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

A

Permit Number HS0072238

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* _____ City HICKMAN, NE Zip 68372

Legal Description (no rural route) S 31 T8 R7 LESSING 2ND ADDITION 1

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

PID 15-31-403-001-000 *Approx. Address (If to be determined) _____

B. Owner

Name DAN ENGLAND Signature _____

Address 4155 HOHENSEE DRIVE UNIT 111 City/State/Zip LINCOLN, NE 68514

Home Phone 402-679-0203 Work Phone _____

C. Certified Installer

Name: JAIME KUBIK Signature Jaime Kubik

Address 105 LOCUST STREET P.O. BOX 91 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 4.74

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 6-15-21 Amount Paid $440.00
Received By JMO Cash/Check No CC7386

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

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. HS002238

System Type: Lagoon

Situs: No Site Address Specified

Issued: 6/15/2021

Expires: 6/15/2022

Description: LESOING 2ND ADDITION, Lot 1

Owner: ENGLAND, DANIEL S & BRITTANY A
1330 S 78 ST
OMAHA, NE 68124

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

DAN ENGLAND
4155 HOHENSEE DR #111
LINCOLN, NE 68516

SCANNED

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

A

Permit Number HS0022238

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

Legal Description S 31 T8 R7 LESSING 2ND ADDITION 1
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 15-31-403-001-000 *Approx. Address (If to be determined) _____

B. Owner

Name DAN ENGLAND Signature _____
Address 4155 HOHENSEE DRIVE UNIT 111 City/State/Zip LINCOLN, NE 68514
Home Phone 402-679-0203 Work Phone _____

C. Certified Installer

Name: JAIME KUBIK Signature Jaime Kubik
Address 105 LOCUST STREET P.O. BOX 91 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 4.74
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 6/15/21
Date frwd 6/15/21
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 _____
Date 5/2/22

Business Office Use Only
Date Received 6-15-21 Amount Paid $240.00
Received By JAD Cash/Check No CA7386

White - Health Department Yellow - Engineer Pink - Building & Safety Form A Updated: 4/15

System created

Nate C. Hartman

From: Jason Kubik <southwicksewer@yahoo.com>
Sent: Wednesday, April 20, 2022 8:31 AM
To: Nate C. Hartman
Subject: 3530 Stagecoach Road (D and B sheets)
Attachments: 3530 Stagecoach Road D SHEET.pdf; 3530 Stagecoach Road B SHEET.pdf

Nate,

Please see the attached D sheet for 3530 Stagecoach Road. I also attached the perc test sheet as we pulled it as a lagoon originally to get them started.

Thanks!
Jaime

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) 15-31-403-001-000

Owner: DAN ENGLAND Address 3530 STAGECOACH RD HICKMAN NE 68372

A. Wastewater Piping

1. Material: SCH 40 Diameter: 4 in.
2. Distance between dwelling and septic tank: 45 ft.

B. Septic Tank

1. Material CONCRETE
2. Capacity: 2000
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 45 ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: 100 ft. N

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☐ Other
   Material brand and inside width of Chamberless: EZ FLOW
2. Number of Laterals: 3
3. Length of each lateral (linear): ft. 130 ft. 130 ft. 130 ft. ____
4. Drainfield size: 1755 sq. ft.
5. Distance to:
   Well ±100 ft.
   Pressure line ±50 ft.
   Property line ±50 ft.
   Depth of Groundwater ±12

got done earlier than call, allowed cover to pit

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: 4/20/2022

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

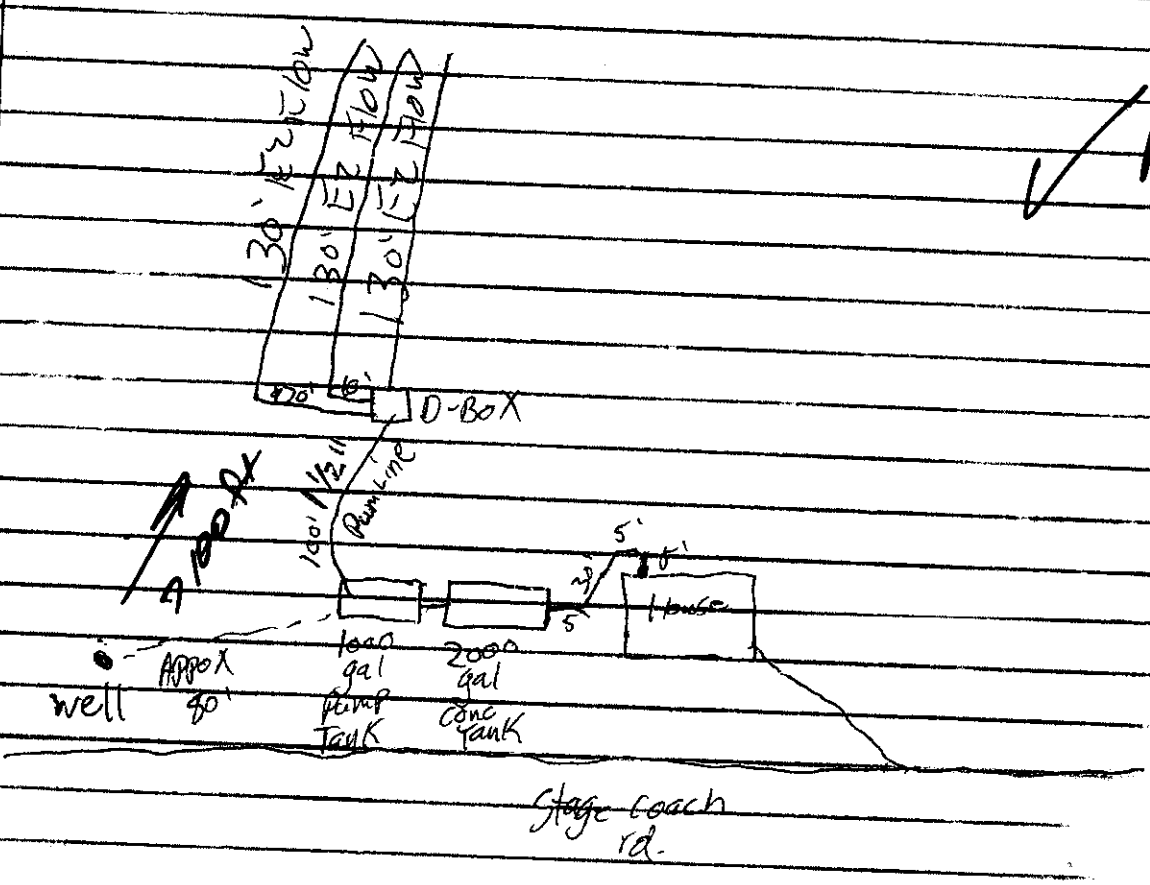
Jean's
Son in Law

Approx 3530
Stagecoach rd

Dan England 3530 Stagecoach Rd
5 bedroom with disposal No whirlpool tub

N
W + E
S

80' 4"
110' 1 1/2"



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 3530 Stagecoach Road (no rural route) City Hickman NE, Zip 68372

Owner Dan England Address

Date of Tests 4/7/2022 to 4/8/2022 Weather: Precipitation none Temperature 60 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 Water Lev (in.)	End				
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)	Elapsed Time Interval	Water Level Drop(in)	Percolation Rates (Min/in = mpi)
1	30 inches	4/7	5:00 pm	4/8	8 am	4/8	11:30 am	6	4/8	12:00 pm	30 min	5/8	48
2	30 inches	4/7	5:00 pm	4/8	8 am	4/8	11:30 am	6	4/8	12:00 pm	30 min	1/2	60
3	30 inches	4/7	5:00 pm	4/8	8 am	4/8	11:30 am	6	4/8	12:00 pm	30 min	5/8	48
4	30 inches	4/7	5:00 pm	4/8	8 am	4/8	11:30 am	6	4/8	12:00 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 ft

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Comments (Soil type, groundwater, floodplain, etc.)

Signature of Reviewing Official Date