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

A

Permit Number HS002417

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* 10500 N 70TH (no rural route) City LINCOLN, NE Zip 68517

Legal Description 15 11 7 6TH PRINCIPAL MERIDIAN 10 SW
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 18-15-300-003-000 *Approx. Address (If to be determined)

B. Owner

Name LYNSEY ERICKSON Signature

Address 11684 N 70TH ST City/State/Zip LINCOLN, NE 68517

Home Phone 402-429-9508 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 2 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 12.41
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 6-10-22 Amount Paid $450.00
Received By JKD Cash/Check No. CC 4426

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

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. HS002417

System Type: Lagoon

Situs: No Site Address Specified

Issued: 6/13/2022

Expires: 6/13/2023

Description: S15, T11, R7, 6th Principal Meridian, LOT 10 SW

Owner: ERICKSON, CLIFFORD M FAMILY TRUST
5700 FREMONT ST APT 1
LINCOLN, NE 68507-1669

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

LYNSEY ERICKSON
11684 N 70TH ST
LINCOLN, NE 68517

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

SCANNED

A

Permit Number HS002417

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 * Existing Home

A. Onsite System Location

Address* 10500 N 70TH (no rural route) City LINCOLN, NE Zip 68517

Legal Description 15 11 7 6TH PRINCIPAL MERIDIAN 10 SW

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

PID 18-15-300-003-000 *Approx. Address (If to be determined)

B. Owner

Name LYNSEY ERICKSON Signature

Address 11684 N 70TH ST City/State/Zip LINCOLN, NE 68517

Home Phone 402-429-9508 Work Phone

C. Certified Installer

Name: JAIME KUBIK Signature

Address 105 LOCUST ST P.O. BOX 191 City/State/Zip HICKMAN, NE 68372

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DO NOT WRITE BELOW THIS LINE

Approval Process

1. Health Department
Site visits
Comments
Date rec'd 6/13/22
Date frwd 6/13/22
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 10/10/22

Business Office Use Only
Date Received 6-10-22 Amount Paid $450.00
Received By JRD Cash/Check No. 14926

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

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) 18-15-300-003-000

Owner: LINSEY ERIKSON Address 10500 N 70TH ST LINCOLN, NE 68517

A. Wastewater Piping

1. Material: SCH40 Diameter: 4 in.
2. Distance between dwelling and septic tank: 85 ft.

B. Septic Tank

1. Material JM 1530
2. Capacity: 1500 GALLONS
3. Depth to top of tank, below unfinished grade: ____ in.
4. Distance to:
   Well +100 ft.
   Pressure line +50 ft
   Property Line +50 ft.
   Foundation 85 ft.

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. 60 ft 50 ft 50 ft. ____
4. Drainfield size: 720 sq. ft. (60 Rev 12)
5. Distance to:
   Well +100 ft.
   Pressure line +50 ft.
   Property line +50 ft.
   Depth of Groundwater +12

C Distribution Box or Drop Box

Distance and Direction from septic tank: 10 ft. [redacted] EAST

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

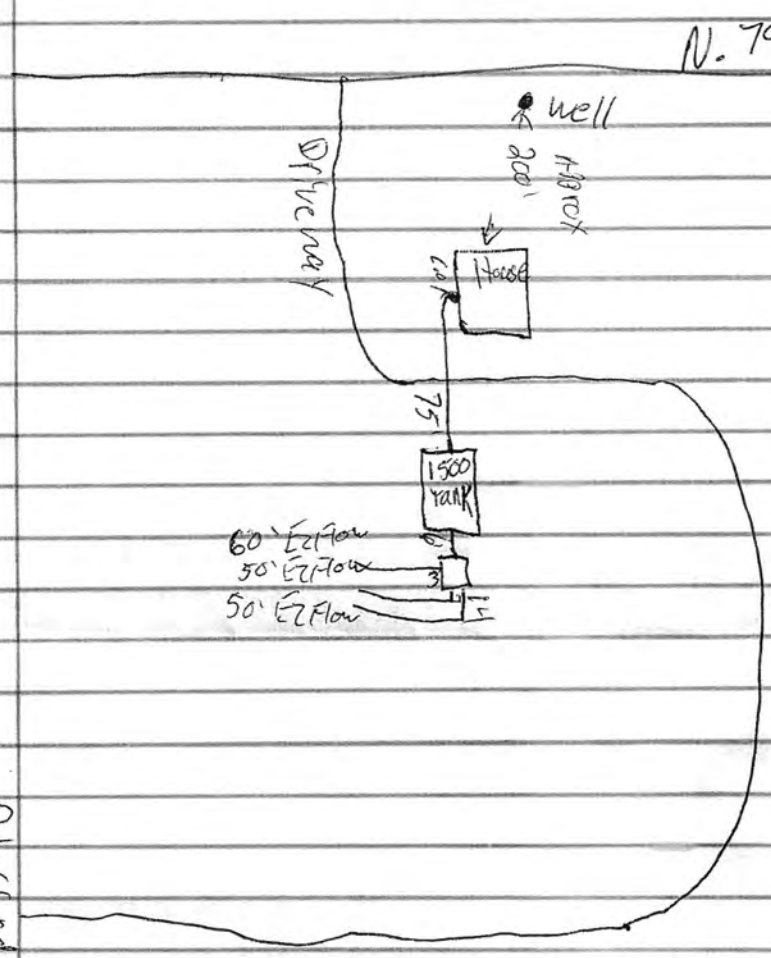
If Yes, the Certified Professional must sign below for final approval:

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: Jesse Kin Date: 10/7/22

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

10500 N. 70th



75
147
43
9 5 1 4" pipe

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 10500 N 70th (no rural route) City Lincoln NE, Zip 68517

Owner Lynsey Erickson Address

Date of Tests Sept 7, 2022 to Sept 8, 2022 Weather: Precipitation none Temperature 85 degrees

Percolation Test Data Table

A.	B.	C.	D.	E.	F.	G.	H.	I.	J.	K.	L.	M.	N.
		Saturation/Swelling Time				Water Level Drop: Last 30 mins of 4 hr or last 10 mins of 1 hr					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 inches	9/7	5:00 pm	9/8	8:00 am	9/8	11:30 am	6	9/8	12:00 pm	30 min	5/8	48
2	30 inches	9/7	5:00 pm	9/8	8:00 am	9/8	11:30 am	6	9/8	12:00 pm	30 min	5/8	48
3	30 inches	9/7	5:00 pm	9/8	8:00 am	9/8	11:30 am	6	9/8	12:00 pm	30 min	5/8	48
								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

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

Sum of Percolation Rates: 144
Average of Rates: 48
Rate Used for Calculation: 59

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official Date