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

A

Permit Number
HS001200

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* _____ City Hickman, NE Zip 68372
(no rural route)

Legal Description 7 7 8th Vanderview Ridge 3 2
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 20-07-203-002-000 *Approx. Address (If to be determined) 11601 Vanderview Rd

B. Owner

Name Scott Siebrandt Signature _____
Address 8030 S 35th St City/State/Zip Lincoln NE, 68516
Home Phone _____ Work Phone _____

C. Certified Installer

Name: Jason Kubik Signature Jason Kubik
Address 105 Locust City/State/Zip Hickman, NE 68372
Work Phone 402-440-7006

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 4 Whirlpool Bathtub? ☐ Yes ☐ No Total Acres 5.00
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 _____ **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 2-29-16 Amount Paid $385.00
Received By SB Cash/Check No. 3493

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. HS001200

System Type: Lagoon

Situs: No Site Address Specified

Issued: 3/3/2016

Expires: 3/3/2017

Description: VANDERVIEW RIDGE ADDITION, BLOCK 3, Lot 2

Owner: SIEBRANDT, SCOTT R & KRYSTAL L
8030 S 35 ST
LINCOLN, NE 68516

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 STREET
HICKMAN, NE 68372

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

Exhibit 5

Permit Number: 4500 1200

Onsite Wastewater Treatment System

Inspection Sheet

Date 4/13/16 Legal Description Underview Ridge Blk 3, Lot 2

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 4600 Underview Rd. City _____

Owner _____ 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 1053 Sq. Ft. Tank Size 1500 gals

Total length of laterals 312 Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☐ Other (describe) _____

No. of Absorption Laterals 3 Width 3' No. of Drop Boxes 0 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 _____ Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

N/A

Comments:

Inspections prior to Final Approval
Initial VH Date 4/13/16

Follow-Up _____ Date _____

Follow-Up _____ Date _____

~~Installation Final Written Approval~~
By _____
Date 4/14/16

Field Note Drawing (See Reverse Side):

104
102
101
100
300
#
3*

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

B

Permit Number:

Onsite Wastewater Treatment System

Soil Evaluation Report

PLEASE PRINT OR TYPE

PID 20-07-203-002-000

Onsite System Location

Address 11677 Vandervieu Rd (no rural route) City Hickman NE, Zip 68372

Owner Scott Siebrandt Address 8035 S 35th ST Lincoln NE 68516

Date of Tests 3/3/16 to 3/4/16 Weather: Precipitation trace Temperature 40

Percolation Test Data Table

A.	B.	C.	D.	E.	F.	G.	H.	I.	J.	K.	L.	M.	N.
		Saturation/Swelling Time				Water Level Drop Last 30 mins of 4 hr or last 10 mins of 1 hr					Results		
		Start		End		Start			End				
Hole No.	Hole Depth (in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Initial Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time Interval	Water Level Drop (in)	Percolation Rates (Min/in = mpi)
1	30	3/3	2:30	3/4	8:50	3/4	12:20	6	3/4	12:50	30	3/4	40
2	30	3/3	2:30	3/4	8:50	3/4	12:20	6	3/4	12:50	30	7/8	35
3	30	3/3	2:30	3/4	8:50	3/4	12:20	6	3/4	12:50	30	1	30
4	30	3/3	2:30	3/4	8:50	3/4	12:20	6	3/4	12:50	30	3/4	40
5	30	3/3	2:30	3/4	8:50	3/4	12:20	6	3/4	12:50	30	5/8	48
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Jason Kubik

Phone: 402-440-7606

Address 105 Locust ST Hickman NE 68372

Soil type (NRCS Maps/Other) 7084 Wymore

Groundwater Depth ± 12'

Sum of Percolation Rates: 193

Average of Rates: 39

Rate Used for Calculation: 59

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Comments (Soil type, groundwater, floodplain, etc.)

Signature of Reviewing Official _____ Date _____