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

A

Permit Number HS001993

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* 10705 W VAN DORN (no rural route) City DENTON, NE Zip 68339

Legal Description ____ 4 9 5

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

PID 03-04-100-004-000 *Approx. Address (If to be determined)

B. Owner

Name DEBORA VAN LENT Signature

Address SAME City/State/Zip DENTON NE 68339

Home Phone 402-430-5688 Work Phone

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 2 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 5.79

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 5-04-20 Amount Paid $430.00

Received By SAO 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 10705 W VAN DORN (no rural route) City DENTON NE, Zip 68339

Owner DEBORA VAN LENT Address SAME

Date of Tests 03/18/2020 to 03/19/2020 Weather: Precipitation 0 Temperature 45

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	24	3/18	5	3/19	9	3/19	12:30	6	3/19	1	30	1	30
2	30	3/18	5	3/19	9	3/19	12:30	6	3/19	1	30	7/8	35
3	24	3/18	5	3/19	9	3/19	12:30	6	3/19	1	30	1	30
4	24	3/18	5	3/19	9	3/19	12:30	6	3/19	1	30	1 1/4	24
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: JASON KUBIK
Phone: 402-475-2462
Address 105 LOCUST ST
HICKMAN, NE 68372

Sum of Percolation Rates: 119
Average of Rates: 29.75
Rate Used for Calculation: 30

Soil type (NRCS Maps/Other) 7231 JUDSON

Groundwater Depth TEST HOLE WAS DUG AND GROUNDWATER DISCOVERED AT 74" FROM SURFACE

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. HS001993

System Type: Standard

Situs: No Site Address Specified

Issued: 5/4/2020

Expires: 5/4/2021

Description: S4, T9, R5, 6th Principal Meridian, LOT 19 NW

Owner: VAN LENT, JEFFREY C & DEBORA R
10705 W VAN DORN ST
DENTON, NE 68339

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

JASON KUBIK
105 LOCUST ST
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 HS001993

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* 10705 W VAN DORN (no rural route) City DENTON, NE Zip 68339

Legal Description ____ 1/4 ____ 1/4 4 Section 9 Township 5 Range ____ Subdivison ____ Addition ____ Block ____ Lot

PID 03-04-100-004-000 *Approx. Address (If to be determined) ____

B. Owner

Name DEBORA VAN LENT Signature ____

Address SAME City/State/Zip DENTON NE 68339

Home Phone 402-430-5688 Work Phone ____

C. Certified Installer

Name: JASON KUBIK Signature [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 2 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 5.79

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 6/24/20 Covered w/o inspect Date rec'd 5/4/20
Enroll revised - Date frwd 5/4/20
Comments ____
ACTION ☒ Approved ☐ Disapproved
Signature [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 [signature]
Date 6/26/20

Business Office Use Only
Date Received 5-04-20 Amount Paid $430.00
Received By JAD Cash/Check No 00214

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

Exhibit 5

4

Permit Number: HS001993

Onsite Wastewater Treatment System

Inspection Sheet

Date 6/26/20

Legal Description ____ ¼ ____ ¼ ____ Section/Township/Range

Onsite System Location

Address (no rural route) 10705 W. Van Dorn 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 720 Sq. Ft. Tank Size 1,500 gals

Total length of laterals ____ Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☒ Other (describe) E-Z Flow

No. of Absorption Laterals 2 Width 4.5 foot 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:

Field Note Drawing (See Reverse Side):

Inspections prior to Final Approval
Initial ____ Date 6/24/20
Install verified
Follow-Up ____ Date ____
Follow-Up ____ Date ____
Installation Final Written Approval
By Doug Ahrens
Date 6/26/20

Installed + Covered w/o inspection

Updated 4/15

L

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) 03-04-100-004-000

Owner DEB VAN LENT Address 10705 W VAN DOREN ST DENTON, NE 68339

A. Wastewater Piping

1. Material: SCH 40 Diameter: 4 in.
2. Distance between dwelling and septic tank: 92 ft.

B. Septic Tank

Raymond Contracting

1. Material CONCRETE
2. Capacity: 1500
3. Depth to top of tank, below unfinished grade: 18 in.
4. Distance to:
   Well +100 ft.
   Pressure line +100 ft
   Property Line +100 ft.
   Foundation 92 ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: 6 ft E

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☒ Other
   Material brand and inside width of Chamberless: E2 Flow
2. Number of Laterals: 2
3. Length of each lateral (linear): ft 80 ft 80 ft ft
4. Drainfield size: 720 sq. ft.
5. Distance to:
   Well +100 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 Kuhn Date: 5 | 27 | 2020

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

10705 W. Vandorn

