Lori A. Cook

From: Jason Kubik <southwicksewer@yahoo.com>
Sent: Thursday, February 10, 2022 2:11 PM
To: Nate C. Hartman; Lori A. Cook; Jennifer Hagan
Subject: 5001 Berkeley Street A SHEET
Attachments: 5001 Berkeley Street A SHEET.pdf

Nate and Lori,

Please see the attached A SHEET for Jennifer Hagan at 5001 Berkeley Sheet. She will be calling Lori with a credit card shortly.

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

A

Permit Number
HS002362

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* 5001 BERKELEY ST (no rural route) City HICKMAN NE Zip 68372

Legal Description 32 8 7 SALT CREEK RESERVE 8
1/4 1/4 Section Township LC Range Subdivison Addition Block Lot

PID 15-32-401-008-000 *Approx. Address (If to be determined)

B. Owner

Name JENNIFER HAGAN Signature

Address 21920 TESELLE T City/State/Zip HICKMAN, NE 68372

Home Phone 402-310-8925 Work Phone

C. Certified Installer

Name: JAIME KUBIK Signature

Address 105 LOCUST STREET 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 3.08
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 3-11-22 Amount Paid 450.00
Received By LC Cash/Check No CC3719

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. HS002362

System Type: Lagoon

Situs: No Site Address Specified

Description: SALT CREEK RESERVE, Lot 8

Issued: 2/22/2022

Expires: 2/22/2023

Owner: HAGAN, JENNIFER & JEREMY
908 ASHER AVE
HICKMAN, NE 68372

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

JENNIFER HAGEN
21920 TESELLE T
HICKMAN, NE 68372

SCANNED

A

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

Permit Number
HS002362

Onsite Wastewater Treatment System Permit Application

Include Form B and C. Submit correct fee with this Application

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Address* 5001 BERKELEY ST (no rural route) City HICKMAN NE Zip 68372

Legal Description 32 8 7 SALT CREEK RESERVE 8

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

PID 15-32-401-008-000 *Approx. Address (If to be determined)

B. Owner

Name JENNIFER HAGAN Signature

Address 21920 TESELLE T City/State/Zip HICKMAN, NE 68372

Home Phone 402-310-8925 Work Phone

C. Certified Installer

Name: JAIME KUBIK Signature Jaime Kubik

Address 105 LOCUST STREET 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 as per contract 8/25/22 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 3.08

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 2/22/22
Date frwd 2/22/22
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 8/26/22

Business Office Use Only
Date Received 2-11-22 Amount Paid 450.00
Received By LC Cash/Check No CC3779

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

Nate C. Hartman

From: Jason Kubik <southwicksewer@yahoo.com>
Sent: Wednesday, August 24, 2022 1:06 PM
To: Nate C. Hartman
Subject: 5001 Berkeley Street D SHEET (and B SHEET)
Attachments: 5001 Berkeley Street B SHEET.pdf; 5001 Berkeley Street 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 5001 Berkeley Street (no rural route) City Hickman NE, Zip 68372

Owner Jennifer Hagan Address

Date of Tests May 24, 2022 to May 25, 2022 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	5/24	5:00 pm	5/25	8:00 am	5/25	11:30 am	6	5/25	11:30 am	30 min	5/8	48
2	30 inches	5/24	5:00 pm	5/25	8:00 am	5/25	11:30 am	6	5/25	11:30 am	30 min	5/8	48
3	30 inches	5/24	5:00 pm	5/25	8:00 am	5/25	11:30 am	6	5/25	11:30 am	30 min	1/2	60
4	30 inches	5/24	5:00 pm	5/25	8:00 am	5/25	11:30 am	6	5/25	11:30 am	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
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) 15-32-401-008-000

Owner: JENNIFER HAGAN Address 5001 BERKELEY ST HICKMAN, NE 68372

A. Wastewater Piping

1. Material: SCH 40 Diameter: 4 in.
2. Distance between dwelling and septic tank: 60 ft.

B. Septic Tank

1. Material CONCRETE
2. Capacity: 2000 GAL
3. Depth to top of tank, below unfinished grade: 16 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: 15 ft. S

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. 110 ft. 110 ft. 100 ft.
4. Drainfield size: 1440 sq. ft. (1400 per 12)
5. Distance to:
   Well NA ft.
   Pressure line +50 ft.
   Property line +50 ft.
   Depth of Groundwater +12

✓ variable to inspect for to confirm DH

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

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

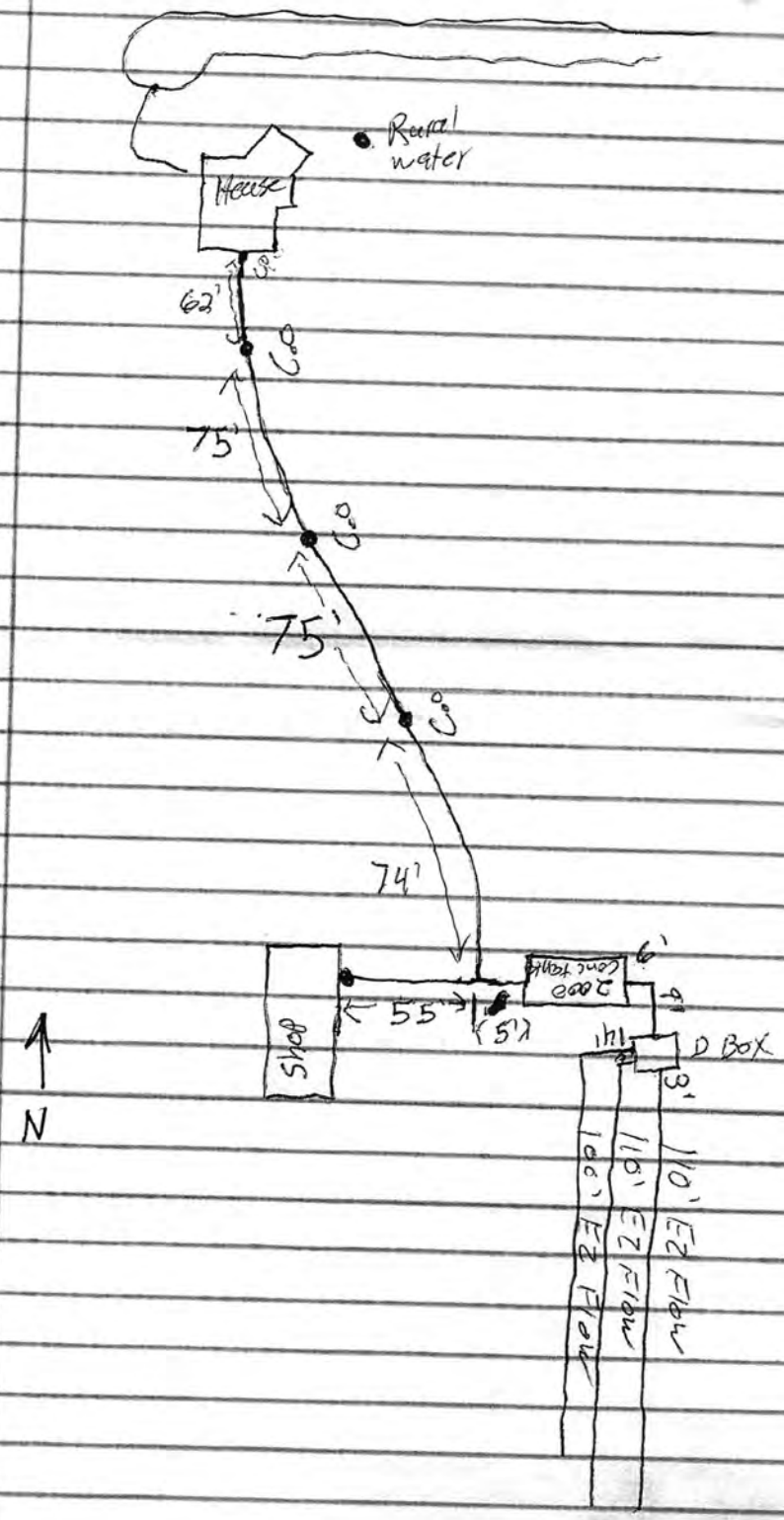
I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: [signature] Date: 8/24/22

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

Buel Development S.W of Hickman

Rural Water



62
75
75
74
55
5
6
9
14
8
3

4" Pipe

380

Stage Coach Rd