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

A

Permit Number HS002027

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* 500 S 112TH (no rural route) City LINCOLN, NE Zip 68520

Legal Description 30 10 8 6TH PRINCIPAL 13 NE
1/4 1/4 Section Township Range Subdivison MERIDIAN Addition Block Lot

PID 23-30-200-004-006 *Approx. Address (If to be determined)

B. Owner

Name DAN KOCH Signature

Address 500 S 112TH City/State/Zip LINCOLN, NE 68520

Home Phone 402-417-2208 Work Phone

C. Certified Installer

Name: JAIME KUBIK Signature Jaime Kubik

Address 105 LOWST 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 3 Whirlpool Bathtub? ☒ Yes ☐ No Total Acres 1.84
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 6-16-20 Amount Paid $430.00
Received By JRO 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

PLEASE PRINT OR TYPE

Onsite System Location

Address 500 S 112th (no rural route) City Lincoln NE, Zip 68520

Owner Dan Koch Address

Date of Tests 6/2/2020 to 6/3/2020 Weather: Precipitation none Temperature 90 degrees

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		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	6/2	5 pm	6/3	8 am	6/3	11:30 am	6	6/3	12 pm	30	1 1/8	27
2	30	6/2	5 pm	6/3	8 am	6/3	11:30 am	6	6/3	12 pm	30	1 1/4	24
3	30	6/2	5 pm	6/3	8 am	6/3	11:30 am	6	6/3	12 pm	30	5/8	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: 91
Average of Rates: 30
Rate Used for Calculation: 30

Soil type (NRCS Maps/Other) 7206 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. HS002027

System Type: Standard

Situs: No Site Address Specified

Issued: 6/16/2020

Expires: 6/16/2021

Description: S30, T10, R8, 6th Principal Meridian, LOT 13 NE

Owner: KOCH, KRISTINA L & DANIEL L
500 S 112 ST
LINCOLN, NE 68520

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
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
HS002027

Onsite Wastewater Treatment System Permit Application

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Comments
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ACTION ☒ Approved ☐ Disapproved
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Comments
Date rec'd
Date frwd
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Signature

Installation Final Written Approval
By
Date 8/13/20

Business Office Use Only
Date Received 6-16-20 Amount Paid $430.00
Received By JRO Cash/Check No CC0214

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

Form A Updated: 4/15

see as-built

* System Replacement

Nate C. Hartman

From: Jason Kubik <southwicksewer@yahoo.com>
Sent: Wednesday, August 12, 2020 12:38 PM
To: Nate C. Hartman
Subject: 500 S 112th D SHEET
Attachments: 500 S 112th 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) 23-30-200-004-000

Owner: DAN KOCH Address 500 S 112TH LINCOLN, NE 68520

A. Wastewater Piping

1. Material: SCH 40 Diameter: 4 in.
2. Distance between dwelling and septic tank: 30 ft.

B. Septic Tank

1. Material IM 1530 INFILTRATOR
2. Capacity: 1500 GALLON
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 30 ft.

C Distribution Box or Drop Box

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

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☒ Other
   Material brand and inside width of Chamberless: E-2 FLOW 1203
2. Number of Laterals: 3
3. Length of each lateral (linear): ft. 80 ft. 80 ft. 80 ft. _____
4. Drainfield size: 1080 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:

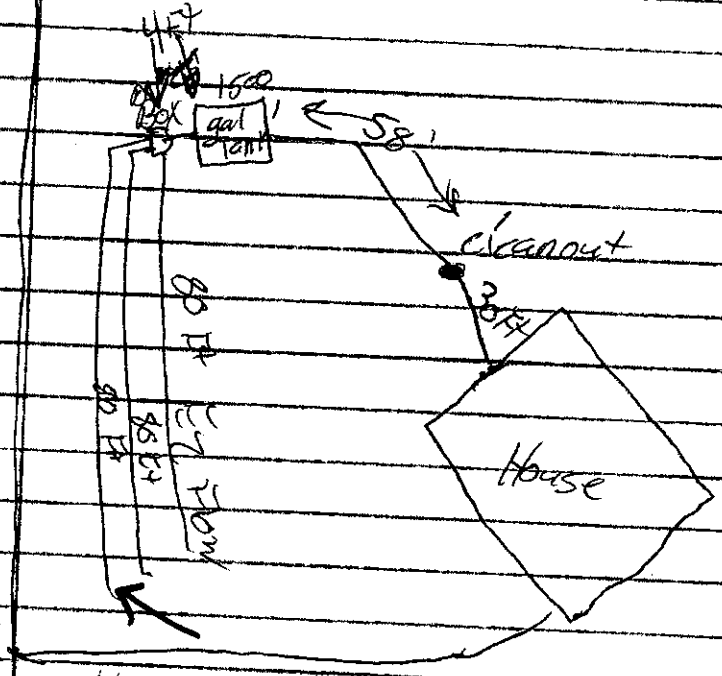
I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: _____ Date: AUG 11, 2020

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

500 S. 112th

N
W + E
S



4 Ft
14 Ft
24 Ft
4 Ft
58 Ft
4 Ft our Pipe

Raised out grade while 80 Ft Installed later