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

MAY 2 2 2018

A

Permit Number #500171

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* 19974 S 120th (no rural route) City Hickman, NE Zip NE 68372

Legal Description ____ 32 8 8 6th Principal Meridian 8

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

PID 21-32-300-011-000 *Approx. Address (If to be determined)____

B. Owner

Name Dan Mulder Signature____

Address 8121 Nob Hill Road City/State/Zip Lincoln, NE 68516

Home Phone____ Work Phone____

C. Certified Installer

Name: Jason Kubik Signature Jason Kubik

Address 105 Locust Street 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 20.02
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____ 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 5-22-18 Amount Paid $405
Received By JMO Cash/Check No. 9813

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
3131 O Street Lincoln, Nebraska 68510-1514

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT
No. HS001671

System Type: Lagoon

Situs: 19974 S 120TH ST, HICKMAN, NE 68372

Issued: 5/23/2018

Expires: 5/23/2019

Description: S32, T8, R8, 6th Principal Meridian, LOT 8 SW 20.02+- ACRES IN EAST (07-42200)

Owner: WOBIG, SCOTT
8109 HUNTERS RIDGE RD
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

MULDER CONSTRUCTION INC
8121 NOB HILL RD
LINCOLN, NE 68516

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

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Site visits ____
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Date frwd ____
ACTION ☐ Approved ☐ Disapproved
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Installation Final Written Approval
By ____
Date 8/20/18

Business Office Use Only
Date Received 5-22-18 Amount Paid $405
Received By MO Cash/Check No. 9813

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

Form A Updated: 4/15

2 Existing Buildings on property

Nate C. Hartman

From: Jason Kubik <southwicksewer@yahoo.com>
Sent: Saturday, August 18, 2018 1:07 PM
To: Nate C. Hartman
Subject: 19974 S 120th ST
Attachments: 19974 S 120th ST D Sheet.pdf; 19974 S 120th ST Perc test.pdf

Here is D sheet & perc

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

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) 21-32-300-011-000

Owner: SCOTT WOBIG Address 19974 S 120TH ST HICKMAN, NE 68372

A. Wastewater Piping

1. Material: SCH 40 PVC Diameter: 4 in.
2. Distance between dwelling and septic tank: 90 ft.

B. Septic Tank

1. Material PLASTIC
2. Capacity: (2) INFILTRATOR 1000 GALLON - 2000
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 90 ft.

C Distribution Box or Drop Box

Distance **and** Direction from septic tank: 83 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: 4
3. Length of each lataral (linear): ft. 116 ft. 116 ft. 112 ft. 112
4. Drainfield size: 1653 sq. ft.
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:

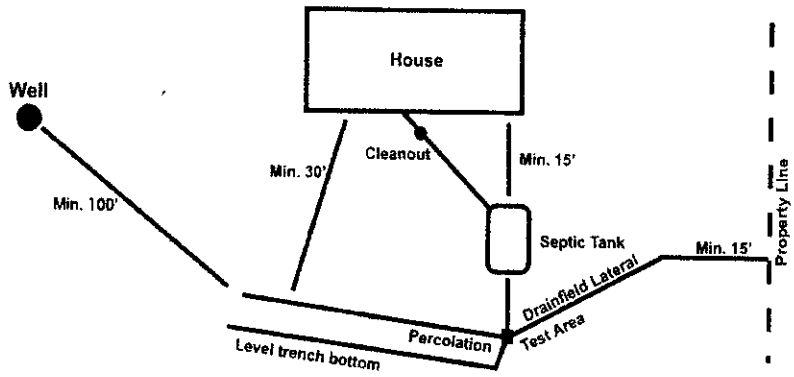
I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: [signature] Date: 8/16/18

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

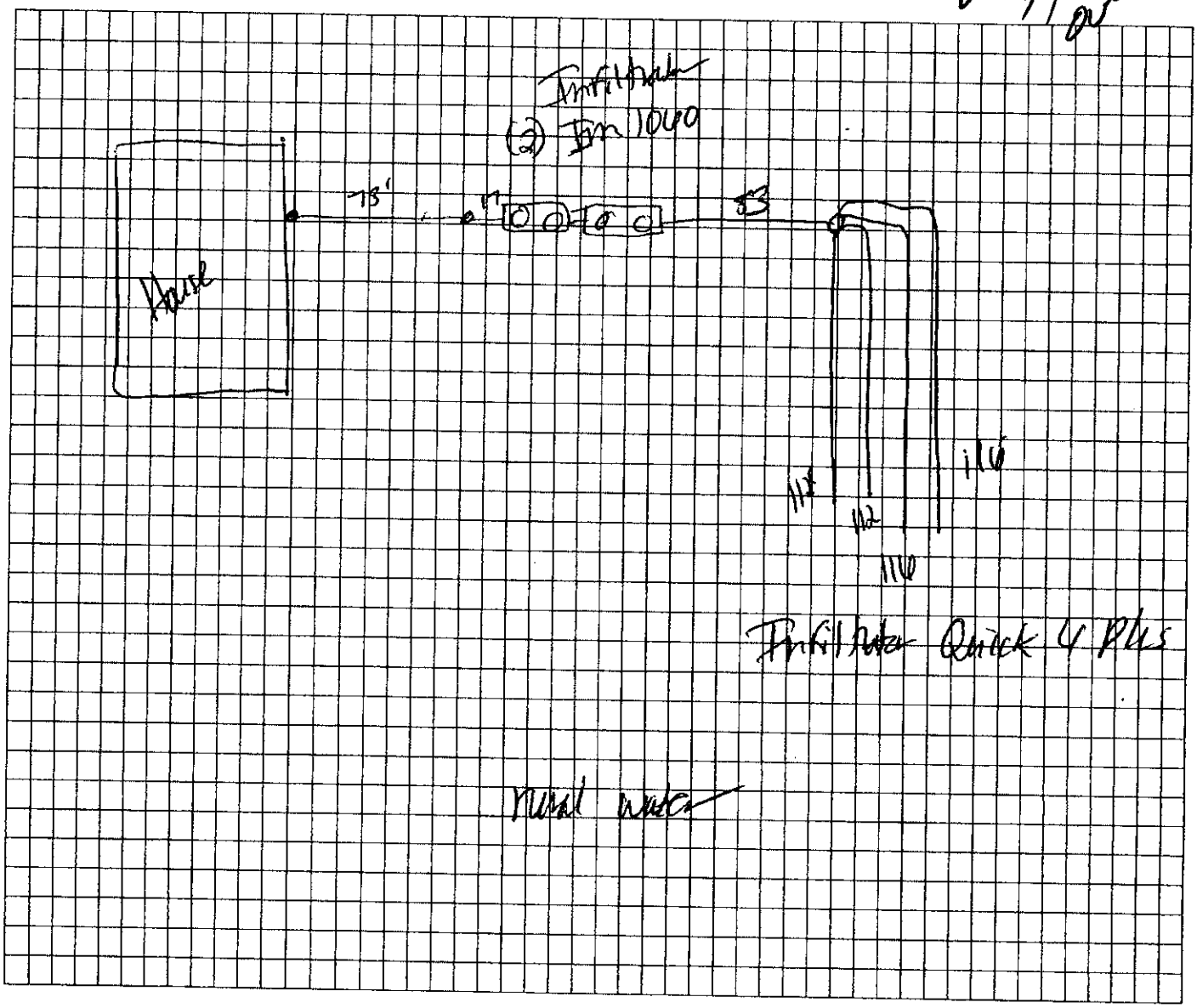
Indicate North
w/ Arrow Here:

Onsite Wastewater System Design (Example)



*Note-If Lagoon, show all applicable dimensions

✓ System Designed



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 19974 S 120th ST (no rural route) City HICKMAN NE, Zip 68372

Owner SCOTT WOBIG Address SAME

Date of Tests 7/31/18 to 8/1/18 Weather: Precipitation 0 Temperature 90

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			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	28	7/31	2:45	8/1	9:30	8/1	1:00	6	8/1	1:30	30	1	30
2	28	7/31	2:45	8/1	9:30	8/1	1:00	6	8/1	1:30	30	1 1/4	27
3	28	7/31	2:45	8/1	9:30	8/1	1:00	6	8/1	1:30	30	7/8	35
4	28	7/31	2:45	8/1	9:30	8/1	1:00	6	8/1	1:30	30	1 1/4	27
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: JASON KUBIK
Phone: 402-475-2462
Address 105 LOCUST ST
HICKMAN NE 68372

Sum of Percolation Rates: 119
Average of Rates: 29.75
Rate Used for Calculation: 30

Soil type (NRCS Maps/Other) 7231 JUDSON
Groundwater Depth +12

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Comments (Soil type, groundwater, floodplain, etc.)

Signature of Reviewing Official _____ Date _____