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

A

Permit Number 1800 1926

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* 5. 96TH ST (no rural route) City HICKMAN, NE Zip 68450

Legal Description 36 08 07 WAGON TRAIN ESTATES 2

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

PID 1536101002000 *Approx. Address (If to be determined) 19600 S. 96TH

B. Owner

Name _____ Signature _____

Address _____ City/State/Zip _____

Home Phone _____ Work Phone _____

C. Certified Installer

Name: TAYLOR BUSS Signature _____

Address 8770 WAVERLY RD City/State/Zip [redacted] LINCOLN, NE 68517

Work Phone 402-450-8380

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 4 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 3.1

Garbage Grinder? ☒ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify _____ Design flow in gallons per day 500

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 10-31-19 Amount Paid $430.00

Received By [redacted] Cash/Check No. 004833

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

Form A Updated: 4/15

Nebraska DEQ — Onsite Wastewater Treatment System Soil Percolation Test Data Sheet

Owner Name PRAIRIE HOME BUILDERS, INC. Phone _____

Address 5.96TH ST HICKMAN NE 68430
(City / State / Zip)

Location (Attach a sketch of the property showing test hole locations)

__ __ 36 (Section) 08 (Township) 07 (Range) LANCASTER (County) PID: 1536190002000

Lot # 2 Subdivision WAGON TRAIN ESTATES

Soil Type (Check one)

Sand ____ Silt ____ Clay ____ Sandy Clay ____ Loamy Sand ____ Silty Clay ____

Silty Clay Loam ✓ Sandy Loam ____ Silt Loam ____

FOR GIS SOILS MAP

Dates of Test

Start Date 10/27 to End Date 10/27, 2019

Weather Conditions

Precipitation 0 Avg. Temp 50 °F

Percolation Test Measurements and Data

Hole No.	Hole Depth (in.)	Pre-saturation Period: Start Date (Mo./Day)	Pre-saturation Period: Start Time (Hr./Min)	Pre-saturation Period: End Date (Mo./Day)	Pre-saturation Period: End Time (Hr./Min)	Percolation Readings (last period): Start Date (Mo./Day)	Percolation Readings (last period): Start Time (Hr./Min)	Percolation Readings (last period): Start Water Level (inch)	Percolation Readings (last period): End Time (Hr./Min)	Percolation Readings (last period): End Water Level Drop (inch)	Results: Elapsed Time (minutes)	Results: Drop in Water Level (inches)	Results: Percolation Rate (m ÷ l) (Minutes per inch)
1	36"	10/27/19	8:30am	10/27/19	2:30p	10/27	2:31	10"	3:01	9 1/4"	30	3/4"	40
2	35"	"	"	"	"	"	2:32	12"	3:02	11 5/8"	30	5/8"	48
3	35"	"	"	"	"	"	2:37	12"	3:07	11 5/8"	30	5/8"	48
4	36"	"	"	"	"	"	2:38	11 3/4"	3:08	11"	30	3/4"	40

Tests must be performed by a certified professional, a professional engineer or a registered environmental health specialist.

Signature _____

Certificate or License # MASTER INSTALLER #2655

Address 8770 WAVERLY RD

City LINCOLN St. NE Zip 68517

Phone 402-430-8380

Sum of Percolation Rates = 176

Avg. of Percolation Rates* = 44
(sum of rates ÷ number of tests)
(minutes per inch)

* If rates vary by more than 20 min/in., do not average. Use slowest rate measured for sizing soil absorption area.

Version 9-2014

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

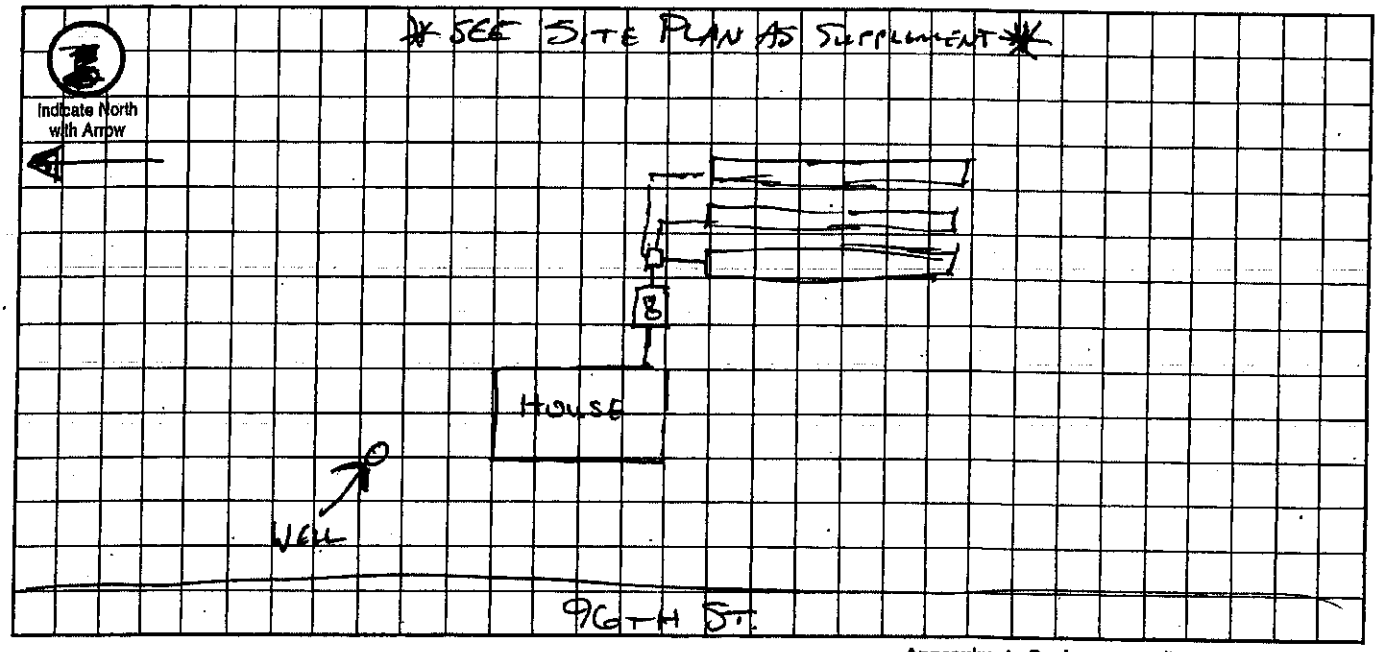
C

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) S. 96th St City Hickman NE, Zip 68430

PID: 1936101002000

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 44 (min/inch = mpi) No. of Bedrooms 4 Soil Type Wymore Silty Clay Loam Land Slope 3 %

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved . Total Square feet of drainfield 1320 sq.ft.

Total length of laterals 300 Type of distribution: ☐ Perforated pipe ☐ Half-Round ☐ Chamber ☒ Other 36" EZFlow

No. of absorption trenches 3 Width 4.5 No. of drop boxes _____ 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 Prairie Homes Builders Date _____

Installer Trevor Buss TCS Master Installer #2635 Date 10/31/12

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 _____

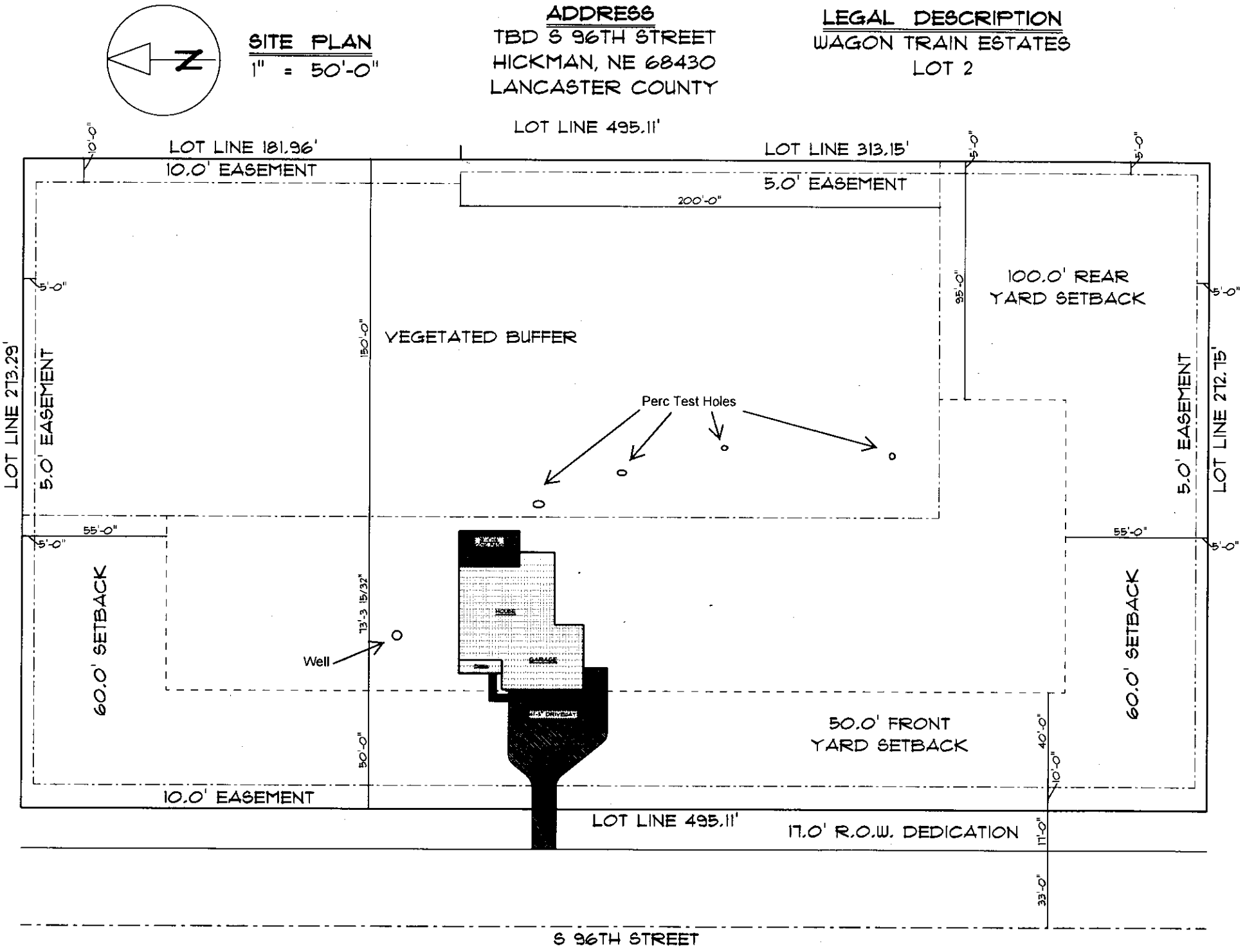
Was the Onsite Wastewater System covered prior to LLCHD inspection? ☐ Yes ☐ No

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.


N
SITE PLAN
1" = 50'-0"
ADDRESS
TBD S 96TH STREET
HICKMAN, NE 68430
LANCASTER COUNTY
LEGAL DESCRIPTION
WAGON TRAIN ESTATES
LOT 2
LOT LINE 495.11'
LOT LINE 181.96'
LOT LINE 313.15'
10'-0"
10.0' EASEMENT
5.0' EASEMENT
200'-0"
5'-0"
95'-0"
100.0' REAR
YARD SETBACK
150'-0"
VEGETATED BUFFER
LOT LINE 273.29'
5.0' EASEMENT
Perc Test Holes
LOT LINE 272.75'
55'-0"
60.0' SETBACK
73'-3 15/32"
Well
HOUSE
GARAGE
50.0' FRONT
YARD SETBACK
40'-0"
10'-0"
50'-0"
10.0' EASEMENT
LOT LINE 495.11'
17.0' R.O.W. DEDICATION
17'-0"
33'-0"
S 96TH STREET

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. HS001926

System Type: Standard

Situs: No Site Address Specified

Issued: 11/6/2019

Expires: 11/6/2020

Description: WAGON TRAIN ESTATES, Lot 2

Owner: PRAIRIE HOME BUILDERS INC
2045 S FOLSOM ST STE A
LINCOLN, NE 68522

Patricia D. Lopez

Patricia D. Lopez, RN, MSN, Interim 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.

Patricia D. Lopez

Patricia D. Lopez, RN, MSN
Interim Health Director

TAYLOR BUSS
8770 WAVERLY RD
LINCOLN, NE 68517

SCANNED

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

A

Permit Number 1800 1926

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* 5. 96TH ST (no rural route) City HICKMAN, NE Zip 68430

Legal Description 36 08 07 WAGON TRAIN ESTATES 2

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

PID 1536101002000 *Approx. Address (If to be determined) 19600 S. 96TH

B. Owner

Name _____ Signature _____

Address _____ City/State/Zip _____

Home Phone _____ Work Phone _____

C. Certified Installer

Name: Taylor Buss Signature _____

Address 8770 Waverly Rd City/State/Zip [redacted] Lincoln, NE 68517

Work Phone 402-450-8380

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 4 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 3.1

Garbage Grinder? ☒ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify _____ Design flow in gallons per day 500

Type of Wastewater ☐ Domestic ☐ Non-Domestic

DO NOT WRITE BELOW THIS LINE

Approval Process

1. Health Department
Site visits 4/28/20 by D.S
Comments _____
Date rec'd 11/6/19
Date frwd 11/6/19
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 4/28/20

Business Office Use Only
Date Received 10-31-19 Amount Paid $430.00
Received By _____ Cash/Check No. CC4033

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

Exhibit 5

Permit Number: HS001926

Onsite Wastewater Treatment System

Inspection Sheet

Date 4/28/20 Legal Description ____ ¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 19600 S 96th 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 1323 Sq. Ft. Tank Size 1500 gals

Total length of laterals 300' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☐ Other (describe) ____

No. of Absorption Laterals 3 Width 3.625 Facte 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 ____ NA

Lateral #1 ____ Lateral #3 ____

Lateral #2 ____ Lateral #4 ____

Comments:

Inspections prior to Final Approval
Initial DL Date 4/27/20

Follow-Up ____ Date ____

Follow-Up ____ Date ____

Installation Final Written Approval
By Tony Anderson

Date 4/28/20

Field Note Drawing (See Reverse Side):

Updated 4/15

Nebraska DEQ

System Registration For Onsite Wastewater Treatment System - Septic System

030

Print or Type

Prairie Homes Builders Inc
Owner First Name | Initial | Last Name | Owner Phone Number

Prairie Homes Builders Inc
Business or Legal Entity Name (if applicable)

2645 S. Folsom St Ste A | Lincoln | NE | 68522
Owner Mailing Address | City | State | Zip

19600 S 96th St, Hickman NE 68372
Physical address of system if different from owner's mailing address

Location: ¼ ¼ Section 36 Township 08 Range 07 — Legal description: Lancaster — OR Geographical coordinates to 4 decimal points: Latitude / Longitude

Mark One: ☒ Dwelling ☐ Non-dwelling | Previous system registration number (if applicable) TS

Mark One
☒ New system ☐ Modification of existing system [☐ Tank only ☐ Trench only] ☐ Inspection only
☐ Temporary modification (Describe problem causing discharge and reason for temporary modification):

Design flow 500 gal/day # of Bedrooms* 4 Depth to seasonal high groundwater >5' feet

Percolation rate 44 min/inch Loamy sand liner installed* ☐ Yes ☒ No

Septic tank capacity 1500 gallons Septic tank Manufacturer Model* Snyder Norgen D2 Single Compt.

☒ Garbage Grinder* ☐ Large capacity tub* Number of trenches 3 Width of trenches 45 inches

Total length of all trenches 365 feet Total effective trench bottom area 1373 sq. ft.

Soil Absorption System Description (Select one of the following):
- ☒ Gravelless chambers without filter material (inside bottom width of chamber 24 inches)
  Make and Model of chambers installed ADS ARC36
- ☐ Gravelless chambers with filter material (describe filter material)
  Make and Model of chambers installed
- ☐ Pipe with filter material (describe filter material)
- ☐ Gravelless pipe without filter material (diameter of the gravelless pipe inches)
- ☐ Gravelless pipe with filter material (describe filter material)
- ☐ Bundled expanded polystyrene synthetic aggregate without filter material (bundle diameter in.)
- ☐ Bundled expanded polystyrene synthetic aggregate with filter material (describe filter material)
- ☐ Other (describe)

I swear or affirm that the system complies with Title 124 requirements and that the registration information and documentation submitted are true, complete and accurate.

Taylor | L | Buss | 2655
(Print or Type) First Name | Initial | Last Name | Certificate/License Number

Signature of Certified Professional, Professional Engineer, or Registered Environmental Health Specialist

4/27/2020
Date of Inspection or Completion of Construction

NOTICE: Failure to complete the form or include the appropriate fee(s) will delay the registration.
(*) Indicates item requested/ not required on registration

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) 1536101002000

Owner: PRIVATE HOMES BUILDERS Address 17600 S. 76TH ST., HICKMAN, NE

A. Wastewater Piping

1. Material: SDR 26 Diameter: 4 in.
2. Distance between dwelling and septic tank: 70 ft.

B. Septic Tank

1. Material PLASTIC
2. Capacity: 1500 GALLONS
3. Depth to top of tank, below unfinished grade: 24 in.
4. Distance to:
   Well ~140' ft.
   Pressure line ~100' ft
   Property Line 55 ft.
   Foundation 70 ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: 715 ft. EAST

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☒ Chamberless ☐ Other
   Material brand and inside width of Chamberless:
   ADS ARC36, 24"
2. Number of Laterals: 3
3. Length of each lateral (linear): ft. 125 ft. 120 ft. 120 ft. ____
4. Drainfield size: 1323 sq. ft.
5. Distance to:
   Well ~150' ft.
   Pressure line ~100' ft.
   Property line 25 ft.
   Depth of Groundwater >8'

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: [signature] Date: 4/27/2020

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

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

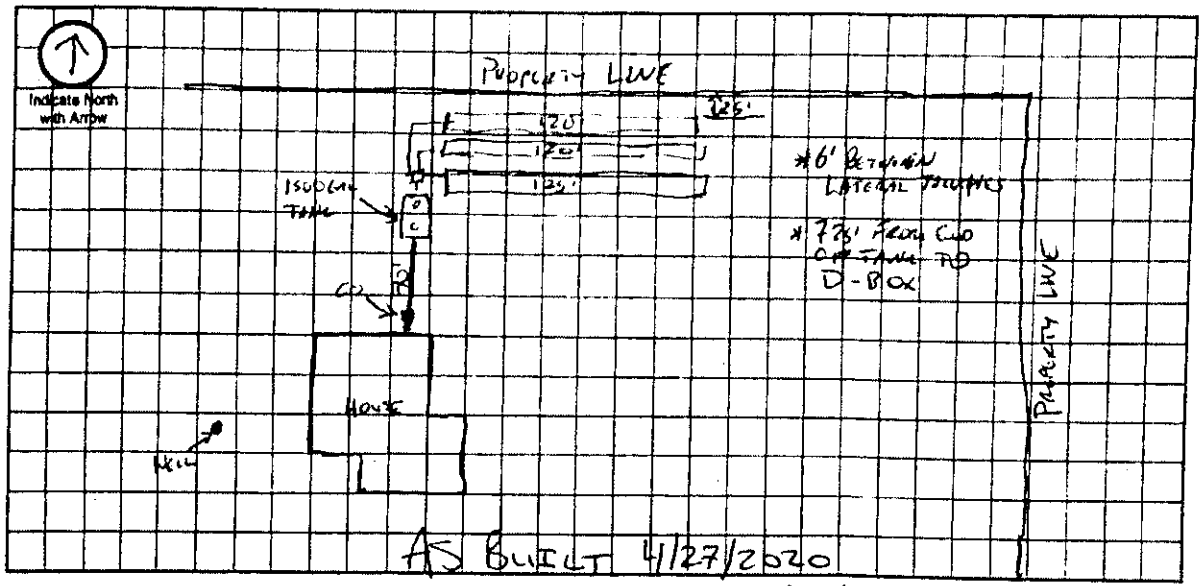
C

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) 19600 S. 96TH ST City HICKMAN NE, Zip 68522

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 44 (min/inch = mpi) No. of Bedrooms 4 Soil Type WYMORE SILTY CLAY Land Slope 1-3 %

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 1223 sq.ft.

Total length of laterals 365' Type of distribution: ☐ Perforated pipe ☐ Half-Round ☒ Chamber ☐ Other

No. of absorption trenches 3 Width 3.625' No. of drop boxes 1 Distrubtion Box_____

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 PRAIRIE HOMES BUILDERS Date 4/27/2020

Installer NEBRASKA RURAL SEPTIC - TAYLOR BUSS Date 4/27/2020

Onsite Form C 12_06