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

A

Permit Number HS002080

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* 17555 AUTUMN BLAZE DR City BENNET, NE Zip 68317
(no rural route)

Legal Description S11 T8 R8 NEMAHA RIDGE ADDITION 1 3
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 21-11-201-003-000 *Approx. Address (If to be determined)

B. Owner

Name JULIE L BATTERMAN TRUST Signature

Address 17555 AUTUMN BLAZE DRIVE City/State/Zip BENNET NE 68317

Home Phone [redacted] Work Phone

C. Certified Installer

Name: JAIME KUBIK Signature Jaime Kubik

Address 105 LOCUST 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 5 Whirlpool Bathtub? ☒ Yes ☐ No Total Acres 8.61
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 Amount Paid
Received By Cash/Check No.

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 17555 Autumn Blaze Drive (no rural route) City Bennet NE, Zip 68317

Owner Julie Batterman Trust Address

Date of Tests 7/20/2020 to 7/21/2020 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 in	7/20	5 pm	7/21	9:00am	7/21	12:30 pm	6	1 pm	7/21	30 min	1/2	60
2	30 in	7/20	5 pm	7/21	9:00am	7/21	12:30 pm	6	1 pm	7/21	30 min	5/8	48
3	30 in	7/20	5 pm	7/21	9:00am	7/21	12:30 pm	6	1 pm	7/21	30 min	5/8	48
4	30 in	7/20	5 pm	7/21	9:00am	7/21	12:30 pm	6	1 pm	7/21	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

Soil type (NRCS Maps/Other) 7666 Mayberry
Groundwater Depth +12 feet

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

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. HS002080

System Type: Standard

Situs: No Site Address Specified

Issued: 8/18/2020

Expires: 8/18/2021

Description: NEMAHA RIDGE ADDITION, BLOCK 1, Lot 3

Owner: BATTERMAN, JULIE L TRUST
13655 S 176 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

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

SCANNED

A

Permit Number HS002080

Onsite Wastewater Treatment System Permit Application

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Work Phone 402-475-2462

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Approval Process

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Site visits 8/20/20
Comments
Date rec'd 8/19/20
Date frwd 8/19/20
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 Mark
Date 8/20/20

Business Office Use Only
Date Received 8-18-20 Amount Paid $430.00
Received By JAD Cash/Check No. CC0214

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

Form A Updated: 4/15

* System Replacement

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

Exhibit 5

Permit Number: H5002080

Onsite Wastewater Treatment System

Inspection Sheet

Date 8/20/20

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

Onsite System Location

Address (no rural route) 17555 Autumn Blaze Dr 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 1,755 Sq. Ft. Tank Size 2,000 gals 2 - 1,000 gallon tanks in parallel

Total length of laterals 390' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☒ Other (describe) E-Z Flow

No. of Absorption Laterals 3 Width 4.5 factor No. of Drop Boxes 2 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 DS Date 8/20/20

Follow-Up ___ Date ___

Follow-Up ___ Date ___

Installation Final Written Approval
By Doug Arnold

Date 8/20/20

Field Note Drawing (See Reverse Side):