Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3140 N Street Lincoln, Nebraska 68510-1514

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT
No. HS001133

System Type: Lagoon

Situs: 6600 PANAMA RD, RURAL, NE

Issued: 9/9/2015

Expires: 9/9/2016

Description: S4, T7, R7, 6th Principal Meridian, LOT 49 SE

Owner: SCHATZKY, CELIA & JONATHAN
8100 KATRINA LN
LINCOLN, NE 68512

Judith A Halstead
Judith A. Halstead, MS, 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.

Judith A Halstead
Judith A. Halstead, MS
Health Director

SOUTHWICK LIQUID WASTE INC
105 LOCUST ST
HICKMAN, NE 68372

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

A

Permit Number HS001133

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

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

3 acres or more required for: ☐ Septic System ☒ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Wastewater Treatment System in conformance with appropriate regulations. Replacing failed Septic with lagoon

PLEASE PRINT OR TYPE

A. Onsite System Location

Address 60000 Panama Rd (no rural route) City Hickman, NE Zip 68372

Legal Description SE SE 4 7 7 49

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

PID 14-04-400-012-000

B. Owner

Name Schatzky, Celia + Jonathan Signature

Address 8100 Katrina Ln City/State/Zip Lincoln NE 68512

Home Phone Work Phone

C. Certified Installer

Name: Jason Kubik Signature Jason Kubik

Address 105 Court St City/State/Zip Hickman, NE 68372

Work Phone 402-440-7606

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 2 Contractor verified in house NH Whirlpool Bathtub? ☐ Yes ☐ No Total Acres 3.37

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 ☐ Municipal Code 24.38 ☑ County Resolution No. 02-30

1. Health Department

Site visits 9/18/15 - Lee + Logan - NH

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 3/23/2016

Business Office Use Only

Date Received 9-2-15 Amount Paid $375.00

Received By SB Cash/Check No. 2357

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

Form A Updated: 1/13

Lincoln-Lancaster County Health Department
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3/28/16 OK JM

Exhibit 6

Permit Number: HS001133

Onsite Wastewater Treatment System-Lagoon

Inspection Sheet

Date 9/21/15

Legal Description 4-7-7 Lot 49
¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 6600 Jamaica Rd City _____

Owner _____ Address _____

Mark One: ☒ Dwelling ☐ Non-dwelling

☒ New System ☐ Repair

☐ Temporary modification (Describe problem causing discharge and reason for temporary modification): _____

Lagoon constructed so not to receive surface water	Yes X No ___
Lagoon floor is level	Yes X No ___
Lagoon is equipped with a depth gage/concrete slab	Yes X No ___
Influent line is at least 4 inches and slopes no less than 1/8 inch	Yes ~~X~~ No X see note
Clean outs located every 75 feet and one located 1 foot about highest water level	Yes X No ___
Inside slope not steeper than three horizontal to one vertical	Yes X No ___
Minimum width of the top of the dike shall be 4 feet	Yes X No ___
Fence installed	JM Yes X No ___

Top of the Dike_____ Bottom of Lagoon_____ Design Flow_____

Setbacks (Check the Boxes Below if the Required Setback has been Satisfied):

Surface Water distance from Water Mark	Private Drinking Water Wells	Public Drinking Water Supply Wells		All Other Water Wells	Property Lines	Trees and Brush	Neighbor's Foundation		All Other Setbacks
50 ft ☐	100 ft ☐	Non-Community	100ft ☐	100ft ☐	50ft ☐	50ft ☐	Class 1	200ft ☐	☐
		Community	* ☐				Class 2	200ft ☐	
							Class 3	100ft ☐	

*Evaluated by a professional engineer for potential impact on the well and submitted to Dept. for approval if less than 1000ft.

Geographical Coordinates to 6 Decimals: _____

Dike North side

Comments:

* System is pressurized, 1 1/4 inch piping uphill to influent pipe
* Made contractor remove a few trees too close to lagoon

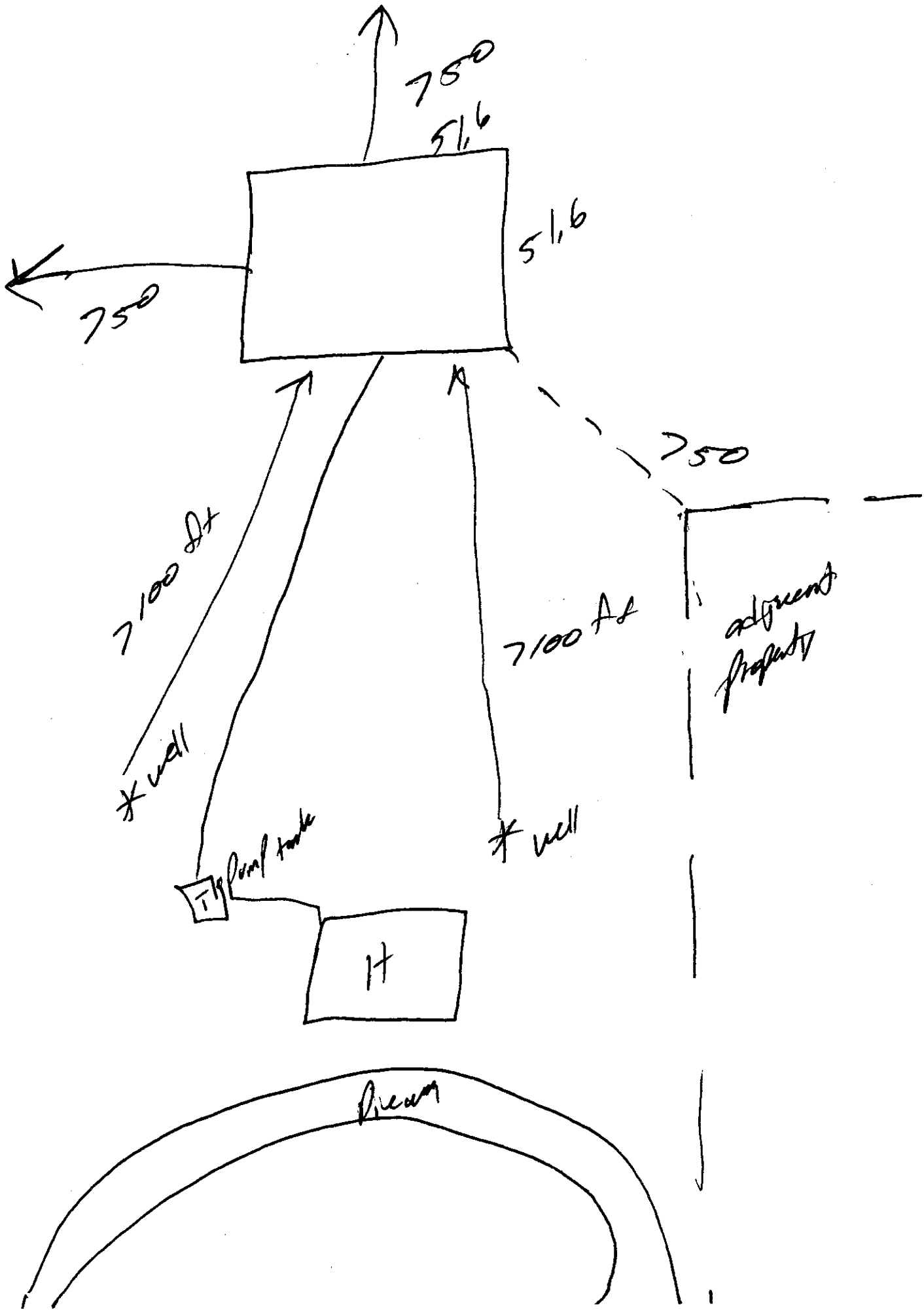
Updated 4/15

Inspections prior to Final Approval
Initial 9/18/15 Date _____ Lots of leaks

Follow-Up 3/23/16 Date JM

Follow-Up _____ Date _____

Installation Final Written Approval
By Jim Newman
Date 3/23/2016


750
516
516
750
750
7100 ft
7100 ft
adjacent property
well
well
pond tank
T
H
River