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

SEP 20 2017

A

Permit Number
HS001541

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* 7400 Panama Rd City Hickman, NE Zip 68372
(no rural route)

Legal Description 3 7 7 19
1/4 1/4 Section Township Range LC Subdivison Addition Block Lot

PID _____ *Approx. Address (If to be determined) _____

B. Owner

Name Larry Bird Signature _____
Address 6401 Winding Ridge Circle City/State/Zip Lincoln NE 68512
Home Phone _____ Work Phone _____

C. Certified Installer

Name: Brandon Sedlacek Signature Brandon Sedlacek
Address 11739 E Buckeye rd City/State/Zip Adams, NE 68301
Work Phone 402-988-8425

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 80
Garbage Grinder? ☒ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify _____ Design flow in gallons per day 400

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 9-22-17 Amount Paid 405.00
Received By LC Cash/Check No. 1573

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: 402-441-8022

B

Permit Number:

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 7400 Panama Rd (no rural route) City Hickman NE, Zip 68372

Owner Larry Bird Address 6401 Winding Ridge Circle

Date of Tests 3-20 to 3-21 Weather: Precipitation 0 Temperature 75°F

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	34 in	3-20	8:00am	3-21	8:00am	3-21	8:00	6	3-21	8:30	30 min	3/4 in	40 mpi
2	34 in	3-20	8:00	3-21	8:00	3-21	8:01	6	3-21	8:31	30 min	5/8 in	48 mpi
3	34 in	3-20	8:00	3-21	8:00	3-21	8:02	6	3-21	8:32	30 min	5/8 in	48 mpi
4	34 in	3-20	8:00	3-21	8:00	3-21	8:03	6	3-21	8:33	30 min	5/8 in	48 mpi
5	34 in	3-20	8:00	3-21	8:00	3-21	8:04	6	3-21	8:34	30 min	3/4 in	40 mpi
6	34 in	3-20	8:00	3-21	8:00	3-21	8:05	6	3-21	8:35	30 min	3/4 in	40 mpi
								6					
								6					

Person Conducting Percolation Test

Name: Brandon Sedlacek
Phone: 402-988-8425
Address 11739 E Buckeye Rd

Sum of Percolation Rates: 264
Average of Rates: 44 mpi
Rate Used for Calculation: 45 mpi

Soil type (NRCS Maps/Other)

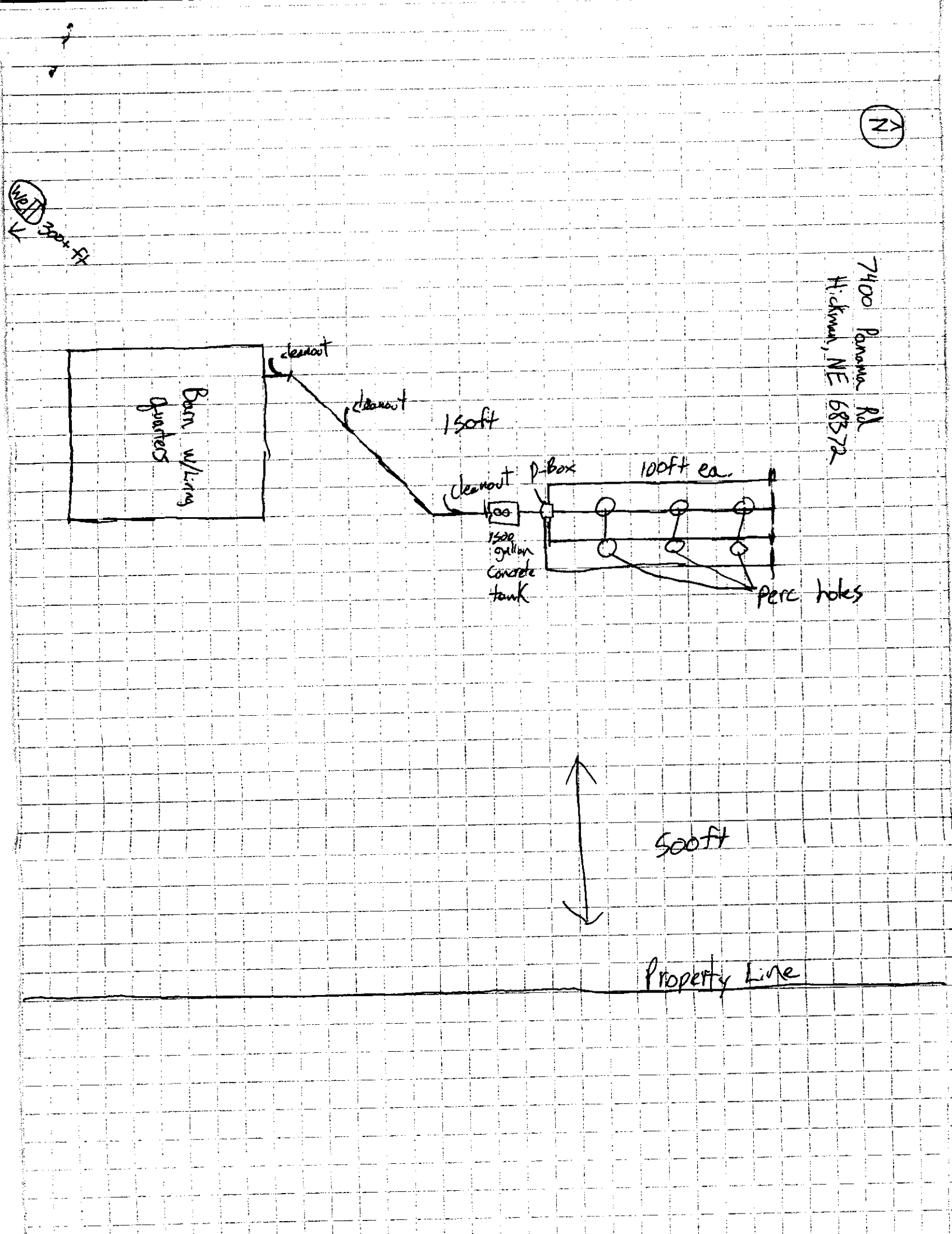
Groundwater Depth

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official Date


N
7400 Panama Rd
Hickman, NE 68372
Well
300+ ft
Barn w/Living Quarters
cleanout
cleanout
150ft
cleanout
P-box
100ft ea.
1500 gallon Concrete tank
Perc holes
500ft
Property Line

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

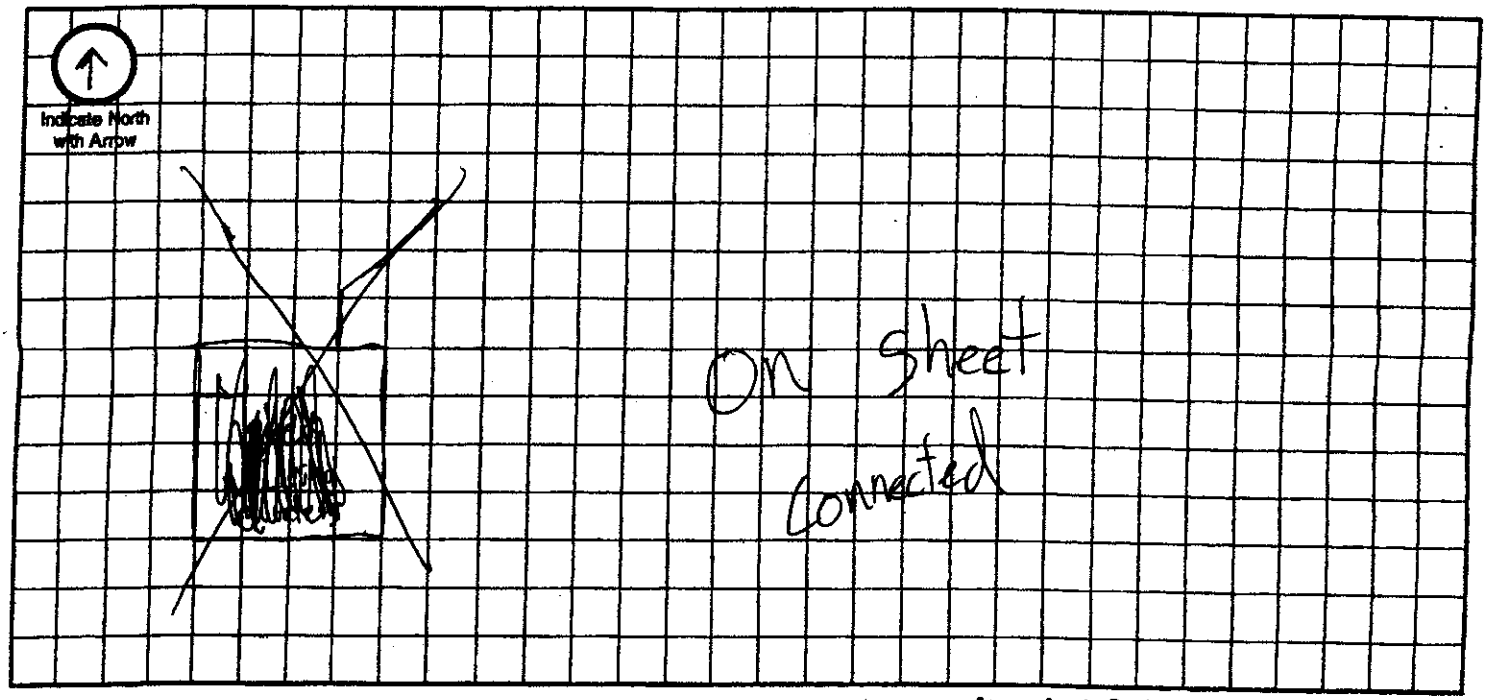
C

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) 7400 Panama Rd City Hickman NE, Zip 68372

B. Proposed Septic Tank/s

Septic Tank Cap. 1500 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 45 (min/inch = mpi) No. of Bedrooms 3 Soil Type Sandy clay Land Slope_____%

☑ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 1450 sq.ft.

Total length of laterals 400 Type of distribution: ☐ Perforated pipe ☐ Half-Round ☑ Chamber ☐ Other

No. of absorption trenches 4 Width 36in No. of drop boxes 0 Distrubtion Box 1

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_____ Date_____

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

D Exhibit 4

Permit Number:

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) _____

Owner _____ Address _____

A. Wastewater Piping

1. Material: _____ Diameter: _____ in.
2. Distance between dwelling and septic tank: _____ ft.

B. Septic Tank

1. Material _____
2. Capacity: _____
3. Depth to top of tank, below unfinished grade: ____ in.
4. Distance to:
   Well _____ ft.
   Pressure line _____ ft
   Property Line _____ ft.
   Foundation _____ ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: _____ ft. _____

D. Drainfield/Absorption Field

☐ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☐ Other
   Material brand and inside width of Chamberless: _____
2. Number of Laterals: _____
3. Length of each lateral (linear): ft._____ ft._____ ft._____ ft._____
4. Drainfield size: _____ sq. ft.
5. Distance to:
   Well _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.
   Depth of Groundwater _____

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: _____

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

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. HS001541

System Type: Standard

Situs: 7400 PANAMA RD, RURAL, NE

Issued: 9/26/2017

Expires: 9/26/2018

Description: S3, T7, R7, 6th Principal Meridian, LOT 19 SW

Owner: CONCORD INVESTMENTS LLC
ATTN: C/O LAWRENCE S BIRD
MANAGER 1701 WINDHOEK DR
LINCOLN, NE 68512

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

SOUTHEAST SEWER & SEPTIC
11185 E HWY 41
ADAMS, NE 68301

SCANNED

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

SEP 20 2017

A

Permit Number
HSD01541

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* 7400 Panama Rd City Hickman, NE Zip 68372
(no rural route)

Legal Description 3 7 7 19
1/4 1/4 Section Township Range LC Subdivison Addition Block Lot

PID _____ *Approx. Address (If to be determined) _____

B. Owner

Name Larry Bird Signature _____
Address 6401 Winding Ridge Circle City/State/Zip Lincoln NE 68512
Home Phone _____ Work Phone _____

C. Certified Installer

Name: Brandon Sedlacek Signature Brandon Sedlacek
Address 11739 E Buckeye rd City/State/Zip Adams, NE 68301
Work Phone 402-988-8425

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 80
Garbage Grinder? ☒ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify _____ Design flow in gallons per day 400
Type of Wastewater ☐ Domestic ☐ Non-Domestic

DO NOT WRITE BELOW THIS LINE

Approval Process

1. Health Department
Site visits 10/16/17 pr 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 10/18/17

Business Office Use Only
Date Received 9-22-17 Amount Paid 405.00
Received By LC Cash/Check No. 1573

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

Form A Updated: 4/15

OCT 30 2017

D Exhibit 4

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

Permit Number: H5001541

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) 7400 Panama Rd

Owner: Larry Bird Address 1701 Windhoek dr Lincoln, NE

A. Wastewater Piping

1. Material: PVC Diameter: 4 in.
2. Distance between dwelling and septic tank: 75 ft.

B. Septic Tank

1. Material Concrete
2. Capacity: 1500 gallon
3. Depth to top of tank, below unfinished grade: 12 in.
4. Distance to:
   Well 450 ft.
   Pressure line 100 ft
   Property Line 500 ft.
   Foundation 75 ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: 7 ft. E

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☒ Chamberless ☐ Other
   Material brand and inside width of Chamberless: Infiltrator Quick 4 29in
2. Number of Laterals: 4
3. Length of each lataral (linear): ft. 100 ft. 100 ft. 100 ft. 100
4. Drainfield size: 1450 sq. ft.
5. Distance to:
   Well 450 ft.
   Pressure line 100 ft.
   Property line 500 ft.
   Depth of Groundwater 10+

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

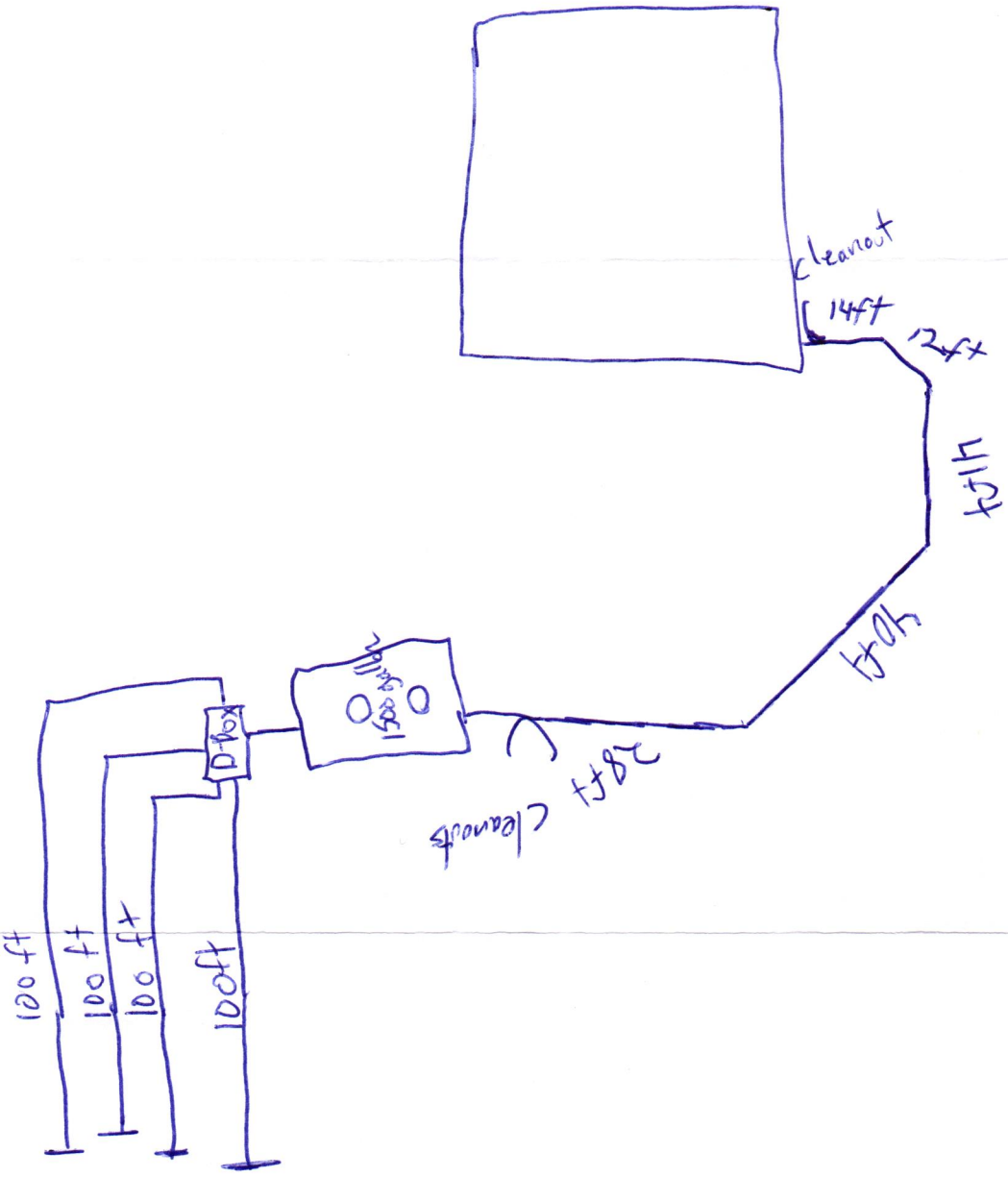
If Yes, the Certified Professional must sign below for final approval:

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: Brandon Sedlacek Date: 10-24-17

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

Larry Bird
7400 Panama Rd
Hickman, NE



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

Exhibit 5

Permit Number: H5001541

Onsite Wastewater Treatment System

Inspection Sheet

Date 10/18/17 Legal Description ¼ ¼ 3/7/7 Lot 19
Section/Township/Range

Onsite System Location

Address (no rural route) 7400 Panama Rd. City

Owner Address

Mark One: ☒ Dwelling ☐ Non-dwelling

☒ New System ☐ Alteration [☐ Tank Only ☐ Trench Only] ☐ Lateral Only

☐ Temporary modification (Describe problem causing discharge and reason for temporary modification):

Drainfield Absorption System:

☒ Lateral ☐ Bed ☐ Non-standard (engineer-designed and NDEQ approved) ☐ Holding Tank ☐ Trench

Total square feet of drainfield 1,450 Sq. Ft. Tank Size 1,500 gals

Total length of laterals 400' Type of Distribution: ☒ Chamber ☐ Perforated Pipe ☐ Other (describe)

No. of Absorption Laterals 4 Width 3.625 No. of Drop Boxes Distribution Box 1

Leveling Method Used Laser

Setbacks (Check the Boxes Below if the Required Setback has been Satisfied):

Distance From	Private Well	Public Well	Surface Water	Ground water	Pressure Water Lines	Property Lines
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	10 ☐	5 ☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	25 ☐	5 ☐

Geographical Coordinates to 6 Decimals:

Tank

Lateral #1 NA Lateral #3

Lateral #2 Lateral #4

Comments:

Inspections prior to Final Approval
Initial Date 10/16/17

Follow-Up Date

Follow-Up Date

Installation Final Written Approval
By Doug Thiel
Date 10/18/17

Field Note Drawing (See Reverse Side):

Updated 4/15