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

A

Permit Number
HS001154

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.

PLEASE PRINT OR TYPE

A. Onsite System Location

Address 8845 Hickman Rd (no rural route) City Hickman, NE Zip 68372

Legal Description 35 T8 R7 33
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 15-35-200-020-000 SB

B. Owner

Name Deb Lyford Signature

Address 8845 Hickman Rd City/State/Zip Hickman, NE 68372

Home Phone 402-499-9055 Work Phone

C. Certified Installer

Name: Scott Mueller Signature

Address 1345 N 26th Rd City/State/Zip Syracuse, NE 68446

Work Phone 402-430-2946

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
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 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 10-22-15 Amount Paid $385.00
Received By SB Cash/Check No. 9691

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

Form A Updated: 1/13

Engineering Surveying

8307 DARLINGTON PLAZA, OMAHA, NEB. 68127 891-0854

SOIL ABSORPTION TEST DATA REPORT

Property Where Soil Tested:

Owner: Deb Lyford Address: 8845 Hickman Rd

Location: Property Dimensions: X Lot Size:
(attach sketch of property showing hole location)

Soil Type:

Silty Clay ☐ Silty Clay Loam ☑ Sandy Loam ☐
Silty Loam ☐ Clay Loam ☐ Sandy Clay ☐

Dates of Test: 10-21-15 Weather: Precipitation NA Temperature 80°

PERCOLATION TEST DATA TABLE

A	B	C	D	E	F	G	H	I	J	K	L	M	N
		Pre-Saturation Period				Percolation Readings					Results		
		Start		End		Start			End				
Hole #	Hole Depth (Inc.)	Date	Time	Date	Time	Date	Time	Water Level	Time	Water Level	Elapsed Time (min.)	Water Level Drop (in.)	Perc. Rate
1	36	10-21	12p	10-21	3:30	10-21	3:30	17"	4p	18"	30	1	30
2	36	10-21	12p	10-21	3:30	10-21	3:30	17"	4p	18¼	30	1¼	24
3	36	10-21	12p	10-21	3:30	10-21	3:30	16"	4p	17"	30	1	30
4	36	10-21	12p	10-21	3:30	10-21	3:30	17	4p	18½	30	1½	15
5	36	10-21	12p	10-21	3:30	10-21	3130	18	4p	19	30	1	30
6	36	10-21	12p	10-21	3:30	10-21	3:30	16	4p	17	30	1	30

Sum of Percolation Rates 159

Average of Rates 26.5

Inches Per Minute

Signature of Person Conducting Test

PE/LS, Inc. 8037 Odacrest Plaza, Omaha, Ne. 68137

(402) 891-0854

DO NOT WRITE BELOW THIS LINE

Remarks:

Reviewing Action

Approved Perc. Rate:

Signature of Reviewing Offial Date

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

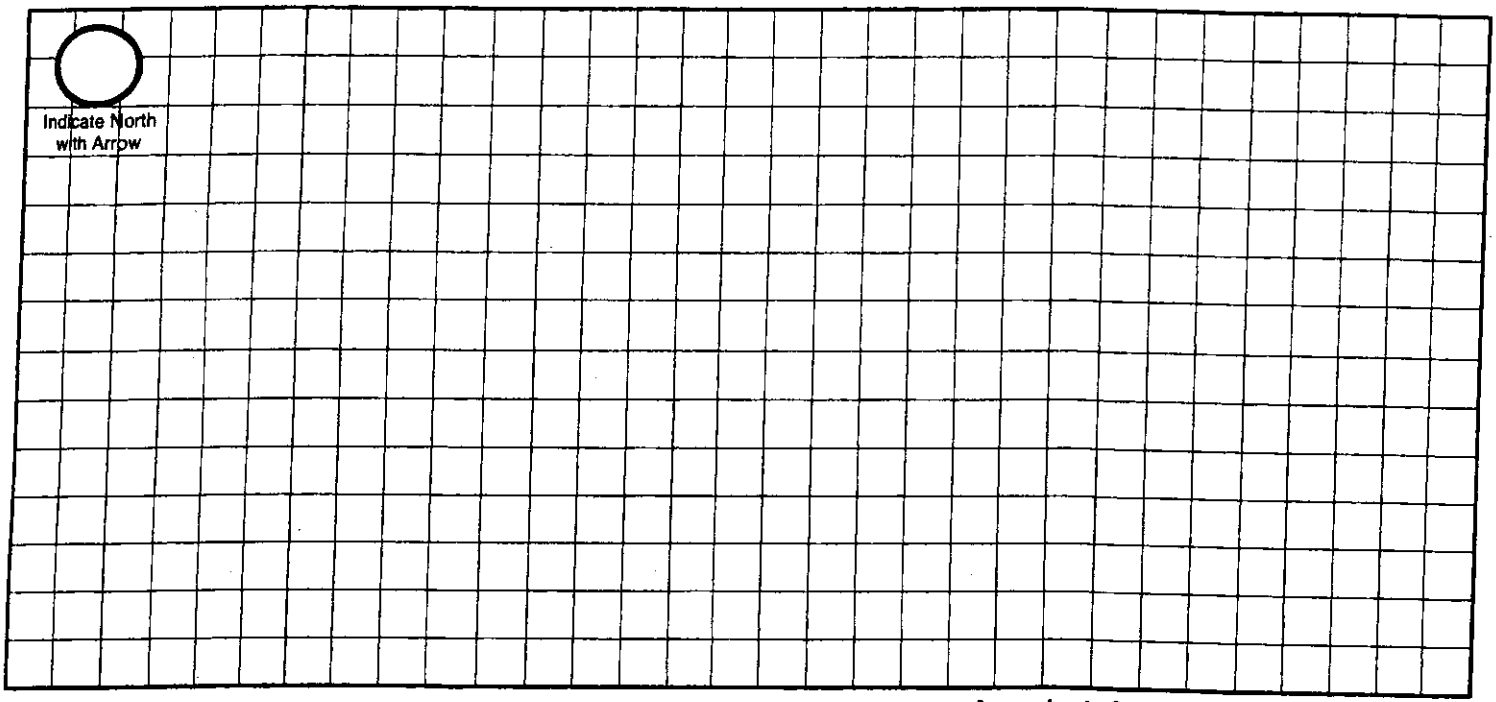
C

Permit Number: HS001154

Onsite Wastewater Treatment System

Preliminary Plan Specifications

Draw a plot plan showing onsite system sewer lines, drop of distribution boxes, tank, drainfields, percolation test holes, well, residence, direction of groundwater flow, property lines, and reserve area for replacement onsite system.



Approximate Scale: _____ft. = _____ grid line/s

A. Onsite System Location

Address (no rural route) 8845 Hickman City _____ NE, Zip _____

B. Proposed Septic Tank/s

Septic Tank Cap. 1250 gals Tank Material: ☐ Concrete ☐ Plastic ☐ Other_____ ☐ Lagoon(Max. seepage 1/8" per day)

C. Reserve Area for Replacement Onsite System

☐ Drainfield Absorption Area (percoloation test required) ☐ Lagoon

D. Drainfield Absorption System

Percolation Rate 26 (min/inch = mpi) No. of Bedrooms 3 Soil Type_____ Land Slope_____%

☐ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 750 sq.ft.

Total length of laterals_____ Type of distribution: ☐ Perforated pipe ☐ Half-Round ☐ Chamber ☐ Other

No. of absorption trenches_____ Width_____ No. of drop boxes_____ Distrubtion Box_____

No. of absorption beds_____ Width_____ No of Distribution lines per bed_____

E. 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 ☐	☐

F. Required Signatures

Home Building Contractor _____ Date _____

Installer _____ Date 10-23-15

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. HS001154

System Type: Standard

Situs: No Site Address Specified

Issued: 10/23/2015

Expires: 10/23/2016

Description: S35, T8, R7, 6th Principal Meridian, LOT 33 NE

Owner: LYFORD, DEBRA K
8845 HICKMAN RD
HICKMAN, NE 68372

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

MUELLER TRENCHING INC
1345 N 26TH RD
SYRACUSE, NE 68446

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

Exhibit 5

Permit Number: HS001154

Onsite Wastewater Treatment System

Inspection Sheet

Date 11/3/15 Legal Description 35/T8/R7 Lot 33
¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 8945 Hickman Rd. City Hickman

Owner Deb Lyford Address

Mark One: ❑ Dwelling ❑ Non-dwelling

☒ New System ❑ Alteration [❑ Tank Only ❑ Trench Only] ❑ Lateral Only

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

Drainfield Absorption System:

☒ Lateral ❑ Bed ❑ Non-standard (engineer-designed and NDEQ approved) ❑ Holding Tank ❑ Trench

Total square feet of drainfield 750 Sq. Ft. Tank Size 1500 gals

Total length of laterals 208 + return Type of Distribution: ❑ Chamber ❑ Perforated Pipe ❑ Other (describe)
240' installed

No. of Absorption Laterals 3 Width 3.625 factory No. of Drop Boxes — Distribution Box 1

Leveling Method Used Laser

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

Distance From	Private Well	Public Well	Surface Water	Ground water	Pressure Water Lines	Property Lines
Tank (ft)	50 ☑	500 ☑	50 ☑	NA ☑	10 ☑	5 ☑
Field (ft)	100 ☑	500 ☑	50 ☑	4 ☑	25 ☑	5 ☑

Geographical Coordinates to 6 Decimals:

Tank

Lateral #1 N/A Lateral #3

Lateral #2 Lateral #4

Comments:

Inspections prior to Final Approval
Initial DS Date 11/2/15

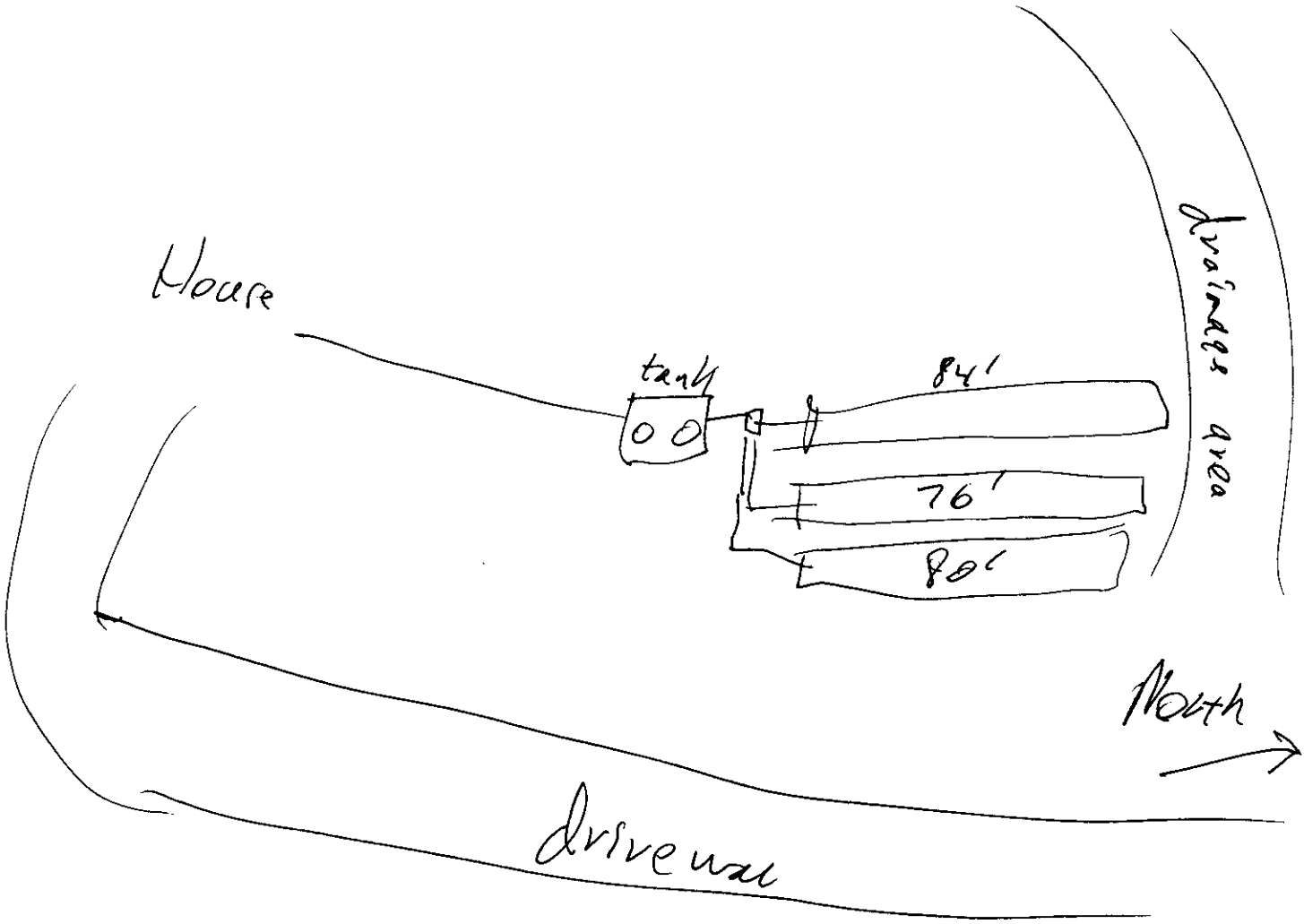
Follow-Up Date

Follow-Up Date

Installation Final Written Approval
By [signature]

Date 11/2/15

Field Note Drawing (See Reverse Side):


House
tank
84'
76'
80'
drainage area
North
driveway