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

A

Permit Number HS001945

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* 10101 S 134TH (no rural route) City BENNET, NE Zip 68317

Legal Description 32 9 8 6TH PRINCIPAL MERIDIAN 25 NE

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

PID 22-32-200-002-000 *Approx. Address (If to be determined)

B. Owner

Name BECKY LYNN BEU Signature

Address 10101 S 134TH City/State/Zip BENNET, NE 68317

Home Phone 402-730-6371 Work Phone

C. Certified Installer

Name: JAIME KUBIK Signature

Address 105 LOCUST STREET P.O. Box 191 City/State/Zip HICKMAN, NE 68517 68317

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 2.55

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 12-18-19 Amount Paid $430.00
Received By JMO Cash/Check No. CC0214

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 10101 S 134th (no rural route) City Bennet NE, Zip 68317

Owner Becky Lynn Bell Address

Date of Tests 7/28/16 to 7/29/16 Weather: Precipitation none Temperature 85 degrees

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 min	7/28	5:30 pm	7/29	8:00 am	7/29	11:30	6	7/29	12:00	30 min	5/8	48
2	30 min	7/28	5:30 pm	7/29	8:00 am	7/29	11:30	6	7/29	12:00	30 min	5/8	48
3	30 min	7/28	5:30 pm	7/29	8:00 am	7/29	11:30	6	7/29	12:00	30 min	3/4	40
4	30 min	7/28	5:30 pm	7/29	8:00 am	7/29	11:30	6	7/29	12:00	30 min	5/8	48
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Jason Kubik
Phone: 402-475-2462
Address 105 Locust Street Box 191
Hickman, NE 68372

Sum of Percolation Rates: 184
Average of Rates: 46
Rate Used for Calculation: 46

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

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. HS001945

System Type: Standard

Situs: No Site Address Specified

Issued: 12/24/2019

Expires: 12/24/2020

Description: S32, T9, R8, 6th Principal Meridian, LOT 25 NE

Owner: BELL, BECKY LYNN
10101 S 134 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

JAIME KUBIK
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 HS001945

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* 10101 S 134TH (no rural route) City BENNET, NE Zip 68317

Legal Description 32 9 8 6TH PRINCIPAL 25 NE

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

PID 22-32-200-002-000 *Approx. Address (If to be determined)

B. Owner

Name BECKY LYNN BEN Signature

Address 10101 S 134TH City/State/Zip BENNET, NE 68317

Home Phone 402-730-6871 Work Phone

C. Certified Installer

Name: JAIME KWBIK Signature

Address 105 LOCUST STREET P.O. BOX 191 City/State/Zip HICKMAN, NE 68317

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 2.55

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 Unknown
Comments
Date rec'd 12/24/19
Date frwd 12/24/19
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 Doug Rees
Date 01/30/20

Business Office Use Only
Date Received 12-18-19 Amount Paid $430.00
Received By JMO Cash/Check No. CC0214

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

C8

Exhibit 5

Permit Number: HS001945

Onsite Wastewater Treatment System

Inspection Sheet

Date 01/30/20

Legal Description ____ ¼ ____ ¼ 32 / 9 / 8 Section/Township/Range

Onsite System Location

Address (no rural route) 10101 S. 134th 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. Tank Size 1,000 gallon pump 1,500 gals

Total length of laterals 240' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☒ Other (describe) E2 Flow

No. of Absorption Laterals 4 Width 4.5 Factor 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 ____ Date Unknown

Follow-Up ____ Date ____

Follow-Up ____ Date ____

Installation Final Written Approval
By Doug Ahlers

Date 01/30/20

Field Note Drawing (See Reverse Side):

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: H500 1945

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) 22-32-200-002-000

Owner: BECK LYNN BEL Address 10101 S 134TH BENNET, NE 68317

T9; R8, S22 Lot 25

A. Wastewater Piping

1. Material: SCH 40 Diameter: 4 in.
2. Distance between dwelling and septic tank: 187 ft.

B. Septic Tank

1. Material IM1530
2. Capacity: 1500 GALLONS
3. Depth to top of tank, below unfinished grade: 18 in.
4. Distance to:
   Well NOT APP ft.
   Pressure line ±50 ft
   Property Line ±50 ft.
   Foundation [redacted] ft.
   187

C Distribution Box or Drop Box

Distance and Direction from septic tank: 6 ft. S

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. 60 ft. 60 ft. 60 ft. 60
4. Drainfield size: 1080 sq. ft.
5. Distance to:
   Well _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.
   Depth of Groundwater _____

Was the Onsite Wastewater System covered prior to LLCHD inspection? ☒ Yes ☐ No

If Yes, the Certified Professional must sign below for final approval:

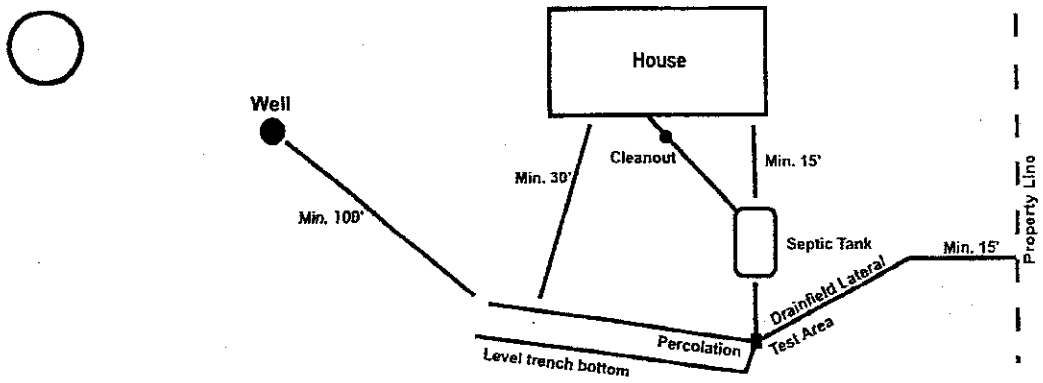
I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: [signature] Date: JAN 24, 2026

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

