Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

A

Permit Number HS002412

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* 10660 W A St (no rural route) City Lincoln, NE Zip 68532

Legal Description SE (1/4) SW (1/4) 20 (Section) 10N (Township) 5E (Range) _____ (Subdivison) _____ (Addition) _____ (Block) 50 (Lot)

PID 04-28-300-014-000 *Approx. Address (If to be determined) _____

B. Owner

Name Herbert L & Christina L Linville Signature _____

Address 10660 W A St City/State/Zip Lincoln, NE 68532

Home Phone 402-730-9220 Work Phone _____

C. Certified Installer

Name: Terri Jakoubek Signature _____

Address 13800 NW 70th St City/State/Zip Raymond, NE 68428

Work Phone 402-783-2663

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 21.5

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 _____ ACTION ☐ Approved ☐ Disapproved
Date frwd _____ Signature _____
Comments _____

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

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

Installation Final Written Approval
By _____
Date _____

Business Office Use Only
Date Received 6-01-22 Amount Paid $450.00
Received By JAE Cash/Check No. 6540

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

Form A Updated: 2/18

Lincoln-Lancaster County Health Department (LLCHD)
Environmental Public Health Division
3131 "O" 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 10660 W A St (no rural route) City Lincoln NE, Zip 68532

Owner Chris Linville Address 10660 W A St, Lincoln, NE 68532

Date of Tests 5/19/22 to 5/20/22 Weather: Precipitation 0 Temperature 60°

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	24	4/5	9:30a	4/6	8:00a	4/6	11:30a	6	4/6	12:00p	30	1-3/8	22
2	24	"	"	"	"	"	"	6	"	"	"	1-3/4	17
3	23	"	"	"	"	"	"	6	"	"	"	2-1/2	12
4	23	"	"	"	"	"	"	6	"	"	"	13/16	37
5								6					
6								6					
7								6					
8								6					

Person Conducting Percolation Test

Name: Vern Jakoubek #2050
Phone: 402-783-2663
Address 13800 NW 70th St, Raymond, NE 68428

Sum of Percolation Rates: 88
Average of Rates: 22
Rate Used for Calculation: 37 (20 mpi variance)

Soil type (NRCS Maps/Other) Shebly CL USDA Web Soil Survey, actual was dark loamy soil

Groundwater Depth >8'

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official Date

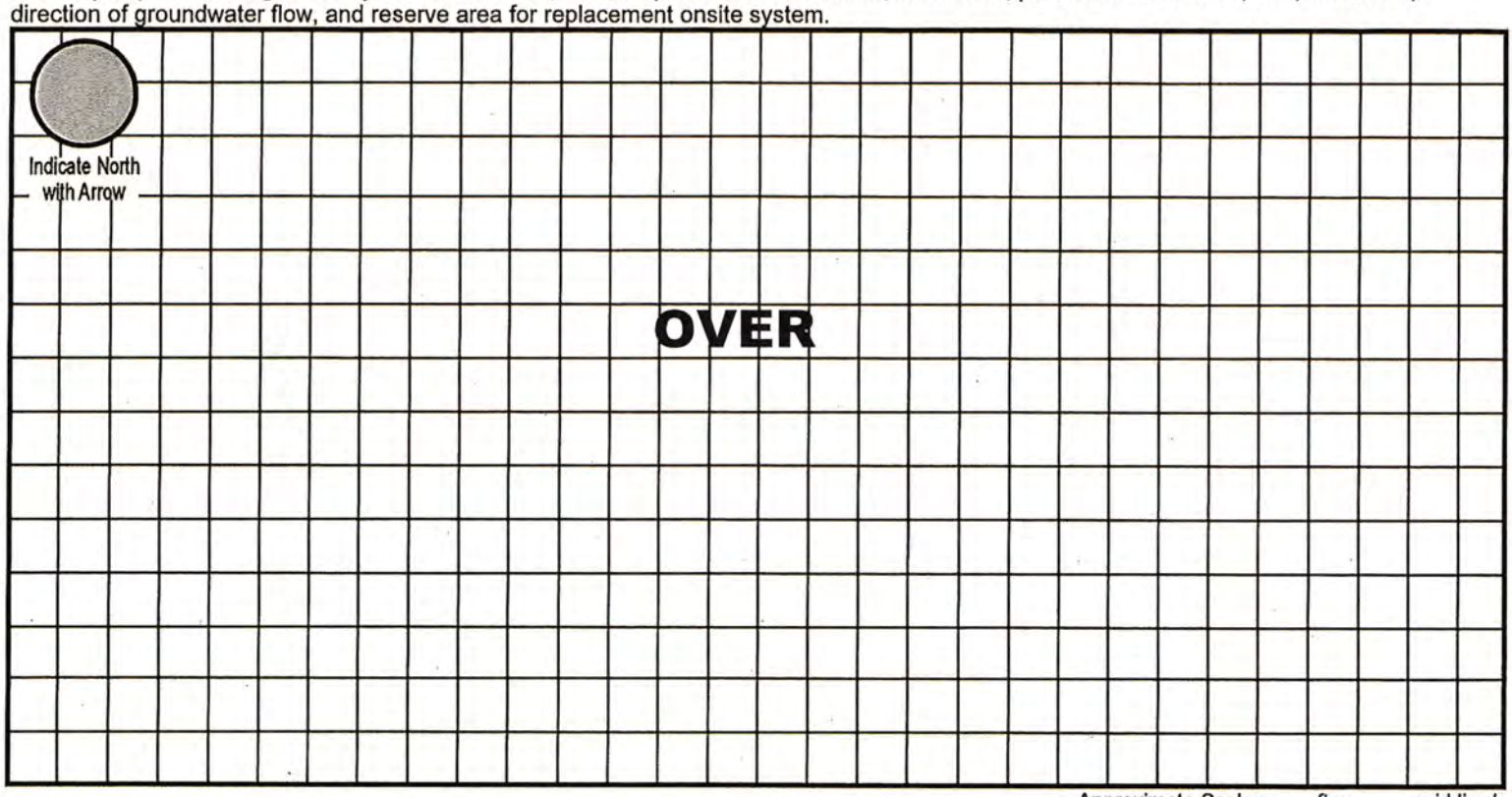
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

C

Permit Number

Onsite Wastewater Treatment System
Preliminary Plan Specification

Draw a plot plan showing onsite system sewer lines, tank, drop or distribution boxes, drainfields, percolation test holes, well, residence, direction of groundwater flow, and reserve area for replacement onsite system.



Approximate Scale:____ft. = ____grid line/s

A. Onsite System Location

Address (no rural route) 10660 W A St City Lincoln NE, Zip 68532

B. Proposed Septic Tank/s

Septic Tank Cap. 2000 gals Tank Material: ☑ Concrete ☐ Plastic ☐ Other _____ ☐ Lagoon (Max. Seepage 1/8"/day)

C. Reserve Area for Replacement Onsite System

☐ Drainfield Absorption Area (percolation test required) ☑ Lagoon

D. Drainfield Absorption System

Percolation Rate 37 (min/inch = mpi) No. of Bedrooms 5 Soil Type SCL/SL Land Slope ____ %

☑ Trench ☐ Bed ☐ Non-standard (engineer-designed and NDEQ approved) Total square feet of drainfield 1,440 Sq. Ft.

Total length of laterals 320' Type of Distribution: ☐ Perforated Pipe ☐ Half-Round ☐ Chambers ☑ Other EZFlow 1203H

No. of Absorption Trenches 4 Width 38" No. of Drop Boxes 1 Distribution Box _____

No. of Absorption Beds _____ Width _____ No. of Distribution Lines per Bed _____

Installer Neil L. Jakobsen Date: May 31, 2022

Updated 2/18

10660 W A St, Lincoln, NE 68532

GIS Viewer
CITY OF LINCOLN - LANCASTER COUNTY, NE

City of Lincoln\Lancaster County GIS Map



DISCLAIMER: The information is presented on a best-efforts basis, and should not be relied upon for making financial, survey, legal or other commitments. If you have questions or comments regarding the data displayed on this map, please email assessor@lancaster.ne.gov and you will be directed to the appropriate department.

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. HS002412

System Type: Standard

Situs: No Site Address Specified

Issued: 6/6/2022

Expires: 6/6/2023

Description: S28, T10, R5, 6th Principal Meridian, LOT 50 SW

Owner: LINVILLE, HERBERT L JR &
CHRISTINA L
10660 W A ST
LINCOLN, NE 68532

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

TERRI JAKOUBEK
13800 NW 70TH ST
RAYMOND, NE 68428

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

SCANNED

A

Permit Number HS002412

Onsite Wastewater Treatment System Permit Application

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☑ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

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D. Engineer

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

Designer Name Firm Work Phone

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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 6/7/22 DS
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 Doug Mac
Date 6/10/22

Business Office Use Only
Date Received 6-01-22 Amount Paid $450.00
Received By JAD Cash/Check No. 005040

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

Form A Updated: 2/18

DEPARTMENT 3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

EXHIBIT 5

Permit Number: H 5002412

Onsite Wastewater Treatment System

Inspection Sheet

Date 6/10/2- Legal Description ¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 10660 W A 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 1,440 Sq. Ft. Tank Size 2,000 gals

Total length of laterals 320 Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☐ Other (describe) E-Z Flow

No. of Absorption Laterals 4 Width 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 ☐

Geographical Coordinates to 6 Decimals:

Tank

Lateral #1 Lateral #3

Lateral #2 Lateral #4

Comments:

Add Note Drawing (See Reverse Side):

Inspections prior to Final Approval

Initial DL Date 6/7/2-

Follow-Up Date

Follow-Up Date

Installation Final Written Approval

By

Date 6/10/2-

Updated 4/15