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

MAY 0 2 2016

A

Permit Number
HS001242

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) Holding tank

PLEASE PRINT OR TYPE

A. Onsite System Location

Address* 10405 Olive Creek Rd (no rural route) City Hickman, NE Zip 68372

Legal Description _____

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

PID 14-13-200-004-000 *Approx. Address (If to be determined) _____

B. Owner

Name Jason Lee Signature _____

Address 10405 Olive Creek Rd City/State/Zip _____

Home Phone _____ Work Phone _____

C. Certified Installer

Name: Jason Kubik Signature Jason Kubik

Address 105 Locust St 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 _____ Whirlpool Bathtub? ☐ Yes ☐ No Total Acres _____

Garbage Grinder? ☐ Yes ☐ No

☒ Commercial Establishment/Other Facility Specify Work shop Design flow in gallons per day 100

Type of Wastewater ☒ Domestic ☐ Non-Domestic

DO NOT WRITE BELOW THIS LINE

Approval Process

1. Health Department
Site visits _____ Date rec'd _____ ACTION ☐ Approved ☐ Disapproved
Date frwd _____ Signature _____
Comments _____

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

3. City or County Engineer
Comments _____ Date rec'd _____ ACTION ☐ Approved ☐ Disapproved
Date frwd _____ Signature _____

Installation Final Written Approval
By _____
Date _____

Business Office Use Only
Date Received 5-2-16 Amount Paid $385
Received By SB Cash/Check No. 2532

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

Form A Updated: 4/15

Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3140 N Street Lincoln, Nebraska 68510-1514

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT
No. HS001242

System Type: Holding Tank

Situs: 10405 OLIVE CREEK RD, RURAL, NE

Issued: 5/2/2016

Expires: 5/2/2017

Description: S13, T7, R7, 6th Principal Meridian, LOT 11 NE

Owner: LEE, JASON C
10405 OLIVE CREEK RD
HICKMAN, NE 68372

Judith A Halstead
Judith A. Halstead, MS, 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.

Judith A Halstead
Judith A. Halstead, MS
Health Director

SOUTHWICK LIQUID WASTE INC
105 LOCUST STREET
HICKMAN, NE 68372

SCANNED

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

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Address* 10405 Olive Creek Rd (no rural route) City Hickman, NE Zip 68372

Legal Description 13 7N 7E SB

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

PID 14-13-200-004-000 *Approx. Address (If to be determined)

B. Owner

Name Jason Lee Signature

Address 10405 Olive Creek Rd City/State/Zip

Home Phone Work Phone

C. Certified Installer

Name: Jason Kubik Signature Jason Kubik

Address 105 Locust St City/State/Zip Hickman NE 68372

Work Phone

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☐ **Check and complete if engineer designed system** P.E. License Number:

Designer Name Firm Work Phone

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Type of Wastewater ☒ Domestic ☐ Non-Domestic

DO NOT WRITE BELOW THIS LINE

Approval Process

1. Health Department
Site visits No inspection
Comments
Date rec'd 5/2/16
Date frwd 5/2/16
ACTION ☑ Approved ☐ Disapproved
Signature

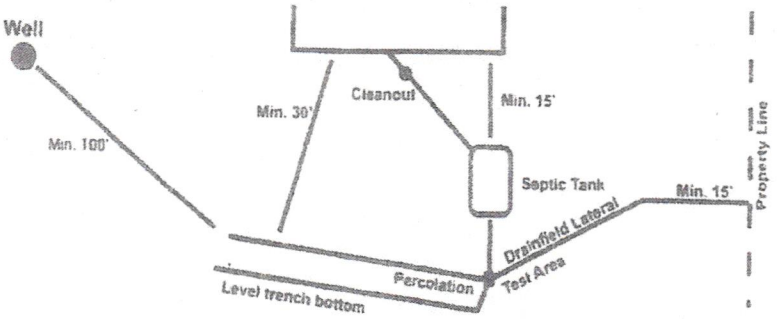
2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature

3. City or County Engineer
Comments
Date rec'd
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature

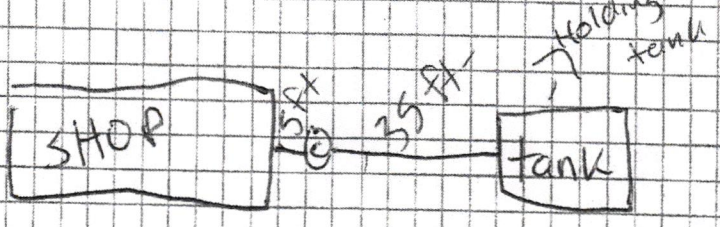
Installation Final Written Approval
By Doug Theis
Date 11/20/19

Business Office Use Only
Date Received 5-2-16 Amount Paid $385
Received By SB Cash/Check No. 2532

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



*Note-If Lagoon, show all applicable dimensions



Aquaic 2000 gallon with
Zoeller A-Pak high water alarm

Onsite Wastewater Treatment System

As-Built Description and Drawing

Holding Tank for Outbuilding

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) 14-13-200-004-000

Owner: Jason Lee Address 10405 Olive Creek

A. Wastewater Piping

1. Material: SCH 40 Diameter: 4 in.
2. Distance between dwelling and septic tank: 35 ft.

B. Septic Tank

1. Material Concrete
2. Capacity: 2000
3. Depth to top of tank, below unfinished grade: 18 in.
4. Distance to:
   Well + 100 ft.
   Pressure line +50 ft
   Property Line +80 ft.
   Foundation 35 ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: _____ ft. _____

D. Drainfield/Absorption Field

N/A

❑ Trench ❑ Bed

1. Type: ❑ Perforated Pipe ❑ Chamberless ❑ Other
   Material brand and inside width of Chamberless: _____
2. Number of Laterals: Ø
3. Length of each lataral (linear): ft._____ ft._____ ft._____ ft._____
4. Drainfield size: _____ sq. ft.
5. Distance to:
   Well _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.
   Depth of Groundwater _____

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: Jason Hubert Date: 6/2/16

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