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

DEC 07 2015

A

Permit Number
#S001177

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* 19900 S 96th (no rural route) City Hickman, NE Zip 68372

Legal Description NW NW 36 8 7 18
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 15-36-300-005-000 *Approx. Address (If to be determined)

B. Owner

Name Lisa (Jeff) Nicklas Signature

Address 19900 S 96th City/State/Zip Hickman NE 68372

Home Phone 402-416-4113 Work Phone

C. Certified Installer

Name: Jason Kubik Signature

Address 105 Locust 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 3 Whirlpool Bathtub? ☐ Yes ☐ No Total Acres 5.01
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
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

Business Office Use Only
Date Received 12-7-15 Amount Paid $385.00
Received By SP Cash/Check No. 2431

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

Form A Updated: 4/15

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. HS001177

System Type: Lagoon

Situs: 19900 S 96 ST, RURAL, NE

Issued: 12/10/2015

Expires: 12/10/2016

Description: S36, T8, R7, 6th Principal Meridian, LOT 18 SW

Owner: NICKLAS, LISA L
19900 S 96 ST
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

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

Exhibit 6

Permit Number: HS001177

Onsite Wastewater Treatment System-Lagoon

Inspection Sheet

Date 12/22/15 Legal Description ____ ¼ ¼ 36 / 8 / 7 Section/Township/Range

Onsite System Location

Address (no rural route) 19900 S 96th City Hickman

Owner Lisa (Jeff) Nicklas Address Same

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

Dike North side

Comments:

Inspections prior to Final Approval
Initial [signature] Date 12/22/15

Follow-Up ____ Date ____

Follow-Up ____ Date ____

Installation Final Written Approval
By [signature]
Date 12/22/2015

Updated 4/15

4 2

Field Drawing

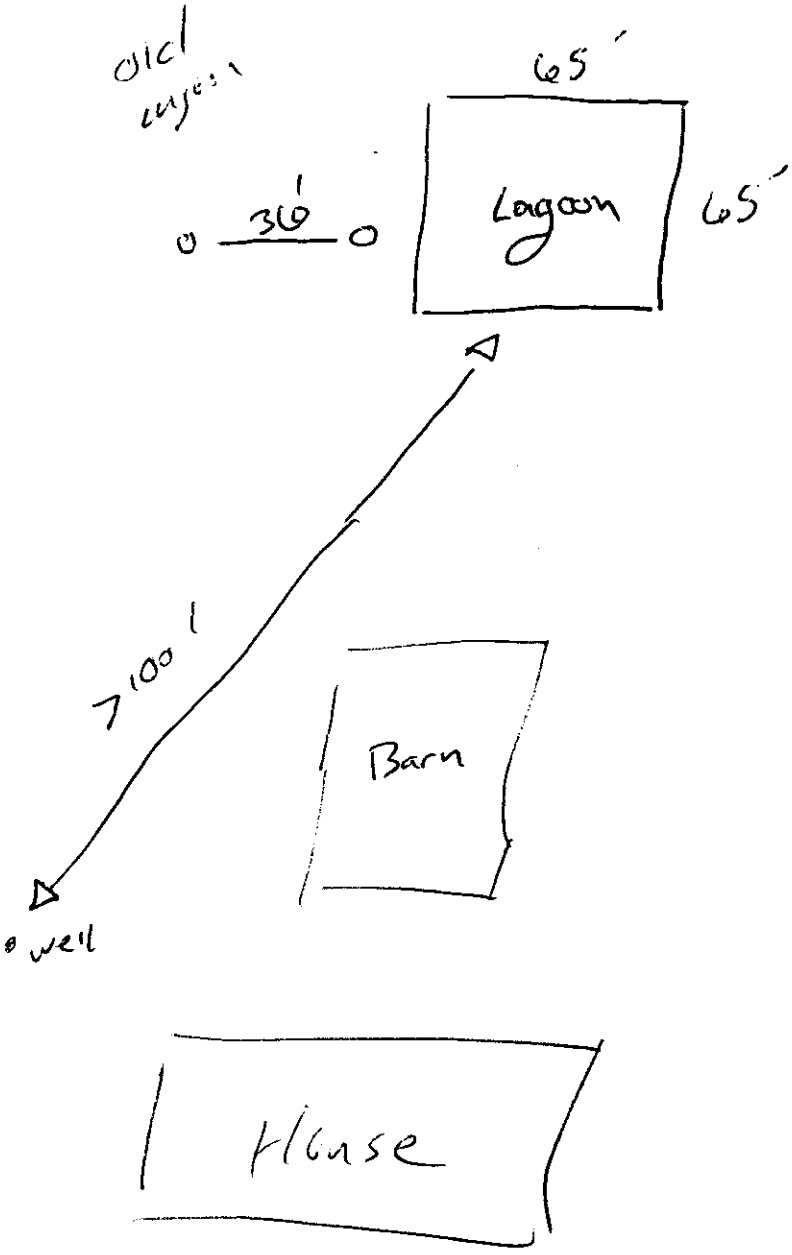


Exhibit 6

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-Lagoon

Inspection Sheet

Date _____ Legal Description _____
¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) _____ 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___ No___
Lagoon floor is level Yes___ No___
Lagoon is equipped with a depth gage/concrete slab Yes___ No___
Influent line is at least 4 inches and slopes no less than 1/8 inch
Clean outs located every 75 feet and one located 1 foot about highest water level Yes___ No___
Inside slope not steeper than three horizontal to one vertical Yes___ No___
Minimum width of the top of the dike shall be 4 feet Yes___ No___
Fence installed Yes___ 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:

Inspections prior to Final Approval
Initial _____ Date _____

Follow-Up _____ Date _____

Follow-Up_____ Date _____

Installation Final Written Approval
By _____

Date _____