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

A

Permit Number
HS007145

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 7130 Branco Hills Dr

Address* Branco Hills 2nd Add Blk 2 Lot 1 City Denton, NE Zip 68339
(no rural route)

Legal Description S24 T9 R5 Branco Hills Est 2 Addition 2 1
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 03-24-207-001-000 *Approx. Address (If to be determined)

B. Owner

Name Goings Homes - Wright Hous Signature

Address 2909 Benacum Drive City/State/Zip Lincoln, NE

Home Phone 402-477-8881 Work Phone

C. Certified Installer

Name: Jaime Kubik Signature

Address 105 Locust St P.O. Box 191 City/State/Zip Hickman, NE 68372

Work Phone 402-475-2402

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 3.77
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
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 $140.00
Received By JAC 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 PID: 03-24-207-001-000

Onsite System Location

Address BRONCO HILLS 2ND ADD BLK 2 LOT 1 (no rural route) City DENTON NE, Zip 68339

Owner JON & MONICA WRIGHT Address

Date of Tests 7/20/18 to 7/21/18 Weather: Precipitation 0 Temperature 85

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	7/20	6:15	7/21	10:30	7/21	2:00	6	7/21	2:30	30	5/8	48
2	30	7/20	6:15	7/21	10:30	7/21	2:00	6	7/21	2:30	30	5/8	48
3	30	7/20	6:15	7/21	10:30	7/21	2:00	6	7/21	2:30	30	1/2	60
4	30	7/20	6:15	7/21	10:30	7/21	2:00	6	7/21	2:30	30	5/8	48
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: JASON KUBIK
Phone: 402-475-2462
Address 105 LOCUST ST P.O. BOX 191
HICKMAN NE 68372

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

Soil type (NRCS Maps/Other) 7231 JUDSON
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. HS002145

System Type: Standard

Situs: No Site Address Specified

Issued: 12/1/2020

Expires: 12/1/2021

Description: BRONCO HILLS ESTATES 2ND ADDITION, BLOCK 2, Lot 1

Owner: WRIGHT, JONATHAN J &
GRUBB-WRIGHT, MONICA
1231 N 78 ST
LINCOLN, NE 68505

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