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

A

Permit Number
HS 002588

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 S 120TH City BENNET, NE Zip 68317
(no rural route)

Legal Description 8 8 8 6TH PRINCIPAL MERIDIAN 195W
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 21-08-300-015-000 *Approx. Address (If to be determined)

B. Owner

STEVE FULTON (BUILDER)

Name JIM OSTRANDER (OWNER) Signature

Address City/State/Zip

Home Phone Work Phone STEVE FULTON 402-430-9979

C. Certified Installer

Name: JAIME 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 5 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 20.11
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 9-14-23 Amount Paid $470
Received By JMD Cash/Check No. CC 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 14100 S 120th (no rural route) City Bennet NE, Zip 68317

Owner Jim Ostrander Address 7640 Cross Creek Circle Lincoln, NE 68516

Date of Tests 11/15/17 to 11/16/17 Weather: Precipitation none Temperature 50 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	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	11/15	3:30 pm	11/16	8:35 am	11/16	12:05 pm	6	11/16	12:35 pm	30 min	1	30
2	30 inches	11/15	3:30 pm	11/16	8:35 am	11/16	12:05 pm	6	11/16	12:35 pm	30 min	5/8	48
3	30 inches	11/15	3:30 pm	11/16	8:35 am	11/16	12:05 pm	6	11/16	12:35 pm	30 min	1	30
								6					
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Jason Kubik
Phone: 402-475-2462
Address 105 Locust Street Box 191 Hickman, NE 68372

Sum of Percolation Rates: 108
Average of Rates: 36
Rate Used for Calculation: 36

Soil type (NRCS Maps/Other) Colo-Nodaway (7774) and Pawnee Clay Loam (7507)

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. HS002588

System Type: Standard

Situs: No Site Address Specified

Issued: 9/15/2023

Expires: 9/15/2024

Description: S8, T8, R8, 6th Principal Meridian, LOT 19 SW

Owner: OSTRANDER, JAMES A & DAWN A
7640 CROSS CREEK CIR
LINCOLN, NE 68516

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