HS002077

Application to Alter or Repair an Onsite Wastewater Treatment System

The applicant is applying for a permit to: ☐ALTER ☐REPAIR an existing Onsite Wastewater Treatment System, and agrees to comply with LMC 24.38 or County Resolution 02-0030.

1. **Street Address (No Rural Route):** 20000 S 91ST HICKMAN, NE 68372

   Legal Description of Property: Township: 8 Range: 7 Section: 32

   Block ____ Lot 23 SW SubDivision 6TH PRINCIPAL MERIDIAN Add: ____

   ***Parcel ID** 15-36-300-006-000 (i.e. 99-99-999-999-999)

2. **Property use:** ☒ Residential ☐ Commercial ☐ Other use (Describe: ____)
   Number of bedrooms 3 Does the system have a: ☐ Garbage Grinder ☐Large Capacity Tub

3. **Type of Present Individual Disposal System** ☒ septic system ☐ lagoon ☐ other

4. **Description of proposed alteration or repair:** INSTALL 1080 EZ FLOW LATERAL 50 FT USING EXISTING TANK

5. **Current Type of Lateral-** ____ **Current Linear Ft. Of Lateral -** ____

   Current Tank Gallonage- 1000 GALLON

6. Print Name JAIME KUBIK Address 105 LOCUST ST P.O. BOX 191 HICKMAN, NE 68372 Phone: 402-475-2462

   Applicant Signature: Jaime Kubik

Please contact LLCHD for the current permit fee for this application
Fee must be included before the application will be processed. Incomplete information will delay processing.

HEALTH DEPARTMENT USE ONLY

☐Municipal Code 24.38 ☐County Resolution Number 02-30

Date received ___/___/___ REVIEW: ☐ Approved ☐ Disapproved By: ____

Comments (if any): ____

Site visits
Date ___/___/___ By ____
Date ___/___/___ By ____

Installation final written approval
Date ___/___/___ By ____

Return application to:
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: (402) 441-8643

Business Office Use Only

Received: Date: 8/12/20 Amount $230.00 Check No. CC0214 Initials JAD

Revised 4/8/13

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 20000 S 96th (no rural route) City Hickman NE, Zip 68372

Owner Carol Jobman Address

Date of Tests 7/29/2020 to 7/30/2020 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 in	7/29	4:30 pm	7/30	9 am	7/30	12:30 pm	6	7/30	1 pm	30 min	5/8	48
2	30 in	7/29	4:30 pm	7/30	9 am	7/30	12:30 pm	6	7/30	1 pm	30 min	5/8	48
3	30 in	7/29	4:30 pm	7/30	9 am	7/30	12:30 pm	6	7/30	1 pm	30 min	1/2	60
4	30 in	7/29	4:30 pm	7/30	9 am	7/30	12:30 pm	6	7/30	1 pm	30 min	1/2	60
								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: 216
Average of Rates: 54
Rate Used for Calculation: 59

Soil type (NRCS Maps/Other) 7684 Wymore
Groundwater Depth +12 feet

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
ALTERATION PERMIT
No. HS002077

System Type: Standard

Situs: No Site Address Specified

Issued: 8/13/2020

Expires: 8/13/2021

Description: S36, T8, R7, 6th Principal Meridian, LOT 23 SW

Owner: JOBMAN, CAROL J REVOCABLE
TRUST, THE
20000 S 96 ST
HICKMAN, NE 68372

Patricia D. Lopez

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

Dear Applicant:

The above document is your permit to alter an existing On-site Waste Water System at the location listed. Please contact this office once the alteration is complete to obtain final approval before use.

Patricia D. Lopez

Patricia D. Lopez, RN, MSN
Interim Health Director

JAIME KUBIK
105 LOCUST ST, PO BOX 191
HICKMAN, NE 68372

SCANNED

HLS002077

Application to Alter or Repair an Onsite Wastewater Treatment System

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   Current Tank Gallonage- 1000 GALLON

6. Print Name JAIME KUBIK Address 105 LOCUST ST P.O. BOX 191 HICKMAN, NE 68372 Phone: 402-475-2462

   Applicant Signature: Jaime Kubik

Please contact LLCHD for the current permit fee for this application

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HEALTH DEPARTMENT USE ONLY

☐Municipal Code 24.38 ☒County Resolution Number 02-30

Date received 8/13/20 REVIEW: ☒ Approved ☐ Disapproved By: ____

Comments (if any): ____

Site visits

Date 08/20/20 By DaS

Date ___/___/___ By ____

Installation final written approval

Date 08/20/20 By Doug Amack

Return application to:

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: (402) 441-8643

Business Office Use Only

Received: Date: 8/12/20 Amount $230.00 Check No. CC0214 Initials JAD

Revised 4/8/13

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

Exhibit 5

Permit Number: HS002077

Onsite Wastewater Treatment System

Inspection Sheet

Date 8/20/20 Legal Description ____ ¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 20000 S 96th 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 1,080 Sq. Ft. Tank Size 1,000 gals existing

Total length of laterals 240' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☒ Other (describe) E-Z Flow

No. of Absorption Laterals 2 Width ____ No. of Drop Boxes ____ 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 ☐	2 ☐	5 ☐

Geographical Coordinates to 6 Decimals:

Tank ____

Lateral #1 NA Lateral #3 ____

Lateral #2 ____ Lateral #4 ____

Comments:

Inspections prior to Final Approval
Initial DL Date 8/20/20

Follow-Up ____ Date ____

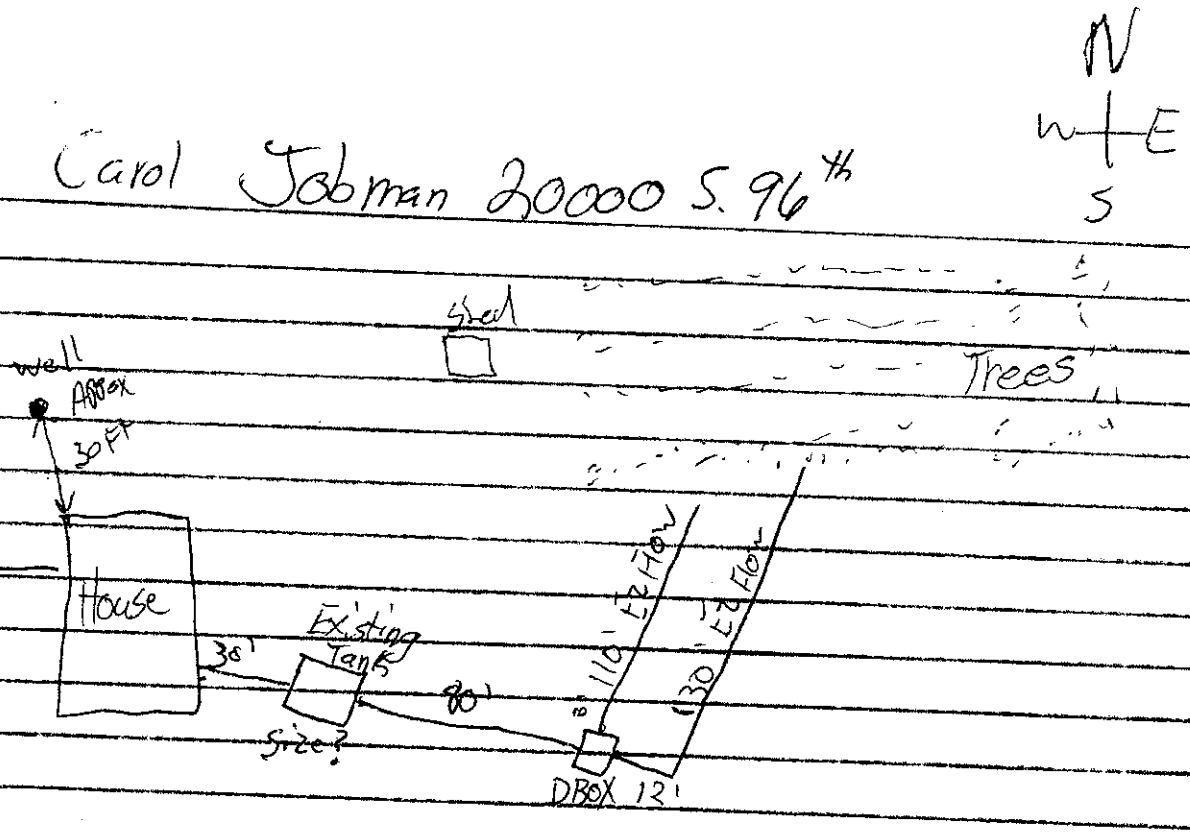
Follow-Up ____ Date ____

Installation Final Written Approval
By Doug Mead

Date 8/20/20

Field Note Drawing (See Reverse Side):

Carol Jobman 20000 S. 96th



80
3
12'
95' out pipe

Nate C. Hartman

From: Jason Kubik <southwicksewer@yahoo.com>
Sent: Wednesday, August 12, 2020 1:25 PM
To: Nate C. Hartman
Subject: 20000 S 96th D SHEET
Attachments: 20000 S 96th 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) 15-32-300-006-000

Owner CAROL JORMAN Address 20000 S 91ST HICKMAN, NE 68372

A. Wastewater Piping

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

B. Septic Tank

1. Material EXISTING 1000 GALLON TANK
2. Capacity: _____
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 30 ft.

C Distribution Box or Drop Box

Distance **and** Direction from septic tank: 30 ft. EAST

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: 2
3. Length of each lateral (linear): ft. 110 ft. 130 ft. _____ ft. _____
4. Drainfield size: 1080 sq. ft.
5. Distance to:
   Well +100 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: Jamie Kuri Date: AUG 11, 2020

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