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

**A**

Permit Number
HS002420

# 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* 14100 PIONEERS BLVD City LINCOLN, NE Zip 68461
(no rural route)

Legal Description 4 9 8 6TH PRINCIPAL MERIDIAN 9SE
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 22-04-400-005-000 *Approx. Address (If to be determined)

## B. Owner

Name JEAN KRINGLE Signature
Address 14100 PIONEERS BLVD City/State/Zip WALTON, NE 68461
Home Phone 402-560-4048 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

## 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 5.93
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 6-21-22 Amount Paid $450.00
Received By JAD Cash/Check No CC 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 14100 Pioneers Blvd (no rural route) City Lincoln NE, Zip 68461

Owner Jean Kringle Address

Date of Tests June 1, 2022 to June 2, 2022 Weather: Precipitation None Temperature 70 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 Water Lev (in.) | End | | Elapsed Time Interval | Water Level Drop(in) | Percolation Rates (Min/in = mpi) |
| Hole No. | Hole Depth(in) | Date (Mo/Da) | Time (Hr/Min) | Date (Mo/Da) | Time (Hr/Min) | Date (Mo/Da) | Time (Hr/Min) | | Date (Mo/Da) | Time (Hr/Min) | | | |
| 1 | 30 in | 6/1 | 4:00 pm | 6/2 | 8:30 am | 6/2 | 12:00 pm | 6 | 6/2 | 12:30 pm | 30 min | 1 | 30 |
| 2 | 30 in | 6/1 | 4:00 pm | 6/2 | 8:30 am | 6/2 | 12:00 pm | 6 | 6/2 | 12:30 pm | 30 min | 1 | 30 |
| 3 | 30 in | 6/1 | 4:00 pm | 6/2 | 8:30 am | 6/2 | 12:00 pm | 6 | 6/2 | 12:30 pm | 30 min | 1 1/8 | 27 |
| | | | | | | | | 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: 87
Average of Rates: 29
Rate Used for Calculation: 30

Soil type (NRCS Maps/Other) 7231 Judsen
Groundwater Depth +12 ft

**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. HS002420**

**System Type:** Standard

**Situs:** No Site Address Specified

Issued: 6/23/2022

Expires: 6/23/2023

**Description:** S4, T9, R8, 6th Principal Meridian, LOT 9 SE

**Owner:** KRINGLE, JEAN E LIFE ESTATE
ATTN: JEAN E KRINGLE 14100
PIONEERS BLVD
WALTON, NE 68461

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

SCANNED

A

Permit Number
HS002420

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Comments
Date rec'd 6/23/22
Date frwd 6/23/22
ACTION ☒ Approved ☐ Disapproved
Signature

**2. Supt. Bldg. Insp. or Village Clerk**
Comments
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ACTION ☐ Approved ☐ Disapproved
Signature

**3. City or County Engineer**
Comments
Date rec'd
Date frwd
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**Installation Final Written Approval**
By
Date 7/13/22

***Business Office Use Only***
Date Received 6-21-22 Amount Paid $450.00
Received By JAD Cash/Check No CC 0214

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

Form A Updated: 4/1

* System Replacement

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) 22-04-400-005-000

Owner: JEAN KEINGIE Address 14100 PIONEERS BLVD WALTON, NE 68461

### A. Wastewater Piping

1. Material: SCH 40 Diameter: 4 in.
2. Distance between dwelling and septic tank: 46 ft.

### B. Septic Tank

1. Material (2) 1M 1000 INFILTRATOR
2. Capacity: 2000 GALLONS
3. Depth to top of tank, below unfinished grade: 12 in.
4. Distance to:
   Well NA ft.
   Pressure line +50 ft
   Property Line +50 ft.
   Foundation 46 ft.

### C Distribution Box or Drop Box

Distance and Direction from septic tank: 10 ft. NORTH

### 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: 4
3. Length of each lateral (linear): ft. 80 ft. 80 ft. 80 ft. 80
4. Drainfield size: 1440 sq. ft. (1250 Req'd)
5. Distance to:
   Well NA ft.
   Pressure line +50 ft.
   Property line +50 ft.
   Depth of Groundwater +12 FT

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: Jean Kreingie Date: 7/13/22

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

14100 Pioneers (Kringles)

Rural water ✓

Approx 90' 4"

