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

A

Permit Number
HS 001304

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 6220 Bass Creek Rd. (no rural route) City Hickman, NE Zip 68372

Legal Description NE (1/4) 4 (1/4) 7N (Section) 7E (Township) Poe Estates (Range) 1 (Subdivison) 1 (Addition) (Block) (Lot)

PID 14-04-201-001-000

B. Owner

Name Long Range Investments LLC Signature

Address 813 Park Drive City/State/Zip Hickman NE 68372

Home Phone Work Phone 402-889-3665

C. Certified Installer

Name: Tracy Weatherby Signature Tracy Weatherby

Address 101 Brentwood Ave Hickman ne City/State/Zip Hickman, Ne. 68372

Work Phone (402) 417-3190

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 3.25
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
Comments
Date rec'd
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments Director of Permits
Date rec'd 7-8-16
Date frwd 7-8-16
ACTION ☒ Approved ☐ Disapproved
Signature Heidi Hoglin

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 Amount Paid
Received By Cash/Check No.

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

Form A Updated: 1/13

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. HS001304

System Type: Lagoon

Situs: No Site Address Specified

Description: POE ESTATES, BLOCK 1, Lot 1

Issued: 7/13/2016

Expires: 7/13/2017

Owner: LONG RANGE INVESTMENTS LLC
ATTN: LONG RANCH INVESTMENTS
LLC - ADAM HEIDEN - MEMBER 813
PARK DR
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

LONG RANGE INCESTMENTS LLC
813 PARK DR
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: HS001304

Onsite Wastewater Treatment System-Lagoon

Inspection Sheet

Date 12/22/16 Legal Description _____

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 6220 Bass Creek 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 ☒ 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 65 Bottom of Lagoon 29 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: Was greater than 25ft. to staked flags - Rural water * Built to a 4 bedroom sizing

Inspections prior to Final Approval
Initial DH Date 12/16/16

Follow-Up _____ Date _____

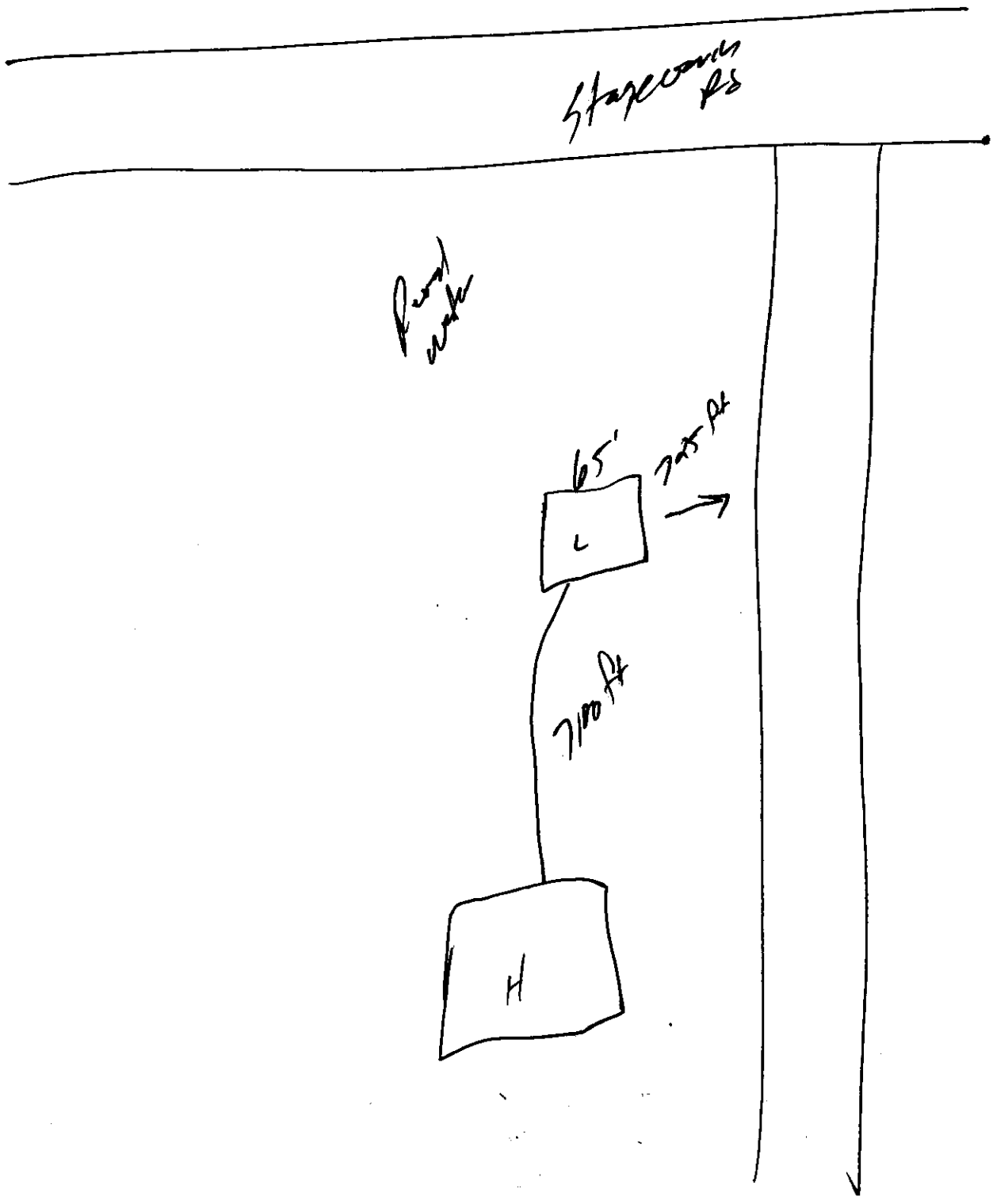
Follow-Up _____ Date _____

Installation Final Written Approval
By _____

Date 4/4/17

DH 4/4/17

Updated 4/15


Stagecoach Rd
Pond water
65'
725 ft
L
7100 ft
H

SCANNED

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

4/13

A

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Signature Heidi Hoyle

3. City or County Engineer
Comments
Date rec'd
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature

Installation Final Written Approval
By
Date 4/4/17

Business Office Use Only
Date Received 7-11-16 Amount Paid 385.00
Received By LC Cash/Check No. 1033

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

Form A Updated: 1/13