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

A

Permit/Number A5002567

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* 7200 S 98TH City LINCOLN, NE Zip 68526
(no rural route)

Legal Description 24 9 7 6TH PRINCIPAL MERIDIAN 3NW
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 16-24-100-003-000 *Approx. Address (If to be determined)

B. Owner

CONTACT PERSON: MATT INNIS

Name BY INVITE ONLY LLC Signature
Address 7231 S 97TH ST City/State/Zip LINCOLN, NE 68526
Home Phone Work Phone 402-416-6777

C. Certified Installer

Name: JAMIE KUBIK Signature
Address 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 3 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 5.01
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

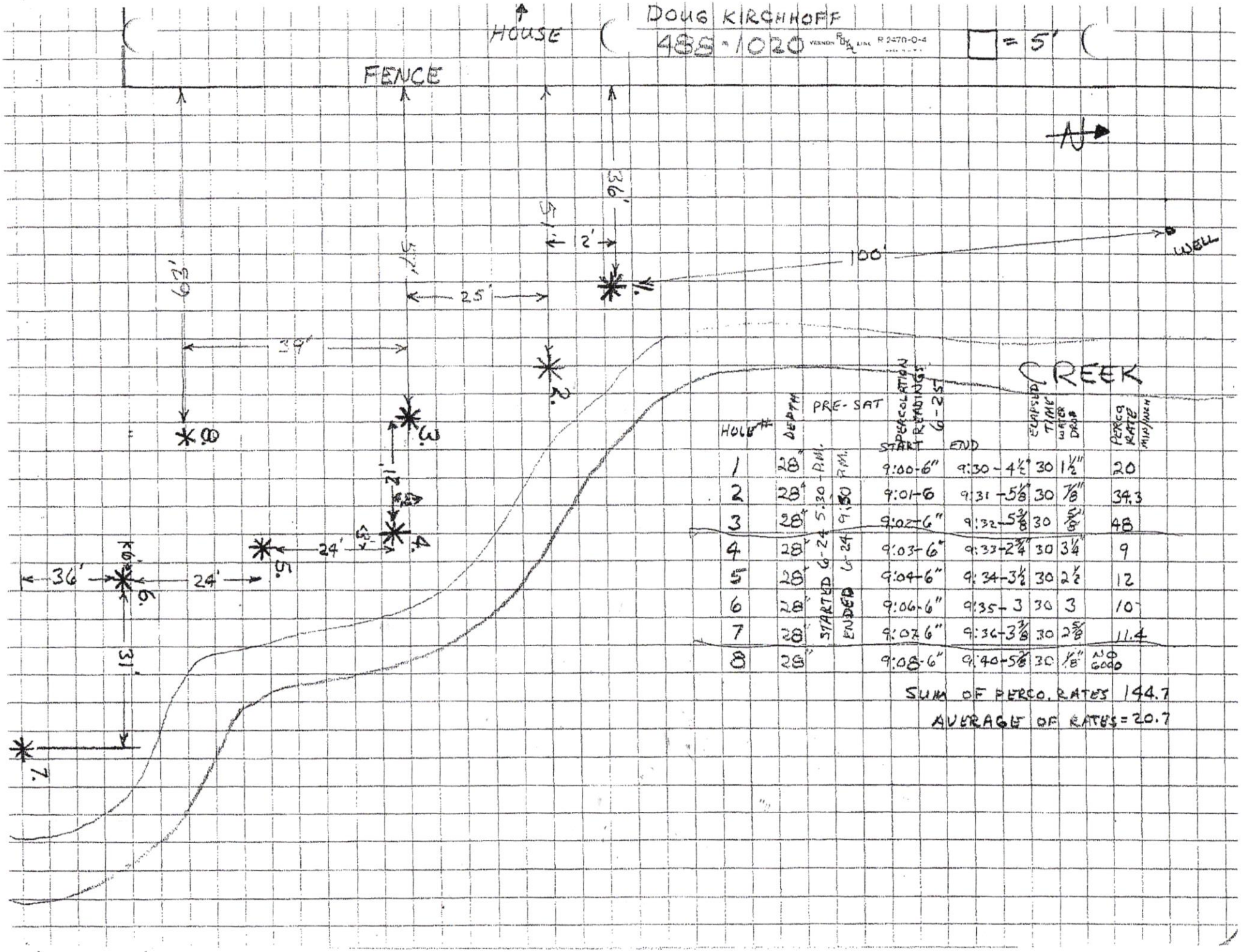
2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature

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 9-10-23 Amount Paid $460.00
Received By JMO Cash/Check No CC0214

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



HOLE #	DEPTH	PRE-SAT	PERCOLATION START	PERCOLATION END	ELAPSED TIME	WATER DROP	PERC RATE MIN/INCH
1	28"	P.M.	9:00-6"	9:30 - 4½"	30	1½"	20
2	28"	5:30 - P.M.	9:01-6	9:31 -5⅛	30	⅞"	34.3
3	28"	9:30 P.M.	9:02-6"	9:32-5⅜	30	½"	48
4	28"	STARTED 6-24	9:03-6"	9:33-2¾	30	3¼"	9
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6	28"		9:06-6"	9:35-3	30	3	10
7	28"		9:07-6"	9:36-3⅜	30	2⅝	11.4
8	28"		9:08-6"	9:40-5⅛	30	⅛"	NO GOOD

SUM OF PERCO. RATES 144.7

AVERAGE OF RATES = 20.7

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. HS002567

System Type: Standard

Situs: No Site Address Specified

Issued: 7/11/2023

Expires: 7/11/2024

Description: S24, T9, R7, 6th Principal Meridian, LOT 3 NW

Owner: BY INVITE ONLY LLC
7231 S 97 ST
LINCOLN, NE 68526

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
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

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Permit Number A5002567

Onsite Wastewater Treatment System Permit Application

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

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Legal Description 24 9 7 6TH PRINCIPAL MERIDIAN 3NW

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

PID 16-24-100-003-000 *Approx. Address (If to be determined)

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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

Comments

Date rec'd 7/11/23

Date frwd 7/11/23

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 9/5/23

Business Office Use Only

Date Received 7-10-23 Amount Paid $460.00

Received By JMO Cash/Check No. CC0214

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) 16-24-100-003-000

Owner: JAMES BOWEN Address 7200 S 98TH ST LINCOLN, NE 68526

A. Wastewater Piping

1. Material: SCH 40 Diameter: 4 in.
2. Distance between dwelling and septic tank: 23 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 23 ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: 20 ft. S

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. Length of each lateral ~~(linear)~~: ft. 120 ft. 120 ft. ft.
4. Drainfield size: 1080 sq. ft. (750 req'd)
5. Distance to:
   Well NA 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

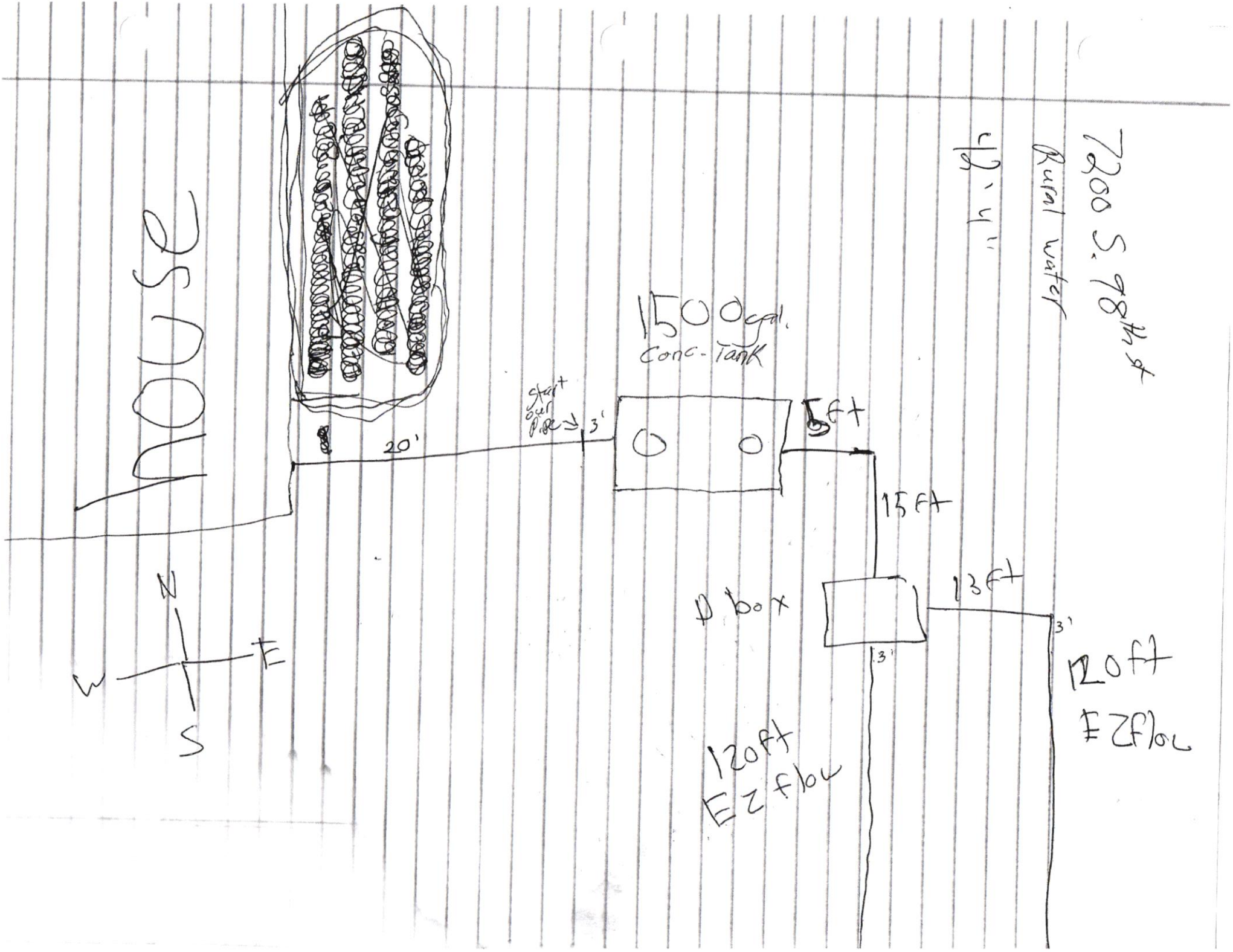
If Yes, the Certified Professional must sign below for final approval:

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: [signature] Date: 8/28/23

NO Issues prior to inspection

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


7200 S. 78th E
Rural water
42, 44
1500 gal.
Conc. Tank
start
over
pipe
3'
5ft
20'
15 ft
13ft
3'
3'
House
N
W
E
S
Ø box
120ft
EZ flow
120ft
EZflow

FILE NO. 280

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

December 29, 1972 — THIS LICENSE OR PERMIT EXPIRES

Douglas Kirchhoff — LICENSEE OR PERMITTEE

4045 South 52nd — ADDRESS

T9N; R7E; Section 24 NW 1/4-NW 1/4 — NAME OF ESTABLISHMENT, IF ANY

LEGAL DESCRIPTION — ADDRESS

REMARKS: Non-Transferable

PERMIT	INSPECTION FEE	OCCUPATION TAX	LICENSE	TOTAL
$ 30.00	$	$	$	$ 30.00

ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
110.15	110.16	148.14	6-2

624-1535

SERIAL NO.	DATE	AMOUNT

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

APPLICATION

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

FORM HD-30(67) REQUEST FOR SITE CLEARANCE FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 432-7611)

FILE NO. 280

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

The undersigned hereby requests SITE CLEARANCE to construct an Individual Sewage Disposal System in conformance with Lincoln City Ordinance No. 9150, as described herein:

1. Legal description of property: Twp. 9N; Range 7E; Section 24 NW¼-NW¼
Block ____; Lot ____; Addition ____;
Street Address ____.

2. Property Use: Residential ____ ☑; Commercial ____ ☐
No. of Bedrooms 3.
Describe: ____
Other Use ____ ☐
Describe: ____

3. Type of Individual Sewage Disposal System: Septic Tank ☑; Other ☐

4. Distance to public sewer: NONE ft.

Douglas D. Kirchhoff
Signature of Applicant (owner or lessee)

4045 So. 52
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 6/28/72. ACTION: Approved ☒ Disapproved ☐
Date Frwd. 6/29/72. Signature: Jerrold C. Hood

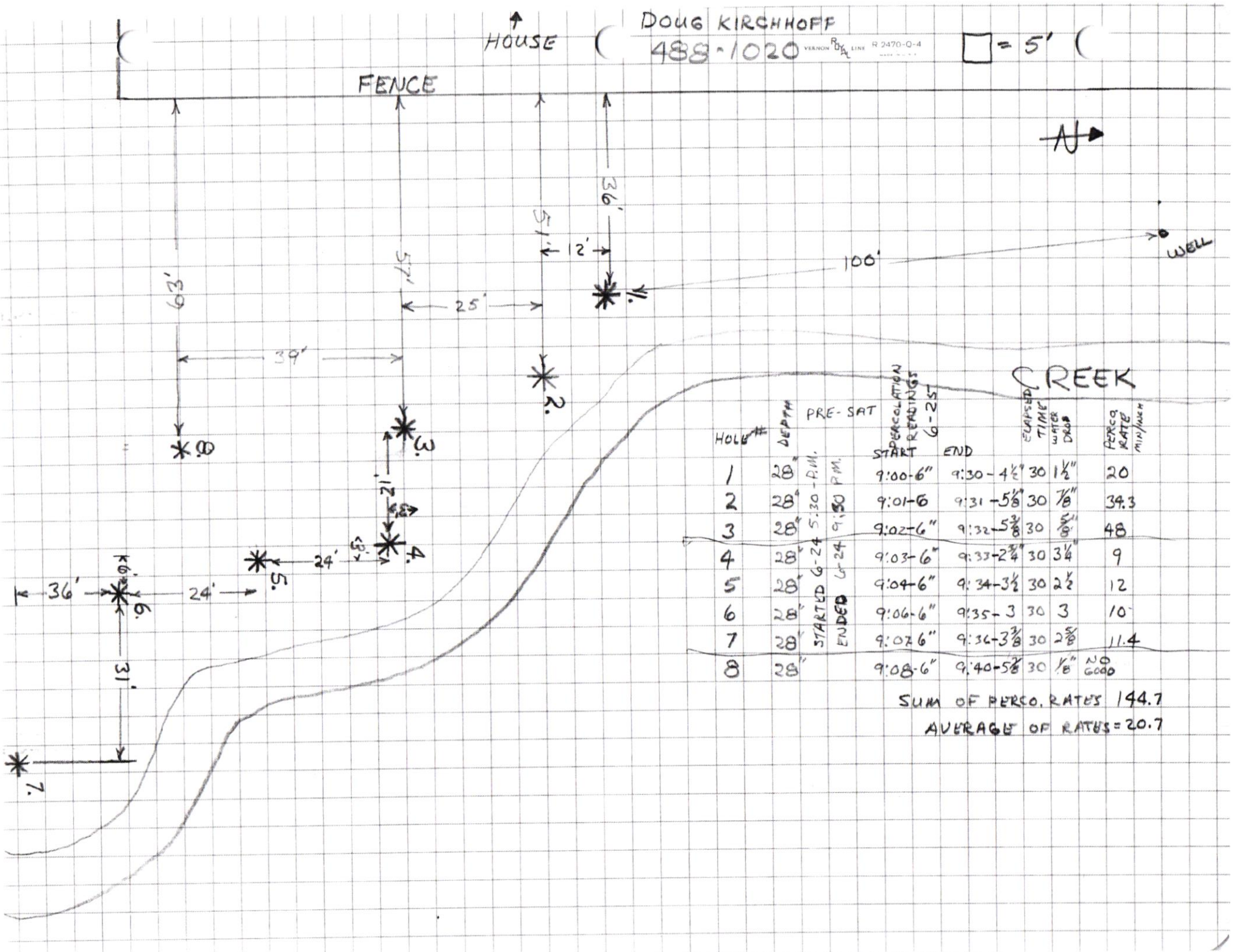
2. Supt. Bldg. Insp.: Date Rec'd. 6/29/72. ACTION: Approved ☒ Disapproved ☐
Date Frwd. 6/29/72. Signature: Charles Sacks By BS.

3. ~~Dept~~ City Engineer: Date Rec'd. 6-29-72. ACTION: Approved ☒ Disapproved ☐
Date Frwd. " . Signature: J. I. Blessing

REMARKS OR REASONS FOR DISAPPROVAL ____

FINAL ACTION ON SITE CLEARANCE: Approved ☐ Disapproved ☐

Date Applicant Notified: ____ Signature ____



PRE-SAT

PERCOLATION READINGS 6-21ST

STARTED 6-24 5:30 P.M.

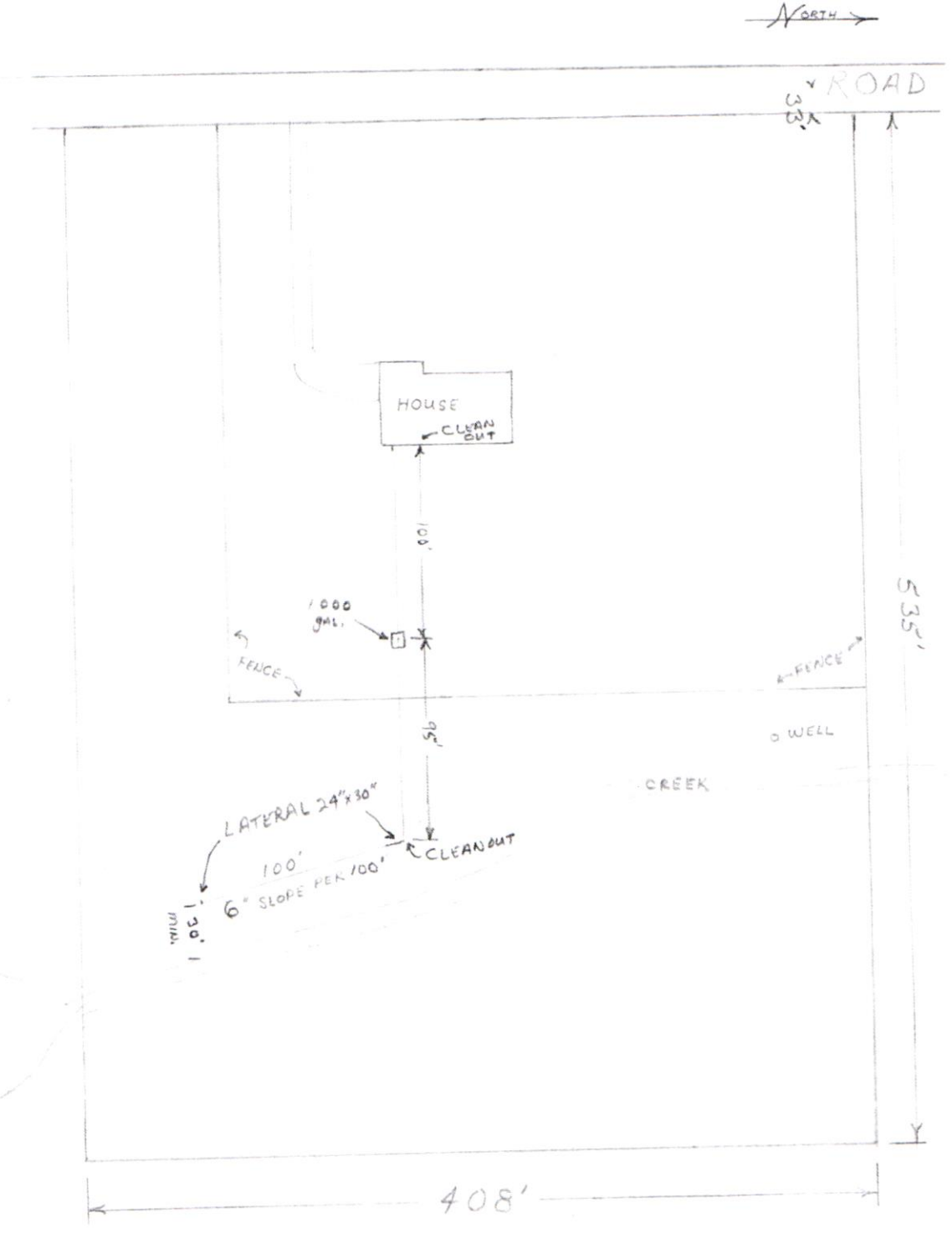
ENDED 6-24 9:30 P.M.

HOLE #	DEPTH	START	END	ELAPSED TIME	WATER DROP	PERCO RATE MIN/INCH
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8	28"	9:08-6"	9:40-5⅞"	30	⅛"	NO GOOD

SUM OF PERCO. RATES 144.7

AVERAGE OF RATES = 20.7

DOUG KIRCHHOFF
1/8" = 10'



FORM HD-32a(67) PLANS & SPECIFICATIONS
SEWAGE DISPOSAL SYSTEM
(Annex to Application)
Ordinance No. 9150

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 432-7611)

FILE NO. 280

SPECIFICATIONS

DATE: _____

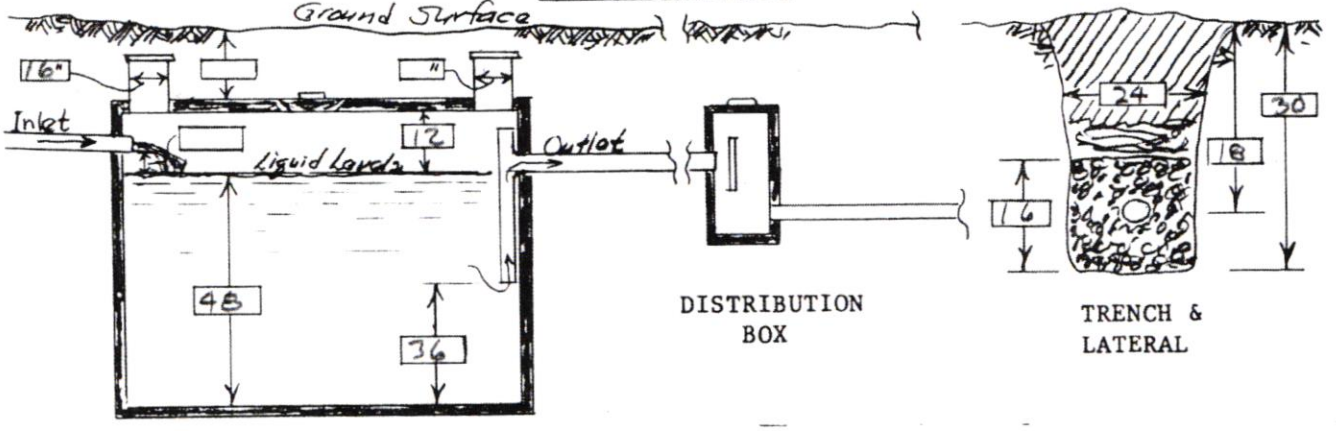
A. BUILDING SEWER:
1. Material PLASTIC; Diameter 4 in.
2. Distance above basement floor 12 in.; or below basement floor ___ in.
3. Distance between dwelling and septic tank 98 ft.
4. Number of clean-outs ONE.
5. Distances To:
Well or Suction Line 50 ft.;
Stream 40 ft.; Pressure Line 50 ft.;
Property Line 160 ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material FIBERGLASS; No. of compartments ONE.
2. Capacity 100 gals.; Liquid depth 48 in.
3. Factory Built: Yes ☑ (Company CORR-A-)GLASS
No ☐
4. Manholes: Over Inlet; diam. 16 in.
Over Outlet; diam. ___ in.
Below Grade 16 in.
5. Inlet: Baffle ☑; or Tee ☐
6. Outlet: Baffle ☑; or Tee ☐
Depth of outlet below inlet 4 in.
7. Depth of top of tank below finished grade 12 in.
8. Distances To:
Well or Suction Line 100 ft.;
Stream 30 ft.; Pressure Line 200 ft.;
Property Line 170 ft.

C. DISTRIBUTION BOX
1. Material CON; No. available outlets 5.
2. Factory Built: Yes ☒, (Company PRE-CAST STEP) No ☐
3. Dimension: Length ___ in.; Width ___ in. Depth ___ in.
4. Distance from Septic Tank 78.3 ft.
5. Serial Distribution: Yes ☐, No ☒ (If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: HALF MOON
2. Lateral Lines: Depth below grade 30 in. Number 3; Length of each line 100 ft Total length of Laterals 137 ft.; Slope 6 in/100 ft. Diameter of pipe 16 in.; Shape HALF-MOON Material: concrete ☐; fiber asbestos ☐; clay ☐; other FIBERGLASS Distance between lateral lines 10 ft.
3. Trench Dimensions: Depth 30 in.; Width 48 in.
4. Filter Material: GRAVEL. Depth of material from trench bottom 16 in.
5. Distances To:
Well or Suction Line 100 ft.;
Stream 30 ft.; Pressure Line 200 ft.
Property Line 60 ft.
6. Percolation Rate: 10.6 minutes/inch

TYPICAL SKETCHES

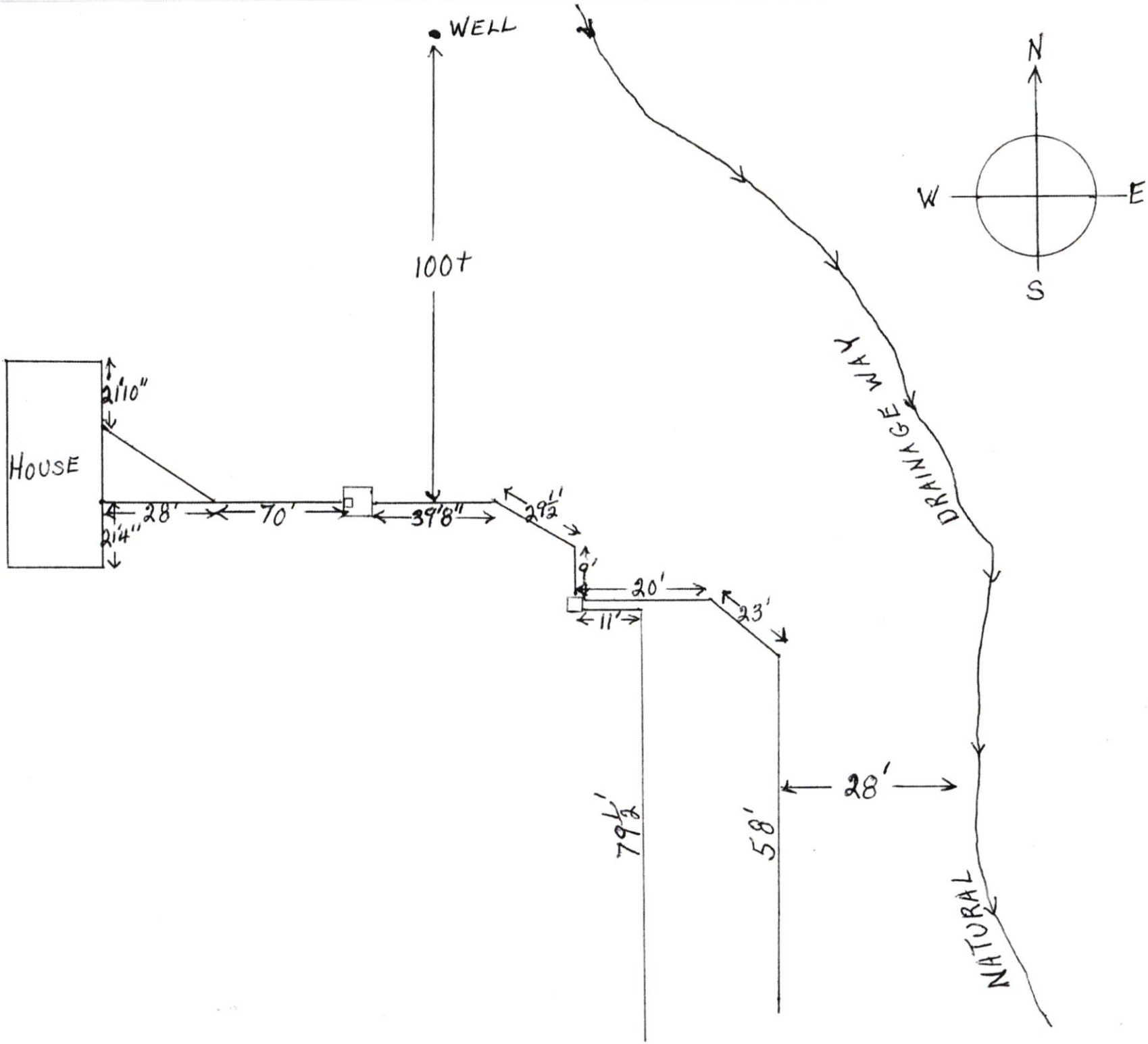


SEPTIC TANK

DISTRIBUTION BOX

TRENCH & LATERAL

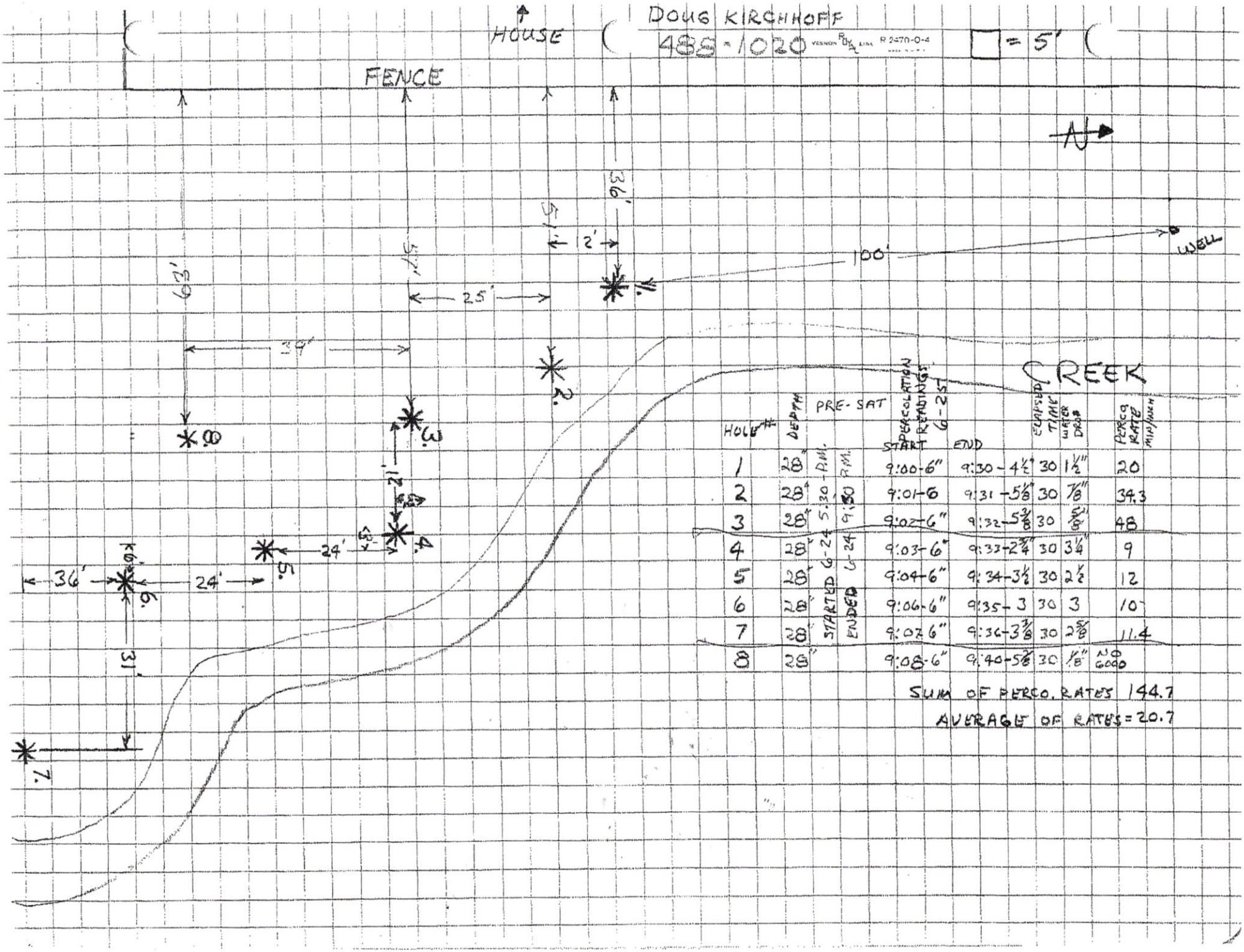
Douglas Kirchhoff
Signature of Applicant


WELL
100+
N
W
E
S
HOUSE
2'10"
2'4"
28'
70'
39'8"
29½'
9'
20'
23'
11'
79½'
58'
28'
DRAINAGE WAY
NATURAL

DOUG KIRCHHOFF

485-1020 VERNON ROYAL LINE R 2470-0-4

□ = 5'



HOLE #	DEPTH	PRE-SAT		PERCOLATION READINGS (6-21ST) START	END	ELAPSED TIME	WATER DROP	PERC RATE MIN/INCH
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