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

A

Permit Number
HS001354

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* 20750 S. 64th Ct. (no rural route) City Hickman, NE Zip 68372

Legal Description 4 7 7 5

1/4 | 1/4 | Section | Township | Range | Subdivison | Addition | Block | Lot

PID 14-04-202-005-000 SB *Approx. Address (If to be determined)

B. Owner

Name Melissa Krumm Signature Melissa Krumm

Address 6007 S. 91st City/State/Zip Lincoln, NE 68526

Home Phone 402-540-5886 Work Phone 402-540-5886

C. Certified Installer

Name: Harry Muhlbach Signature Harry Muhlbach

Address 5701 Vine St City/State/Zip Lincoln, Ne 68505

Work Phone 402-430-7304

D. Engineer

☐ **Check and complete if engineer designed system** P.E. License Number: 4624

Designer Name Firm Work Phone

E. This system will serve a

☒ Residential Dwelling Number of Bedrooms 3 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 6

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 10-12-16 Amount Paid $395.00
Received By SB Cash/Check No. VISA

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

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

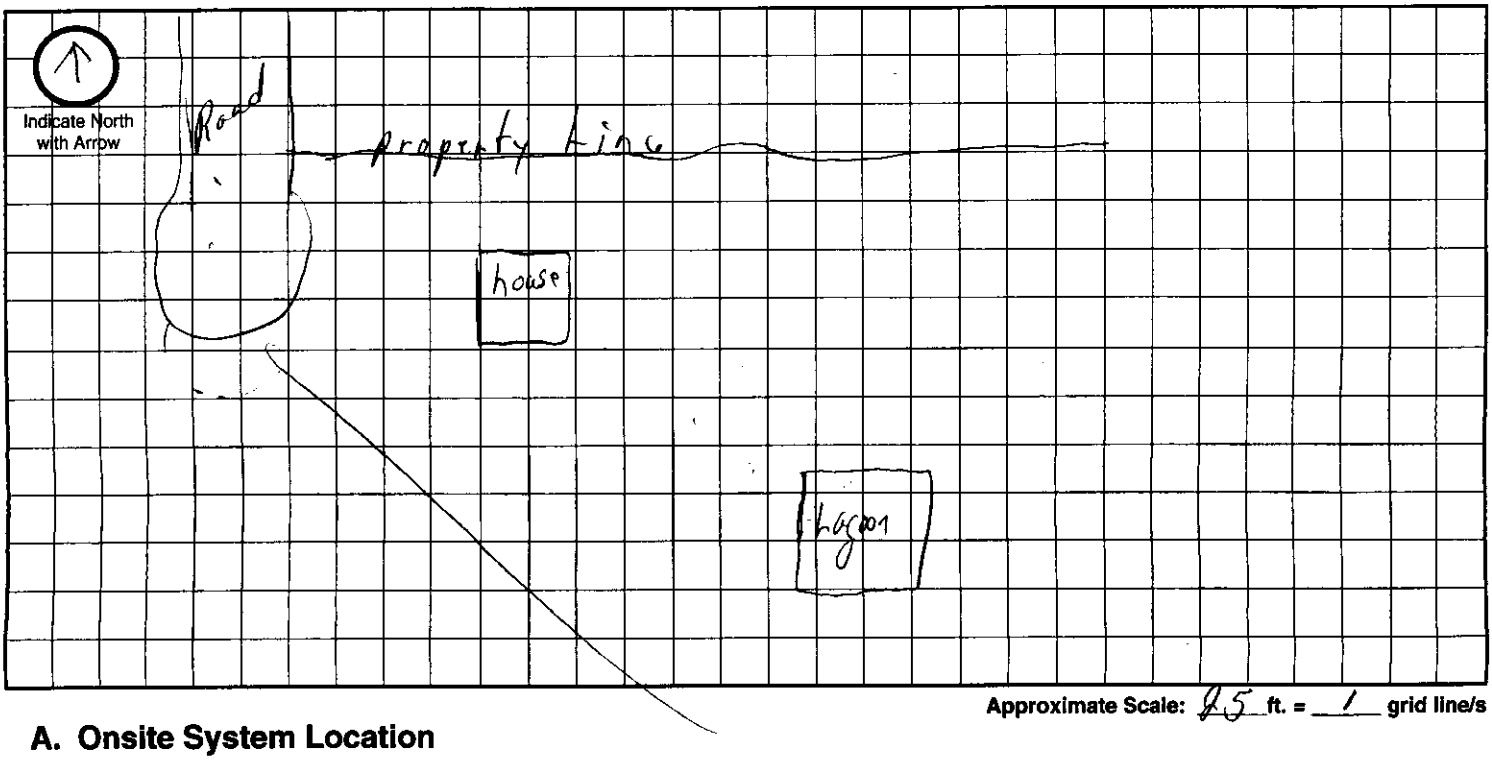
C

Permit Number: HS001354

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: 25 ft. = 1 grid line/s

A. Onsite System Location

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

B. Proposed Septic Tank/s

Septic Tank Cap._____ 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_____ (min/inch = mpi) No. of Bedrooms_____ Soil Type_____ Land Slope_____%

☐ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield_____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 H. L. Muhlbach Construction, 5701 Vine St, Lin NE Date 10-5-16

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. HS001354

System Type: Lagoon

Situs: No Site Address Specified

Description: POE ESTATES, BLOCK 2, Lot 5

Issued: 10/19/2016

Expires: 10/19/2017

Owner: KRUMM, MICHAEL & MELISSA
6007 S 91 ST
LINCOLN, NE 68526

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

MELISSA KRUMM
6007 S 91ST ST
LINCOLN, NE 68526

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

B

Permit Number: HSD01354

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 20750 S 64th CT (no rural route) City HICKMAN NE, Zip 68372

Owner MICHAEL KRUMM Address 6007 S 91st ST LINCOLN, NE 68526

Date of Tests 5/30/17 to 5/31/17 Weather: Precipitation 0 Temperature 75

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		Initial	End				
Hole No.	Hole Depth(in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time Interval	Water Level Drop(in)	Percolation Rates (Min/in = mpi)
1	30	5/30	3:25	5/31	2:25	5/31	5:55	6	5/31	6:25	30	0.625	48
2	30	5/30	3:25	5/31	2:25	5/31	5:55	6	5/31	6:25	30	0.625	48
3	30	5/30	3:25	5/31	2:25	5/31	5:55	6	5/31	6:25	30	1.125	27
4	30	5/30	3:25	5/31	2:25	5/31	5:55	6	5/31	6:25	30	0.50	30
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: JASON KUBIK
Phone: 402-475-2462
Address 105 LOCUST ST
HICKMAN, NE 68372

Sum of Percolation Rates: 153
Average of Rates: 38.25
Rate Used for Calculation: 59 DUE TO > THAN 20 MPI VARIANCE

Soil type (NRCS Maps/Other) 7585, 7050 KENNEBEC

Groundwater Depth + 12'

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official Date