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

A

Permit Number HS002144

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* 11822 GREYHAWK CIRCLE City LINCOLN, NE Zip 68461
(no rural route)

Legal Description S18 T9 R8 WHISPERING CREEK 1ST ADD 2 3
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 22-18-206-003-000 *Approx. Address (If to be determined)

B. Owner

Name PRIDE HOMES - LORENZEN Signature
Address 11401 VAN DORN ST City/State/Zip WALTON, NE 68461
Home Phone 402-488-3532 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 3.10
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 11-25-20 Amount Paid $440.00
Received By JMO Cash/Check No 0214

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

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 11822 Greyhawk Circle (no rural route) City Lincoln NE, Zip 68461

Owner Kent Lorenzen Address

Date of Tests 9/1/2020 to 9/2/2020 Weather: Precipitation none Temperature 90 degrees

Percolation Test Data Table

A.	B.	C. D. E. F. Saturation/Swelling Time				G. H. I. J. K. Last 30 mins of 4 hr or last 10 mins of 1 hr Water Level Drop					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	9/1	5 pm	9/2	8 am	9/2	11:30 am	6	9/2	12:00 pm	30 min	5/8	48
2	30 in	9/1	5 pm	9/2	8 am	9/2	11:30 am	6	9/2	12:00 pm	30 min	5/8	48
3	30 in	9/1	5 pm	9/2	8 am	9/2	11:30 am	6	9/2	12:00 pm	30 min	1/2	60
4	30 in	9/1	5 pm	9/2	8 am	9/2	11:30 am	6	9/2	12:00 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 silty clay
Groundwater Depth +12 ft

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. HS002144

System Type: Standard

Situs: No Site Address Specified

Issued: 12/1/2020

Expires: 12/1/2021

Description: WHISPERING CREEK 1ST ADDITION, BLOCK 2, Lot 3

Owner: LORENZEN, KENT & MORGAN B S
7100 YOSEMITE DR
LINCOLN, NE 68507

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
Health Director

JAIME KUBIK
105 LOCUST ST, PO BOX 191
HICKMAN, NE 68372