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

A

Permit Number HS001709

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* 6460 BASS CREEK CT (no rural route) City HICKMAN, NE Zip 68372

Legal Description ____ POE ESTATES 2 3

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

PID 14 - 04-202-003-000 *Approx. Address (If to be determined) ____

B. Owner

Name KEVIN FREY Signature ____

Address 5201 ENGLISH DR City/State/Zip LINCOLN, NE 68516

Home Phone 402-525-2793 Work Phone ____

C. Certified Installer

Name: JASON KUBIK Signature Jason Kubik

Address 105 LOCUST ST City/State/Zip ____

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 5 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 3.46

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 ____ 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 ____

Business Office Use Only
Date Received 7-23-16 Amount Paid $405.00
Received By JMO Cash/Check No. 4530

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

PID 14-04-202-003-000

PLEASE PRINT OR TYPE

Onsite System Location

Address POE Estates Block 2 Lot 3 (no rural route) City Hickman NE, Zip 68372

Owner Kevin Frey Address

Date of Tests 3/6/17 to 3/7/17 Weather: Precipitation Rain Temperature 40

Percolation Test Data Table

A.	B.	C.	D.	E.	F.	G.	H.	I.	J.	K.	L.	M.	N.
		Saturation/Swelling Time				Water Level Drop Last 30 mins of 4 hr or last 10 mins of 1 hr					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	3/6	4:30	3/7	9:30	3/7	1:00	6	3/7	1:30	30	3/4	40
2	30	3/6	4:30	3/7	9:30	3/7	1:00	6	3/7	1:30	30	7/8	35
3	30	3/6	4:30	3/7	9:30	3/7	1:00	6	3/7	1:30	30	7/8	35
4	30	3/6	4:30	3/7	9:30	3/7	1:00	6	3/7	1:30	30	1	30
5	30	3/6	4:30	3/7	9:30	3/7	1:00	6	3/7	1:30	30	3/4	40
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Jason Kubik

Phone: 402-416-2462

Address 105 Locust St Hickman NE 68372

Soil type (NRCS Maps/Other) 7807

Groundwater Depth +12

Sum of Percolation Rates: 180

Average of Rates: 36

Rate Used for Calculation: 30

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official Date

Janet O'Neal

From: Nate C. Hartman
Sent: Tuesday, July 17, 2018 8:14 AM
To: Janet O'Neal
Subject: FW: Poe Estates Block 2 Lot 3

Please print this email and add it to the permit application file.

Thanks!

Nate Hartman REHS, QCIS, QPSWPPP
Senior Environmental Health Specialist
3131 'O' Street, Lincoln, NE 68510
O: 402-441-8643 F: 402-441-3890

From: Heidi Hoglund [mailto:heidih@hickman.ne.gov]
Sent: Monday, July 16, 2018 5:20 PM
To: Nate C. Hartman <nhartman@lincoln.ne.gov>
Subject: FW: Poe Estates Block 2 Lot 3

Hi Nate – I think a permit is coming your way from Jason Kubik with Southwick's Liquid Waste for Poe Estates.

Mr. Hartman –

The City of Hickman has no objections for an onsite wastewater removal system or lagoon placed on Block 2, Lot 3 of Poe Estates Subdivision. This subdivision is within the City of Hickman's one mile extraterritorial jurisdiction.

Owner Name:	FREY, KEVIN S & MEAGAN R
Owner Address:	5201 ENGLISH DR
	LINCOLN,NE 68516
Property Address:	6460 BASS CREEK CT
	HICKMAN, NE 68372
Parcel Information	
Legal Description:	POE ESTATES, BLOCK 2, Lot 3
Property ID:	14-04-202-003-000

Sincerely,

Heidi Hoglund, CFM
Director of Permits, Zoning and Codes Enforcement
City of Hickman
PO Box 127 Hickman Nebraska 68372
402.792.2212 phone
402.792.2210 fax

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. HS001709

System Type: Standard

Situs: 6460 BASS CREEK CT, HICKMAN, NE 68372

Issued: 7/24/2018

Expires: 7/24/2019

Description: POE ESTATES, BLOCK 2, Lot 3

Owner: FREY, KEVIN S & MEAGAN R
5201 ENGLISH DR
LINCOLN, NE 68516

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

KEVIN FREY
6460 BASS CREEK CT
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 HS001709

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

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Legal Description _____ POE ESTATES 2 3

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

PID 14 - 04-202-003-000 *Approx. Address (If to be determined) _____

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Name KEVIN FREY Signature _____

Address 5201 ENGLISH DR City/State/Zip LINCOLN, NE 68516

Home Phone 402-525-2793 Work Phone _____

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Name: JASON KUBIK Signature Jason Kubik

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Designer Name _____ Firm _____ Work Phone _____

E. This system will serve a

☒ Residential Dwelling Number of Bedrooms 5 Whirlpool Bathtub? ☐ Yes ☒ No Garbage Grinder? ☒ Yes ☐ No Total Acres 3.46

☐ 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 7/24/18
Date frwd 7/24/18
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 5/22/19

Business Office Use Only
Date Received 7-23-18 Amount Paid $405.00
Received By MO Cash/Check No. 4530

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

Form A Updated: 4/15

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

D

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): 14-04-202-003-000

Owner: KEVIN FREY Address: 6460 BASS CREEK CT

A. Wastewater Piping

1. Material: SCH 40 PVC Diameter: 4 in.
2. Distance between dwelling and septic tank: 60 ft.

B. Septic Tank

1. Material: (2) INFILTRATOR IM 1060
2. Capacity: 2000
3. Depth to top of tank, below unfinished grade: 12 in.
4. Distance to:
   - Well: NA ft.
   - Pressure line: 30 ft
   - Property Line: 20 ft.
   - Foundation: 55 ft.

C Distribution Box or Drop Box

Distance **and** Direction from septic tank: 5 ft. E

D. Drainfield/Absorption Field

☐ Trench ☒ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☒ Other
   Material brand and inside width of Chamberless: INFILTRATOR EZ FLOW 1203
2. Number of Laterals: 3
3. Length of each lataral (linear): ft. 110 ft. 100 ft. 100 ft.
4. Drainfield size: 1395 sq. ft.
5. Distance to:
   - Well: NA ft.
   - Pressure line: 50 ft.
   - Property line: 25 ft.
   - Depth of Groundwater: +12

3.05 Req'd NH

Weekend work

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.

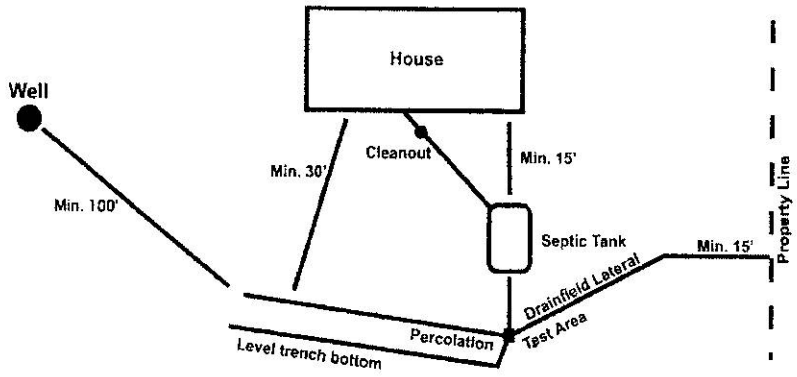
Certified Professional Signature: Dana Hubbs Date: 4/3/19

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

Indicate North
w/ Arrow Here:

NA

Onsite Wastewater System Design (Example)



*Note-If Lagoon, show all applicable dimensions

(2) Infiltrator 100 plastic tanks

10'

House

1203 E2 flow

100'

100'

110'

Rural Water