Date rec'd 9/20/19
Date frwd 9/20/19
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 01/28/20

Business Office Use Only
Date Received 9-23-19 Amount Paid $430.00
Received By JAO Cash/Check No. 5012

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

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

Exhibit 5

Permit Number: HS001901

Onsite Wastewater Treatment System

Inspection Sheet

Date 1/28/20 Legal Description _____

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 15320 S 76th 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 2,115 Sq. Ft. Tank Size two tanks 650 + 1000 gals

Total length of laterals 420' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☒ Other (describe) E-Z flow

No. of Absorption Laterals 4 Width 4.5 factor 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 _____ Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments:

Inspections prior to Final Approval
Initial DC Date 12/13/19

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By Doug Drake

Date 01/28/20

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) 15-15-405-001-000

Owner: AARON BELL Address 15320 S 76TH ST ROCA, NE 68430

A. Wastewater Piping

1. Material: SCH 40 Diameter: 4 in.
2. Distance between dwelling and septic tank: 98 ft.

B. Septic Tank

1. Material IM 1060 & IM 1530
2. Capacity: 2500
3. Depth to top of tank, below unfinished grade: 12 in.
4. Distance to:
   Well NA ft.
   Pressure line +100 ft
   Property Line +50 ft.
   Foundation 98 ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: 60 ft. N

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☒ Other
   Material brand and inside width of Chamberless:
2. Number of Laterals: 4
3. Length of each lateral (linear): ft. 120 ft. 120 ft. 120 ft. 110
4. Drainfield size: 2115 sq. ft.
5. Distance to:
   Well NA ft.
   Pressure line +100 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:

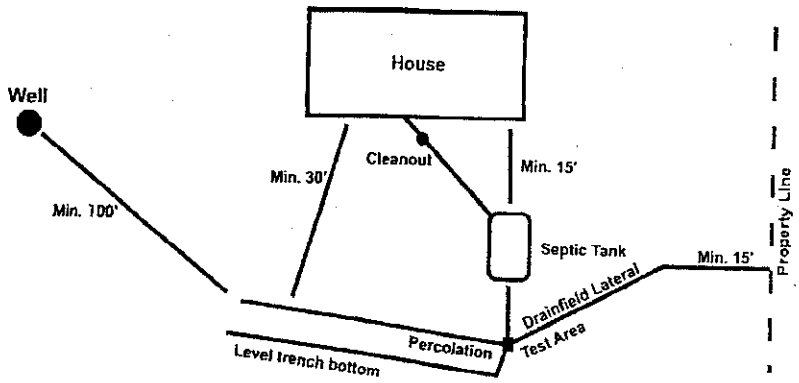
I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: Jamie Kuri Date: JAN 25, 2020

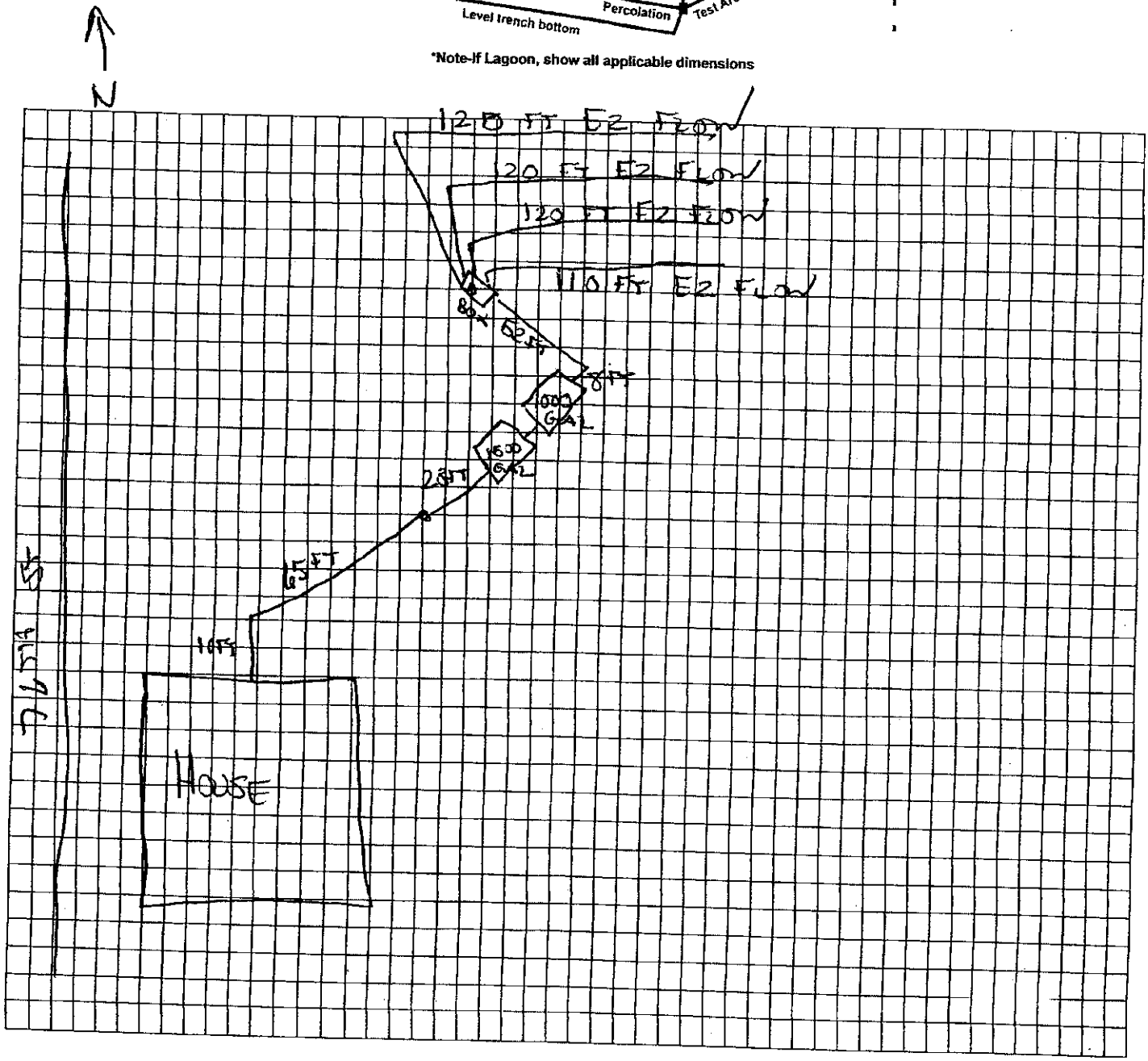
Complete As-Built drawing on the back of this form.

Indicate North
w/ Arrow Here:

Onsite Wastewater System Design (Example)



*Note-If Lagoon, show all applicable dimensions



Doug R. Smith

From: Doug R. Smith
Sent: Wednesday, December 18, 2019 9:35 AM
To: Jason Kubik
Cc: Doug R. Smith
Subject: As Built drawing-15320 S 76th

Jaime, Jason,
I started on the paperwork for this one to do a final sign off and decided that I better wait for an "as built" from you. On the application we show it as a 7 bedroom with both a whirlpool tub and garbage grinder. So, 2500 gallon total tank capacity. I know two tanks were put in and I am assuming the first tank is a 1500 or so, but, thought I better verify. So, send me the paperwork when you can find the time. Thanks!

Doug Smith, REHS, CP-FS
Senior Environmental Health Specialist
3131 "O" Street, Lincoln, NE 68510
O: 402-441-8031 F: 402-441-3890

Doug R. Smith

From: Doug R. Smith
Sent: Thursday, January 23, 2020 1:35 PM
To: Jason Kubik
Cc: Doug R. Smith
Subject: 15320 S 76th

Jaime,
Just cleaning up some paperwork and found that I am missing an "as built" for 15320 S 76th. It was installed 12/13/19 give or take a day or two. If you have sent it in already I apologize as I must have misplaced it. When I receive the drawing I will sign off final approval. Thanks!

Doug Smith, REHS, CP-FS
Senior Environmental Health Specialist
3131 "O" Street, Lincoln, NE 68510
O: 402-441-8031 F: 402-441-3890