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

A

Permit Number HS001903

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* 11900 S 158TH City BENNET, NE Zip 68317
(no rural route)

Legal Description 3 8 R8 6TH PRINCIPAL MERIDIAN 47NE
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 21-03-200-007-000 *Approx. Address (If to be determined)

B. Owner

Name LUANN BAL Signature

Address 11900 S 158TH City/State/Zip BENNET, NE 68317

Home Phone 402-540-1090 Work Phone

C. Certified Installer

Name: JAIME KUBIK Signature Jaime Kubik

Address 105 LOCUST ST 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 5.94
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. 3604

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 11900 S 158th (no rural route) City Bennet NE, Zip 68317

Owner Luann Ball Address

Date of Tests 9/19/19 to 9/20/19 Weather: Precipitation none Temperature 90

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	9/19	4 pm	9/20	9:15am	9/20	12:45	6	9/20	1:15	30	5/8	48
2	30	9/19	4 pm	9/20	9:15am	9/20	12:45	6	9/20	1:15	30	1/2	60
3	30	9/19	4 pm	9/20	9:15am	9/20	12:45	6	9/20	1:15	30	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 68372

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

Soil type (NRCS Maps/Other) 7684 Wymore Silty Clay
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. HS001903

System Type: Standard

Situs: 11900 S 158TH ST, BENNET, NE 68317

Issued: 9/30/2019

Expires: 9/30/2020

Description: S3, T8, R8, 6th Principal Meridian, LOT 47 NE

Owner: BALL, LUANN
11900 S 158 ST
BENNET, NE 68317

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

SOUTHWICK LIQUID WASTE INC
105 LOCUST ST, PO BOX 191
HICKMAN, NE 68372

SCANNED

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

A

Permit Number HS001903

Onsite Wastewater Treatment System Permit Application

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B. Owner

Name LUANN BALL Signature

Address 11900 S 158TH City/State/Zip BENNET, 68317

Home Phone 402-540-1090 Work Phone

C. Certified Installer

Name: JAIME KUBIK Signature

Address 105 LOCUST ST BOX 191 City/State/Zip HICKMAN, NE 68372

Work Phone 402-475-2402

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 5.94
Garbage Grinder? ☒ Yes ☐ No

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Site visits
Comments
Date rec'd 9/30/19
Date frwd 9/30/19
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 11/25/19

Business Office Use Only
Date Received 9-23-19 Amount Paid $430.00
Received By JAM Cash/Check No. 3604

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

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) 21-03-200-007-000

Owner: LUANN BALL Address 11900 S 158TH BENNET, NE 68317

A. Wastewater Piping

1. Material: SCH 40 Diameter: 4 in.
2. Distance between dwelling and septic tank: 118 ft.

B. Septic Tank

1. Material IM 1530 INFILTRATOR
2. Capacity: 1500 GALLON
3. Depth to top of tank, below unfinished grade: 18 in.
4. Distance to:
   Well NA ft.
   Pressure line +50 ft
   Property Line +50 ft.
   Foundation 118 ft.

C Distribution Box or Drop Box

Distance **and** Direction from septic tank: 11 ft. S

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. 1050 per 12
5. Distance to:
   Well NA 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.

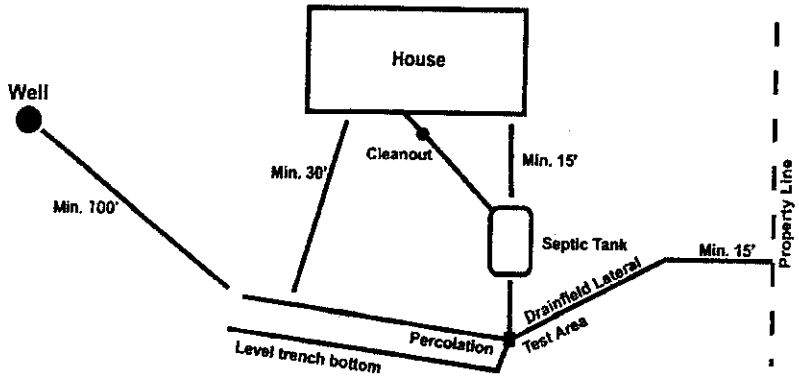
Certified Professional Signature: [signature] Date: 10/15/19

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

Observed 0/2 tank decommissioned on site 12 ft

Indicate North
w/ Arrow Here:

Onsite Wastewater System Design (Example)



*Note-If Lagoon, show all applicable dimensions

