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

**A**

Permit Number HS001944

# 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* S. 118th Ct. City _____, NE Zip _____
(no rural route)

Legal Description S 18 T9 R8 WHISPERING CREEK 5TH 2 3
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 22-18-212-003-000 *Approx. Address (If to be determined) _____

### B. Owner

Name JOEL & TORRI JANECEK - MURRAY CUSTOM HOMES Signature _____
Address 8921 BLACKSMITH CT City/State/Zip LINCOLN, NE 68507
Home Phone _____ Work Phone 402-802-7021

### 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 5 Whirlpool Bathtub? ☒ Yes ☐ No Total Acres 3.07
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 12-13-19 Amount Paid $430.00
Received By JKD Cash/Check No. CC 7059

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

Form A Updated: 4/15

**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. HS001944**

**System Type:** Lagoon

**Situs:** No Site Address Specified

Issued: 12/16/2019

Expires: 12/16/2020

**Description:** WHISPERING CREEK 5TH ADDITION, BLOCK 2, Lot 3

**Owner:** JANECEK, JOEL & TORRI
8921 BLACKSMITH CT
LINCOLN, NE 68507

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

MURRAY CUSTOM HOMES
5900 S 58TH ST. SUITE C-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 HS001944

# Onsite Wastewater Treatment System
## Permit Application

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

**PLEASE PRINT OR TYPE**

### A. Onsite System Location

Address* 6490 S. 118th Ct. (no rural route) City _____, NE Zip _____

Legal Description S18 T9 R8 WHISPERING CREEK 5TH 2 3

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

PID 22-18-212-003-000 *Approx. Address (If to be determined) _____

### B. Owner

Name JOEL & TORRI JANECEK - MURRAY CUSTOM HOMES Signature _____

Address 8921 BLACKSMITH CT City/State/Zip LINCOLN, NE 68507

Home Phone _____ Work Phone 402-802-7021

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Name: JASON KUBIK Signature _____

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Work Phone 402-475-2462

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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 5/29/20
Comments _____
Date rec'd 12/16/19
Date frwd 12/16/19
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 9/9/20

***Business Office Use Only***
Date Received 12-13-19 Amount Paid $430.00
Received By _____ Cash/Check No. CC 7059

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

Form A Updated: 4/15

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

Exhibit 5

Permit Number: HS001944

# Onsite Wastewater Treatment System

## Inspection Sheet

DS

Date 9/9/20

Legal Description Whispering Creek ¼ ¼ Section/Township/Range Blk 2 Lot 3

### Onsite System Location

Address (no rural route) 6490 S. 118th 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 1,755 Sq. Ft. Tank Size 2 – 1,000 gal tanks plus 500 gallon pump tank gals

Total length of laterals 390' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☒ Other (describe) E2 flow

No. of Absorption Laterals 4 Width 4.5 feet No. of Drop Boxes 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 NA

Lateral #1 Lateral #3

Lateral #2 Lateral #4

Comments:

Inspections prior to Final Approval
Initial DS Date 5/29/20

Follow-Up Date

Follow-Up Date

Installation Final Written Approval
By Doug Ayers

Date 9/9/20

Field Note Drawing (See Reverse Side):

**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 6490 S 118th Court (no rural route) City Lincoln NE, Zip 68507

Owner Joel Janecek Address

Date of Tests 10/8/2019 to 10/9/2019 Weather: Precipitation none Temperature 70

## 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 in | 10/8 | 3:10 pm | 10/9 | 8:45 am | 10/9 | 12:15 pm | 6 | 10/9 | 12:45 pm | 30 min | 1 | 30 |
| 2 | 30 in | 10/8 | 3:10 pm | 10/9 | 8:45 am | 10/9 | 12:15 pm | 6 | 10/9 | 12:45 pm | 30 min | 7/8 | 35 |
| 3 | 30 in | 10/8 | 3:10 pm | 10/9 | 8:45 am | 10/9 | 12:15 pm | 6 | 10/9 | 12:45 pm | 30 min | 1/2 | 60 |
| 4 | 30 in | 10/8 | 3:10 pm | 10/9 | 8:45 am | 10/9 | 12:15 pm | 6 | 10/9 | 12:45 pm | 30 min | 5/8 | 48 |
| | | | | | | | | 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: 173
Average of Rates: 44
Rate Used for Calculation: 59 due to variance

Soil type (NRCS Maps/Other) 7684 Wymore
Groundwater Depth +12 feet

**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

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) 22-18-212-003-000

Owner: JOEL & TERRI JANECEK Address 6490 S 118TH ST LINCOLN, NE 68526

### A. Wastewater Piping

1. Material: SCH 40 Diameter: 4 in.
2. Distance between dwelling and septic tank: 115 ft.

### B. Septic Tank

1. Material IM 1060 INFILTRATOR
2. Capacity: 200 GALLONS
3. Depth to top of tank, below unfinished grade: 18 in.
4. Distance to:
   Well NA ft.
   Pressure line +50 ft
   Property Line +60 ft.
   Foundation 115 ft.

### C Distribution Box or Drop Box

Distance and Direction from septic tank: 60 ft. E

### 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. 100 ft. 100 ft. 100 ft. 90
4. Drainfield size: 1755 sq. ft.
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: JUNE 26, 20XX

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

Murray Bros 120th & Pioneers

Rural water

