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

**A**

Permit Number HS002033

# 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* 10891 O STREET City LINCOLN, NE Zip 68520
(no rural route)

Legal Description 25 10 7 6TH PRINCIPAL 5NE
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 17-25-200-012-000 *Approx. Address (If to be determined)

## B. Owner

Name SHARON GOCOBAN Signature

Address 10891 O STREET City/State/Zip LINCOLN, NE 68520

Home Phone 402-489-5744 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 2.71
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
Comments
Date rec'd
Date frwd
**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 6-22-20 Amount Paid $430.00
Received By JAO Cash/Check # 0214

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 10891 O Street (no rural route) City Lincoln NE, Zip 68520

Owner Sharon Goodban Address

Date of Tests 6/10/2020 to 6/11/2020 Weather: Precipitation none Temperature 90 degrees

## 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 | | | 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 | 6/10 | 5 pm | 6/11 | 8 am | 6/11 | 11:30 | 6 | 6/11 | 12 pm | 30 min | 1/2 | 60 |
| 2 | 30 | 6/10 | 5pm | 6/11 | 8 am | 6/11 | 11:30 | 6 | 6/11 | 12 pm | 30 min | 1/2 | 60 |
| 3 | 30 | 6/10 | 5pm | 6/11 | 8 am | 6/11 | 11:30 | 6 | 6/11 | 12 pm | 30 min | 5/8 | 48 |
| 4 | 30 | 6/10 | 5 pm | 6/11 | 8 am | 6/11 | 11:30 | 6 | 6/11 | 12 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: 216
Average of Rates: 54
Rate Used for Calculation: 59

Soil type (NRCS Maps/Other) 7206 Askarben
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. HS002033**

**System Type:** Standard

**Situs:** No Site Address Specified

Issued: 6/22/2020

Expires: 6/22/2021

**Description:** S25, T10, R7, 6th Principal Meridian, LOT 5 NE

**Owner:** GOODBAN, SHARON R
10891 O ST
LINCOLN, NE 68520

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

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

SCANNED

**A**

Permit Number HS002033

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

PID 17-25-200-012-000 *Approx. Address (If to be determined)

## B. Owner

Name SHARON GOCOBAN Signature

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Home Phone 402-489-5744 Work Phone

## C. Certified Installer

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Address 105 LOWER 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 2.71

Garbage Grinder? ☐ Yes ☒ No

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**Approval Process**

**1. Health Department**
Site visits 6/25/20
Comments
Date rec'd 6/22/20
Date frwd 6/22/20
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 6/26/20

***Business Office Use Only***
Date Received 6-22-20 Amount Paid $430.00
Received By Cash/Check # 0114

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

Permit Number: HS002033

# Onsite Wastewater Treatment System

## Inspection Sheet

Date 6/26/20

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

**Onsite System Location**

Address (no rural route) 10891 O 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 1,080 Sq. Ft. Tank Size 1,500 gals

Total length of laterals 2401 Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☐ Other (describe) ____

No. of Absorption Laterals 2 Width 4.5 Facte 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 NA

Lateral #2 ____ Lateral #4 ____

Comments:

Inspections prior to Final Approval
Initial ____ Date 6/25/20

Follow-Up ____ Date ____

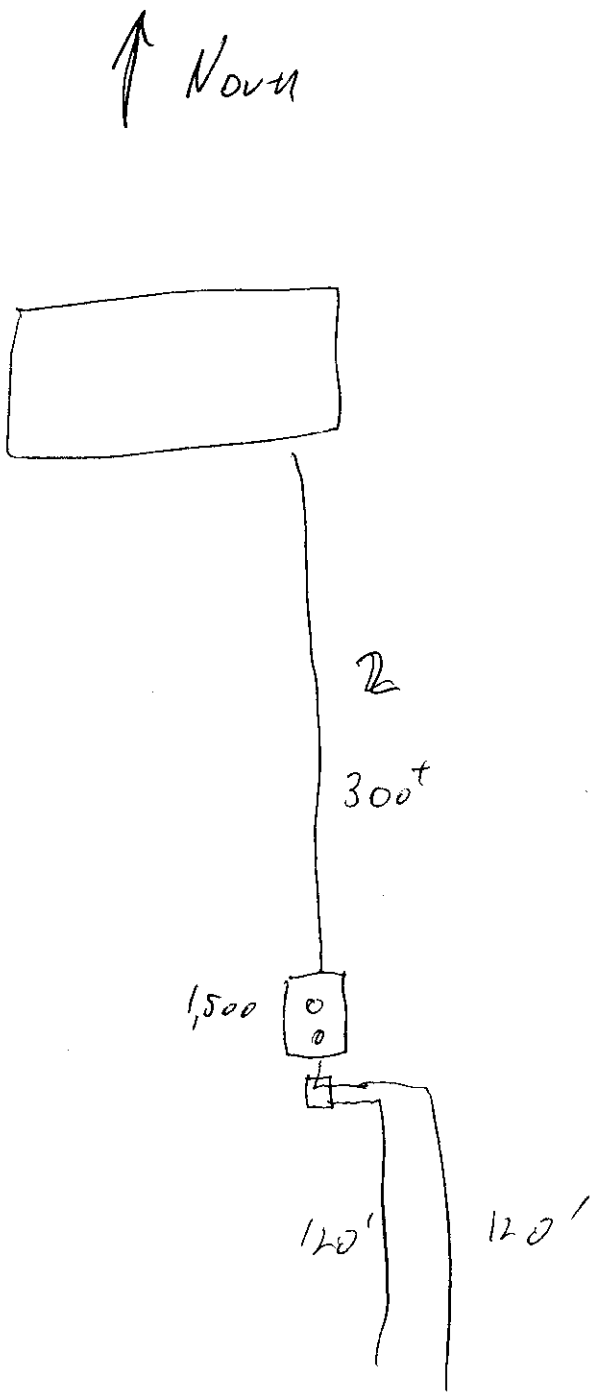
Follow-Up ____ Date ____

Installation Final Written Approval
By ____

Date 6/26/20

Field Note Drawing (See Reverse Side):

Updated 4/15


North
2
300'
1,500
120'
120'