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

A

Permit Number HS002150

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* 9211 SW 27TH City LINCOLN, NE Zip 68523
(no rural route)

Legal Description SW 19 R6 BROWN KIWI ADDITION 2
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 09-29-201-002-000 *Approx. Address (If to be determined)

B. Owner

Name RACHEL STEINHAUSEN / JARED BROWN Signature

Address City/State/Zip

Home Phone 402-304-6201 JARED BROWN 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 Whirlpool Bathtub? ☐ Yes ☐ No Total Acres
Garbage Grinder? ☐ Yes ☐ No

☒ Commercial Establishment/Other Facility Specify CONVENIENCE PATH FOR OTR Design flow in gallons per 200 GALLONS PER DAY

day Type of Wastewater ☒ Domestic ☐ Non-Domestic

DO NOT WRITE BELOW THIS LINE

Approval Process

1. Health Department
Site visits
Date rec'd
Date frwd
Comments
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 12-01-20 Amount Paid $440.00
Received By JAO Cash/Check No. CC024

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 9211 SW 27th (no rural route) City Lincoln NE, Zip 68523

Owner Rachel Steinhausen/Jared Brown Address

Date of Tests 10/15/2020 to 10/16/2020 Weather: Precipitation none Temperature 70 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 min	10/15	5 pm	10/16	8 am	10/16	11:30 am	6	10/16	12 pm	30 min	1 1/8	27
2	30 min	10/15	5 pm	10/16	8 am	10/16	11:30 am	6	10/16	12 pm	30 min	3/4	40
3	30 min	10/15	5 pm	10/16	8 am	10/16	11:30 am	6	10/16	12 pm	30 min	3/4	40
								6					
								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: 107
Average of Rates: 35.66
Rate Used for Calculation: 40

Soil type (NRCS Maps/Other) 7684 Wymore
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. HS002150

System Type: Standard

Situs: No Site Address Specified

Issued: 12/1/2020

Expires: 12/1/2021

Description: BROWN KIWI ADDITION, Lot 2

Owner: STEINHAUSEN, RACHAEL E M
9205 SW 27 ST
LINCOLN, NE 68523

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

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

SCANNED

A

Permit Number HS002150

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* 9211 SW 2TH (no rural route) City LINCOLN, NE Zip 68523

Legal Description S29 T9 R6 BROWN KIWI ADDITION 2

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

PID 09-29-201-002-000 *Approx. Address (If to be determined)

B. Owner

Name RACHEL STEINHAUSEN / JARED BROWN Signature

Address City/State/Zip

Home Phone 402-304-6201 JARED BROWN 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 402-475-2462

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☐ **Check and complete if engineer designed system** P.E. License Number:

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Garbage Grinder? ☐ Yes ☐ No

☒ Commercial Establishment/Other Facility Specify CONVENIENCE PARTS FOR OTBU Design flow in gallons per 200 GALLONS PER DAY

day Type of Wastewater ☒ Domestic ☐ Non-Domestic

DO NOT WRITE BELOW THIS LINE

Approval Process

1. Health Department
Site visits 12/2/20 DS. Date rec'd 12/11/20
Date frwd 12/11/20
Comments All parts remedy - DH

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 Prucha
Date 12/11/20

Business Office Use Only
Date Received 12-01-20 Amount Paid $440.00
Received By JAO Cash/Check No. 0021

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: H5002150

Onsite Wastewater Treatment System

Inspection Sheet

Date 12/2/20 Legal Description ¼ ¼ 29/9/6 Lot 2 Section/Township/Range

Onsite System Location

Address (no rural route) 9211 SW 27th 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 720 Sq. Ft. Tank Size 1,000 gals

Total length of laterals 160' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☐ Other (describe)

No. of Absorption Laterals 2 Width 4.5 factor 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 ☐	25 ☐	5 ☐

Non-dwelling sized for 200 g.p.d.

Geographical Coordinates to 6 Decimals: NA

Tank

Lateral #1 Lateral #3

Lateral #2 Lateral #4

Comments:

Inspections prior to Final Approval
Initial DL Date 12/2/20

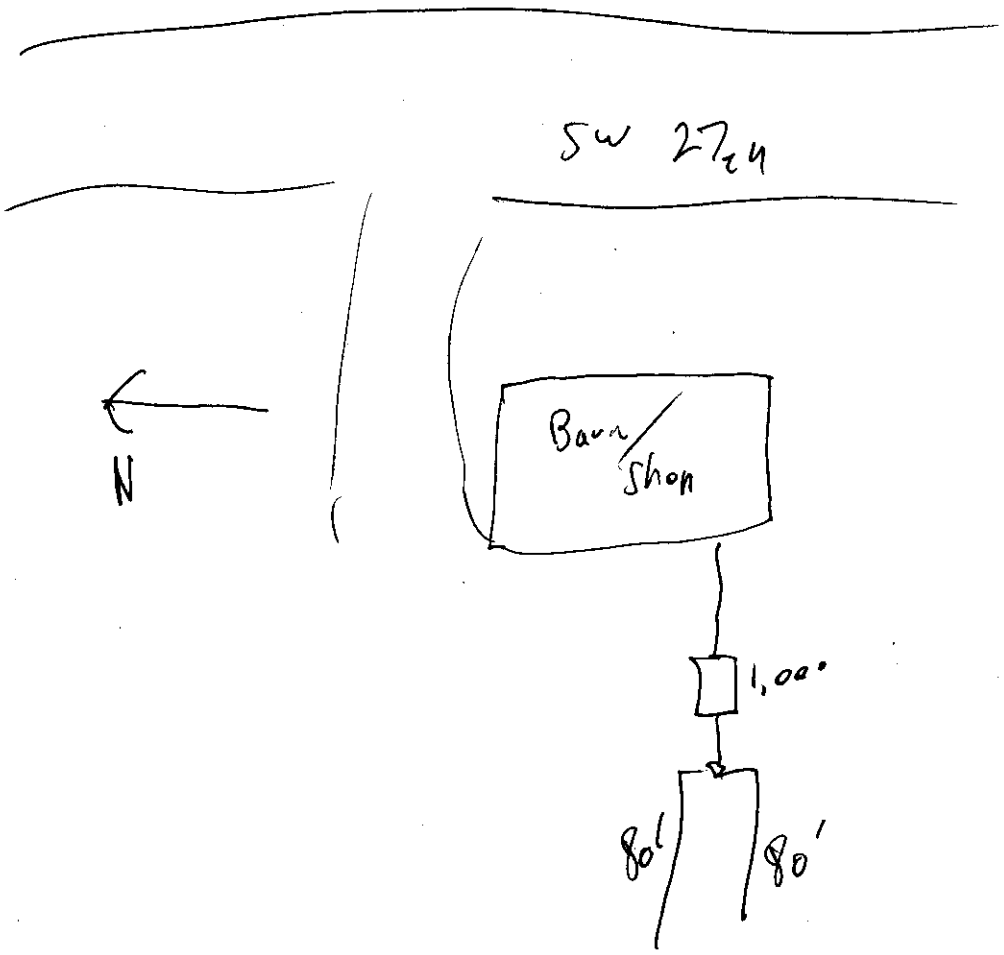
Follow-Up Date

Follow-Up Date

Installation Final Written Approval
By Doug Thiele

Date 12/11/20

Field Note Drawing (See Reverse Side):


SW 27th
N
Barn/Shop
1,000'
80'
80'