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

A

Permit Number HS002410

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* 1140 MOCKINGBIRD LANE SOUTH City LINCOLN, NE Zip 68512
(no rural route)

Legal Description S/4 T9 R6 LAZY ACRES 2 3
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 09-14-401-006-000 *Approx. Address (If to be determined)

B. Owner

Name PAUL & LORI NEESEN Signature

Address 1140 MOCKINGBIRD LANE SOUTH City/State/Zip LINCOLN, NE 68512

Home Phone 402-525-4507 Work Phone

C. Certified Installer

Name: JAIME KUBIK Signature

Address 105 LOCUST STREET P.O. BOX 19 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 4 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 1
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 5-31-21 Amount Paid $450
Received By JAV Cash/Check No. 0214

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

Form A Updated: 4/1

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 1140 Mockingbird Lane South (no rural route) City Lincoln NE, Zip 68512

Owner Paul and Lori Neesen Address

Date of Tests 4/28/2022 to 4/49/2022 Weather: Precipitation none Temperature 60 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	4/28	5:00 pm	4/29	9:00 am	4/29	12:30 am	6	4/29	1:00 pm	30 min	3/4	40
2	30 in	4/28	5:00 pm	4/29	9:00 am	4/29	12:30 am	6	4/29	1:00 pm	30 min	1 1/4	24
3	30 in	4/28	5:00 pm	4/29	9:00 am	4/29	12:30 am	6	4/29	1:00 pm	30 min	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: 94
Average of Rates: 31.3
Rate Used for Calculation: 32

Soil type (NRCS Maps/Other) 7270 Dickson
Groundwater Depth +12

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. HS002410

System Type: Standard

Situs: No Site Address Specified

Issued: 6/6/2022

Expires: 6/6/2023

Description: LAZY ACRES, BLOCK 2, Lot 3

Owner: NEESEN, PAUL R & LORI M
1140 MOCKINGBIRD LN S
LINCOLN, NE 68512

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

A

Permit Number HS002410

SCANNED

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* 1140 MOCKINGBIRD LANE SOUTH City LINCOLN, NE Zip 68512
(no rural route)

Legal Description S14 T9 R6 LAZY ACRES 2 3
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 09-14-401-006-000 *Approx. Address (If to be determined)

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Address 1140 MOCKINGBIRD LANE SOUTH City/State/Zip LINCOLN, NE 68512

Home Phone 402-525-4807 Work Phone

C. Certified Installer

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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 4 Whirlpool Bathtub? ☐ Yes ☒ No Garbage Grinder? ☐ Yes ☒ No Total Acres 1

☐ 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 6/6/22
Date frwd 6/6/22
ACTION ☒ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature

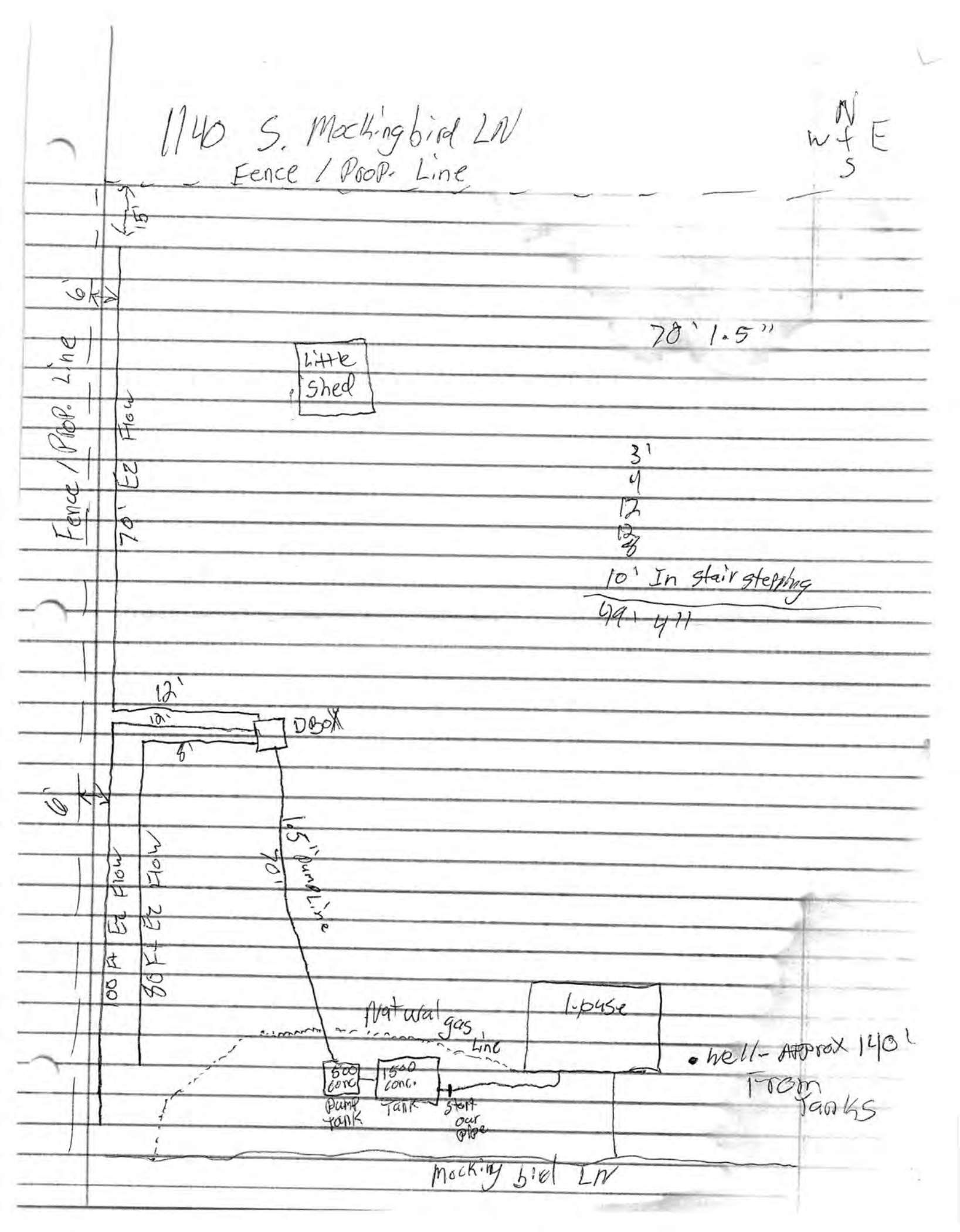
3. City or County Engineer
Comments
Date rec'd
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature

Installation Final Written Approval
By
Date 7/1/22

Business Office Use Only
Date Received 5-31-21 Amount Paid $450
Received By JAV Cash/Check No. 0214

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

Form A Updated: 4/1


1140 S. Mockingbird LN
Fence / Prop. Line
N
W E
S
15'
6'
Fence / Prop. Line
70' EZ Flow
Little Shed
70' 1.5"
3'
4
12
12
10' In stair stepping
49.411
12'
10'
DBox
8'
6'
100 Ft EZ Flow
80 Ft EZ Flow
1.5" Pump Line
Natural gas Line
House
well - Approx 140' from tanks
500 conc. Pump tank
1500 conc. Tank
Storm water pipe
Mockingbird LN

Nate C. Hartman

From: Jason Kubik <southwicksewer@yahoo.com>
Sent: Wednesday, June 29, 2022 10:52 AM
To: Nate C. Hartman
Subject: 1140 Mockingbird Lane South D SHEET (and B SHEET)
Attachments: 1140 Mockingbird Lane South D SHEET.pdf; 1140 Mockingbird Lane South B SHEET.pdf

Jason and Jaime Kubik

Southwick Liquid Waste
Office: 402-475-2462
www.southwickliquidwaste.com

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) 09-14-401-006-000

Owner: PAUL & LORI NEESEN Address 1140 MOCKINGBIRD LANE SOUTH

A. Wastewater Piping

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

B. Septic Tank

1. Material CONCRETE
2. Capacity: 1500 GALLON
3. Depth to top of tank, below unfinished grade: 12 in.
4. Distance to:
   Well 140 ft.
   Pressure line 50+ ft
   Property Line 55+ ft.
   Foundation 20 ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: 70 ft. N

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: 3
3. Length of each lateral (linear): ft. 80 ft. 100 ft. 70 ft.
4. Drainfield size: 1125 sq. ft. (100 Req'd to approved cover)
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: Jaime Kuri Date: 6/29/22

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

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) 09-14-401-002-000

Owner: PAUL & LORI NEESEN Address 1140 MOCKINGBIRD LANE SOUTH

A. Wastewater Piping

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

B. Septic Tank

1. Material CONCRETE
2. Capacity: 1500 GALLON
3. Depth to top of tank, below unfinished grade: 12 in.
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1140 S. Mockingbird LN

N
W E
S

Fence / Poop. Line

15'

6'

Fence / Poop. Line

70' EZ Flow

Little Shed

70' 1.5"

3'
4
12
12
10' In stair stepping

49' 4"

12'

10'

DBox

8'

6'

100 Ft EZ Flow

80 Ft EZ Flow

10'

1.5" Pump Line

House

Natural gas Line

500 conc. Pump tank

1500 conc. Tank

Storm water pipe

• well - Approx 140' from Tanks

Mockingbird LN

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

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Onsite System Location

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		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	4/28	5:00 pm	4/29	9:00 am	4/29	12:30 am	6	4/29	1:00 pm	30 min	3/4	40
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								6					
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Phone: 402-475-2462
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Hickman, NE 68372

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Average of Rates: 31.3
Rate Used for Calculation: 32

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Groundwater Depth +12

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Comments (Soil type, groundwater, floodplain, etc.)

Signature of Reviewing Official Date