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

A

Permit Number H5001987

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* 10505 ROCA RD City ROCA, NE Zip 68430
(no rural route)

Legal Description S24 T8 R7 WGON TRAIN ACRES 1
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 15-24-201-001-000 *Approx. Address (If to be determined)

B. Owner

Name JESSE JONES Signature
Address 10505 ROCA RD City/State/Zip ROCA, NE 68430
Home Phone Work Phone

C. Certified Installer

Name: JASON KUBIK 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 Replacing existing septic for addition

☒ Residential Dwelling Number of Bedrooms 4 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 3
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 4-27-20 Amount Paid $430.00
Received By JAV Cash/Check No. CC0214

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

Form A Updated: 4/15

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

15-24-201-001-000

PLEASE PRINT OR TYPE

Onsite System Location

Address 10505 ROCA RD (no rural route) City ROCA NE, Zip 68430

Owner JESSE JONES Address same

Date of Tests 4/21/2020 to 4/22/2020 Weather: Precipitation 0 Temperature 50

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			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	4/21	5:15	4/22	8:00	4/22	11:30	6	4/22	12:00	30	5/8	48
2	30	4/21	5:15	4/22	8:00	4/22	11:30	6	4/22	12:00	30	1/2	60
3	30	4/21	5:15	4/22	8:00	4/22	11:30	6	4/22	12:00	30	5/8	48
4	30	4/21	5:15	4/22	8:00	4/22	11:30	6	4/22	12:00	30	1/2	60
								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: 216
Average of Rates: 54
Rate Used for Calculation: 59

Soil type (NRCS Maps/Other) 7684
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. HS001987

System Type: Standard

Situs: No Site Address Specified

Issued: 4/28/2020

Expires: 4/28/2021

Description: WAGON TRAIN ACRES, Lot 1

Owner: JONES, JESSE & CLYMER, KAYLA
10505 ROCA RD
ROCA, NE 68430

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

JASON KUBIK
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

SCANNED

A

Permit Number
HS001987

Onsite Wastewater Treatment System Permit Application

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☐ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

PLEASE PRINT OR TYPE

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

PID 15-24-201-001-000 *Approx. Address (If to be determined)

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D. Engineer

☐ **Check and complete if engineer designed system** P.E. License Number:
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☒ Residential Dwelling Number of Bedrooms 4 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 3
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 late April
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 Jeary Kubik
Date 6/1/20

Business Office Use Only
Date Received 4-27-20 Amount Paid $430.00
Received By JAV Cash/Check No. CC0214

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

Form A Updated: 4/15

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

Exhibit 5

Permit Number: H5001987

Onsite Wastewater Treatment System

Inspection Sheet

Date 6/1/20

Legal Description ____ ¼ ____ ¼ ____ Section/Township/Range

Onsite System Location

Address (no rural route) 10505 Roca Rd 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 1,440 Sq. Ft. Tank Size 1500 gals

Total length of laterals 320' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☒ Other (describe) E-Z Flow

No. of Absorption Laterals 5 Width 4.5 feet No. of Drop Boxes ____ Distribution Box ____

Leveling Method Used Laser

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 NA

Lateral #1 ____ Lateral #3 ____

Lateral #2 ____ Lateral #4 ____

Comments:

Inspections prior to Final Approval
Initial ____ Date late April/20

Follow-Up ____ Date ____

Follow-Up ____ Date ____

Installation Final Written Approval
By ____
Date 6/1/20

Field Note Drawing (See Reverse Side):

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) 15 - 24 - 201 - 001 - 000

Owner: JESSE JONES Address 10505 Rock Rd

A. Wastewater Piping

1. Material: SCH 40 Diameter: 4 in.
2. Distance between dwelling and septic tank: 57 ft.

B. Septic Tank

1. Material 1M 1530
2. Capacity: 1500
3. Depth to top of tank, below unfinished grade: 12 in.
4. Distance to:
   Well NA ft.
   Pressure line +100 ft.
   Property Line +100 ft.
   Foundation 57 ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: ____ ft. ____

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☒ Other
   Material brand and inside width of Chamberless: E2 FLOW 1203
2. Number of Laterals: 5
3. Length of each lateral (linear): ft. 70 ft. 70 ft. 70 ft. 60 50 FT
4. Drainfield size: 1440 sq. ft.
5. Distance to:
   Well NA ft.
   Pressure line +100 ft.
   Property line +100 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: Eric Kuri Date: May 27, 2020

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

10505 Boca Rd

Doug R. Smith

From: Jason Kubik <southwicksewer@yahoo.com>
Sent: Sunday, April 26, 2020 7:04 PM
To: Nate C. Hartman; Doug R. Smith
Subject: 10505 Roca Rd
Attachments: 10505 ROCA RD A SHEET.pdf; 10505 ROCA RD perc test.pdf

CAUTION: This email comes from a sender outside your organization.

Here is the paperwork for last week's adventure. Jaime will call in payment

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

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Onsite Wastewater Treatment System Permit Application

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Site visits _____ Date rec'd _____ **ACTION** ☐ Approved ☐ Disapproved

_____ Date frwd _____ Signature _____

Comments _____

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Comments _____ Date rec'd _____ **ACTION** ☐ Approved ☐ Disapproved

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Installation Final Written Approval

By _____

Date _____

Business Office Use Only

Date Received _____ Amount Paid _____

Received By _____ Cash/Check No. _____

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

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Environmental Public Health Division
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15-24-201-001-000

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HICKMAN, NE 68372

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