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

A

Permit Number
#5002187

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* 3201 STAGECOACH City HICKMAN, NE Zip 68372
(no rural route)

Legal Description ____ ____ 6 7 7 6TH PRINCIPAL MERIDIAN 11 NW
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 14-06-100-007-006 *Approx. Address (If to be determined) ____

B. Owner

Name PRIDE HOMES Signature ____
Address ____ City/State/Zip ____
Home Phone ____ Work Phone ____

C. Certified Installer

Name: JAIME KUBIK Signature Jaime Kubik
Address 105 LOWER 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? ☐ Yes ☒ No Total Acres 19.47
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 3-11-21 Amount Paid $440.00
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

PLEASE PRINT OR TYPE

Onsite System Location

Address 3201 Stagecoach (no rural route) City Hickman NE, Zip 68372

Owner Jonathon & Stephanie Urbom Address

Date of Tests March 8 to March 9 Weather: Precipitation none Temperature 70 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	3/8	5:15 pm	3/9	7:30 am	3/9	11:00 am	6	3/9	11:30 am	30 min	3/4	40
2	30 in	3/8	5:15 pm	3/9	7:30 am	3/9	11:00 am	6	3/9	11:30 am	30 min	7/8	35
3	30 in	3/8	5:15 pm	3/9	7:30 am	3/9	11:00 am	6	3/9	11:30 am	30 min	11/4	24
4	30 in	3/8	5:15 pm	3/9	7:30 am	3/9	11:00 am	6	3/9	11:30 am	30 min	1	30
								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: 129
Average of Rates: 32.25
Rate Used for Calculation: 35

Soil type (NRCS Maps/Other) 7501 Pawnee Clay // 7231 Judson

Groundwater Depth +12 ft

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. HS002187

System Type: Standard

Situs: No Site Address Specified

Issued: 3/22/2021

Expires: 3/22/2022

Description: S6, T7, R7, Acres 6th Principal Meridian, LOT 11 NW

Owner: URBOM, JONATHAN D & STEFANIE L
9521 KEYSTONE DR
LINCOLN, NE 68516

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
Health Director

JAIME 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
HS002187

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 311

A. Onsite System Location

Address* 3201 STAGECOACH (no rural route) City HICKMAN, NE Zip 68372

Legal Description ____ 6 7 7 6TH PRINCIPAL MERIDIAN 11 NW

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

PID 14-06-100-007-000 *Approx. Address (If to be determined) ____

B. Owner

Name PRIDE HOMES Signature ____

Address ____ City/State/Zip ____

Home Phone ____ 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 4 Whirlpool Bathtub? ☐ Yes ☒ No Garbage Grinder? ☒ Yes ☐ No Total Acres 19.47

☐ 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 12/1/21 PS
Comments ____
Date rec'd 3/22/21
Date frwd 3/22/21
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 Doug Mutz
Date 12/2/21

Business Office Use Only
Date Received 3-19-21 Amount Paid $440.00
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: HS002187

Onsite Wastewater Treatment System

Inspection Sheet

Date 12/2/21 Legal Description ¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 3111 Stagecoach 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 1100+ Sq. Ft. Tank Size 1,500 gals

Total length of laterals 260+ Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☒ Other (describe) EZ Flow

No. of Absorption Laterals 3 Width 4.5 Factor 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 ☐	25 ☐	5 ☐

Geographical Coordinates to 6 Decimals: NA

Tank

Lateral #1 Lateral #3

Lateral #2 Lateral #4

Comments:

Inspections prior to Final Approval
Initial DF Date 12/1/21
Follow-Up Date
Follow-Up Date
Installation Final Written Approval
By Doug Theel
Date 12/2/21

Field Note Drawing (See Reverse Side):

Nate C. Hartman

1150107187

From: John V. Berry
Sent: Monday, March 22, 2021 9:33 AM
To: Nate C. Hartman
Subject: Sewage Disposal System for PID 14 06 100 007 000
Attachments: 6-7-7.pdf; lot 11.pdf

Nate,
Lancaster County Engineering Department indicates approval for a Sewage Disposal System for Lot 11 Irregular Tracts, located in the NW1/4 of Section 6, Township 7 North, Range 7 East, Lancaster County, Nebraska.
As always, subject to confirmation of and compliance with any floodplain elevation requirements prior to construction.

John V. Berry RLS #535
Lancaster County Surveyor
444 Cherrycreek Road, Bldg "C"
JBERRY@Lancaster.ne.gov
Phone (402) 441-7681

KS002187

6-7-7

Was Lot 9

Now Lot 11 of Irregular Tracts, located in the NW1/4 of Section 6, Township 7 North, Range 7 East

#2020-65350
AA-32324

Jonathan D. Urbom and Stefanie L. Urbom 12-09-2020

The following description is based upon the information contained in Instrument Number 2020-65350 filed with the Register of Deeds' Office, and in Survey Number AA-32324 filed with the Engineers Office.

A tract of land, located in the NW1/4 of Section 6, Township 7 North, Range 7 East of the 6th Principal Meridian, Lancaster County, Nebraska, more particularly described as follows:

BEGINNING at the northeast corner of the NW1/4 of said Section 6; thence southerly on the east line of said NW1/4, on an assigned bearing of South 00 Degrees, 10 Minutes, 30 Seconds East, a distance of 1220.65 feet to a point for corner; thence South 89 Degrees, 16 Minutes, 17 Seconds West, a distance of 713.99 feet to a point for corner; thence North 00 Degrees, 10 Minutes, 50 Seconds West, a distance of 1220.65 feet to a point for corner, said point being on the north line of said NW1/4; thence easterly, on the north line of said NW1/4, North 89 Degrees, 16 Minutes, 17 Seconds East, a distance of 714.11 feet to the point of beginning.

Containing a total area of 20.01 acres, more or less, and a net area of 19.47 acres, more or less.

GIS Viewer
CITY OF LINCOLN - LANCASTER COUNTY, NE

City of Lincoln\Lancaster County GIS Map



Printed: 3/22/2021

1: 9,028

Disclaimer: The information is presented on a best-efforts basis, and should not be relied upon for making financial, survey, legal or other commitments. If you have questions or comments regarding the data displayed on this map, please email assessor@lancaster.ne.gov and you will be directed to the appropriate department.

USA2187

A500487

Nate C. Hartman

From: Todd A. Stutzman
Sent: Monday, March 22, 2021 9:25 AM
To: Nate C. Hartman
Subject: Buildable lot

Nate,

The parcel located in S6, T7, R7, Lot 11 NW, is a buildable lot.

Todd Stutzman
Plans Examiner II
402-441-7097
tstutzman@lincoln.ne.gov

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) 14-06-100-007-000

Owner: JONATHAN URBAN Address 3111 STAGECOACH RD HICKMAN, NE 68372

A. Wastewater Piping

1. Material: SCH 40 Diameter: 4 in.
2. Distance between dwelling and septic tank: 72 ft.

B. Septic Tank

1. Material CONCRETE
2. Capacity: 2000
3. Depth to top of tank, below unfinished grade: 16 in.
4. Distance to:
   Well +100 ft.
   Pressure line +50 ft
   Property Line +50 ft.
   Foundation 72 ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: 11 ft. WEST

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 lateral (linear): ft. 100 ft. 110 ft. 110 ft.
4. Drainfield size: 1440 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

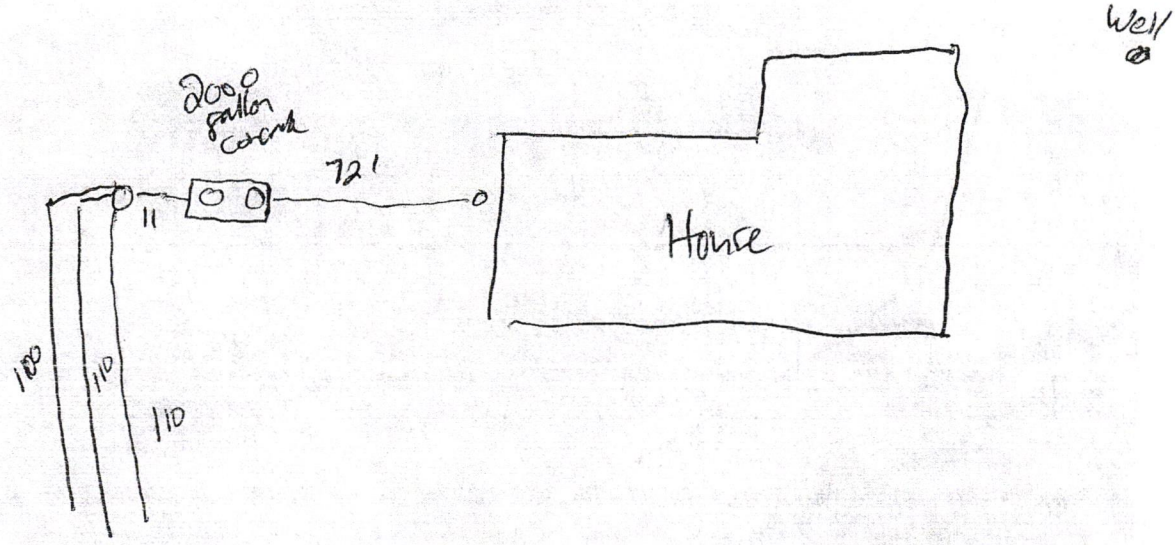
If Yes, the Certified Professional must sign below for final approval:

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: Jaime Kuo Date: DEC 13, 2021

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

NT



320' EZ flow 1203