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

A

Permit Number
HS002455

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* 12488 TYLER STREET (no rural route) City BENNET, NE Zip 68317

Legal Description 2 8 8 6TH PRINCIPAL MERIDIAN 20SW

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

PID 21-02-300-001-000 *Approx. Address (If to be determined)

B. Owner

Name PERMELA YOUNG Signature

Address 12488 TYLER ST City/State/Zip BENNET, NE 68317

Home Phone 402-875-2172 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 4 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 9.73
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 8-23-22 Amount Paid $450
Received By JAO Cash/Check No. 0214

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

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 12488 Tyler Street (no rural route) City Bennet NE, Zip 68317

Owner Permela Young Address

Date of Tests August 11, 2022 to August 12, 2022 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 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 inches	8/11	6:00 pm	8/12	8:00 am	8/12	11:30 am	6	8/12	12:00 pm	30 min	1	30
2	30 inches	8/11	6:00 pm	8/12	8:00 am	8/12	11:30 am	6	8/12	12:00 pm	30 min	11/8	27
3	30 inches	8/11	6:00 pm	8/12	8:00 am	8/12	11:30 am	6	8/12	12:00 pm	30 min	11/8	27
								6					
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Jason Kubik
Phone: 402-475-2462
Address 12488 Tyler Street
Hickman, NE 68372

Sum of Percolation Rates: 84
Average of Rates: 28
Rate Used for Calculation: 30

Soil type (NRCS Maps/Other) 7231 Judson
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. HS002455

System Type: Standard

Situs: No Site Address Specified

Issued: 8/26/2022

Expires: 8/26/2023

Description: S2, T8, R8, 6th Principal Meridian, LOT 20 SW

Owner: YOUNG, PERMELIA L LIVING TRUST
12488 TYLER ST
BENNET, NE 68317

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

SCANNED

Permit Number
HS002455

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* 12488 TYLER STREET (no rural route) City BENNET, NE Zip 68317

Legal Description ____ 2 8 8 6TH PRINCIPAL MERIDIAN 20SW
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 21-02-300-001-000 *Approx. Address (If to be determined)____

B. Owner

Name PERMELA YOUNG Signature____

Address 12488 TYLER ST City/State/Zip BENNET, NE 68317

Home Phone 402-875-2172 Work Phone____

C. Certified Installer

Name: JAIME KUBIK Signature Jaime Kubik

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 4 Whirlpool Bathtub? ☐ Yes ☒ No Garbage Grinder? ☒ Yes ☐ No Total Acres 9.73

☐ 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 8/26/22
Date frwd 8/26/22
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 8/26/22

Business Office Use Only
Date Received 8-23-22 Amount Paid $450
Received By JAO Cash/Check No. 0214

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

Form A Updated: 4/15

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

Permit Number:

Onsite Wastewater Treatment System

Inspection Sheet

Date 8/26/22 Legal Description _____

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 12488 Tyler St 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 1080 Sq. Ft. (108' x 10') Tank Size 1500 gals

Total length of laterals 240' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☒ Other (describe) Ez-Flow

No. of Absorption Laterals 2 Width 3' No. of Drop Boxes 0 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:

* Read Water

Inspections prior to Final Approval
Initial _____ Date 8/25/22

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By _____

Date 8/26/22

Field Note Drawing (See Reverse Side):

N

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

SCANNED
SCANNED

A

Permit Number HS002455

Onsite Wastewater Treatment System Permit Application

Include Form B and C. Submit correct fee with this Application

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Address* 12488 TYLER STREET (no rural route) City BENNET, NE Zip 68317

Legal Description 2 8 8 6TH PRINCIPAL MERIDIAN 20SW

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

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By

Date 8/26/22

Business Office Use Only
Date Received 8-23-22 Amount Paid $450
Received By JAD Cash/Check No. 0244

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) 21-02-300-001-000

Owner: PERMELIA YOUNG Address 12488 TYLER ST BENNET, NE 68317

A. Wastewater Piping

1. Material: SCH 40 Diameter: 4 in.
2. Distance between dwelling and septic tank: 28 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 NA ft.
   Pressure line +50 ft
   Property Line +50 ft.
   Foundation 2.5 ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: N ft. 5

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: 2
3. Length of each lateral (linear): ft. 120 ft. 120 ft. ____ ft. ____
4. Drainfield size: 1080 sq. ft.
5. Distance to:
   Well NA ft.
   Pressure line +50 ft.
   Property line +50 ft.
   Depth of Groundwater 12

✓ Backhoe broke down onsite N/A

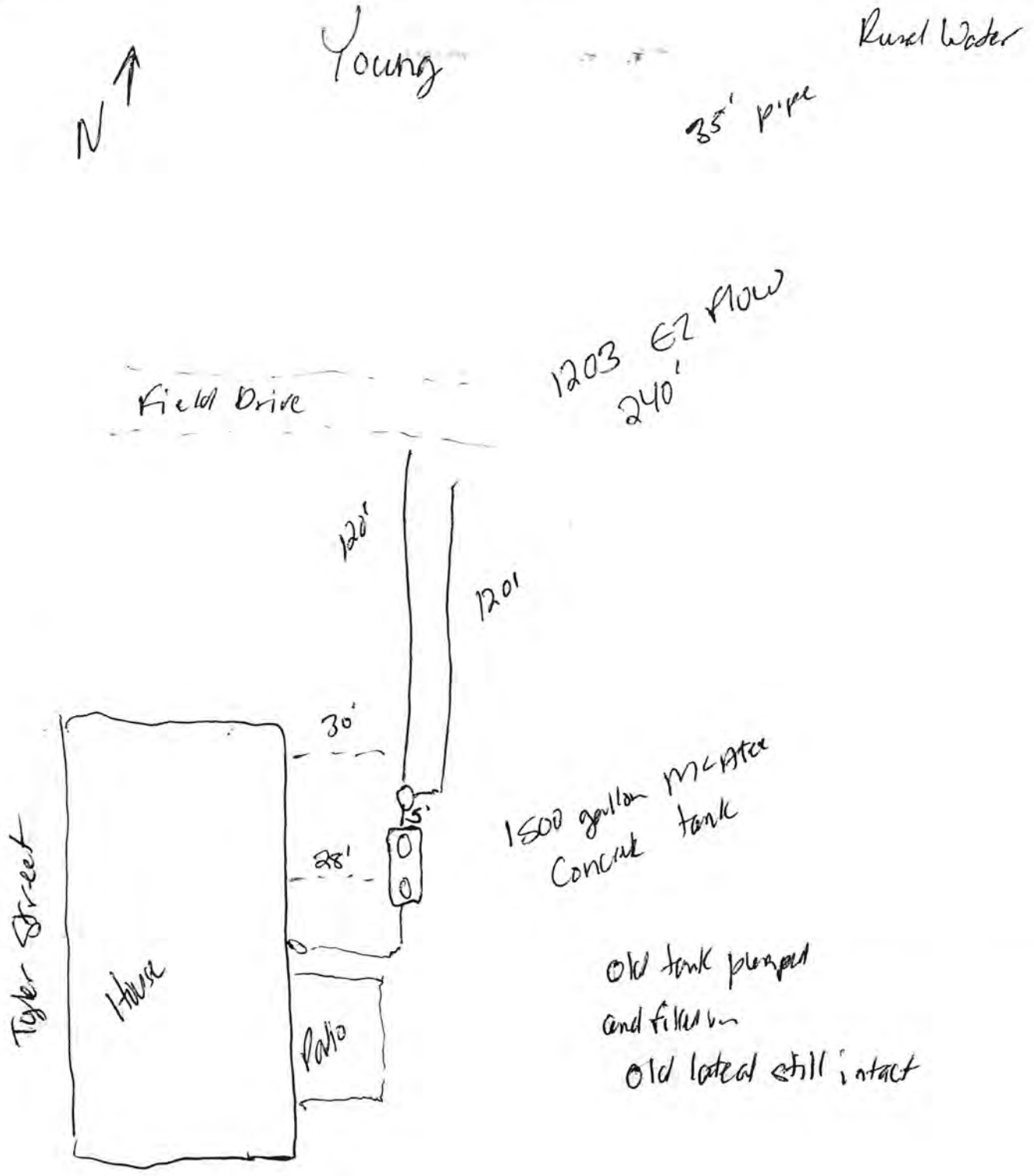
Was the Onsite Wastewater System covered prior to LLCHD inspection? ☒ Yes ☒ No

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: 10/7/22

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


N
Young
Rural Water
35' pipe
1203 EZ Flow
240'
Field Drive
120'
1201
30'
15'
28'
1500 gallon Mcaster Concrete tank
Tyler Street
House
Patio
Old tank pumped and filled in
Old lateral still intact

Lincoln-Lancaster County Health Department (LLCHD)
Environmental Public Health Division
3140 "N" Street • Lincoln, NE 68510-1514
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