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

A

Permit Number
HS00 1636

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* 14630 So. 59 City [redacted] Rock, NE Zip 68430
(no rural route)

Legal Description _____

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

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

B. Owner

Name Ben & Jessica Hagedoen Signature _____

Address 14630 So. 59th City/State/Zip Roca, Ne

Home Phone _____ Work Phone _____

C. Certified Installer

Name: Scott Mueller Signature Scott Mueller

Address 1345 N 26th Rd City/State/Zip Syracuse, NE 68446

Work Phone 402-430-2946

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 5 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 4-09-18 Amount Paid $405.00
Received By JAO Cash/Check No. 10685

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

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 14630 So 59th (no rural route) City Linc NE, Zip

Owner Address

Date of Tests 11-12 to 11-13 Weather: Precipitation N/A Temperature 40s

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	36	11-12	9:00	11-13	13:00	11:13	13:30	6	11:28	13:36	30	3/4	45
2	36	11-12	〃	〃	〃	〃	〃	6	〃	〃	〃	3/4	45
3	36	11-12	〃	〃	〃	〃	〃	6	〃	〃	〃	1	36
4	36	11-12	〃	〃	〃	〃	〃	6	〃	〃	〃	3/4	45
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Scott Mueller

Phone: 402-430-2946

Address Syracuse

Sum of Percolation Rates: 165

Average of Rates: 41

Rate Used for Calculation: 60 mpi

Soil type (NRCS Maps/Other)

Groundwater Depth 12'

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
3131 O Street Lincoln, Nebraska 68510-1514

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT
No. HS001636

System Type: Standard

Situs: 14630 S 59TH ST, HICKMAN, NE 68430

Issued: 4/13/2018

Expires: 4/13/2019

Description: SILVERHAWK ESTATES ADDITION, BLOCK 5, Lot 2

Owner: TROY BUGBEE HOMES LLC
5901 N 27 ST
LINCOLN, NE 68521

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

SCOTT MUELLER
1345 N 26TH RD
SYRACUSE, NE 68446

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

Exhibit 5

Permit Number: H5001636

Onsite Wastewater Treatment System

Inspection Sheet

Date 4/18/18 Legal Description Silverhawk Blk 5 Lot 2

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 14630 So. 59 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 1,740 Sq. Ft. Required 1,650 Tank Size 2,000 gals

Total length of laterals 480' Type of Distribution: ☑ Chamber ☐ Perforated Pipe ☐ Other (describe) Infiltrator

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

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 DL Date 3/30/18

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By Doug Dunn

Date 4/18/18

Field Note Drawing (See Reverse Side):

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

SCANNED

A

Permit Number
HS001636

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* 14630 So. 59 (no rural route) City ~~Lincoln~~ Roca, NE Zip 68430

Legal Description Silverlands 1st 5 2

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

PID 15-16-105-002-000 Approx. Address (If to be determined)

B. Owner

Name Ben & Jessica Hagedoen Signature

Address 14630 So. 59th City/State/Zip Roca, NE

Home Phone Work Phone

C. Certified Installer

Name: Scott Murphy Signature

Address 1345 N 26th Rd City/State/Zip Syracuse, NE 68446

Work Phone 402-430-2946

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 5 Whirlpool Bathtub? ☒ Yes ☐ No Total Acres 3.63
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 3/30/18 Date rec'd
Date frwd
Comments
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 5/22/18

Business Office Use Only
Date Received 4-09-18 Amount Paid $405.00
Received By JAO Cash/Check No. 10685

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

Form A Updated: 4/15