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

A

Permit Number HS002437

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* 1700 SALTILLO RD (no rural route) City [redacted] ROCA, NE Zip 68430

Legal Description 36 9 6 6TH PRINCIPAL MERIDIAN LOT 5W

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

PID 09-36-300-005-000 *Approx. Address (If to be determined)

B. Owner

Name SAPP BROTHERS - TERRY OLTMAN Signature

Address 5901 CORNHUSKER HWAY City/State/Zip LINCOLN, NE 68507

Home Phone 402-416-4902 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 402-475-2412

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 Whirlpool Bathtub? ☐ Yes ☐ No Total Acres

Garbage Grinder? ☐ Yes ☐ No

☒ Commercial Establishment/Other Facility Specify OFFICE BUILDING Design flow in gallons per day Type of Wastewater ☒ Domestic ☐ Non-Domestic 60 x .20 x 6.92 = 83.04 ÷ 4.5 = 18.45 EFlow 1203

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 Amount Paid

Received By Cash/Check No.

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

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 1700 Saltillo Road (no rural route) City Roca NE, Zip 68430

Owner Sapp Brothers Address

Date of Tests 6/7/2022 to 6/8/2022 Weather: Precipitation none Temperature 85 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	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 inches	6/7	5 pm	6/8	8 am	6/8	11:30 am	6	6/8	12:00 pm	30 min	5/8	48
2	30 inches	6/7	5 pm	6/8	8 am	6/8	11:30 am	6	6/8	12:00 pm	30 min	5/8	48
3	30 inches	6/7	5 pm	6/8	8 am	6/8	11:30 am	6	6/8	12:00 pm	30 min	5/8	48
								6					
								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: 144
Average of Rates: 48
Rate Used for Calculation: 48

Soil type (NRCS Maps/Other) 7050 Kennebec
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 (402) 441-8027
3131 O Street Lincoln, Nebraska 68510-1514

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT
No. HS002437

System Type: Standard

Situs: No Site Address Specified

Issued: 7/26/2022

Expires: 7/26/2023

Description: S36, T9, R6, 6th Principal Meridian, LOT 66 SW

Owner: SAPP BROS INC
9915 S 148 ST
OMAHA, NE 68138

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 HS002437

Onsite Wastewater Treatment System Permit Application

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☒ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

PLEASE PRINT OR TYPE

A. Onsite System Location

Address* 1700 SALTILLO RD (no rural route) City [redacted] ROCA, NE Zip 68430

Legal Description 32 9 6 6TH PRINCIPAL MERIDIAN LOT 5W

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

PID 09-32-300-005-000 *Approx. Address (If to be determined)

B. Owner

Name SAPP BROTHERS - TERRY OLTMAN Signature

Address 5901 CORNHUSKER HWAY City/State/Zip LINCOLN, NE 68507

Home Phone 402-416-4902 Work Phone

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Name: JAIME KUBIK Signature

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

Work Phone 402-475-2442

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 X 2/9 Whirlpool Bathtub? ☐ Yes ☒ No Garbage Grinder? ☐ Yes ☒ No Total Acres 1.24

☒ Commercial Establishment/Other Facility Specify OFFICE BUILDING Design flow in gallons per day Type of Wastewater ☒ Domestic ☐ Non-Domestic 60 x .20 x 6.92 = 83.04 ÷ 4.5 = 18.45

EFlow 1203

DO NOT WRITE BELOW THIS LINE

Approval Process

1. Health Department

Site visits installed without inspection Date rec'd Date frwd

ACTION ☒ Approved ☐ Disapproved Signature

Comments

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 Doug Rust

Date 6/29/23

Business Office Use Only
Date Received Amount Paid
Received By Cash/Check No.

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

Form A Updated: 4/15

Nate C. Hartman

From: Jason Kubik <southwicksewer@yahoo.com>
Sent: Monday, October 31, 2022 11:40 AM
To: Nate C. Hartman
Subject: 1700 Saltillo Road (B and D sheet)
Attachments: 1700 Saltillo Road B SHEET.pdf; 1700 Saltillo Road 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

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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) 09-36-300-005-000

Owner: SAPP BROS INC Address 1700 SALTILLO RD LINCOLN, NE 68430

A. Wastewater Piping

1. Material: SCH 40 Diameter: 4 in.
2. Distance between dwelling and septic tank: 55 ft.

B. Septic Tank

1. Material CONCRETE
2. Capacity: 1500 GALLONS
3. Depth to top of tank, below unfinished grade: ____ in.
4. Distance to:
   Well 55 ft.
   Pressure line +50 ft
   Property Line +50 ft.
   Foundation 55 ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: ____ ft. ____

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. Length of each lateral (linear): ft. ____ ft. ____
   ft. ____ ft. ____
4. Drainfield size: ____ sq. ft. 9'x12' SEPTIC BED W/6 BUNDLES EZ Flow
5. Distance to:
   Well 105 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: Jim Kin Date: 10/7/22

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

Sapp Bros 1700 Saltillo rd

N
W + E
S

