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

**A**

Permit Number
HSDD1531

# 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* 72nd & Rock RD. City Hickman, NE Zip
(no rural route)

Legal Description 15 8 Lancaster Co. 7 1c Southridge Acres 3 9
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 72nd & Rock Rd. Hickman *Approx. Address (If to be determined) 15-15-403-009-000

**B. Owner**

Name R+D Custom Homes Signature Donna Youngquist
Address 7431 Cardwell Circle City/State/Zip Lincoln NE.
Home Phone 402-429-8297 Work Phone ← SAME

**C. Certified Installer**

Name: Earnest Well Drilling Inc. Justin Peterson Signature
Address 2796 W. Milford Rd P.O. Box 4 City/State/Zip Milford, NE 68405
Work Phone 402-761-2281

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

Designer Name ~~Charles Hubbell~~ Firm ~~RDS~~ Work Phone

**E. This system will serve a**

☒ Residential Dwelling Number of Bedrooms 5 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres
Garbage Grinder? ☒ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day 600

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 9-13-17 Amount Paid 400.00
Received By LC Cash/Check No. 15478

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

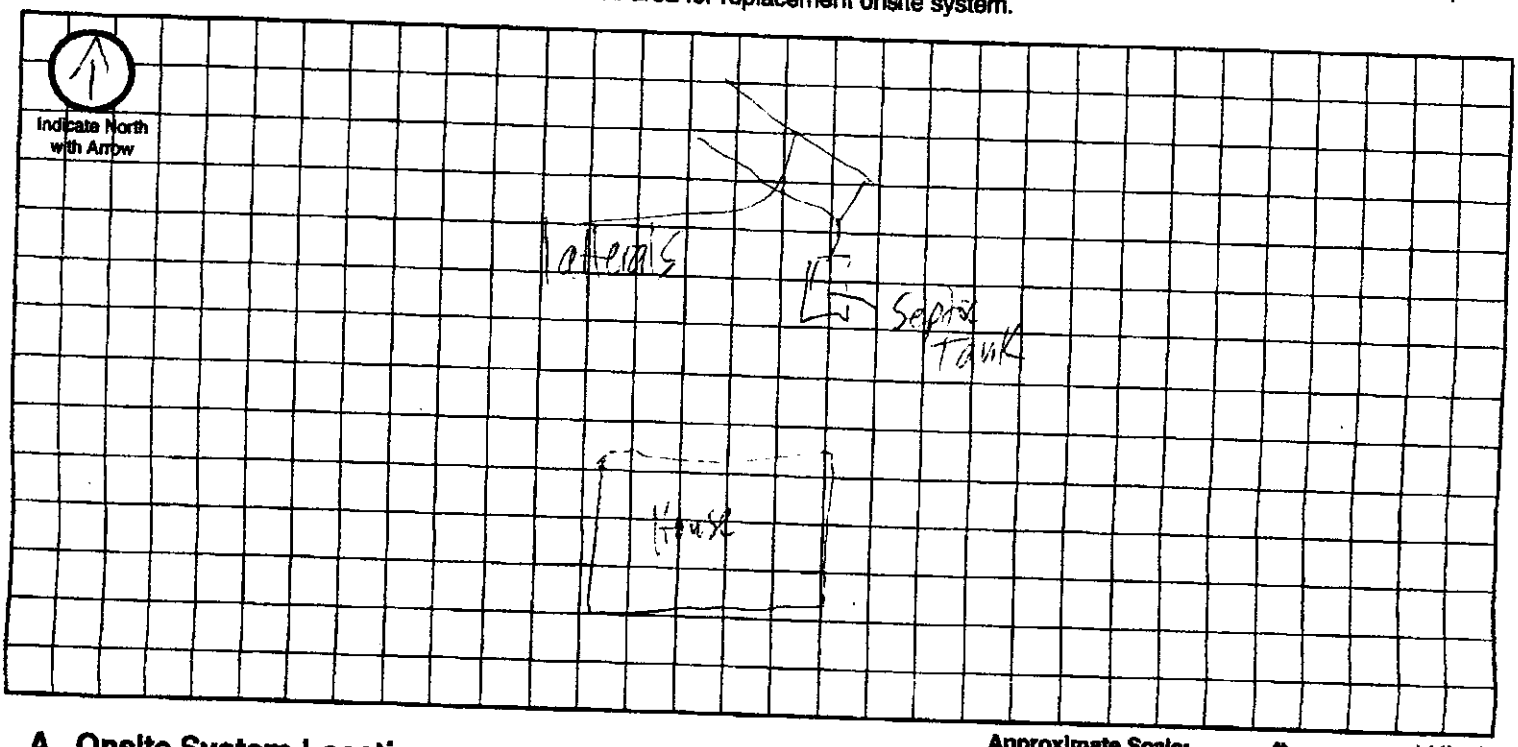
**C**

Permit Number:

# 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: _____ft. = _____ grid line/s

## A. Onsite System Location

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

## B. Proposed Septic Tank/s

Septic Tank Cap. 2,000 gals Tank Material: ☒ Concrete ☐ Plastic ☐ Other_____ ☐ Lagoon(Max. seepage 1/8" per day)

## C. Reserve Area for Replacement Onsite System

☒ Drainfield Absorption Area (percolation test required) ☐ Lagoon

## D. Drainfield Absorption System

Percolation Rate 36.15 (min/inch = mpi) No. of Bedrooms 5 Soil Type Clay Loam Land Slope 1 %

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 1375 sq.ft.

Total length of laterals 405' Type of distribution: ☐ Perforated pipe ☐ Half-Round ☒ Chamber ☐ Other

No. of absorption trenches 3-136'long Width 36" 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

[redacted] Contractor _____ Date _____

Installer Carter Well Drilling Inc _____ Date 9/2/17

**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. HS001531**

**System Type:** Standard

**Situs:** No Site Address Specified

Issued: 9/15/2017

Expires: 9/15/2018

**Description:** SOUTH RIDGE ACRES ADDITION, BLOCK 3, Lot 9

**Owner:** BAADE PROPERTY LLC
ATTN: ALAN BAADE 5500 SALTILLO RD
ROCA, NE 68430

Shavonna M. Lausterer, MPH, CPH, 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.

Shavonna M. Lausterer, MPH, CPH
Health Director

R & B CUSTOM HOMES
7431 CARDWELL CI
LINCOLN, NE 68523