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

A

Permit Number
HS002386

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* 2901 FOREST VIEW CIRCLE City LINCOLN, NE, NE Zip 68522
(no rural route)

Legal Description S4 T9 R6 PIONEER ESTATES 1 5
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 09-04-100-016-000 *Approx. Address (If to be determined)

B. Owner

Name CAROL ZALEWSKI Signature

Address 2901 FORESTVIEW CIRCLE City/State/Zip LINCOLN, NE 68522

Home Phone 402-202-8225 Work Phone

C. Certified Installer

Name: JAIME KLEIN Signature

Address 105 LOCUST ST P.O. BOX 191 City/State/Zip HICKMAN, NE 68372

Work Phone 402-475-2412

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 5.44
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 4-19-17 Amount Paid $450.00
Received By 4-19-17 Cash/Check No. 0214

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 2901 Forestview Circle (no rural route) City Lincoln NE, Zip 68522

Owner Carol Zalewski Address

Date of Tests 4/18/2022 to 4/19/2022 Weather: Precipitation none Temperature 55 degrees

Percolation Test Data Table

A.	B.	C.	D.	E.	F.	G.	H.	I.	J.	K.	L.	M.	N.
		Saturation/Swelling Time				Water Level Drop: Last 30 mins of 4 hr or last 10 mins of 1 hr					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 inch	4/18	4:00 pm	4/19	7:00 am	4/19	10:30 am	6	4/19	11:00 am	30 min	5/8	48
2	30 inch	4/18	4:00 pm	4/19	7:00 am	4/19	10:30 am	6	4/19	11:00 am	30 min	5/8	48
3	30 inch	4/18	4:00 pm	4/19	7:00 am	4/19	10:30 am	6	4/19	11:00 am	30 min	5/8	48
4	30 inch	4/18	4:00 pm	4/19	7:00 am	4/19	10:30 am	6	4/19	11:00 am	30 min	5/8	48
								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: 192
Average of Rates: 48
Rate Used for Calculation: 59

Soil type (NRCS Maps/Other) 7684 Wymore
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 (402) 441-8027
3131 O Street Lincoln, Nebraska 68510-1514

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT
No. HS002386

System Type: Standard

Situs: No Site Address Specified

Issued: 4/20/2022

Expires: 4/20/2023

Description: PIONEER ESTATES, BLOCK 1, Lot 5

Owner: ZALEWSKI, JAMES C & CAROL P
2901 FORESTVIEW CIR
LINCOLN, NE 68522

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

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
HS002386

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* 2901 FORESTVIEW CIRCLE City LINCOLN, NE , NE Zip 68522
(no rural route)

Legal Description S4 T9 R6 PIONEER ESTATES 1 5
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 09-04-100-016-000 *Approx. Address (If to be determined)

B. Owner

Name CAROL ZALEWSKI Signature

Address 2901 FORESTVIEW CIRCLE City/State/Zip LINCOLN, NE 68522

Home Phone 402-202-8225 Work Phone

C. Certified Installer

Name: JAIME KUBIK Signature

Address 105 LOCUST ST P.O. BOX 191 City/State/Zip HICKMAN, NE 68372

Work Phone 402-475-2402

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 5.44
Garbage Grinder? ☒ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day Type of Wastewater ☐ Domestic ☐ Non-Domestic

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Approval Process

1. Health Department
Site visits
Comments
Date rec'd 4/20/22
Date frwd 4/20/22
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 5/20/22

Business Office Use Only
Date Received JAN Amount Paid $450.00
Received By 5-19-22 Cash/Check No. 0214

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

Form A Updated: 4/15

Nate C. Hartman

From: Jason Kubik <southwicksewer@yahoo.com>
Sent: Thursday, May 19, 2022 10:22 AM
To: Nate C. Hartman
Subject: 2901 Forestview Circle D sheet
Attachments: 2901 Forestview Circle D SHEET.pdf; 2901 Forestview Circle B SHEET.pdf

Jason and Jaime Kubik

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

D

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

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) 09-04-100-016-000

Owner: CAROL ZALEWSKI Address 2901 FORESTVIEW CIRCLE LINCOLN, NE 68522

A. Wastewater Piping

1. Material: SCH 40 Diameter: 4 in.
2. Distance between dwelling and septic tank: 171 ft.

B. Septic Tank

1. Material INFILTRATOR
2. Capacity: 1500
3. Depth to top of tank, below unfinished grade: 10 in.
4. Distance to:
   Well +100 ft.
   Pressure line +50 ft
   Property Line +50 ft.
   Foundation 171 ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: 18 ft. E

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. (1320 Req'd)
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: [signature] Date: 5/18/22

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

2901 Forestview Cir

