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

A

Permit Number HS001879

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* 17605 S 96TH ST (no rural route) City HICKMAN, NE Zip 68372

Legal Description ____ 26 8 7 ____ 7

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

PID 15-26-200-004-000 *Approx. Address (If to be determined) ____

B. Owner

Name ROBERT & DIANE SNOOK Signature ____

Address 17605 S 96TH ST City/State/Zip HICKMAN, NE 68372

Home Phone 402-792-2048 Work Phone ____

C. Certified Installer

Name: JASON KUBIK Signature ____

Address 105 LOCUST ST City/State/Zip HICKMAN, NE 68372

Work Phone ____

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 5.08

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 ____
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 9/04/19 Amount Paid $420.00
Received By JAO Cash/Check No CC 0214

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: 402-441-8643

B

Permit Number:

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 17605 s 96th ST (no rural route) City HICKMAN NE, Zip 68372

Owner ROBERT & DIANE SNOOK Address SAME

Date of Tests 8/21/19 to 8/22/19 Weather: Precipitation 0 Temperature 90

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	30	8/21	5:00	8/22	8:30	8/22	12:00	6	8/22	12:30	30	5/8	48
2	30	8/21	5:00	8/22	8:30	8/22	12:00	6	8/22	12:30	30	5/8	48
3	30	8/21	5:00	8/22	8:30	8/22	12:00	6	8/22	12:30	30	1	30
4	30	8/21	5:00	8/22	8:30	8/22	12:00	6	8/22	12:30	30	1	30
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: JASON KUBIK
Phone: 402-475-2462
Address 105 LOCUST ST
HICKMAN NE 68372

Sum of Percolation Rates: 156
Average of Rates: 39
Rate Used for Calculation: 39

Soil type (NRCS Maps/Other) 7666 MAYBERRY

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
3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

A

Permit Number HSO01879

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* 17605 S 96TH ST (no rural route) City HICKMAN, NE Zip 68372

Legal Description ____ 1/4 ____ 1/4 26 Section 8 Township 7 Range ____ Subdivison ____ Addition ____ Block 7 Lot

PID 15-26-200-004-000 *Approx. Address (If to be determined) ____

B. Owner

Name ROBERT & DIANE SNOOK Signature ____

Address 17605 S 96TH ST City/State/Zip HICKMAN, NE 68372

Home Phone 402-792-2048 Work Phone ____

C. Certified Installer

Name: JASON KUBIK Signature Jason Kubik

Address 105 LOCUST ST City/State/Zip HICKMAN, NE 68372

Work Phone ____

D. Engineer

☐ Check and complete if engineer designed system

Designer Name ____ Firm ____ P.E. License Number: ____ Work Phone ____

E. This system will serve a

☒ Residential Dwelling Number of Bedrooms 3 Whirlpool Bathtub? ☐ Yes ☒ No Garbage Grinder? ☐ Yes ☒ No Total Acres 5.08

☐ 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 9/5/19 Date frwd 9/5/19

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 8/13/20

Business Office Use Only

Date Received 9/04/19 Amount Paid $430.00

Received By JAO Cash/Check No CC 0214

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

Form A Updated: 4/15

* System Replacement

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) 15-22-200-004-000

Owner: ROBERT SNOOK Address 17605 S 90TH HICKMAN, NE 68372

A. Wastewater Piping

1. Material: SCH 40 PVC Diameter: 4 in.
2. Distance between dwelling and septic tank: 225 ft.

B. Septic Tank

1. Material 1M 1060 INFILTRATOR
2. Capacity: 1000 GALLONS
3. Depth to top of tank, below unfinished grade: 18 in.
4. Distance to:
   Well +100 ft.
   Pressure line NA ft
   Property Line +50 ft.
   Foundation 225 ft.

C Distribution Box or Drop Box

Distance **and** Direction from septic tank: 30 ft. SOUTH

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☒ Other
   Material brand and inside width of Chamberless: INFILTRATOR E2 FLOW 1203
2. Number of Laterals: 2
3. Length of each lateral (linear): ft. 120 ft. 120 ft. ____ ft. ____
4. Drainfield size: 1080 sq. ft.
5. Distance to:
   Well +100 ft.
   Pressure line NA ft.
   Property line +50 ft.
   Depth of Groundwater +12

Called ahead 48 H

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

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

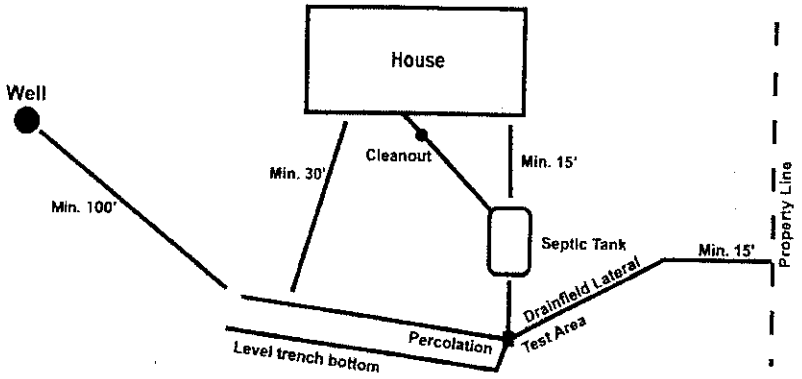
I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: Daniel Knit Date: 9/25/15

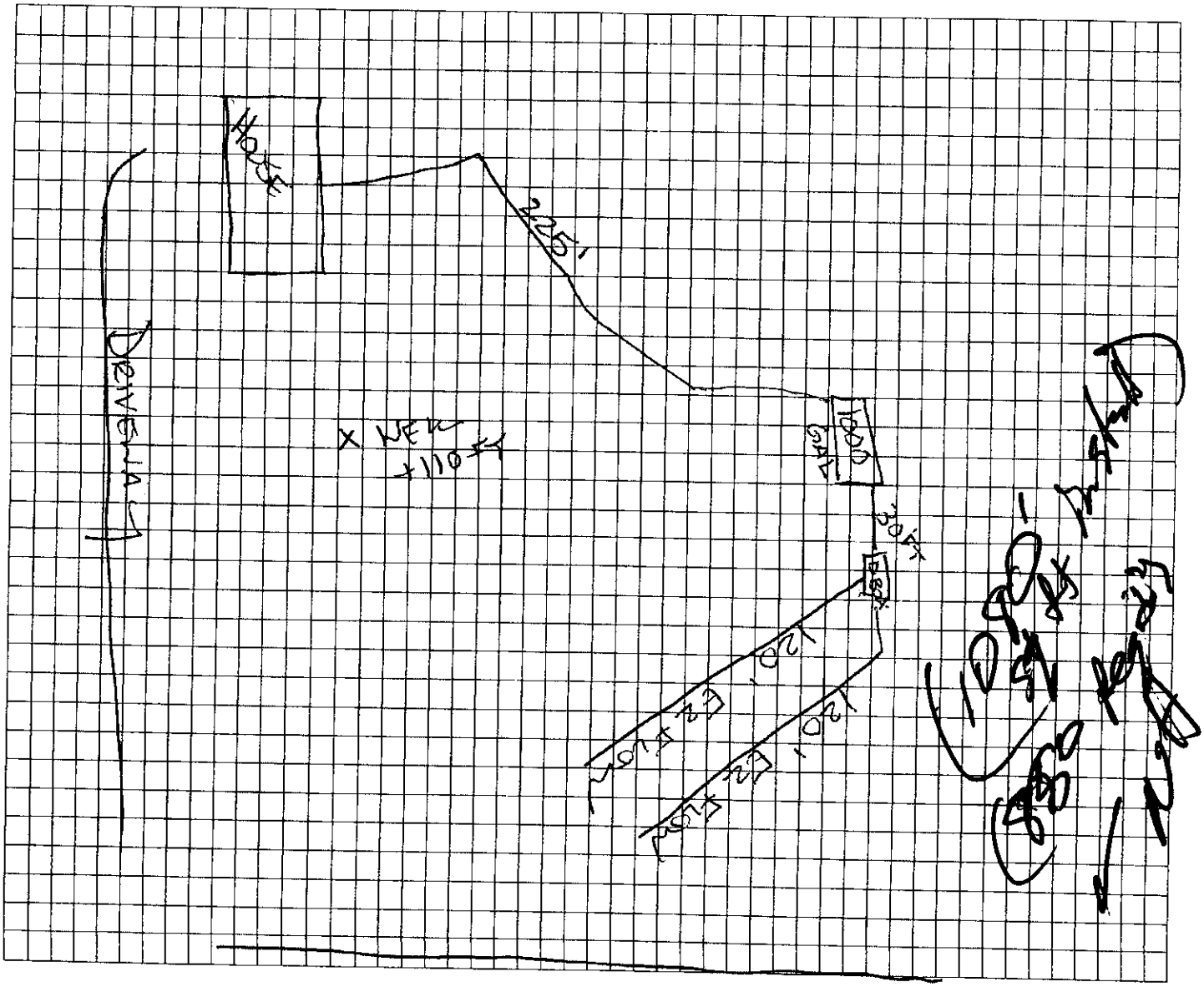
Complete As-Built drawing on the back of this form.

Indicate North
w/ Arrow Here:

Onsite Wastewater System Design (Example)



*Note-If Lagoon, show all applicable dimensions



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

B

Permit Number:

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 17605 s 96th ST (no rural route) City HICKMAN NE, Zip 68372

Owner ROBERT & DIANE SNOOK Address SAME

Date of Tests 8/21/19 to 8/22/19 Weather: Precipitation 0 Temperature 90

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A.	B.	C. D. E. F. Saturation/Swelling Time				G. H. I. J. K. Last 30 mins of 4 hr or last 10 mins of 1 hr Water Level Drop					L. M. N. 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	8/21	5:00	8/22	8:30	8/22	12:00	6	8/22	12:30	30	5/8	48
2	30	8/21	5:00	8/22	8:30	8/22	12:00	6	8/22	12:30	30	5/8	48
3	30	8/21	5:00	8/22	8:30	8/22	12:00	6	8/22	12:30	30	1	30
4	30	8/21	5:00	8/22	8:30	8/22	12:00	6	8/22	12:30	30	1	30
								6					
								6					
								6					
								6					

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Average of Rates: 39
Rate Used for Calculation: 39

Soil type (NRCS Maps/Other) 7666 MAYBERRY
Groundwater Depth +12

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official Date