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

A

Permit Number
HS001301

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* 2700 Panama Rd City Hickman, NE Zip 68372
(no rural route)

Legal Description SW SE 6 7 7
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 14-06-300-002-000 *Approx. Address (If to be determined)

B. Owner

Name Josh Hicks Signature
Address 2700 Panama Rd City/State/Zip Hickman NE 68372
Home Phone Work Phone 402-525-9165

C. Certified Installer

Name: Jason Kubik Signature
Address 105 Locust St City/State/Zip Hickman NE 68372
Work Phone

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 5.10
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 7-7-16 Amount Paid $385
Received By SB Cash/Check No. 21028

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

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

B

Permit Number: HS001301

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 2700 Panama Rd (no rural route) City Hickman NE, Zip 68372

Owner Josh Hicks Address

Date of Tests 6/29/16 to 6/30/16 Weather: Precipitation 0 Temperature 90

Percolation Test Data Table

A.	B.	C. D. E. F. Saturation/Swelling Time				G. H. I. J. K. Water Level Drop Last 30 mins of 4 hr or last 10 mins of 1 hr					L. M. N. 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	6/29	4:30	6/30	8 am	6/30	11:30	6	6/30	12:00	30	3/4	40
2	30	6/29	4:30	6/30	8:00	6/30	11:30	6	6/30	12:00	30	5/8	48
3	30	6/29	4:30	6/30	8:00	6/30	11:30	6	6/30	12:00	30	3/4	40
								6					
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Jason Kubik
Phone: 402-440-7006
Address: PO Box 191 105 Locust Hickman NE 68372
Soil type (NRCS Maps/Other) 7418 Morrill clay loam
Groundwater Depth + 12

Sum of Percolation Rates: 128
Average of Rates: 43
Rate Used for Calculation: 43

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official Date

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. HS001301

System Type: Standard

Situs: 2700 PANAMA RD, RURAL, NE

Issued: 7/13/2016

Expires: 7/13/2017

Description: S6, T7, R7, 6th Principal Meridian, LOT 6 SW

Owner: HICKS, JOSHUA G & LISA A
2700 PANAMA 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

SOUTHWICK LLIQUID WASTE INC
105 LOCUST STREET
HICKMAN, NE 68372

Onsite Wastewater Treatment System

As-Built Description and Drawing

OKQ 6/28/17

Type of Onsite Wastewater System: ☐ Lagoon (Skip to Back Page) ☒ Subsurface Septic ☐ Mound

Onsite Wastewater System Location

Address or Legal Description or Parcel Identification Number (PID) 14-06-300-002-000

Owner: Joshua Hicks Address 2700 Panama Rd,

A. Wastewater Piping

1. Material: SCH 40 Diameter: 4" in.
2. Distance between dwelling and septic tank: 19 ft.

B. Septic Tank

1. Material Concrete
2. Capacity: 1,500
3. Depth to top of tank, below unfinished grade: 12 in.
4. Distance to:
   Well ± 150 ft.
   Pressure line ±25 ft
   Property Line ±5 ft.
   Foundation 19 ft.

C Distribution Box or Drop Box

Distance **and** Direction from septic tank: 346" ft. E

D. Drainfield/Absorption Field

☑ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☒ Chamberless ☐ Other
   Material/brand and inside width of Chamberless: infiltrator ✓
2. Number of Laterals: 2
3. Length of each lataral (linear): ft. 140 ft. 136 ft. ____ ft. ____
4. Drainfield size: 276 sq. ft.
5. Distance to:
   Well ± 150 ft.
   Pressure line ± 100 ft.
   Property line ±50 ft.
   Depth of Groundwater ±12

Was the Onsite Wastewater System covered prior to LLCHD inspection? ☒ Yes ☐ No

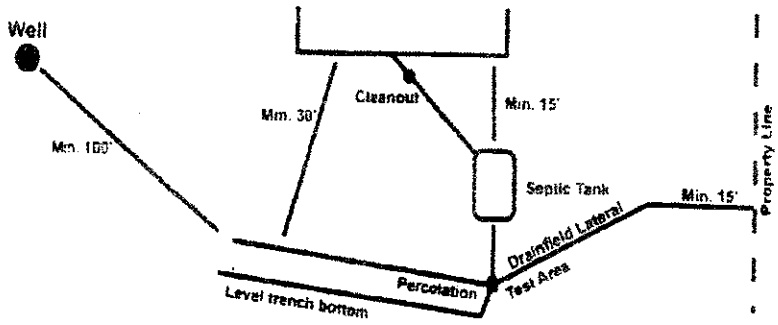
If Yes. the Certified Professional must sign below for final approval:

I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

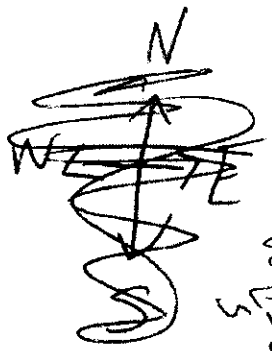
Certified Professional Signature: Dan Kuhl Date: 7/18/17 ✓

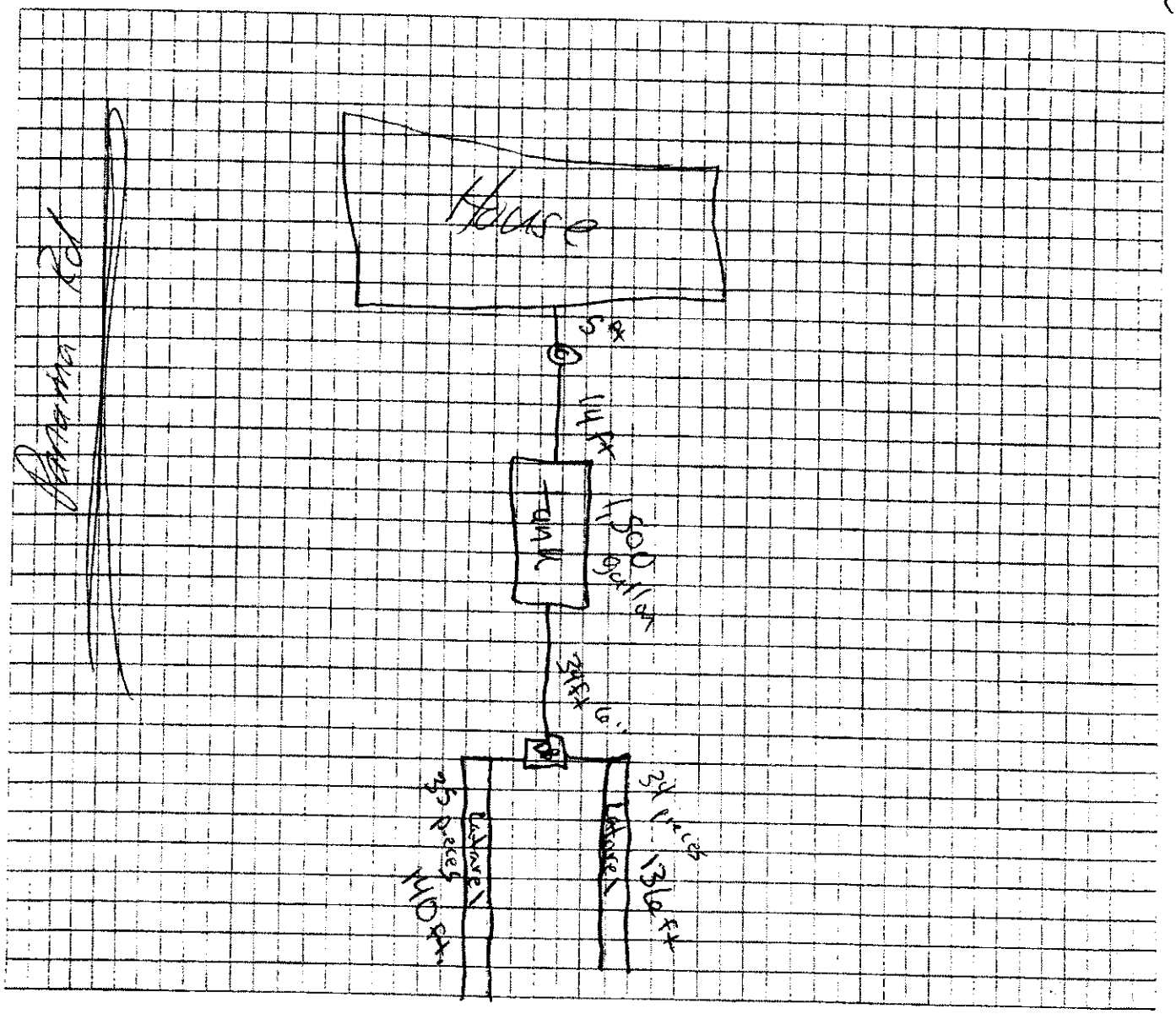
Complete As-Built drawing on the back of this form.

Updated 4/15



*Note-If Lagoon, show all applicable dimensions





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

JUL 07 2016

SCANNED

A

Permit Number
HS001301

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Date frwd 7/11/16
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 6/27/17 Covered prior to inspection NH

Business Office Use Only
Date Received 7-7-16 Amount Paid $385
Received By SB Cash/Check No. 2628

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

Form A Updated: 4/15

* EXEMPT