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

A

Permit Number
HS002240

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* 9105 S 1ST (no rural route) City LINCOLN, NE Zip 68512

Legal Description 27 9 6 6TH PRINCIPAL MERIDIAN 23
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 09-27-200-015-000 *Approx. Address (If to be determined)

B. Owner

Name DALE SOBOTKA Signature

Address 9105 S 1ST City/State/Zip LINCOLN, NE 68512

Home Phone 425-308-4157 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

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 3 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 79.91
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

Installetion Final Written Approval
By
Date

Business Office Use Only
Date Received 6-18-21 Amount Paid $140.00
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 9105 S 1st (no rural route) City Lincoln NE, Zip 68512

Owner Dale Sobotka Address

Date of Tests 6/8/2021 to 6/9/2021 Weather: Precipitation none Temperature 95 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	6/8	3:30 pm	6/9	8:30 am	6/9	12:00 pm	6	6/9	12:30 pm	30 min	1 1/4	24
2	30 in	6/8	3:30 pm	6/9	8:30 am	6/9	12:00 pm	6	6/9	12:30 pm	30 min	2 3/4	11
3	30 in	6/8	3:30 pm	6/9	8:30 am	6/9	12:00 pm	6	6/9	12:30 pm	30 min	3/4	40
3	30 in	6/8	3:30 pm	6/9	8:30 am	6/9	12:00 pm	6	6/9	12:30 pm	30 min	3	10
								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: 84
Average of Rates: 21
Rate Used for Calculation: 59

Soil type (NRCS Maps/Other) 3709 Crete Silty Loam

Groundwater Depth

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. HS002240

System Type: Standard

Situs: No Site Address Specified

Issued: 6/18/2021

Expires: 6/18/2022

Description: S27, T9, R6, 6th Principal Meridian, LOT 23 NE & VAC RR ROW LYING IN S1/2 NE 1/4

Owner: SOBOTKA, DALE F IRREVOCABLE TRUST
5825 S 14 ST STE 200
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
Health Director

JAIME KUBIK
105 LOCUST ST, PO BOX 191
HICKMAN, NE 6851268372

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

SCANNED

A

Permit Number H5002240

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* 9105 S 1ST City LINCOLN, NE Zip 68512
(no rural route)

Legal Description 27 9 6 6TH PRINCIPAL MERIDIAN 23
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 09-27-200-015-000 *Approx. Address (If to be determined)

B. Owner

Name DALE SOBOTKA Signature
Address 9105 S 1ST City/State/Zip LINCOLN, NE 68512
Home Phone 405-308-4157 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

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 3 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 79.91
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 System installer
Site visits 8/19/21 + covered Date rec'd 6/18/21
Date frwd 6/18/21
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 8/31/21

Business Office Use Only
Date Received 6-18-21 Amount Paid $440.00
Received By JAD Cash/Check No. CC 0214

White - Health Department Yellow - Engineer Pink - Building & Safety Form A Updated: 4/15

X-System Replacement

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

Exhibit 5

Permit Number: #5002240

Onsite Wastewater Treatment System

Inspection Sheet

Date 8/31/21 Legal Description ¼ ¼ 27/9/6 Lot 23 Section/Township/Range

Onsite System Location

Address (no rural route) 9105 S. 1st 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

1,500 tank area
500 pumping gal.
2 compartment, pump tank area

Total square feet of drainfield 1,080 Sq. Ft. Tank Size 2,000 gals

Total length of laterals 240' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☒ Other (describe) E2 flow

No. of Absorption Laterals 2 Width 4.5 factor No. of Drop Boxes Distribution Box

Leveling Method Used

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 N/A

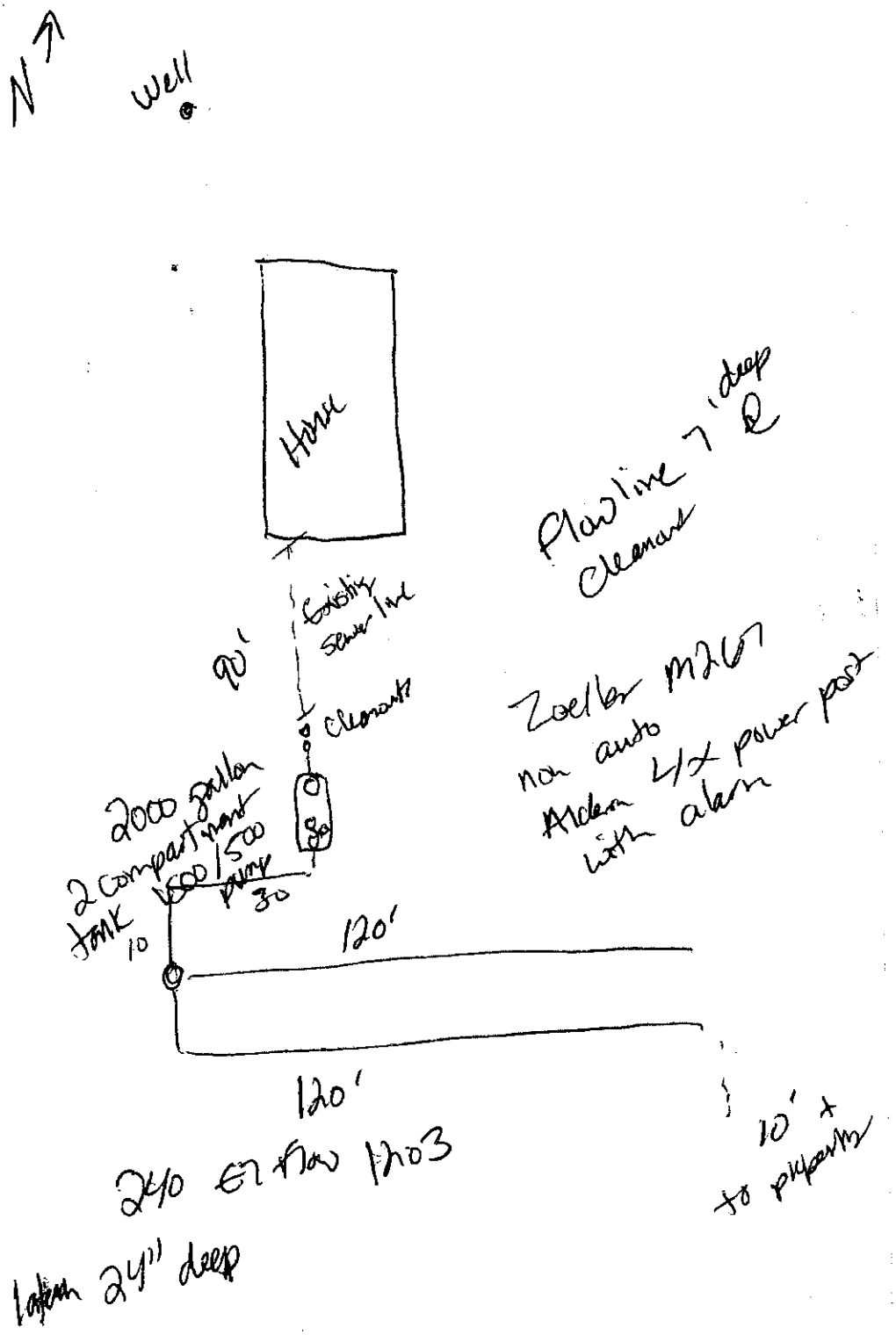
Lateral #1 Lateral #3

Lateral #2 Lateral #4

Comments:

Inspections prior to Final Approval
Initial System Covered Date 8/19/21 prior to inspection.
Follow-Up Date
Follow-Up Date
Installation Final Written Approval
By Doug Muller
Date 8/19/21

Field Note Drawing (See Reverse Side):


N
Well
House
Flow line 7' deep
Cleanout
90'
Existing sewer line
Cleanout
2000 gallon
2 compartment
tank
10
1500/500
pump
30
80
Zoeller M267
non auto
Archer 1/2 power post
with alarm
120'
120'
10' +
to property
24/0 Effluent 1203
bottom 24" deep

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) 09-27-200-015-000

Owner: DALE SOBOTKA Address 9105 S 1ST STREET LINCOLN, NE 68512

A. Wastewater Piping

1. Material: SCH 40 Diameter: 4 in.
2. Distance between dwelling and septic tank: 90 ft.

B. Septic Tank

1. Material 2000 GALLON CEMENT TANK
2. Capacity: 2000
3. Depth to top of tank, below unfinished grade: 12 in.
4. Distance to:
   Well +100 ft.
   Pressure line +50 ft
   Property Line +50 ft.
   Foundation 90 FT ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank SE ft. 10

D. Drainfield/Absorption Field

☐ Trench ☒ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☒ Other
   Material brand and inside width of Chamberless: EZ FLOW
2. Number of Laterals: 2
3. Length of each lataral (linear): ft. 120 ft. 120 ft. ____ ft. ____
4. Drainfield size: 1080 sq. ft.
5. Distance to:
   Well +100 ft.
   Pressure line +50 ft.
   Property line +50 ft.
   Depth of Groundwater +12

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: [signature] Date: Aug 2, 2021

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