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

A

Permit Number HS002451

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* 17900 S 82ND ST (no rural route) City HICKMAN, NE Zip 68372

Legal Description 26 8 7 6TH PRINCIPAL MERIDIAN 34,35

1/4 1/4 Section Township Range Subdivison Addition Block Lot 36 NW

PID 15-26-100-004-000 *Approx. Address (If to be determined)

B. Owner

Name JUDITH FLOYD Signature

Address 17900 S 82ND ST City/State/Zip HICKMAN, NE 68372

Home Phone 402-429-1017 Work Phone

C. Certified Installer

Name: JAIME KLEIK Signature Jaime Kleik

Address 105 LOCUST ST 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 3 Whirlpool Bathtub? ☒ Yes ☐ No Total Acres 21.69

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 Date frwd

Comments

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 8-10-22 Amount Paid $450

Received By JAV Cash/Check No. CC 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 17900 S 82nd Street (no rural route) City Hickman NE, Zip 68372

Owner Judith Floyd Address

Date of Tests June 14, 2022 to June 15, 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	6/14	5:00 pm	6/15	8:00 am	6/15	11:30 am	6	6/15	12:00 pm	30 min	5/8	48
2	30 inches	6/14	5:00 pm	6/15	8:00 am	6/15	11:30 am	6	6/15	12:00 pm	30 min	1/2	60
3	30 inches	6/14	5:00 pm	6/15	8:00 am	6/15	11:30 am	6	6/15	12:00 pm	30 min	1/2	60
4	30 inches	6/14	5:00 pm	6/15	8:00 am	6/15	11:30 am	6	6/15	12:00 pm	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: 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 (402) 441-8027
3131 O Street Lincoln, Nebraska 68510-1514

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT
No. HS002451

System Type: Standard

Situs: No Site Address Specified

Issued: 8/10/2022

Expires: 8/10/2023

Description: S26, T8, R7, 6th Principal Meridian, LOTS 34, 35 & 36 NW

Owner: FLOYD, JUDITH L
17900 S 82 ST
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

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
HS002451

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* 17900 S 82ND ST City HICKMAN, NE Zip 68372
(no rural route)

Legal Description 26 8 7 6TH PRINCIPAL MERIDIAN 3*4,35
1/4 1/4 Section Township Range Subdivison Addition Block Lot
36 NW

PID 15-26-100-004-000 *Approx. Address (If to be determined)

B. Owner

Name JUDITH FLOYD Signature
Address 17900 S 82ND ST City/State/Zip HICKMAN, NE 68372
Home Phone 402-429-1017 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 402-475-2462

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 3 Whirlpool Bathtub? ☒ Yes ☐ No Total Acres 21.69
Garbage Grinder? ☒ Yes ☐ No

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

DO NOT WRITE BELOW THIS LINE

Approval Process

1. Health Department
Site visits
Comments
Date rec'd 8/10/22
Date frwd 8/10/22
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 8/24/22

Business Office Use Only
Date Received 8-10-22 Amount Paid $450
Received By JAC Cash/Check No. CC 0214

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

Form A Updated: 4/15

Nate C. Hartman

From: Jason Kubik <southwicksewer@yahoo.com>
Sent: Wednesday, August 24, 2022 1:01 PM
To: Nate C. Hartman
Subject: 17900 S 82nd D SHEET (and B SHEET)
Attachments: 17900 S 82nd D SHEET.pdf; 17900 S 82nd 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) 15-24-100-004-000

Owner: JUDY FLOYD Address 17900 S 82ND HICKMAN, NE 68372

A. Wastewater Piping

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

B. Septic Tank

1. Material CONCRETE
2. Capacity: 1500 GALLON
3. Depth to top of tank, below unfinished grade: 12 in.
4. Distance to:
   Well NA ft.
   Pressure line +50 ft
   Property Line +50 ft.
   Foundation 40 ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: 13 ft. WEST

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. 80 ft. 80 ft. 80 ft.
4. Drainfield size: 1080 sq. ft. (10 per lateral)
5. Distance to:
   Well NA ft.
   Pressure line +60 ft
   Property line +50 ft.
   Depth of Groundwater +12 ft.

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.

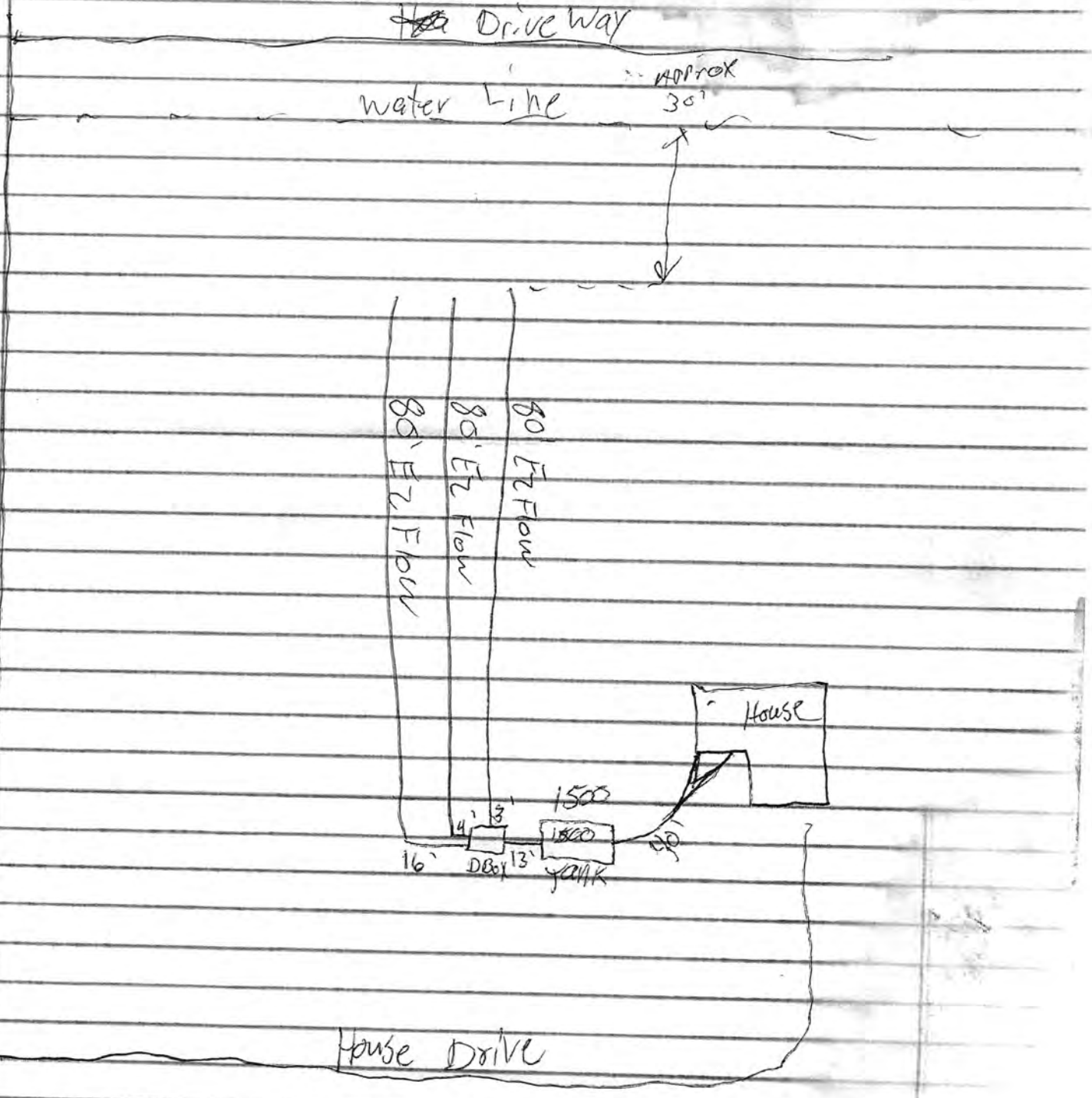
Certified Professional Signature: [signature] Date: 8/24/22

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

17900 S. 82nd Judy Floyd

Rural water

N
W + E
S



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 17900 S 82nd Street (no rural route) City Hickman NE, Zip 68372

Owner Judith Floyd Address

Date of Tests June 14, 2022 to June 15, 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 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 inches	6/14	5:00 pm	6/15	8:00 am	6/15	11:30 am	6	6/15	12:00 pm	30 min	5/8	48
2	30 inches	6/14	5:00 pm	6/15	8:00 am	6/15	11:30 am	6	6/15	12:00 pm	30 min	1/2	60
3	30 inches	6/14	5:00 pm	6/15	8:00 am	6/15	11:30 am	6	6/15	12:00 pm	30 min	1/2	60
4	30 inches	6/14	5:00 pm	6/15	8:00 am	6/15	11:30 am	6	6/15	12:00 pm	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: 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