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

A

Permit Number
H5001546

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* _____ City Hickman, NE Zip 68372
(no rural route)

Legal Description _____ Poe Estates 2 6
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 14-04-202-006-000 *Approx. Address (If to be determined) _____

B. Owner

Name Matt Barber Signature Matt Barber
Address 814 Park Dr. 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 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 _____ Whirlpool Bathtub? ☐ Yes ☐ No Total Acres _____
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 10/2/17 Amount Paid $405
Received By JW Cash/Check No. 1629

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

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. HS001546

System Type: Lagoon

Situs: No Site Address Specified

Issued: 10/4/2017

Expires: 10/4/2018

Description: POE ESTATES, BLOCK 2, Lot 6

Owner: BARBER, MATTHEW & MICHELLE
814 PARK DR
HICKMAN, NE 68372

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

MATTHEW BARBER
814 PARK DR
HICKMAN, NE 68372

Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3131 O Street Lincoln, Nebraska 68510-1514

ON-SITE WASTE WATER SYSTEM
CONSTRUCT/ INSTALL EXTENSION PERMIT
No. HS001546

System Type: Lagoon

Situs: No Site Address Specified

Issued: 10/5/2018

Expires: 4/4/2019

Description: POE ESTATES, BLOCK 2, Lot 6

Owner: BARBER, MATTHEW & MICHELLE
814 PARK DR
HICKMAN, NE 68372

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

MATTHEW BARBER
814 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

SCANNED

A

Permit Number
H5001546

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* 20777 (no rural route) City Hickman, NE Zip 68372

Legal Description Poe Estates 2 6

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

PID 14-04-202-006-000 *Approx. Address (If to be determined)

B. Owner

Name Matt Barber Signature Matt Barber

Address 814 Park Dr. 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 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 - as per Owner - PH 10/4/17 Whirlpool Bathtub? ☐ Yes ☐ No Garbage Grinder? ☐ Yes ☐ No Total Acres 409-WB

☐ 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
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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 10/2/17 Amount Paid $405
Received By JAD Cash/Check No. 1629

10/09/18 extension issued $125 pd CC 5107 JAD

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

Form A Updated: 4/15