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

A

Permit Number H5002041

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* 1600 N 112TH ST (no rural route) City LINCOLN, NE Zip 68527

Legal Description S18 T10 R8 AL LARSON SUBDIVISION 4 1
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 23-18-400-012-000 *Approx. Address (If to be determined)

B. Owner

Name SHAWN SCHULZKUMP Signature

Address 1600 N 116TH ST City/State/Zip LINCOLN, NE 68527

Home Phone 402-580-2093 Work Phone

C. Certified Installer

Name JAIME KUBIK Signature Jaime Kubik

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

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 2.77
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 07-01-20 Amount Paid $430.00
Received By JMO Cash/Check No. 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 1600 N 112th (no rural route) City Lincoln NE, Zip 68527

Owner Shawn Schulzkump Address

Date of Tests 6/27/2020 to 6/28/2020 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 Water Lev (in.)	End		Elapsed Time Interval	Water Level Drop(in)	Percolation Rates (Min/in = mpi)
Hole No.	Hole Depth(in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)		Date (Mo/Da)	Time (Hr/Min)			
1	30 min	6/27	5:00 pm	6/28	8:00 am	6/28	11:30 am	6	6/28	12:00 pm	30 min	5/8	48
2	30 min	6/27	5:00 pm	6/28	8:00 am	6/28	11:30 am	6	6/28	12:00 pm	30 min	5/8	48
3	30 min	6/27	5:00 pm	6/28	8:00 am	6/28	11:30 am	6	6/28	12:00 pm	30 min	5/8	48
4	30 min	6/27	5:00 pm	6/28	8:00 am	6/28	11:30 am	6	6/28	12:00 pm	30 min	1/2	60
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Jason Kubik
Phone: 402-570-8033
Address 105 Locust Street P.O. Box 191
Hickman, NE 68372

Sum of Percolation Rates: 204
Average of Rates: 51
Rate Used for Calculation: 59

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 (402) 441-8027
3131 O Street Lincoln, Nebraska 68510-1514

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT
No. HS002041

System Type: Standard

Situs: No Site Address Specified

Issued: 7/2/2020

Expires: 7/2/2021

Description: AL LARSON SUBDIVISION, BLOCK 4, Lot 1

Owner: SCHULZKUMP, SHAWN W &
DANIELE D
1600 N 112 ST
LINCOLN, NE 68527

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, 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 H5002041

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* 1600 N 112TH ST (no rural route) City LINCOLN, NE Zip 68527

Legal Description S18 T10 R8 AL LARSEN SUBDIVISION 4 1

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

PID 23-18-400-012-000 *Approx. Address (If to be determined)

B. Owner

Name SHAWN SCHULZKUMP Signature

Address 1600 N 112TH ST City/State/Zip LINCOLN, NE 68527

Home Phone 402-580-2093 Work Phone

C. Certified Installer

Name JAIME KUBIK Signature Jaime Kubik

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

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 Install is for a shop, not the Dwelling

☒ Residential Dwelling Number of Bedrooms 3 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 2.77

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 Covered prior to inspection.

1. Health Department

Site visits 8/20/20 Verified area of install Comments

Date rec'd 7/2/20 Date frwd 7/2/20

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 Doug Matt

Date 8/20/20

Business Office Use Only

Date Received 7-01-20 Amount Paid $430.00

Received By JAO Cash/Check No. 0214

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: HS002041

Onsite Wastewater Treatment System

Inspection Sheet

Date 8/20/20

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

Onsite System Location

Address (no rural route) 1600 N 112th 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: Install for a shop bathroom.

☐ Lateral ☐ Bed ☐ Non-standard (engineer-designed and NDEQ approved) ☐ Holding Tank ☐ Trench

Total square feet of drainfield 360 Sq. Ft. Tank Size 1000 gals

Total length of laterals 80 Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☐ Other (describe) ____

No. of Absorption Laterals 2 Width 4.5 Factu No. of Drop Boxes ____ Distribution Box ____

Leveling Method Used ____

All components covered prior to inspection. Verified area of install.

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 8/20/20

Follow-Up ____ Date ____

Follow-Up ____ Date ____

Installation Final Written Approval
By Doug Thoen

Date 8/20/20

Field Note Drawing (See Reverse Side):

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) 23-18-400-012-000

Owner SHAWN SCHULZKIMP Address 11600 N 112TH LINCOLN, NE 68527

A. Wastewater Piping

1. Material: SCH 40 Diameter: 4 in.
2. Distance between dwelling and septic tank: 14 ft.

B. Septic Tank

1. Material IM 1060 INFILTRATOR
2. Capacity: 1060 GALLONS
3. Depth to top of tank, below unfinished grade: 12 in.
4. Distance to:
   Well +100 ft.
   Pressure line +50 ft
   Property Line +50 ft.
   Foundation 14 ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: 12 ft. SOUTH

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: 2
3. Length of each lateral (linear): ft. 60 ft. 20 ft. ____ ft. ____
4. Drainfield size: 360 sq. ft.
5. Distance to:
   Well +100 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: AUG 19, 2020

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

112th Wentzell

Just North of 112th Hodge

16
12
8
36 FT
Our PIPE

