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

A

Permit Number
#S002021

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* 14707 COUNTRY LANE City LINCOLN, NE Zip 68505
(no rural route)

Legal Description S04 T11 R7 EL-DE ACRES 1 2
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 18-04-101-002 *Approx. Address (If to be determined)

B. Owner

Name JARED HARMS Signature

Address 14707 COUNTRY LANE City/State/Zip LINCOLN, NE 68505

Home Phone 402-332-7480 Work Phone

C. Certified Installer

Name: JAIME KUBIK Signature Jaime Kubik

Address 105 LOCUST ST 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 4 Whirlpool Bathtub? ☒ No Total Acres 4.70
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 6-11-20 Amount Paid $430.00
Received By JAC Cash/Check No. 0854 CC

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

PLEASE PRINT OR TYPE

Onsite System Location

Address 14707 Country Lane (no rural route) City Lincoln NE, Zip 68505

Owner Jared Harms Address

Date of Tests 6/6/2020 to 6/7/2020 Weather: Precipitation none Temperature 90 degrees

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 Water Lev (in.)	End		Elapsed Time Interval	Water Level Drop(in)	Percolation Rates (Min/in = mpi)
Hole No.	Hole Depth(in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)		Date (Mo/Da)	Time (Hr/Min)			
1	30	6/6	5:30 pm	6/7	8:00 am	6/7	11:30 am	6	6/7	12:00pm	30 min	5/8	48
2	30	6/6	5:30 pm	6/7	8:00 am	6/7	11:30 am	6	6/7	12:00 pm	30 min	5/8	48
3	30	6/6	5:30 pm	6/7	8:00 am	6/7	11:30 am	6	6/7	12:00 pm	30 min	1/2	60
								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: 156
Average of Rates: 52
Rate Used for Calculation: 59

Soil type (NRCS Maps/Other) 7202 Askarben
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. HS002021

System Type: Standard

Situs: No Site Address Specified

Issued: 6/11/2020

Expires: 6/11/2021

Description: EL-DE ACRES REPLAT, BLOCK 1, Lot 2

Owner: HARMS, JARED & LINDSEY
14707 COUNTRY LN
LINCOLN, NE 68517

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, 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
#S002021

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)

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(no rural route)

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

PID 18-04-101-002 *Approx. Address (If to be determined)

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Name JARED HARMS Signature

Address 14707 COUNTRY LANE City/State/Zip LINCOLN, NE 68505

Home Phone 402-332-7480 Work Phone

C. Certified Installer

Name JAIME KUBIK Signature Jaime Kubik

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

Work Phone 402-475-2462

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☐ Check and complete if engineer designed system P.E. License Number:

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Comments
Date rec'd 6/11/20
Date frwd 6/11/20
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 6/19/20

Business Office Use Only
Date Received 6-11-20 Amount Paid $430.00
Received By JAC Cash/Check No. 1054 CC

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

Form A Updated: 4/15

* System Replacement - DH

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

Permit Number: HS002021

Onsite Wastewater Treatment System

Inspection Sheet

Date 6/19/20 Legal Description EL De Acres Blk 1, Lot 2

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 4707 Country Ln 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 1440 Sq. Ft (1440.00) Tank Size 1500 gals

Total length of laterals 320 Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☐ Other (describe) EZ-Flow

No. of Absorption Laterals 3 Width 3' No. of Drop Boxes 0 Distribution Box 1

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_____

Lateral #1_____ Lateral #3_____

Lateral #2_____ Lateral #4_____

Comments:

Inspections prior to Final Approval
Initial _____ Date 6/19/20

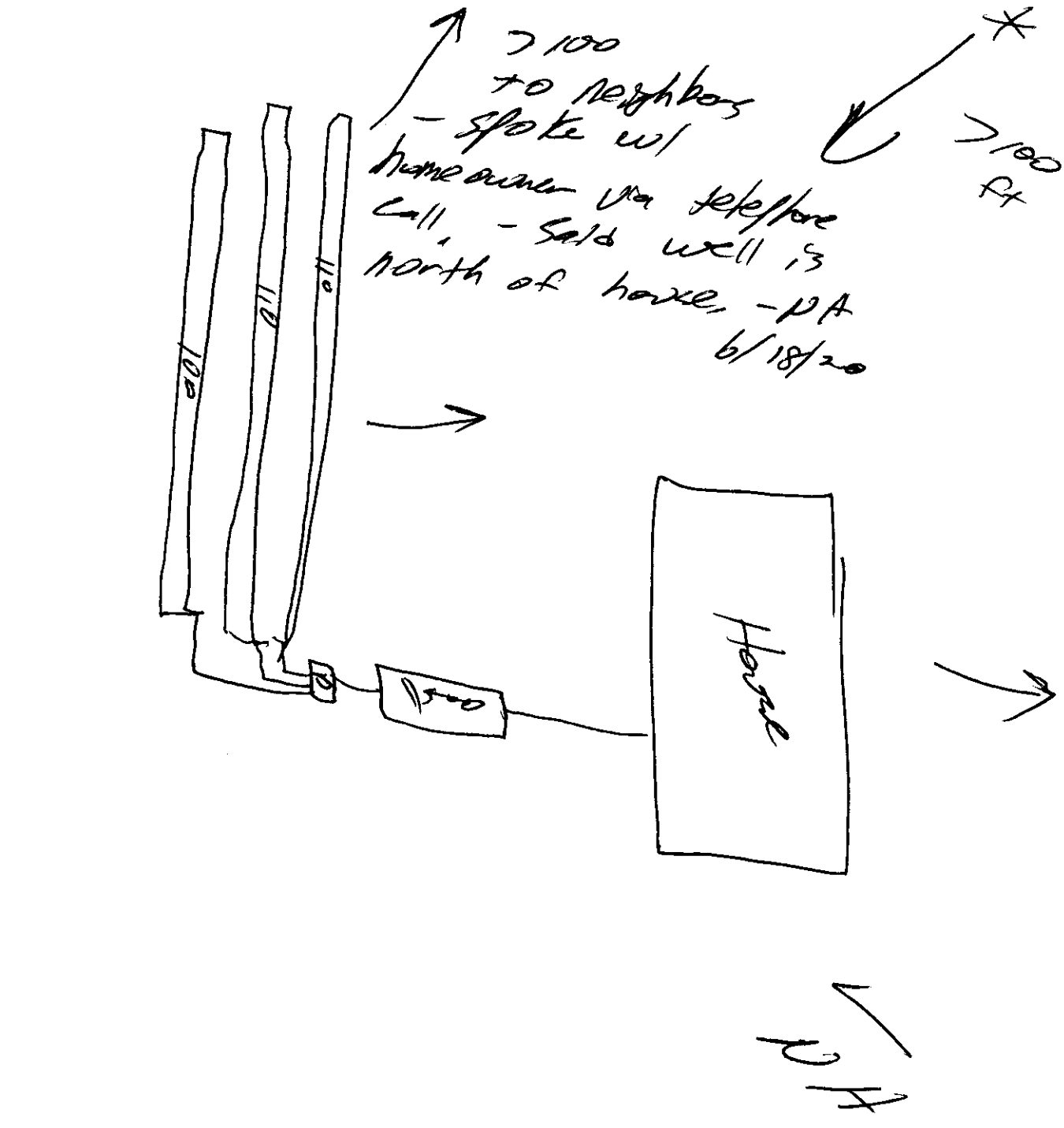
Follow-Up_____ Date _____

Follow-Up_____ Date _____

Installation Final Written Approval
By _____

Date 6/19/20

Field Note Drawing (See Reverse Side):


>100
to neighbors
- spoke w/
homeowner via telephone
call. - Said well is
north of house. - PA
6/18/20
>100
ft
100
110
111
House

HS002021

Nate C. Hartman

From: Jason Kubik <southwicksewer@yahoo.com>
Sent: Tuesday, July 7, 2020 1:43 PM
To: Nate C. Hartman
Subject: 14707 Country Lane D SHEET
Attachments: 14707 Country Lane D SHEET.pdf

[CAUTION] This email comes from a sender outside your organization.

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) 18-04-101-002-006

Owner JAROD HARMS Address 14707 COUNTRY LANE LINCOLN, NE 68505

A. Wastewater Piping

1. Material: Sch 40 Diameter: 4 in.
2. Distance between dwelling and septic tank: 110 ft.

B. Septic Tank

1. Material 1M 1530 INFILTRATOR
2. Capacity: 1500 GALLONS
3. Depth to top of tank, below unfinished grade: 12 in.
4. Distance to:
   Well +100 ft.
   Pressure line +50 ft
   Property Line +50 ft.
   Foundation 110 ft.

C Distribution Box or Drop Box

Distance **and** Direction from septic tank: 110 ft. South

D. Drainfield/Absorption Field

☐ Trench ☒ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☒ Other
   Material brand and inside width of Chamberless: EZ FLOW 1203
2. Number of Laterals: 3
3. Length of each lataral (linear): ft 100 ft. 110 ft. 110 ft. ____
4. Drainfield size: 1440 sq. ft.
5. Distance to:
   Well +100 ft.
   Pressure line ____ ft.
   Property line ____ 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: July 3, 2020

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

bkll
0

