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

A

Permit Number HS002072

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* 10700 DAWN AVE (no rural route) City LINCOLN, NE Zip 68512

Legal Description S32 T9 R7 BREEZY ACRES 1 2
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 11e-32-200-009-000 *Approx. Address (If to be determined)

B. Owner

Name KEITH HANSEN Signature

Address 10700 DAWN AVE City/State/Zip LINCOLN, NE 68512

Home Phone 402-709-4919 Work Phone

C. Certified Installer

Name JAIME KUBIK Signature

Address 105 WEST ST P.O. 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 4 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 2.2
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 8-10-20 Amount Paid $430.00
Received By JAO Cash/Check No. CC 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 10700 Dawn Ave (no rural route) City Lincoln NE, Zip 68512

Owner Keith Hansen Address

Date of Tests 7/16/2020 to 7/17/2020 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		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	7/16	3 pm	7/17	8:20am	7/17	11:50 am	6	7/17	12:20 pm	30 min	5/8	48
2	30 in	7/16	3 pm	7/17	8:20am	7/17	11:50 am	6	7/17	12:20 pm	30 min	1/2	60
3	30 in	7/16	3 pm	7/17	8:20am	7/17	11:50 am	6	7/17	12:20 pm	30 min	5/8	48
4	30 in	7/16	3 pm	7/17	8:20am	7/17	11:50 am	6	7/17	12:20 pm	30 min	1/2	60
								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) 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. HS002072

System Type: Standard

Situs: No Site Address Specified

Issued: 8/13/2020

Expires: 8/13/2021

Description: BREEZY ACRES, BLOCK 1, Lot 2

Owner: HANSEN, KEITH F & NANCY JO
10700 DAWN AVE
LINCOLN, NE 68512

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 HS002072

PT

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* 10700 DAWN AVE City LINCOLN, NE Zip 68512
(no rural route)

Legal Description S32 T9 R7 BREEZY ACRES 1 2
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 11e-32-200-009-000 *Approx. Address (If to be determined)

B. Owner

Name KEITH HANSEN Signature

Address 10700 DAWN AVE City/State/Zip LINCOLN, NE 68512

Home Phone 402-709-4969 Work Phone

C. Certified Installer

Name JAIME KUBIK Signature Jaime Kubik

Address 105 WEST ST P.O. 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 4 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 2.2
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 9/23/20
Comments
Date rec'd 8/13/20
Date frwd 8/13/20
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 Darin Anderson
Date 9/28/20

Business Office Use Only
Date Received 8-10-20 Amount Paid $430.00
Received By JAW Cash/Check No. CC 0214

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

Form A Updated: 4/15

* System Replacement

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

Exhibit 5

Permit Number: HS0002072

Onsite Wastewater Treatment System

Inspection Sheet

Date 9/28/20

Legal Description ___ ¼ ___ ¼ ___ Section/Township/Range

Onsite System Location

Address (no rural route) 10700 Dawn Ave. 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 1,440 Sq. Ft. Tank Size 1500 gals

Total length of laterals 320' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☒ Other (describe) E-Z Flow

No. of Absorption Laterals 4 Width 4.5 feet 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 ☐	15 ☐	5 ☐

- Covered prior to inspection

Geographical Coordinates to 6 Decimals:

Tank NA

Lateral #1 ___ Lateral #3 ___

Lateral #2 ___ Lateral #4 ___

Comments:

Inspections prior to Final Approval

Initial ___ Date 9/28/20

Follow-Up ___ Date ___

Follow-Up ___ Date ___

Installation Final Written Approval

By ___

Date 9/28/20

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:

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) 16-32-200-009-000

Owner: KEITH HANSEN Address 10700 DAWN AVE LINCOLN, NE 68512

A. Wastewater Piping

1. Material: SCH 40 Diameter: 4 in.
2. Distance between dwelling and septic tank: 60 ft.

B. Septic Tank

1. Material TM 1530 INFILTRATOR TANK
2. Capacity: 1500
3. Depth to top of tank, below unfinished grade: 12 in.
4. Distance to:
   Well NA ft.
   Pressure line ±50 ft
   Property Line ±50 ft.
   Foundation 6.0 ft.

C Distribution Box or Drop Box

Distance **and** Direction from septic tank: 5 ft. N

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. 80 ft. 80 ft. 80 ft. 80
4. Drainfield size: 1440 sq. ft.
5. Distance to:
   Well NA ft.
   Pressure line ± 50 ft.
   Property line ± 50 ft.
   Depth of Groundwater ± 12.5

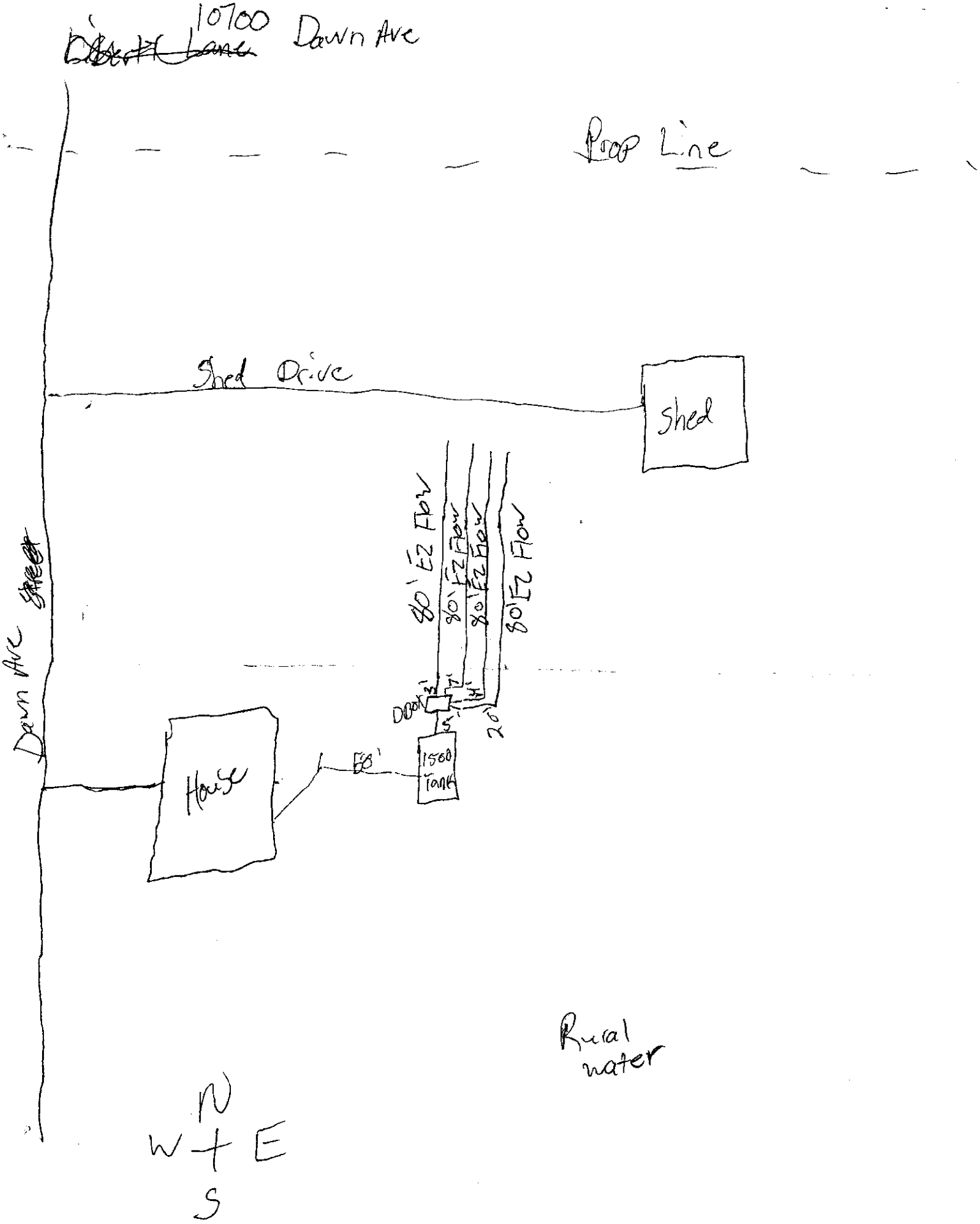
Was the Onsite Wastewater System covered prior to LLCHD inspection? ☐ Yes ☒ No

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 Kuni Date: SEPT 19, 2020

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


10700 Dawn Ave
Poop Line
Shed Drive
Shed
80' EZ Flow
80' EZ Flow
80' EZ Flow
80' EZ Flow
Dawn Ave
House
1500 Tank
Rural water
N
W
E
S