SCANNED

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

A

Permit Number
HSDD2352

# 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 22 8 7 Buel Highlands Estates 1 8
1/4 1/4 Section Township LC Range Subdivison Addition Block Lot

PID 15-22-401-008-000 *Approx. Address (If to be determined) _____

**B. Owner**

Name Chris Swinea Signature _____
Address 6194 Franciscan Drive City/State/Zip Lincoln, NE 68526
Home Phone 402-560-4922 Work Phone _____

**C. Certified Installer**

Name: Jaime Kubik Signature _____
Address 105 Locust Street 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 5 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 3.02
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 1-19-22 Amount Paid 450.00
Received By LC Cash/Check No CC 1799

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. HS002352**

**System Type:** Lagoon

**Situs:** No Site Address Specified

Issued: 1/24/2022

Expires: 1/24/2023

**Description:** BUEL HIGHLANDS ESTATES, BLOCK 1, Lot 8

**Owner:** SUING, CHRISTOPHER & MARIA
6194 FRANCISCAN DR
LINCOLN, NE 68526

Patricia D. Lopez

Patricia D. Lopez, RN, MSN, 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

SUING, CHRISTOPHER & MARIA
6194 FRANCISCAN DR
LINCOLN, NE 68526

SCANNED

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

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(no rural route)

Legal Description 22 8 7 BUEL HIGHLANDS ESTATES 1 8
1/4 1/4 Section Township LC Range Subdivison Addition Block Lot

PID 15-22-401-008-000 *Approx. Address (If to be determined) _____

### B. Owner

Name CHRIS SWINEA Signature _____
Address 6194 FRANCISCAN DRIVE City/State/Zip LINCOLN, NE 68526
Home Phone 402-560-4922 Work Phone _____

### C. Certified Installer

Name: JAIME KUBIK Signature _____
Address 105 LOCUST STREET 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 5 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 3.02
Garbage Grinder? ☒ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify _____ Design flow in gallons per day _____
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***DO NOT WRITE BELOW THIS LINE***

**Approval Process**

**1. Health Department**
Site visits _____
Comments _____
Date rec'd 1/24/22
Date frwd 1/24/22
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 6/9/22

***Business Office Use Only***
Date Received 1-19-22 Amount Paid 450.00
Received By LC Cash/Check No CC1799

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

Form A Updated: 4/15

**Nate C. Hartman**

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**From:** Jason Kubik <southwicksewer@yahoo.com>
**Sent:** Wednesday, June 8, 2022 2:58 PM
**To:** Nate C. Hartman
**Subject:** 17404 S 75th Court B and D SHEETS
**Attachments:** 17404 S 75th B Sheet.pdf; 17404 S 75th 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 17404 S 75th (no rural route) City Hickman NE, Zip 68372

Owner Chris Suing Address

Date of Tests April 11, 2022 to April 12, 2022 Weather: Precipitation None Temperature 50 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 | | Elapsed Time Interval | Water Level Drop(in) | Percolation Rates (Min/in = mpi) |
| 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) | | | |
| 1 | 30 in | 4/11 | 5:00 pm | 4/12 | 8:00 am | 4/12 | 11:30 am | 6 | 4/12 | 12:00 pm | 30 min | 5/8 | 48 |
| 2 | 30 in | 4/11 | 5:00 pm | 4/12 | 8:00 am | 4/12 | 11:30 am | 6 | 4/12 | 12:00 pm | 30 min | 5/8 | 48 |
| 3 | 30 in | 4/11 | 5:00 pm | 4/12 | 8:00 am | 4/12 | 11:30 am | 6 | 4/12 | 12:00 pm | 30 min | 1/2 | 60 |
| 4 | 30 in | 4/11 | 5:00 pm | 4/12 | 8:00 am | 4/12 | 11:30 am | 6 | 4/12 | 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 68382

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

**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) 15-22-401-008-000

Owner: CHRIS SWING Address 17404 S 75TH HICKMAN, NE 68372

### A. Wastewater Piping

1. Material: SCH 4 Diameter: 4 in.
2. Distance between dwelling and septic tank: 50 ft.

### B. Septic Tank

1. Material CONCRETE
2. Capacity: 2000
3. Depth to top of tank, below unfinished grade: 15 in.
4. Distance to:
   Well NA ft.
   Pressure line +50 ft
   Property Line +50 ft.
   Foundation 50 ft.

### C Distribution Box or Drop Box

Distance and Direction from septic tank: 6 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: 5
3. Length of each lateral (linear): ft. 100 ft. 80 ft. 70 ft. 70 ft. 70 ft
4. Drainfield size: 1755 sq. ft. (1750 Reqd)
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: [signature] Date: 6/8/22

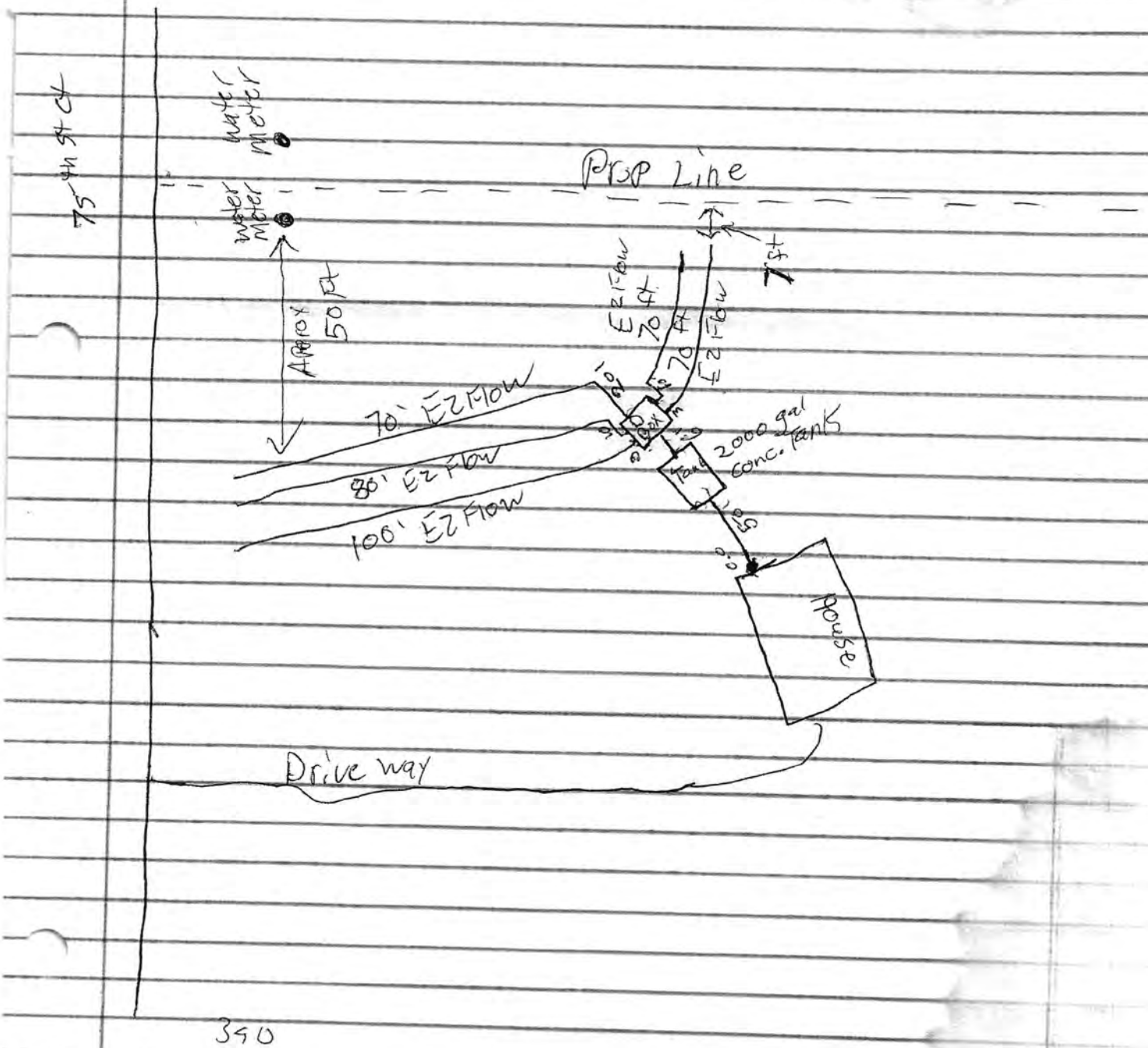
**Complete As-Built drawing on the back of this form.**

Chris

Rural water

N
W + E
S

5/6/2026




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