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

A

Permit Number HS002280

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* 1111 S 112TH (no rural route) City LINCOLN, NE Zip 68520

Legal Description 25 10 7 112TH STREET HOMEOWNERS 3 2ND ADDITION

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

PID _____ *Approx. Address (if to be determined) _____

B. Owner

Name STEVE LENZ Signature _____

Address 1111 S 112TH City/State/Zip LINCOLN, NE 68520

Home Phone _____ Work Phone 402-405-6906

C. Certified Installer

Name: JAIME KUBIK Signature _____

Address 105 LOCUST STREET 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 _____

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 _____ 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 8-26-21 Amount Paid $440.00
Received By JAO Cash/Check No. 0014

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 1111 S 112th (no rural route) City Lincoln NE, Zip 68520

Owner Steve Lenz Address 1111 S 112th Lincoln, NE 68520

Date of Tests 8/12/2021 to 8/13/2021 Weather: Precipitation none Temperature 85 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	8/12	5 pm	8/13	9:00 am	8/13	12:30 pm	6	8/13	1:00 pm	30 min	3/4	40
2	30 in	8/12	5 pm	8/13	9:00 am	8/13	12:30 pm	6	8/13	1:00 pm	30 min	1	30
3	30 in	8/12	5 pm	8/13	9:00 am	8/13	12:30 pm	6	8/13	1:00 pm	30 min100	1	30
								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: 100
Average of Rates: 33
Rate Used for Calculation: 59

Soil type (NRCS Maps/Other) 7207 Askarben
Groundwater Depth +12 feet

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. HS002280

System Type: Standard

Situs: No Site Address Specified

Issued: 8/26/2021

Expires: 8/26/2022

Description: 112TH STREET HOMEOWNERS 2ND ADDITION, Lot 3

Owner: LENZ, STEVEN D
1111 S 112 ST
LINCOLN, NE 68520

Patricia D. Lopez

Patricia D. Lopez, RN, MSN, 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

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) 17-25-401-003-000

Owner: STEVE LENZ Address 1111 S 112TH LINCOLN, NE 68520

A. Wastewater Piping

1. Material: SCH 40 Diameter: 4 in.
2. Distance between dwelling and septic tank: 20 ft.

B. Septic Tank

1. Material 1M 1530 & 1M 540
2. Capacity: 2000
3. Depth to top of tank, below unfinished grade: 16 in.
4. Distance to:
   Well +100 ft.
   Pressure line +50 ft
   Property Line +50 ft.
   Foundation 20 ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: ____ ft. ____

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☒ Other
   Material brand and inside width of Chamberless: E-Z Flow
2. Number of Laterals: 3
3. Length of each lateral (linear): ft. 130 ft. 130 ft. 130 ft. ____
4. Drainfield size: 1755 sq. ft. 1750 Per Design
5. Distance to:
   Well +100 ft.
   Pressure line +50 ft.
   Property line +50 ft.
   Depth of Groundwater +12

Covered prior to inspection

Was the Onsite Wastewater System covered prior to LLCHD inspection? ☒ Yes ☐ No

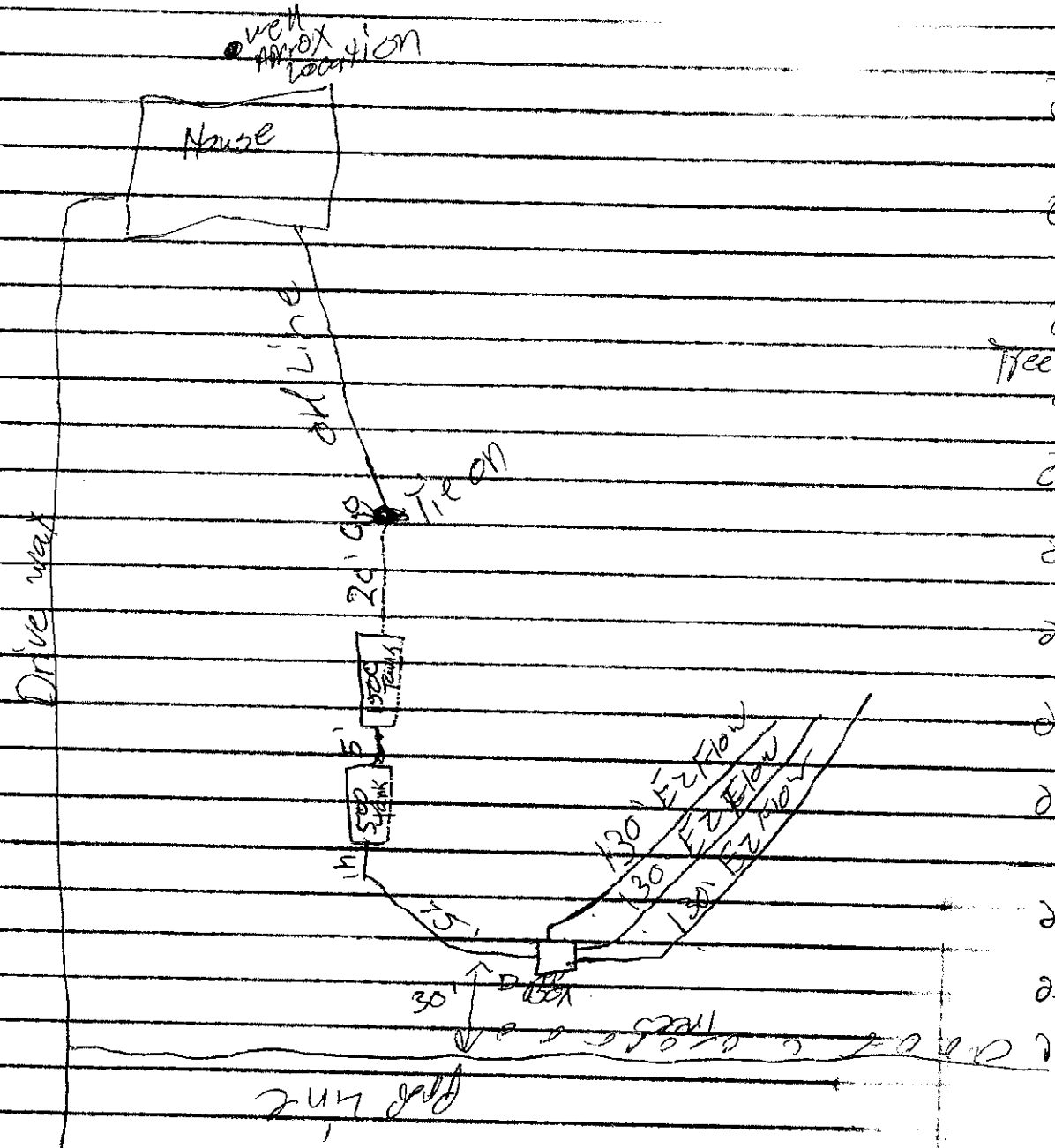
If Yes, the Certified Professional must sign below for final approval:

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: 8/26/2021

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

1111


well
approx location
House
Drive way
Power Line
24' Gap
Tree
Trees
5'
Septic Tank
Leach Field
5'
130' EZ Flow
130' EZ Flow
130' EZ Flow
30'
D Box
Road
24" gas

D

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

Permit Number:

Onsite Wastewater Treatment System
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4. Distance to:
   Well +100 ft.
   Pressure line +50 ft.
   Property Line +50 ft.
   Foundation 20 ft.

C Distribution Box or Drop Box

Distance **and** Direction from septic tank: _____ ft. _____

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☒ Other
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4. Drainfield size: 1755 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

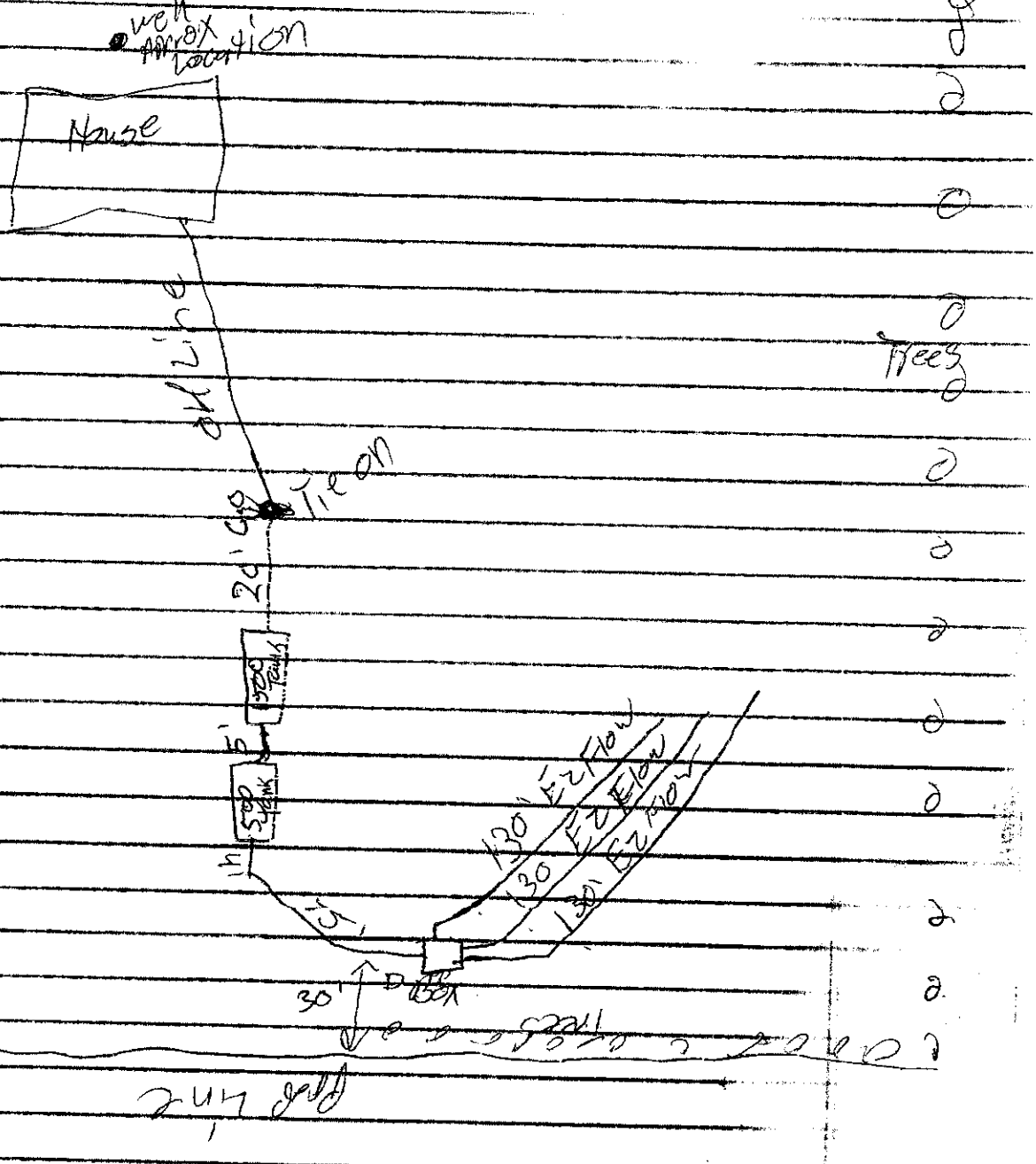
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Certified Professional Signature: _____ Date: 8/26/2021

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

1111


well approx location
House
Drive way
24' cap
Tie on
Septic Tank
Septic Tank
5'
1½'
5'
30'
130' EZ flow
130' EZ flow
130' EZ flow
Trees
24" gas

FILE #2148

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

MAY 1, 1985 — THIS LICENSE OR PERMIT EXPIRES

MRS. CAROLINE S. TAYLOR — LICENSEE OR PERMITTEE

1310 CRESTDALE RD. LINCOLN, NE 68510 — ADDRESS

T10N; R7E; Sec 25; Lot 40 I.T. — NAME OF ESTABLISHMENT, IF ANY

ADDRESS

REMARKS: NON TRANSFERABLE NEW CONSTRUCTION

PERMIT	ACCOUNTING NUMBER	TOTAL
$ 60.00	018754	$ 60.00

Valid Receipt Only if Machine Receipted In This Space

Serial No. Date and Amount

APPLICATION

HEALTH

ISSUING OFFICER OR DEPARTMENT

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

FORM 20103-0477
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150 ☒
County Resolution No. 2832 ☐

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

A

FILING FEE: $ 60.00

FILE NO. 2148

DATE: Nov. 1, 1984

The undersigned hereby requests SITE CLEARANCE and PERMIT to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

1. Legal description of property: Twp. 10N ; Range 7E ; Section 25 ;
   Block _____ : Lot 40 I.T. : Addition _____
   Street Address _____

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe _____

3. Type of Individual Sewage Disposal System: Septic Tank ☒ ; Other ☐

4. Distance to public sewer: _____ ft.

Mrs. Caroline L. Taylor
Signature of Applicant (Owner or Lessee)

1310 Crestdale Rd.
Address 68510

(Do not write below this double line)

1. Health Department: Date Rec'd. 11/1/84. Date Frwd. 11/1/84. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 11/1/84. Date Frwd. 11/1/84. ACTION: Approved ☐ Disapproved ☐ Signature: _____

3. City ~~or County~~ Engineer: Date Rec'd. 11-1-84. Date Frwd. 11-1-84. ACTION: Approved ☐ Disapproved ☐ Signature: _____

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 11-1-84 by: _____
Date: 11-2-84 by: _____
Date: _____ by: _____

White: Health Dept. Copy
Yellow: Engineers Copy
Pink: Bldg. Inspector's Copy

INSTALLATION FINAL WRITTEN APPROVAL
Date: 11-2-84 By: Ron Morgan

REC'D JUL 2 1984

FORM 20105-0477
SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 10 ; Range 7 ; Section & ¼ Section 25.
Property Dimensions: _____ ft. x _____ ft. Area: _____ acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ■ .
Dates of Tests: 6-23-84 to 6-24-84. Weather: Precip. 0 Temp. 75°.

OWNER: Jim FireStone

Address: 112+0 st ½ mi so ¼ mi west in wheat Field

description attached

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
		Pre-Saturation Period				Percolation Readings						Results	
		Start		End		Start			End				
Hold No.	Hole Depth (in.)	Date (Mo./Day)	Time (Hr./Min.)	Date (Mo./Day)	Time (Hr./Min.)	Date (Mo./Day)	Time (Hr./Min.)	Water Level (in.)	Time (Hr./Day)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1	36"	6-23	7:00 AM	6-24	7:00 AM	6-24	7:00 AM	6"	11:00 AM	5½"	30m	½"	
2	"	"	"	"	"	"	"	"	"	5 3/8"	"	5/8"	
3	"	"	"	"	"	"	"	"	"	5½	"	½"	
4	"	"	"	"	"	"	"	"	"	5½	"	½"	
5	"	"	"	"	"	"	"	"	"	5½	"	½"	
6	"	"	"	"	"	"	"	"	"	5½	"	½"	

Mike Hoogland
Signature of Person Conducting Test

Address 2701 N 27th Phone _____

Sum of Percolation Rates: _____
Average of Rates: _____
Mean of Rates: _____

(Do not write below this line)

REVIEWING ACTION

Remarks: _____ 3,3-330 3,4-247

Soil Type (SCS): _____

Date: _____

Approved Percolation Rate (a)
A. 60 min./inch
B. _____ min./inch
C. _____ min./inch

Signature of Reviewing Official

REC'D OCT 25 1984

FORM HD-32-a (67) PLANS + SPECIFICATIONS
[Annex to Application] SEWAGE DISPOSAL SYST.
Ordinance No. 9150

LINCOLN - LANCASTER COUNTY HEALTH DEP'T.
2200 St. Mary's Ave, Lincoln, Nebr. 68502
(Ph. 432-7611)

FILE NO. _____.

SPECIFICATIONS
(Instructions on reverse side) DATE: 10-23-84

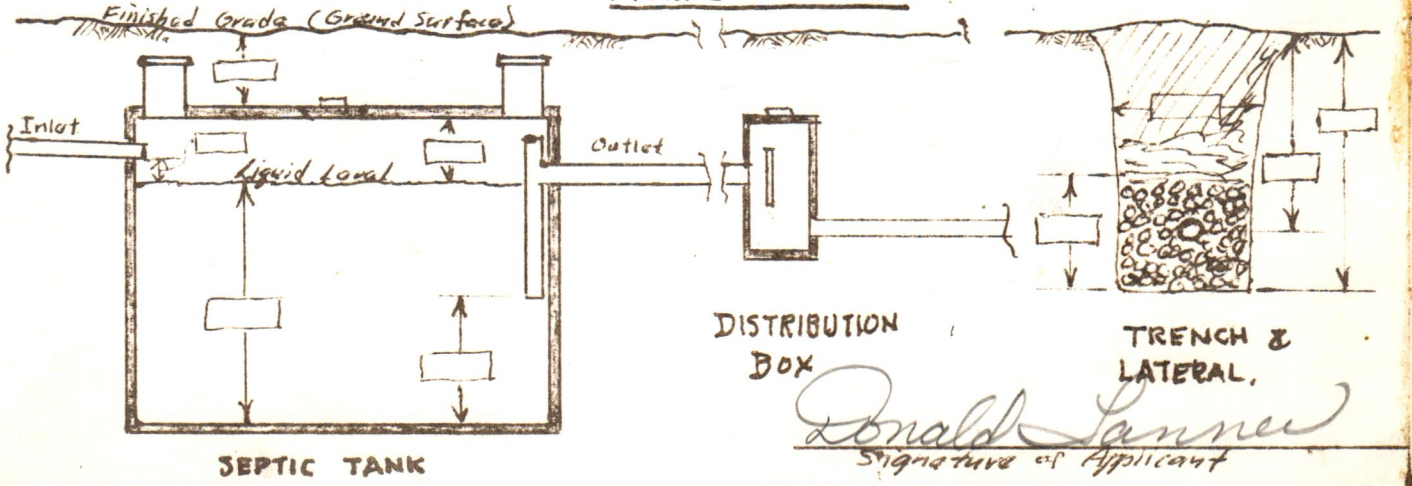
A. BUILDING SEWER:
1. Material PVC; Diameter 4 in.
2. Distance above basement floor ____ in.; or below basement floor 12 in
3. Distance between dwelling and septic tank 35 ft
4. Number of clean-outs 1
5. Distances To:
   Wall or suction line ____ ft.; Stream ____ ft
   Pressure line ____ ft.; Property Line ____ ft

B. SEPTIC TANK (Provide construction drawings)
1. Material Concrete; No. of Compartments 1
2. Capacity 1000 gals.; Liquid depth 47 in
3. Factory Built: Yes ☒ [Company Pre-Cast]
   NO ☐
4. Manholes: Over Inlet; diam 8 in
   Over Outlet; diam 10 in
   Below Grade 24 in
5. Inlet: Baffle ☒; or Tee ☐
6. Outlet: Baffle ☒; or Tee ☐
   Depth of outlet below inlet 1 in
7. Depth of top of tank below finished grade 24 in.
8. Distances To:
   Wall or Suction Line ____ ft.; Stream ____ ft
   Pressure Line ____ ft.; Prop. Line ____ ft

C. DISTRIBUTION BOX
1. Material Concrete; No. available outlets 5
2. Factory Built: Yes ☒ [Company Pre Cast]
   No. ☐
3. Dimensions: Length 24 in; Width 12 in; Depth 12 in.
4. Distance from Septic Tank 6 ft
5. Serial Distribution: Yes ☐; No ☐
   (If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: C Crete
2. Lateral Lines: Depth below grade 12 in
   Number ____; Length of each Line ____ ft
   Total Length of Laterals 247 ft.; Slope ____ in/100 ft.
   Diameter of pipe 20 in.; Shape ½ moon
   Material: concrete ☒; fiber asbestos ☐
   clay ☐; other ____.
   Distance between lateral lines 12 ft
3. Trench Dimensions: Depth 36 in; Width 48 in.
4. Filter Material: Road Gravel.
   Depth of material from trench bottom 20 in.
5. Distances To:
   Wall or Suction Line ____ ft.; Stream ____ ft
   Pressure Line ____ ft.; Prop. Line ____ ft.
6. Percolation Rate: 60 minutes / inch

TYPICAL SKETCHES



Donald Lanner
Signature of Applicant

FORM 20104-0477
PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

D

DATE: _____

FILE NO. _____

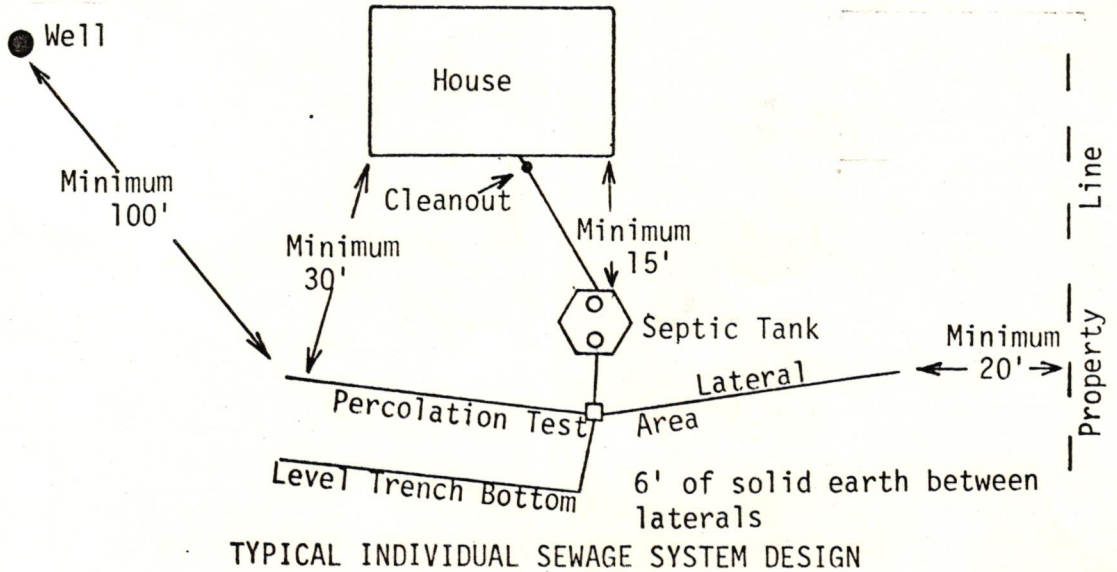
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material 3034 ; Diameter 4 in.
2. Distance above basement floor ____ in., or below basement floor 14 in.
3. Distance between dwelling and septic tank ____ ft.
4. Number of clean-outs 1 .
5. Distances to:
Well or Suction Line ____ ft.;
Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.

B. SEPTIC TANK:
1. Material ____ ; No. of compartments ____ .
2. Capacity Precast 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company ____)
4. Manholes: Over Inlet; diam. ____ in.
Over Outlet; diam. ____ in.
Riser Above ☐ Below ☐ Grade ____ in.
5. Inlet: Baffle ☐ ; or Tee ☐
6. Outlet: Baffle ☐ ; or Tee ☐
7. Depth of top of tank below finished grade 12 in.
8. Distances to:
Well or Suction Line 100'+ ft.;
Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.

C. DISTRIBUTION BOX:
1. Material Precast ; Number - available outlets ____ .
2. Factory Built: Yes ☒ No ☐
(Company ____)
3. Distance from Septic Tank 6 ft.

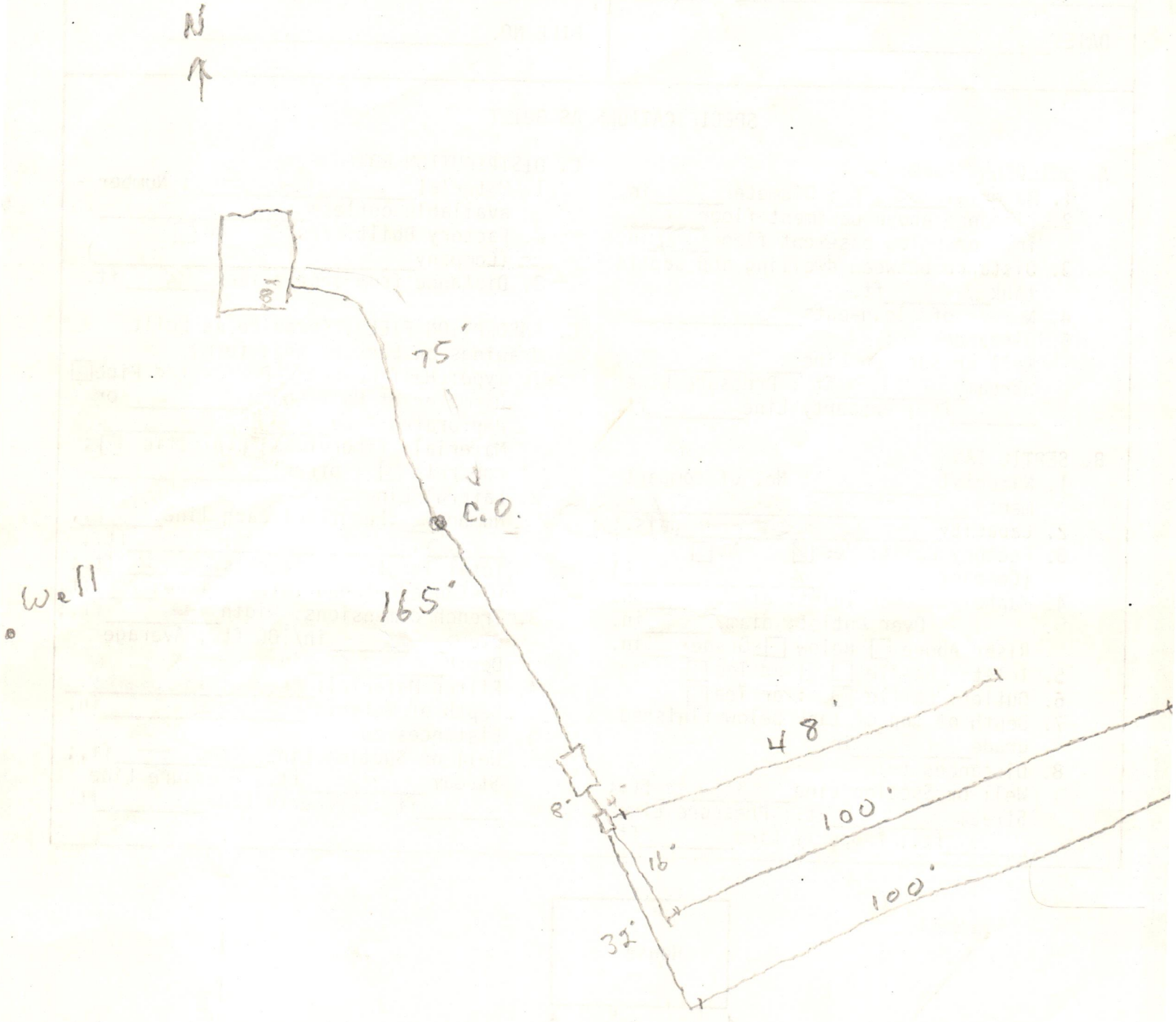
D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☒ Perforated Pipe ☐
Diameter of Half Round ____ or Perforated Pipe ____ .
Material: fiberglass ☐ ; plastic ☐ ; concrete ☒ ; other ____ .
2. Lateral Lines:
Number 3 ; Length of each line 100, (00), 48, ____, ____ ft.;
Total length of laterals 248 ft.;
Distance between lateral lines 10 ft.
3. Trench dimensions: Width 4 ft.;
Slope 4 in/100 ft.; Average Depth 30 in.
4. Filter Material: Road Gravel
Depth of Material 22 in.
5. Distances to:
Well or Suction Line 100'+ ft.;
Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

AS BUILT DRAWING OF SYSTEM

DATE 11-2-84 INSTALLER L Schwarck



North half of S.E quarter (N½ SE¼) of section 25, Township Ten (10) North, range Seven (7) East of the 6th P.M, Lancaster Co, Nebr.

Land =

Bowen & Caroline S. Taylor

Within Lot 40.

Commencing @ N. W. corner of Lot 40 Thence So 512 ft. along west line, Thence east 560 ft. along So line of said lot; thence No. 512 ft. to north line of lot 40 Thence west 560 ft. To the point of beginning.

Jim Firestone
~~Landsmith~~
Classic Homes