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

A

Permit Number HS002248

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* 15665 Pioneers Blvd (no rural route) City _____, NE Zip _____

Legal Description S10 T9 R8 Bunz First Addition 2

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

PID 22-10-201-002-000 *Approx. Address (If to be determined) _____

B. Owner

Name CLINT & KATHERINE KOESTER Signature _____

Address 4724 Birch Creek Drive City/State/Zip Lincoln, NE 68514

Home Phone _____ Work Phone _____

C. Certified Installer

Name: Jaime Kubik Signature _____

Address 105 Locust Street P.O. Box 51 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 4.31

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 6-29-21 Amount Paid $440.00
Received By JAO 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 (402) 441-8027
3131 O Street Lincoln, Nebraska 68510-1514

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT
No. HS002248

System Type: Lagoon

Situs: No Site Address Specified

Issued: 6/30/2021

Expires: 6/30/2022

Description: BUNZ FIRST ADDITION, Lot 2

Owner: KOESTER, CLINT B & KATHERINE L
4724 BIRCH CREEK 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 HS002248

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* 15665 Pioneers Blvd City _____, NE Zip _____
(no rural route)

Legal Description S10 T9 R8 BUNZ FIRST ADDITION 2
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 22-10-201-002-000 *Approx. Address (If to be determined) _____

B. Owner

Name CLINT & KATHERINE KOESTER Signature _____
Address 4724 BIRCH CREEK DRIVE City/State/Zip LINCOLN, NE 68514
Home Phone _____ Work Phone _____

C. Certified Installer

Name: JAIME KUBIK Signature _____
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 4 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 4.31
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 6/30/21
Date frwd 6/30/21
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 5/3/22

Business Office Use Only
Date Received 6-29-21 Amount Paid $440.00
Received By JAO Cash/Check No. CC0214

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

Form A Updated: 4/15

Nate C. Hartman

From: Jason Kubik <southwicksewer@yahoo.com>
Sent: Monday, May 2, 2022 10:07 AM
To: Nate C. Hartman
Subject: 15665 Pioneers Blvd B and D SHEETS
Attachments: 15665 Pioneers Blvd B SHEET.pdf; 15665 Pioneers Blvd D SHEET.pdf

Jason and Jaime Kubik

Southwick Liquid Waste
Office: 402-475-2462
www.southwickliquidwaste.com

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 15665 Pioneers Blvd (no rural route) City Walton NE, Zip 68641

Owner Koester Address

Date of Tests 11/18/2021 to 11/19/2021 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			End				
Hole No.	Hole Depth(in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Initial Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time Interval	Water Level Drop(in)	Percolation Rates (Min/in = mpi)
1	30 inches	11/18	5 pm	11/19	8 am	11/19	11:30am	6	11/19	12:00 pm	30 min	5/8	48
2	30 inches	11/18	5 pm	11/19	8 am	11/19	11:30am	6	11/19	12:00 pm	30 min	1/2	60
3	30 inches	11/18	5 pm	11/19	8 am	11/19	11:30am	6	11/19	12:00 pm	30 min	5/8	48
4	30 inches	11/18	5 pm	11/19	8 am	11/19	11:30am	6	11/19	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) Mayberry
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
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) 22-10-201-002-000

Owner: CLINT KOESTER Address 15665 PIONEERS BLVD WALTON, NE 68641

A. Wastewater Piping

1. Material: SCH 40 Diameter: 4 in.
2. Distance between dwelling and septic tank: 108 ft.

B. Septic Tank

1. Material CONCRETE
2. Capacity: 2000 GALLON
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 108 ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: 10 ft. EAST

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☒ Perforated Pipe ☐ Chamberless ☐ Other
   Material brand and inside width of Chamberless:
   4 LATERALS OF 100' X 5' ADS PIPE + TIRE CHIPS
2. Number of Laterals: 4
3. Length of each lateral (linear): ft. 100 ft. 100 ft. 100 ft. 100
4. Drainfield size: 1750 sq. ft.
5. Distance to:
   Well +100 ft.
   Pressure line +50 ft.
   Property line +50 ft.
   Depth of Groundwater +12

Bed System called about

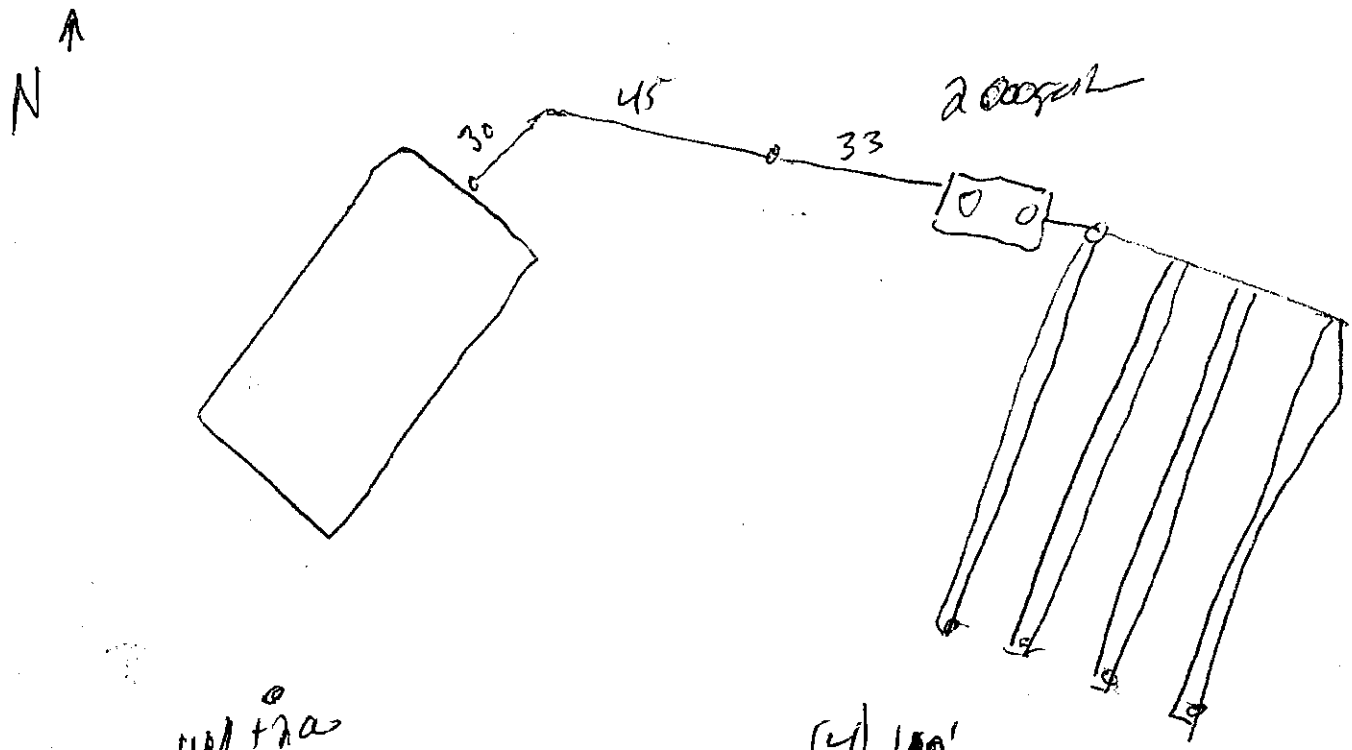
Was the Onsite Wastewater System covered prior to LLCHD inspection? ☒ Yes ☐ No

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 Kuil Date: 3/17/2022

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


N
30
45
33
2000 gal
well head
(4) 100'
perf pipe
5' wide trench