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

A

Permit Number HSOO1493

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* 8500 WAGON TRAIN RD (no rural route) City HICKMAN, NE Zip 68372

Legal Description 35 8 7 6TH PM 28

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

PID 15-35-100-004-000 *Approx. Address (If to be determined)

B. Owner

Name WILLIAM & MISTY MCINTOSH Signature

Address 8500 WAGON TRAIN RD City/State/Zip HICKMAN, NE 68372

Home Phone Work Phone 402-310-3205

C. Certified Installer

Name: JASON KUBIK Signature Jason Kubik

Address 105 LOCUST ST City/State/Zip HICKMAN, NE 68372

Work Phone 402-475-2462

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 4.83

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 7-13-17 Amount Paid $395.00
Received By SB Cash/Check No. 29164

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

Form A Updated: 4/15

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

B

Permit Number: HSO01493

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 8500 Wagon Train (no rural route) City Hickman NE, Zip 68372

Owner John & Karen Lyne Address

Date of Tests 6/7/17 to 6/8/17 Weather: Precipitation none Temperature 85 degrees

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 inches	6/7	3:30 pm	6/8	8:30 am	6/8	12:00 pm	6	6/8	12:30 pm	30 min	7/8	35
2	30 inches	6/7	3:30 pm	6/8	8:30 am	6/8	12:00 pm	6	6/8	12:30 pm	30 min	1	30
3	30 inches	6/7	3:30 pm	6/8	8:30 am	6/8	12:00 pm	6	6/8	12:30 pm	30 min	7/8	35
								6					
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Jason Kubik
Phone: 402-475-2462
Address 105 Locust Street
Hickman, NE 68372

Sum of Percolation Rates: 100
Average of Rates: 33
Rate Used for Calculation: 39

Soil type (NRCS Maps/Other) 7231 Judson Silt Loam
Groundwater Depth +12 feet

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. HS001493

System Type: Standard

Situs: 8500 WAGON TRAIN RD, RURAL, NE

Issued: 7/18/2017

Expires: 7/18/2018

Description: S35, T8, R7, 6th Principal Meridian, LOT 28 NW

Owner: MCINTOSH, WILLIAM S & MISTY L
8500 WAGON TRAIN RD
HICKMAN, NE 68372

Charlotte Burke, MS, RD, Interim 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.

Charlotte Burke, MS, RD
Interim 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

D

Permit Number: 1493

Onsite Wastewater Treatment System
As-Built Description and Drawing

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) 15-35-100-004-000

Owner: WILLIAM & MISTY MCINTOSH Address 8500 WAGON TRAIN RD HICKMAN NE 68372

A. Wastewater Piping

1. Material: SCH 40 PVC Diameter: 4 in.
2. Distance between dwelling and septic tank: 73 ft.

B. Septic Tank

1. Material PLASTIC
2. Capacity: 1500
3. Depth to top of tank, below unfinished grade: 30 in.
4. Distance to:
   Well +100 ft.
   Pressure line +25 ft
   Property Line +50 ft.
   Foundation 70 ft.

C Distribution Box or Drop Box

Distance **and** Direction from septic tank: 2 ft. S

D. Drainfield/Absorption Field

☑ Trench ☐ Bed

1. Type: ☑ Perforated Pipe ☑ Chamberless ☑ Other
   Material brand and inside width of Chamberless:
   INFILTRATOR QUICK 4 PLUS 29
2. Number of Laterals: 2
3. Length of each lateral (linear): ft. 148/ ft. 144 ft. ft.
4. Drainfield size: 1050 sq. ft.
5. Distance to:
   Well + 100 ft.
   Pressure line + 25 ft.
   Property line +30 ft.
   Depth of Groundwater +121

N H

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

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

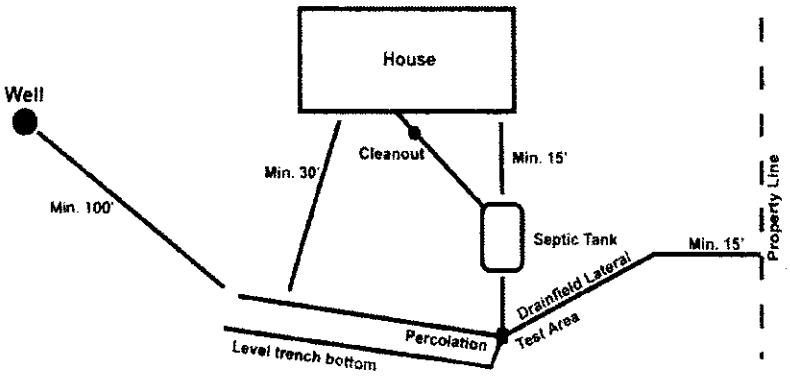
I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: _____ Date: 7/14/17

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

Indicate North
w/ Arrow Here:

Onsite Wastewater System Design (Example)



*Note-If Lagoon, show all applicable dimensions

