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

A

Permit Number #500192

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* 12500 FINIGAN RD City LINCOLN, NE Zip 68517
(no rural route)

Legal Description SW 11 T11 R7 FINIGANS REPLAT 1 1
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 18-11-302-001-000 *Approx. Address (If to be determined)

B. Owner

Name JAMES & SUSAN RAMEY Signature

Address 311 N HOT SPRINGS DRIVE City/State/Zip BOISE, ID 83712

Home Phone 402-419-4490 Work Phone

C. Certified Installer

Name: JAIME KUBIK Signature

Address 105 LOCUST ST BOX 191 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 3.22
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 9-23-19 Amount Paid $430.00
Received By JAO Cash/Check No. 3603

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 12500 Finigan Road (no rural route) City Lincoln NE, Zip 68517

Owner Jim Ramey Address

Date of Tests 9/1/19 to 9/2/19 Weather: Precipitation None Temperature 90

Percolation Test Data Table

A.	B.	C.	D.	E.	F.	G.	H.	I.	J.	K.	L.	M.	N.
		Saturation/Swelling Time				Water Level Drop Last 30 mins of 4 hr or last 10 mins of 1 hr					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	9/1	4 pm	9/2	9:30am	9/2	11:30	6	9/2	12:00	30	5/8	48
2	30	9/1	4 pm	9/2	9:30am	9/2	11:30	6	9/2	12:00	30	5/8	48
3	30	9/1	4 pm	9/2	9:30am	9/2	11:30	6	9/2	12:00	30	3/4	40
								6					
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

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

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

Soil type (NRCS Maps/Other) 7644 Tutan Silty Clay
Groundwater Depth +12

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. HS001902

System Type: Standard

Situs: 12500 FINIGAN RD, LINCOLN, NE 68517

Issued: 9/30/2019

Expires: 9/30/2020

Description: FINIGANS REPLAT, BLOCK 1, Lot 1

Owner: RAMEY, JAMES W & SUSAN L
311 N HOT SPRINGS DR
BOISE, ID 83712-8230

Patricia D. Lopez

Patricia D. Lopez, RN, MSN, Interim 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
Interim Health Director

SOUTHWICK LIQUID WASTE INC
105 LOCUST ST PO BOX 191
HICKMAN, NE 68372

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

SCANNED

A

Permit Number #50019 02

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* 12500 FINIGAN RD City LINCOLN, NE Zip 68517
(no rural route)

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

PID 18-11-302-001-000 *Approx. Address (If to be determined)

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Name JAMES & SUSAN RAMEY Signature

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Home Phone 402-419-4490 Work Phone

C. Certified Installer

Name: JAYME KUBIK Signature

Address 105 LOCUST ST BOX 191 City/State/Zip HICKMAN, NE 68372

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Garbage Grinder? ☒ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day Type of Wastewater ☒ Domestic ☐ Non-Domestic

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Approval Process

1. Health Department
Site visits
Comments
Date rec'd 9/30/19
Date frwd 9/30/19
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 5/5/20

Business Office Use Only
Date Received 9-23-19 Amount Paid $430.00
Received By JAO Cash/Check No. 3603

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

Form A Updated: 4/15

* System Replacement

Nate C. Hartman

From: Jason Kubik <southwicksewer@yahoo.com>
Sent: Thursday, November 7, 2019 11:00 AM
To: Nate C. Hartman
Subject: 12500 Finigan Road D SHEET
Attachments: 12500 Finigan Road D SHEET.pdf

Please see the attached D SHEET

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) 18-11-302-001

Owner: JAMES RAMEY Address 12500 FINIGAN RD LINCOLN, NE 68517

A. Wastewater Piping

1. Material: SCH 40 Diameter: 4 in.
2. Distance between dwelling and septic tank: 83 ft.

B. Septic Tank

1. Material IM 1530 INFILTRATOR
2. Capacity: 1500 GALLON
3. Depth to top of tank, below unfinished grade: 18 in.
4. Distance to:
   Well +100 ft.
   Pressure line +50 ft
   Property Line +50 ft.
   Foundation 83 ft.

C Distribution Box or Drop Box

Distance **and** Direction from septic tank: 10 ft. S

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☒ Other
   Material brand and inside width of Chamberless: INFILTRATOR EZ FLOW 1203
2. Number of Laterals: 3
3. Length of each lataral (linear): ~~ft.~~ 80 ft. 80 ft. 80 ft. ____ ft. ____
4. Drainfield size: ~~240~~ 1080 sq. ft. - 1050 Req'd
5. Distance to:
   Well +100 ft.
   Pressure line +50 ft.
   Property line +50 ft.
   Depth of Groundwater +12

Partial 1st lateral started, system not completed upon arrival DH

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

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

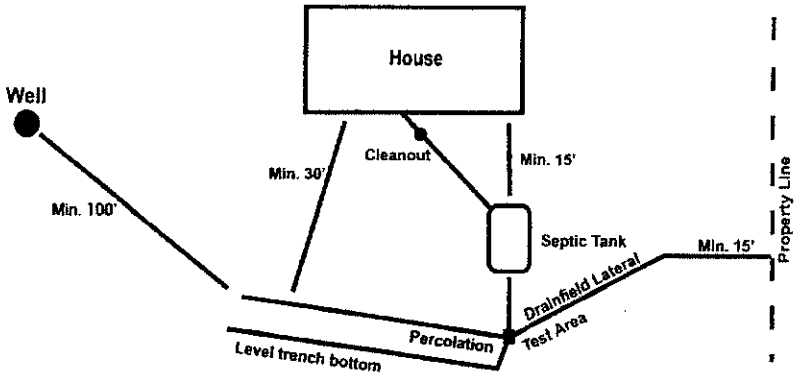
I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: Jaime Kuk Date: 9/30/19

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

