Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

009884

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Permit #: 07380330401

Issued: 01/31/07
Expires: 01/31/08
Revenue Code: 3157

Establishment: JEFF KUBIK
T8N R7E SEC 33
19800 S 54 ST-HICKMAN

FEES: $290.00

Permittee: JEFF KUBIK
19800 S 54 ST
HICKMAN NE 68372

TOTAL: $290.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

Co

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Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

Permit Number: 07380330401

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

FAXED JAN 31 2007 BY:

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

The undersigned hereby requests site clearance and permit to construct a Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address 19800 S. 54 (no rural route) City Hickman NE, Zip 68372

Legal Description LOR 5930 — 1/4 — 1/4 — 33 Section — 8N Township — 7E Range — Subdivision — Addition — Block — Lot

Geographical Location (if known): Longitude _____ Latitude _____

☐ Check if system mail address is not the same as the owner's address

B. Owner

Name LOR 7162 Jeff Kubik Signature _____

Address 19800 S. 54 LOR 7734 City/State/Zip Hickman

☐ Check if owner designed system Home Phone _____ Work Phone _____

C. Contractor

Name Brad Southwick Company Name Southwick & Sons Drain

Address 105 Locust P.O. 191 City/State/Zip Hickman, Ne. 68372

☐ Check if contractor designed system Work Phone 430-7606

D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name _____ Firm _____ Work Phone _____

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 2 Is there a Whirlpool Bathtub 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 ☐ Municipal Code 24.38 ☒ County Resolution No. 2832

1. **Health Department** Date rec'd 1/31/07 Date frwd 1/31/07 ACTION ☒ Approved ☐ Disapproved Signature _____
   * Must be 1' above flood plain
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd _____ Date frwd _____ ACTION ☐ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 2-1-07 Date frwd 2-1-07 ACTION ☒ Approved ☐ Disapproved Signature Jim Ploger

* Needs fence 6/18/07 NH

Installation Final Written Approval

By _____

Date 5/20/08

Business Office Use Only
Date Rec'd 1/31/07
Amt Paid 290.00
Rec'd By CM Cash/Check No. 1166

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

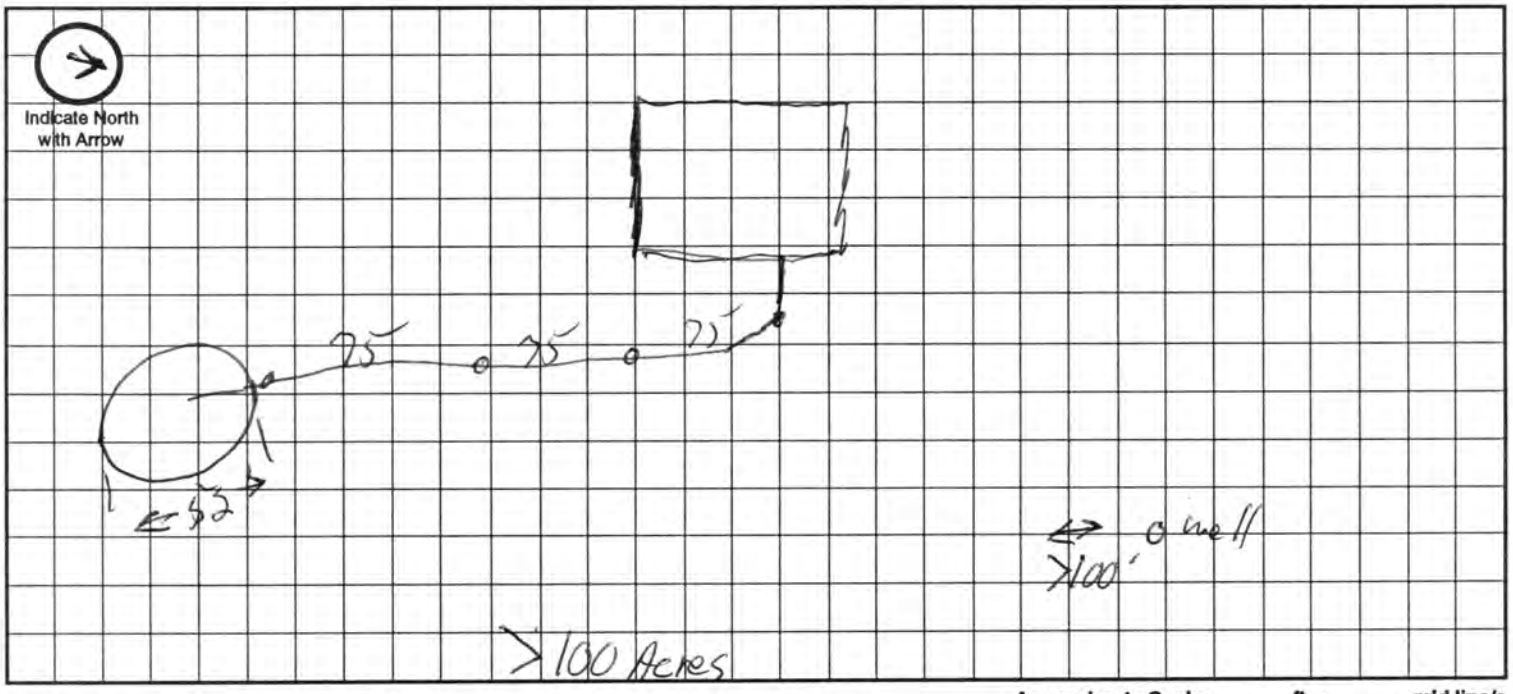
Lincoln-Lancaster County Health Department
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Phone: 402-441-8022

C

Permit Number:

Sewage Disposal System
Preliminary Plan Specifications

Draw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, compass direction and property lines. Indicate on drawing if residence and well are existing or proposed.



Approximate Scale: _____ ft. = _____ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 19800 S. 54 City Hickman, NE, Zip 68372

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other _____

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate _____ (min. per inch) Soil Type: _____ Land Slope: _____ %

Type of Absorption System: ☐ Trench ☐ Bed ☐ Other _____

Total Square Feet of Field Required: _____ sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: _____

Capacity of Septic Tank _____ gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals _____ ft. Number of Trenches _____ Trench Width _____

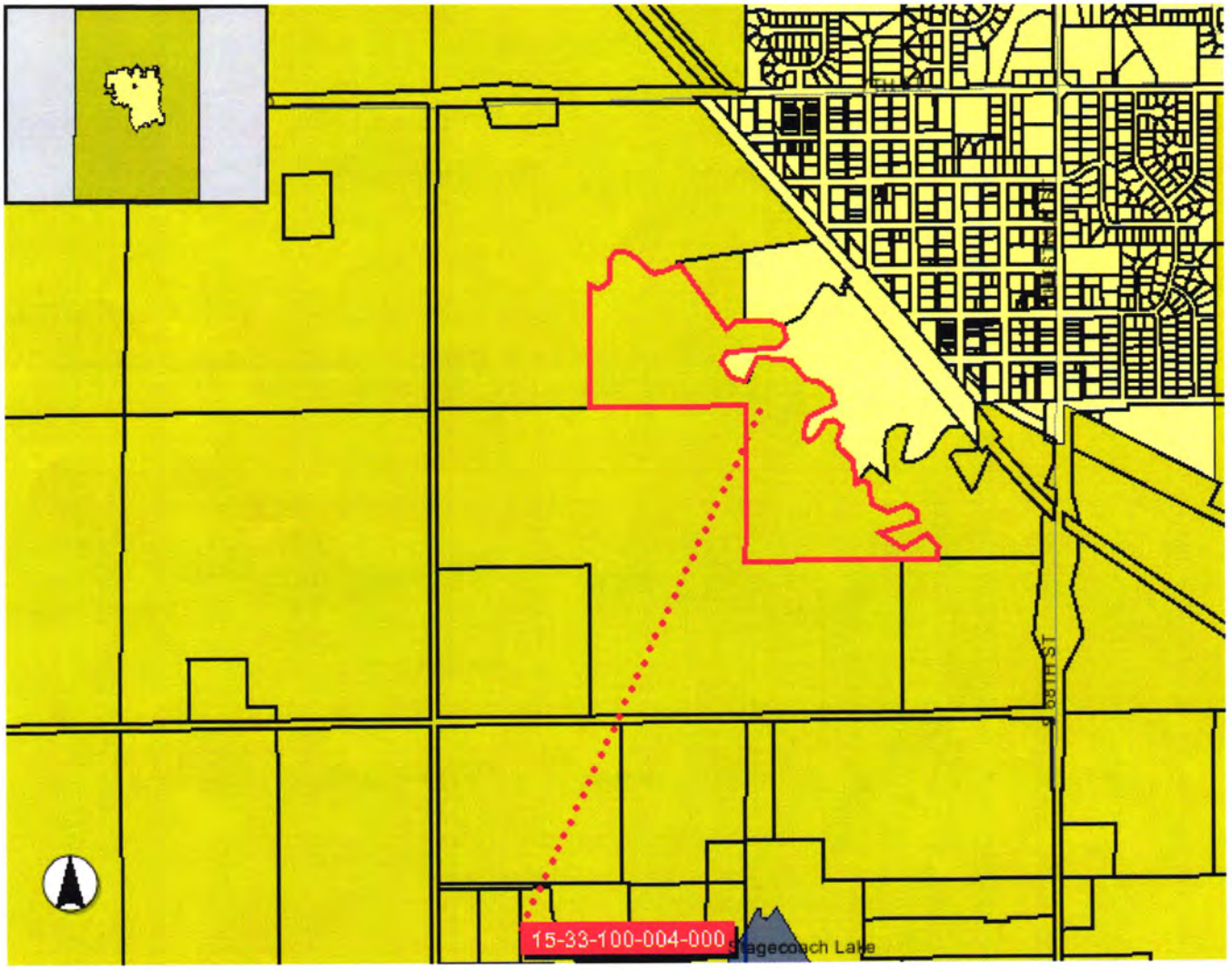
D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

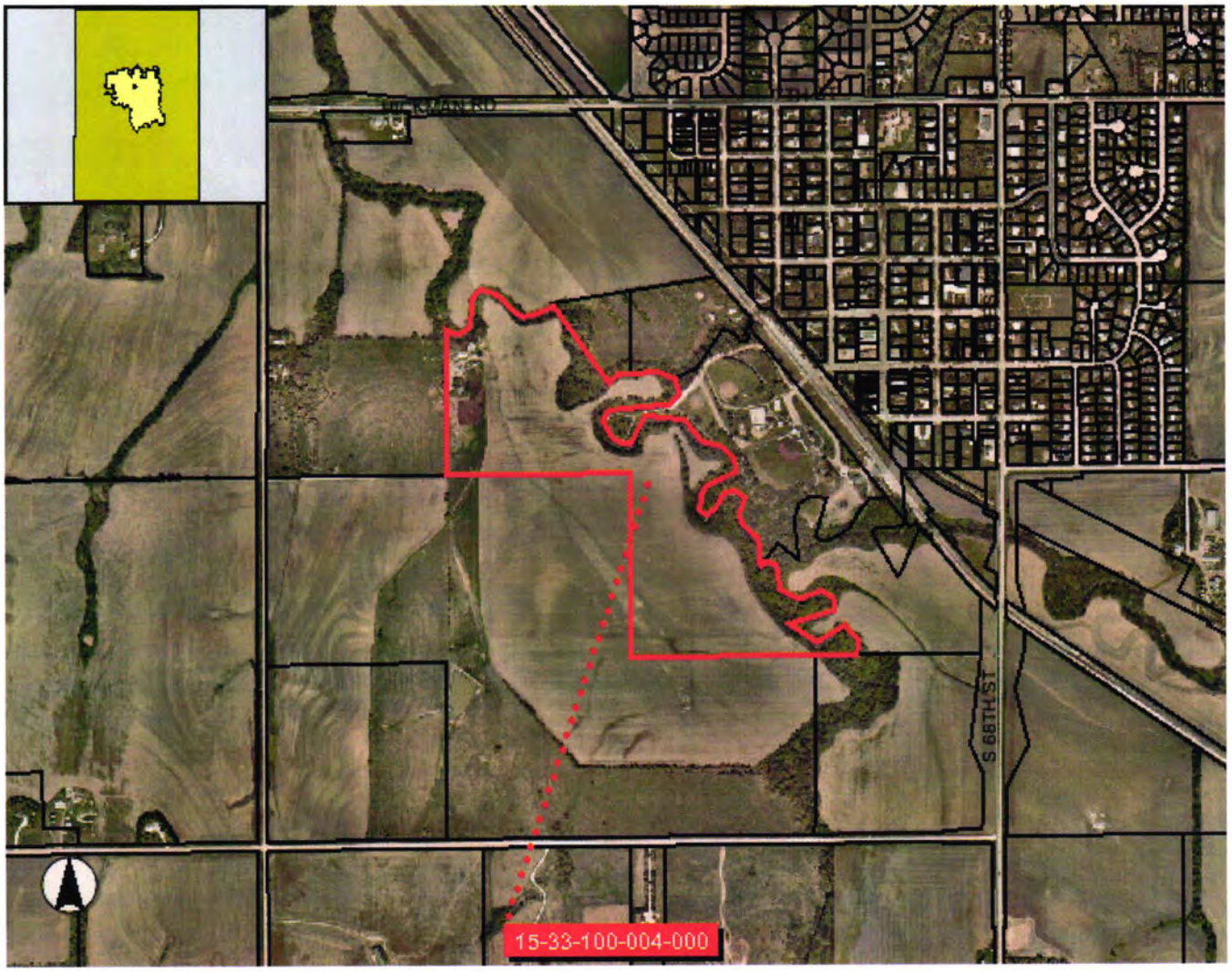
Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
Lagoon (ft)	100 ☒	500 ☒	50 ☒	N/A ☐	30 ☒	50 ☒	100 ☒	200 ☒	☒

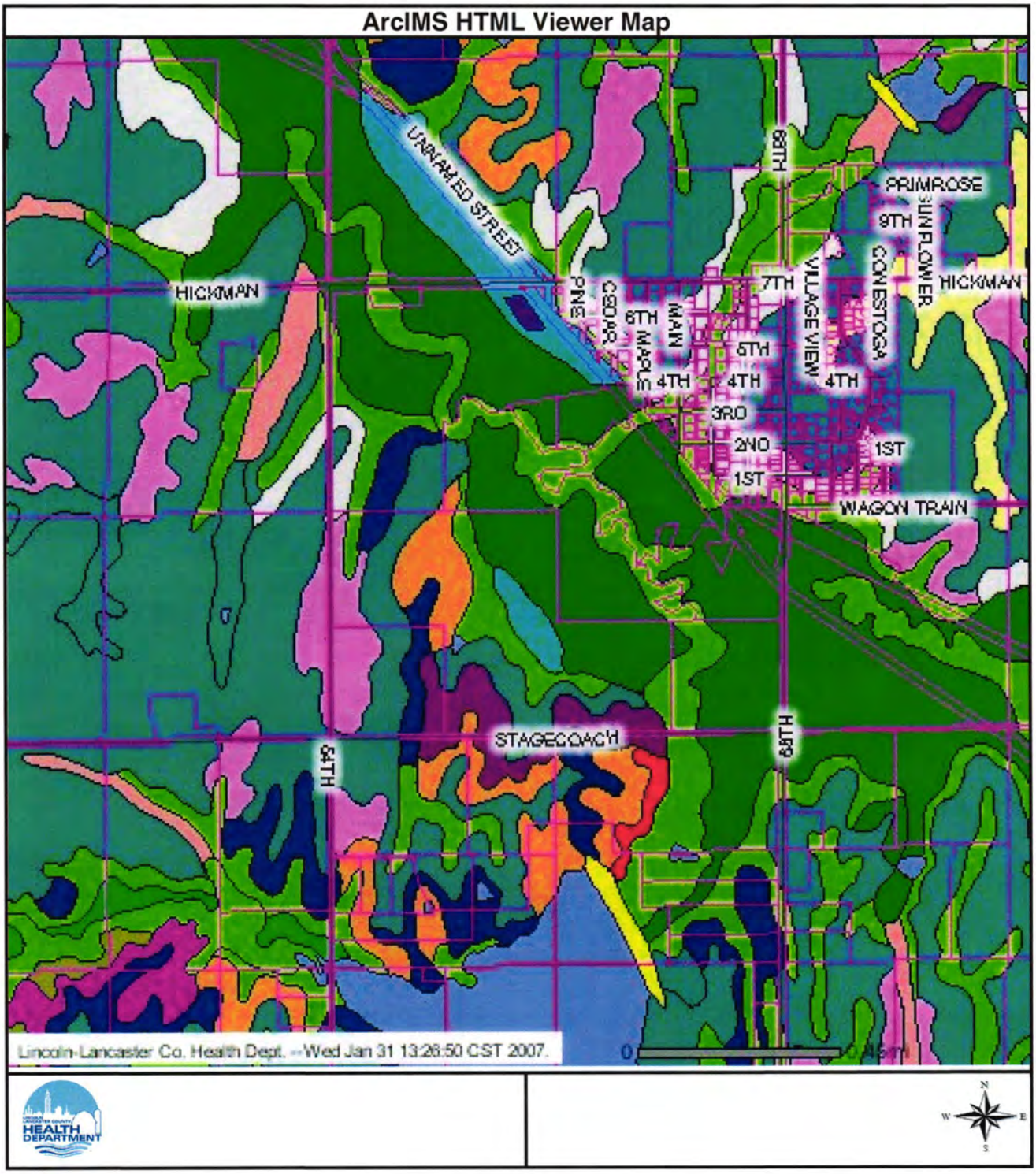
E. Required Signatures

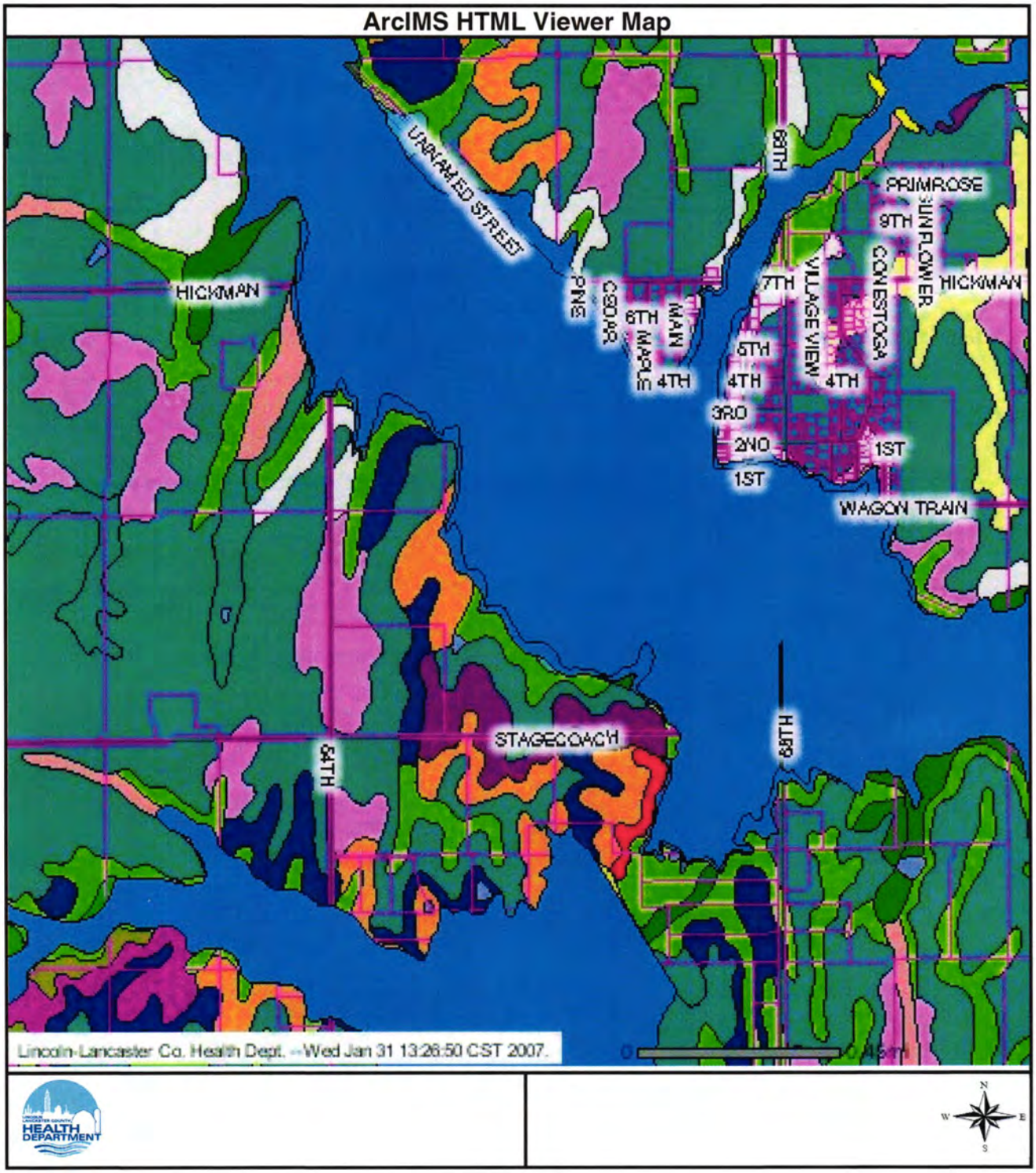
Home Building Contractor _____ Date _____

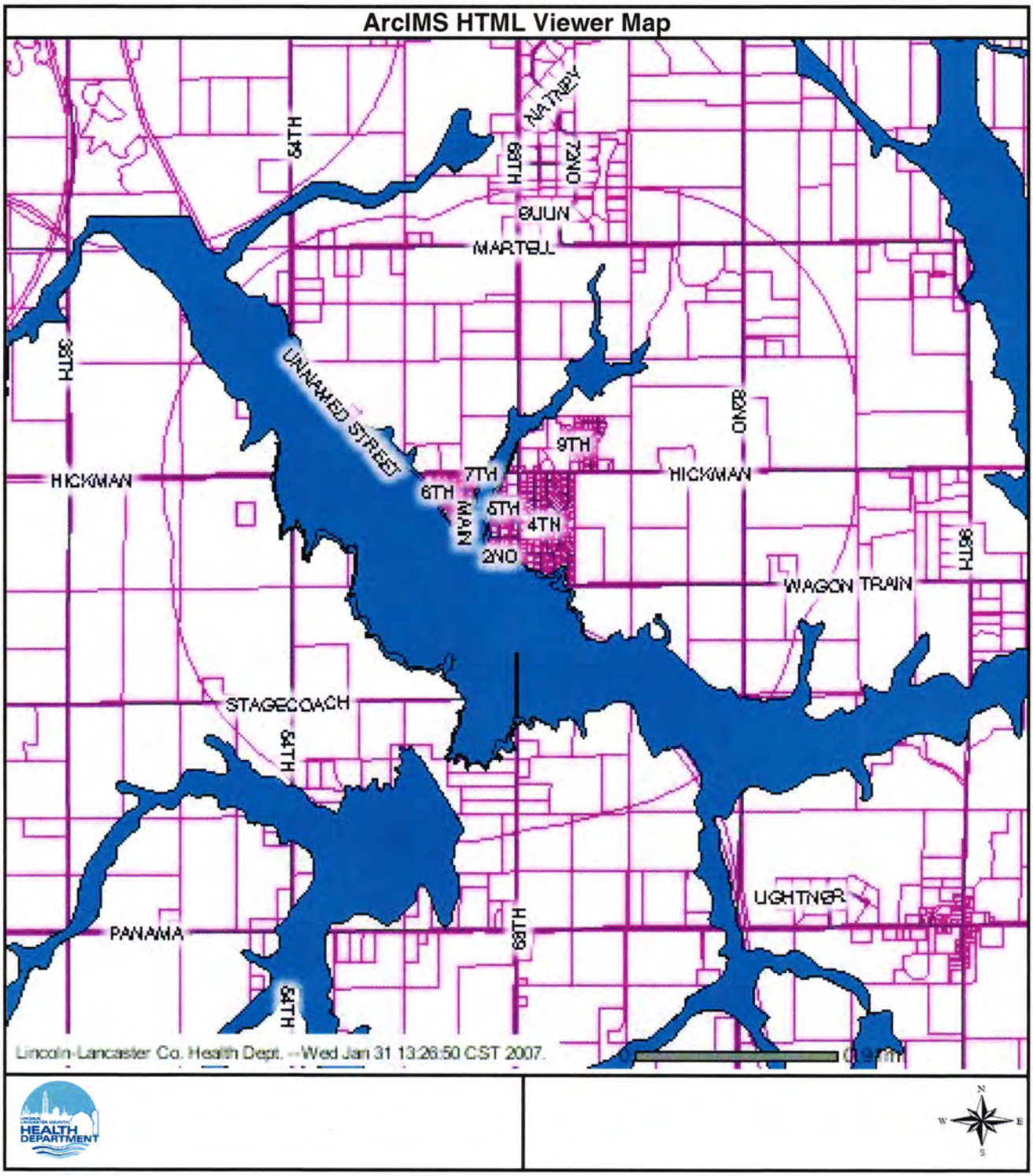
Installer Brad Southern Date 1-30-07


15-33-100-004-000
Stagecoach Lake
68TH ST


S 68TH ST
15-33-100-004-000


ArcIMS HTML Viewer Map
UNNAMED STREET
68TH
PRIMROSE
9TH
SUNFLOWER
HICKMAN
HICKMAN
PINE
CEDAR
6TH
MAPLE
MAIN
7TH
5TH
4TH
4TH
4TH
VILLAGE VIEW
CONESTOGA
3RD
2ND
1ST
1ST
WAGON TRAIN
STAGECOACH
84TH
68TH
Lincoln-Lancaster Co. Health Dept. --Wed Jan 31 13:26:50 CST 2007.
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ArcIMS HTML Viewer Map
UNNAMED STREET
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ArcIMS HTML Viewer Map
HICKMAN
HICKMAN
MARTELL
STAGECOACH
PANAMA
WAGON TRAIN
UNNAMED STREET
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