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

A

Permit Number HS001355

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* 22155 S 68th ST City Hickman, NE Zip 68372
(no rural route)

Legal Description NE NE 9 7 7

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

PID 14-09-200-005-000 *Approx. Address (If to be determined)

B. Owner

Name Leroy Dethies Signature

Address 22155 S 68th City/State/Zip

Home Phone Work Phone

C. Certified Installer

Name: Jason Kubik Signature

Address 105 Locust 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 3 Whirlpool Bathtub? ☒ Yes ☐ No Total Acres 77.04
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 10-20-16 Amount Paid $395
Received By SB Cash/Check No. 2727

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: 402-441-8022

B

Permit Number: HS001355

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 22155 S 68th ST (no rural route) City Hickman NE, Zip 68372

Owner Leroy Devries Address Same

Date of Tests 7/20 to 7/21 Weather: Precipitation 0 Temperature 80

Percolation Test Data Table

A.	B.	C. Saturation/Swelling Time		D. E. Time		F. 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			End				
Hole No.	Hole Depth (in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Initial Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time Interval	Water Level Drop (in)	Percolation Rates (Min/in = mpi)
1	30	7/20	4:12	7/21	8a	7/21	11:30	6	7/21	12:00	30	5/8	48
2	30	7/20	4	7/21	8	7/21	11:30	6	7/21	12:00	30	5/8	48
3	30	7/20	4	7/21	8	7/21	11:30	6	7/21	12:00	30	3/4	40
								6					
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Jason Kubik
Phone: 475-2462
Address 105 Locust ST
Hickman NE 68372
Soil type (NRCS Maps/Other) 7684 Wymore
Groundwater Depth +12

Sum of Percolation Rates: 136
Average of Rates: 45
Rate Used for Calculation: 50

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
3140 N Street Lincoln, Nebraska 68510-1514

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT
No. HS001355

System Type: Standard

Situs: 22155 S 68 ST, RURAL, NE

Issued: 10/24/2016

Expires: 10/24/2017

Description: S9, T7, R7, 6th Principal Meridian, LOTS 13 & 32 NE & SW NE

Owner: DEVRIES, LEROY TRUSTEE
22155 S 68 ST
HICKMAN, NE 68372-9492

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 ST
HICKMAN, NE 68372

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

Exhibit 5

OK 11/9/16

Permit Number: HS0013555

Onsite Wastewater Treatment System

Inspection Sheet

Date 11/9/16 Legal Description 9-7-7

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 22155 S. 68th 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 _____ Sq. Ft. Tank Size _____ gals

Total length of laterals _____ Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☐ Other (describe) _____

_____

No. of Absorption Laterals _____ Width _____ No. of Drop Boxes 2/0 Distribution Box _____

Leveling Method Used _____

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 _____

Inspections prior to Final Approval
Initial _____ Date 11/7/16

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By _____

Date 11/7/16

Comments:

*System covered prior to inspection

Field Note Drawing (See Reverse Side):

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) 14-09-200-005-000

Owner: Butch DeVries Address 22155 S. 68th

A. Wastewater Piping

1. Material: SCH 40 Diameter: 4 in.
2. Distance between dwelling and septic tank: 150 ft.

B. Septic Tank

1. Material: Concrete Precast
2. Capacity: 1500
3. Depth to top of tank, below unfinished grade: 18 in.
4. Distance to:
   Well +100 ft.
   Pressure line +25 ft.
   Property Line +100 ft.
   Foundation 50 ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: 9 ft. West

D. Drainfield/Absorption Field

☐ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☑ Chamberless ☐ Other
   Material brand and inside width of Chamberless: infiltrator
2. Number of Laterals: 3
3. Length of each lateral (linear): ft. 100 ft. 100 ft. 92 ft.
4. Drainfield size: 1050 sq. ft.
5. Distance to:
   Well +100 ft.
   Pressure line +25 ft.
   Property line +50 ft.
   Depth of Groundwater n/a

NH

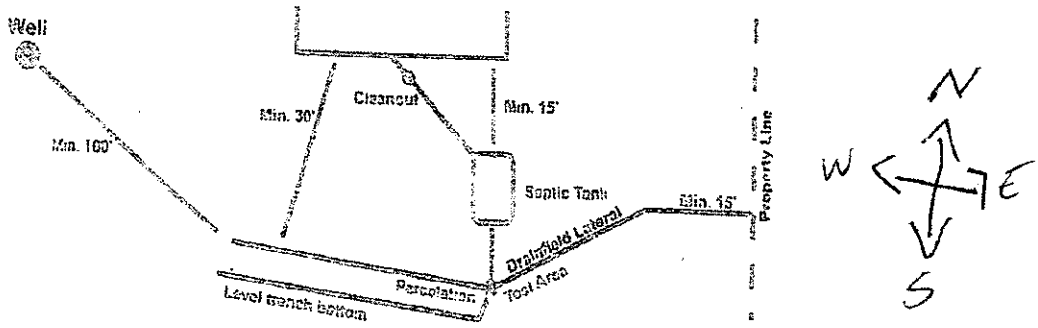
Was the Onsite Wastewater System covered prior to LLCHD inspection? ☒ Yes ☐ No

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

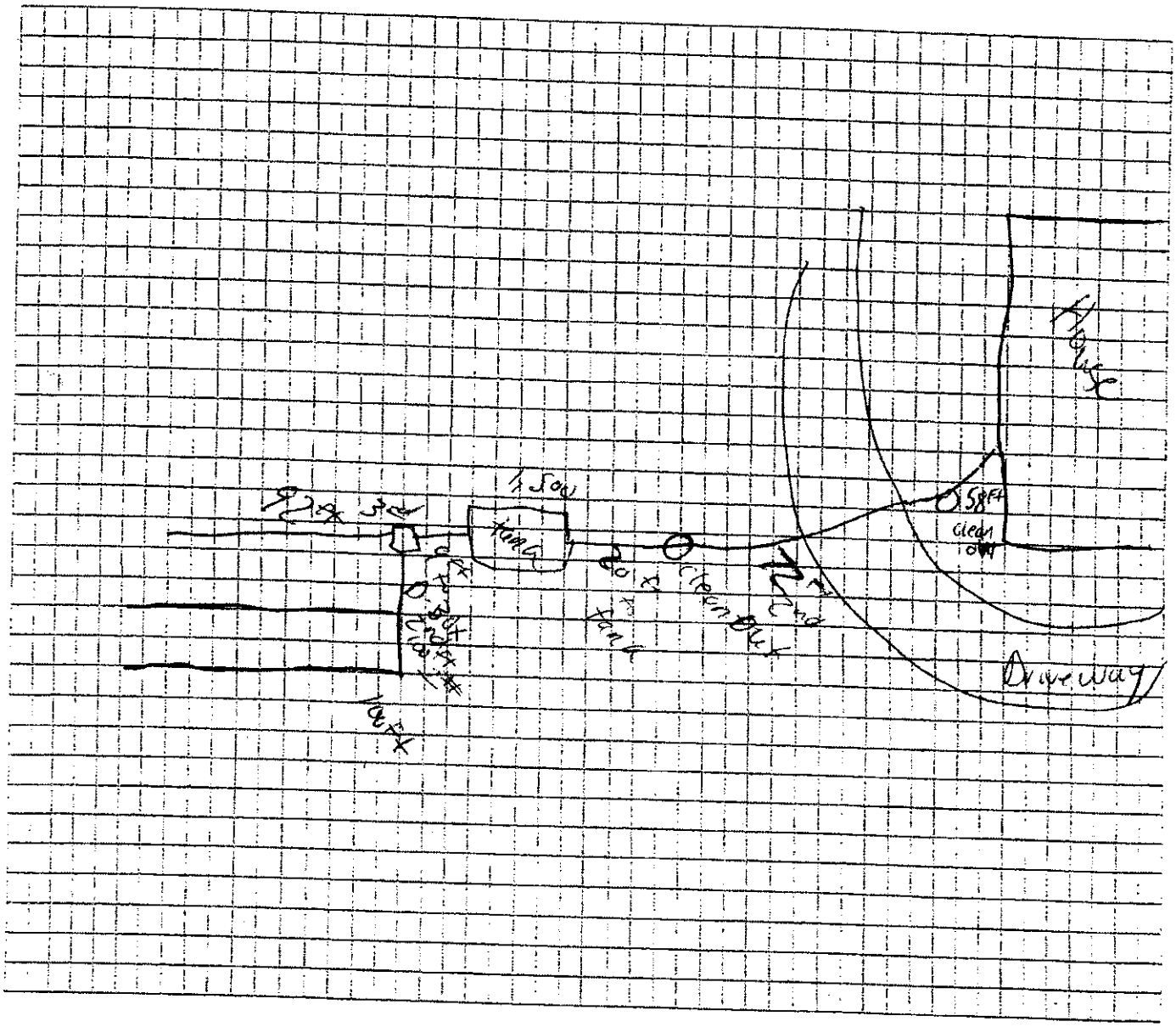
I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: Dan Hutt Date: 10/31/16

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



*Note-If Lagoon, show all applicable dimensions



tank is 1500 gal
from house
18" riser
25 pieces in 2nd lateral
23 pieces in 3rd

Nate C. Hartman

From: Jason Kubik <southwicksewer@yahoo.com>
Sent: Saturday, November 05, 2016 3:04 PM
To: Nate C. Hartman
Subject: D sheets for 22155 S 68 & 801 W Pioneers
Attachments: 22155 S 68th D sheet.pdf; 801 W Pioneers D sheet.pdf; 801 W Pioneers perc test.pdf

Here are the D sheets and correct perc test for 801 W Pioneers.

Thanks

Jason and Jaime Kubik

Southwick Liquid Waste
Office: 402-475-2462
www.southwickliquidwaste.com

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

SCANNED

A

Permit Number HS001355

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* 22155 S 68th ST (no rural route) City Hickman, NE Zip 68372

Legal Description NE NE 9 7 7

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

PID 14-09-200-005-000 *Approx. Address (If to be determined)

B. Owner

Name Leroy Dechies Signature

Address 22155 S 68th City/State/Zip

Home Phone Work Phone

C. Certified Installer

Name: Jason Kubik Signature Jason Kubik

Address 105 Locust 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 3 Whirlpool Bathtub? ☒ Yes ☐ No Total Acres 77.04

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 10/24/16
Date frwd 10/24/16
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
Date 11/7/16

Business Office Use Only
Date Received 10-20-16 Amount Paid $395
Received By SB Cash/Check No. 2727

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

Form A Updated: 4/15

* Existing Home