**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. HS001670**

**System Type:** Standard

**Situs:** 8900 S 56TH ST, LINCOLN, NE 68516

Issued: 5/23/2018

Expires: 5/23/2019

**Description:** S28, T9, R7, 6th Principal Meridian, LOT 88 NW

**Owner:** VANCE, DEREK O & CHRISTINE W
8900 S 56 ST
LINCOLN, NE 68516

Shavonna M. Lausterer, MPH, CPH, 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.

Shavonna M. Lausterer, MPH, CPH
Health Director

JASON KUBIK
105 LOCUST ST
HICKMAN, NE 68372

MAY 2 2 2018

SCANNED

MAY 2 2 2018

A

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

Permit Number HS001670

# 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* 8900 S 56th ST (no rural route) City LINCOLN, NE Zip 68516

Legal Description ____ 28 9 7 ____

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

PID 16-28-100-007-000 *Approx. Address (If to be determined)____

## B. Owner

Name DEREK VANCE Signature____

Address 8900 S 56th ST City/State/Zip____

Home Phone 801-510-1277 Work Phone____

## C. Certified Installer

Name: JASON KUBIK Signature [signature]

Address 105 LOCUST ST 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 5.32

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 5/23/18
Date frwd 5/23/18
**ACTION** ☒ Approved ☐ Disapproved
Signature [signature]

**2. Supt. Bldg. Insp. or Village Clerk**
Comments____
Date rec'd____
Date frwd____
**ACTION** ☐ Approved ☐ Disapproved
Signature____

**3. City or County Engineer**
Comments [signature]
Date rec'd____
Date frwd____
**ACTION** ☐ Approved ☐ Disapproved
Signature____

**Installation Final Written Approval**
By [signature]
Date 6/18/18

***Business Office Use Only***
Date Received 5-22-18 Amount Paid $405
Received By [signature] Cash/Check No. 3246

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

Form A Updated: 4/15

+ Existing property – System Replacement

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**D**

Permit Number:
HS001670

# 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) 16-28-100-007-000

Owner: DEREK VANCE Address 8900 S 56h ST LINCOLN NE 68516

### A. Wastewater Piping

1. Material: SCH 40 PLASTIC Diameter: 4 in.
2. Distance between dwelling and septic tank: 228 ft.

### B. Septic Tank

1. Material PLASTIC
2. Capacity: (2) 1000 GALLON INFILTRATOR
3. Depth to top of tank, below unfinished grade: 24 in.
4. Distance to:
   Well +100 ft.
   Pressure line +100 ft
   Property Line 50 ft.
   Foundation 228 ft.

### C Distribution Box or Drop Box

Distance and Direction from septic tank: 18 ft. E

### D. Drainfield/Absorption Field

☑ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☐ Other
   Material brand and inside width of Chamberless:
   INFILTRATOR QUICK 4 PLUS 29
2. Number of Laterals: 5
3. Length of each lataral (linear): ft. 140 ft. 76 ft. 68 ft. 72 12
4. Drainfield size: 1754.5 sq. ft.
5. Distance to:
   Well + 100 ft.
   Pressure line + 100 ft.
   Property line 25 ft.
   Depth of Groundwater +12

system not completed upon arrival - pH ✓

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

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

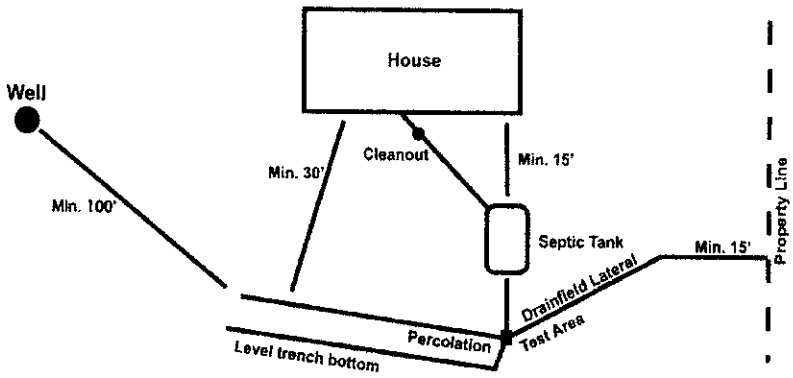
I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: Date: 5/30/15

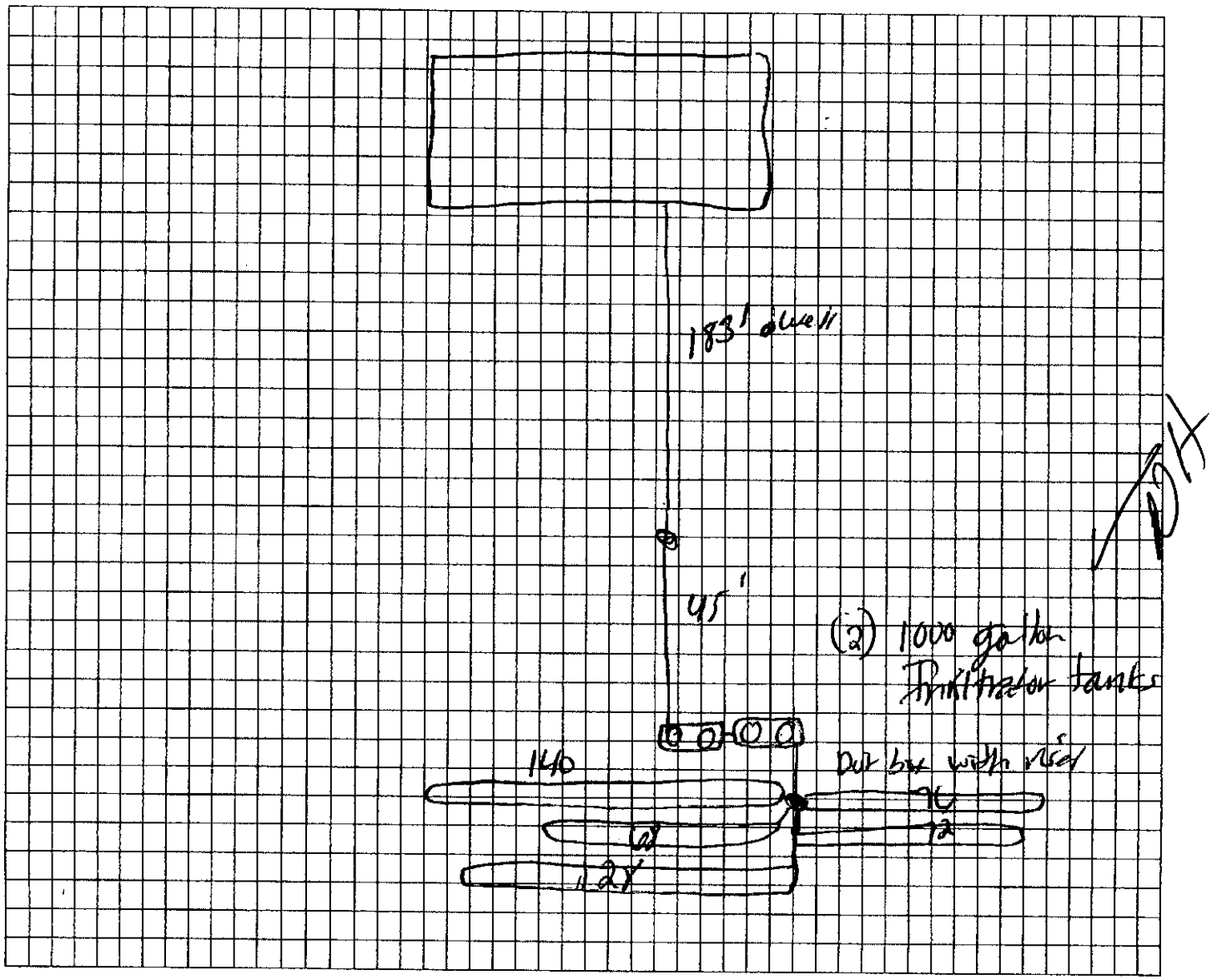
**Complete As-Built drawing on the back of this form.**

Indicate North
w/ Arrow Here:

**Onsite Wastewater System Design (Example)**




*Note-If Lagoon, show all applicable dimensions



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**D**

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Certified Professional Signature: [signature] Date: 5/30/15

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

## Nate C. Hartman

**From:** Jason Kubik <southwicksewer@yahoo.com>
**Sent:** Sunday, June 10, 2018 6:25 PM
**To:** Nate C. Hartman
**Subject:** 8900 S 56TH ST
**Attachments:** 8900 S 56th D Sheet.pdf

Nate

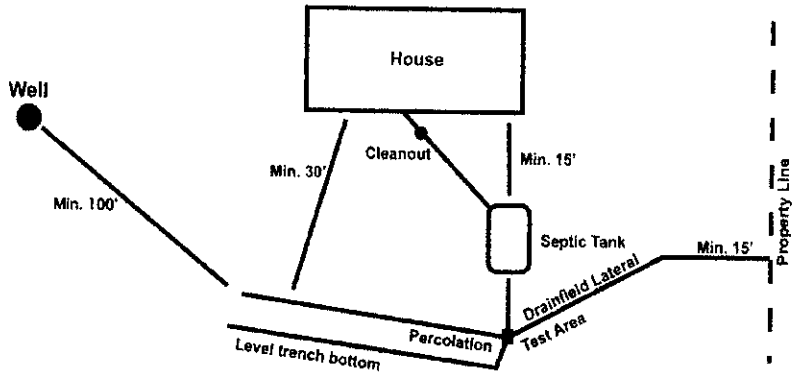
D sheet is attached


# Jason and Jaime Kubik

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

Indicate North
w/ Arrow Here:

## Onsite Wastewater System Design (Example)




*Note-If Lagoon, show all applicable dimensions

