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

A

Permit Number
HS001930

Existing Home

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

Include Form B and C. Submit correct fee with this Application

3 acres or more required for: ☐ Septic System ☑ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Wastewater Treatment System in conformance with appropriate regulations.

PLEASE PRINT OR TYPE

A. Onsite System Location

Address 9375 Hickman Rd (no rural route) City Hickman, NE Zip 68372

Legal Description NE (1/4) 35 (Section) 8N (Township) 7E (Range) _____ (Subdivison) _____ (Addition) 12 (Block) _____ (Lot)

PID 15-35-200-011-000

B. Owner

Name Brian Cragg Signature _____

Address 9375 Hickman Rd City/State/Zip Hickman, NE 68372

Home Phone 402-660-2454 Work Phone _____

C. Certified Installer

Name: Lloyd Jakoubek, Raymond Contracting Inc Signature _____

Address 13800 NW 70th St City/State/Zip Raymond, NE 68428

Work Phone 402-890-6009 or 402-783-2663

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 5.1

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 ☐ Municipal Code 24.38 ☐ County Resolution No. 02-30

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 _____

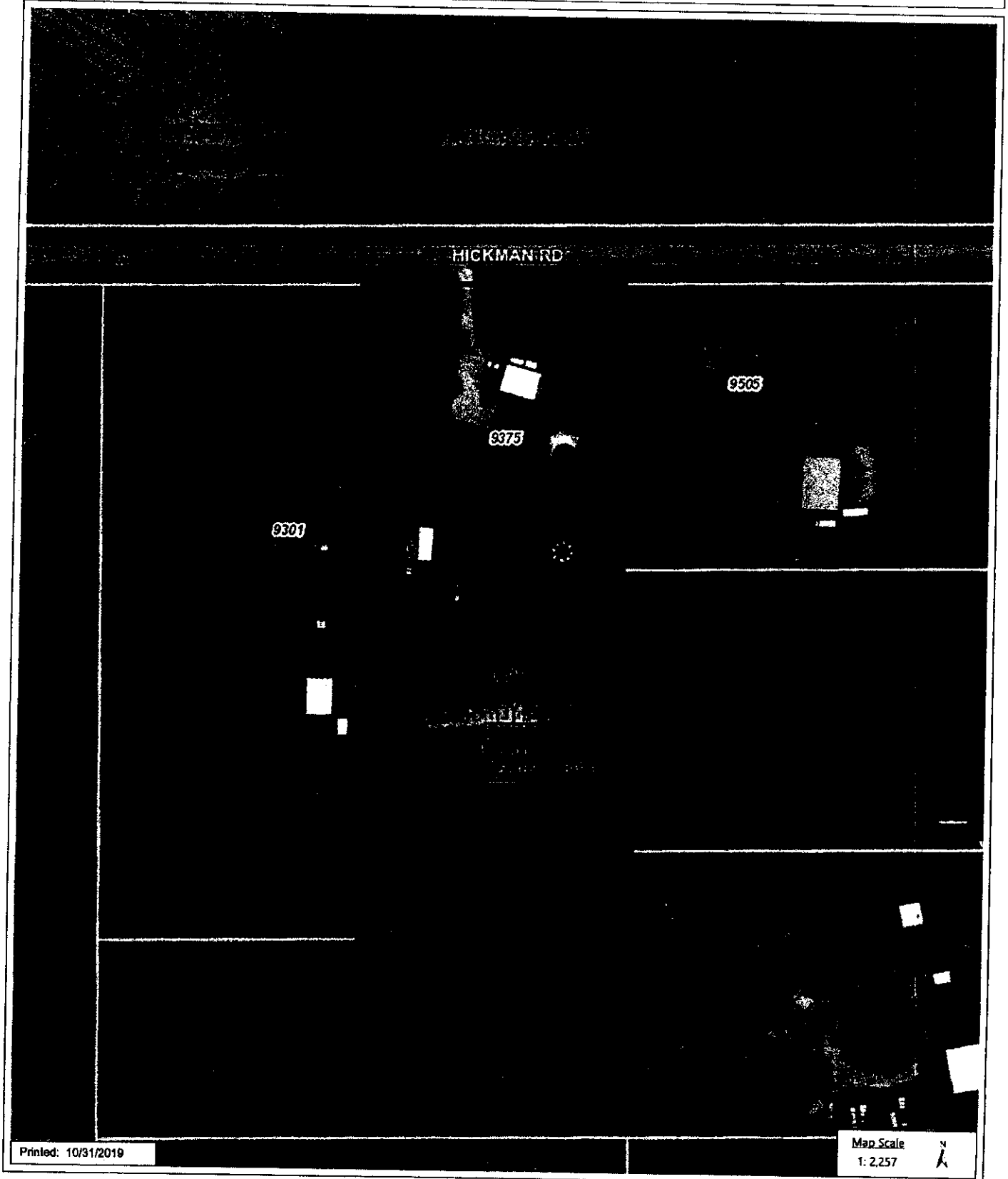
Business Office Use Only
Date Received 11-06-19 Amount Paid $430.00 CC
Received By MO Cash/Check No. 080387

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

9375 Hickman Rd, Hickman, NE 68372

GIS Viewer
CITY OF LINCOLN - LANCASTER COUNTY, NE

City of Lincoln\Lancaster County GIS Map



Printed: 10/31/2019

Map Scale
1: 2,257

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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. HS001930

System Type: Lagoon

Situs: 9375 HICKMAN RD, HICKMAN, NE 68372

Issued: 11/6/2019

Expires: 11/6/2020

Description: S35, T8, R7, 6th Principal Meridian, LOT 12 NE

Owner: CROGG, BRIAN S & JESSICA M
9375 HICKMAN RD
HICKMAN, NE 68372

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

RAYMOND CONTRACTING INC
13800 NW 70TH ST
RAYMOND, NE 68428

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

A

Permit Number
HS001930

Existing Home

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

Include Form B and C. Submit correct fee with this Application

3 acres or more required for: ☐ Septic System ☑ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Wastewater Treatment System in conformance with appropriate regulations.

PLEASE PRINT OR TYPE

A. Onsite System Location

Address 9375 Hickman Rd (no rural route) City Hickman, NE Zip 68372

Legal Description NE (1/4) 35 (Section) 8N (Township) 7E (Range) _____ (Subdivison) _____ (Addition) 12 (Block) _____ (Lot)

PID 15-35-200-011-000

B. Owner

Name Brian Crogg Signature _____

Address 9375 Hickman Rd City/State/Zip Hickman, NE 68372

Home Phone 402-660-2454 Work Phone _____

C. Certified Installer

Name: Lloyd Jakoubek, Raymond Contracting Inc Signature _____

Address 13800 NW 70th St City/State/Zip Raymond, NE 68428

Work Phone ~~402-550-6009 or 402-783-2663~~

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 Garbage Grinder? ☐ Yes ☐ No Total Acres 5.1

☐ 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 ☐ Municipal Code 24.38 ☐ County Resolution No. 02-38

1. Health Department
Site visits 12/3/19 Date rec'd 11/6/19 Date frwd 11/6/19
Comments Does not abandon old Lagoon
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 Doug Ahrens
Date 3/13/20

Let's message with Brian on 3/11/20 pk

Business Office Use Only
Date Received 11-06-19 Amount Paid $430.00
Received By MO Cash/Check No. 00287

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

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

8

Exhibit 6

Permit Number: H5001930

Onsite Wastewater Treatment System-Lagoon

Inspection Sheet

Date 3/13/20 Legal Description _____

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 9375 Hickman City _____

Owner _____ Address _____

Mark One: ☒ Dwelling ☐ Non-dwelling

☒ New System ☐ Repair

☐ Temporary modification (Describe problem causing discharge and reason for temporary modification): _____

Lagoon constructed so not to receive surface water — Yes ☒ No ☐
Lagoon floor is level — Yes ☒ No ☐
Lagoon is equipped with a depth gage/concrete slab — Yes ☒ No ☐
Influent line is at least 4 inches and slopes no less than 1/8 inch — Yes ☒ No ☐
Clean outs located every 75 feet and one located 1 foot about highest water level — Yes ☒ No ☐
Inside slope not steeper than three horizontal to one vertical — Yes ☒ No ☐
Minimum width of the top of the dike shall be 4 feet — Yes ☒ No ☐
Fence installed — Yes ☒ No ☐

Top of the Dike 29' Bottom of Lagoon 65' Design Flow 375

Setbacks (Check the Boxes Below if the Required Setback has been Satisfied):

Surface Water distance from Water Mark	Private Drinking Water Wells	Public Drinking Water Supply Wells		All Other Water Wells	Property Lines	Trees and Brush	Neighbor's Foundation		All Other Setbacks
50 ft ☒	100 ft ☒	Non-Community	100ft ☐	100ft ☒	50ft ☒	50ft ☒	Class 1	200ft ☐	☒
		Community	* ☐				Class 2	200ft ☐	
							Class 3	100ft ☒	

*Evaluated by a professional engineer for potential impact on the well and submitted to Dept. for approval if less than 1000ft.

Geographical Coordinates to 6 Decimals: N/A

Dike North side

Comments:

Inspections prior to Final Approval
Initial NH Date 12/3/19

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By _____

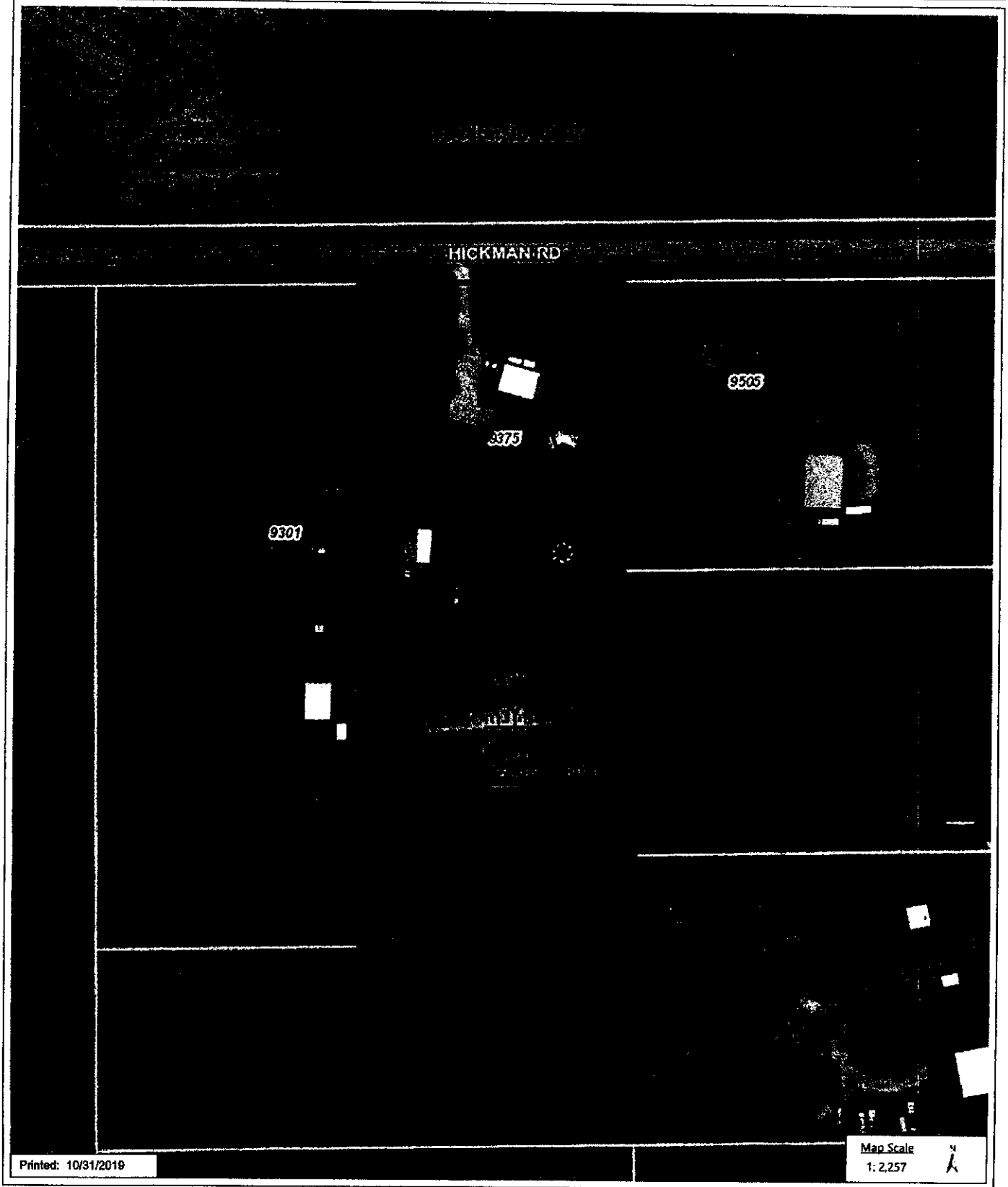
Date 03/13/20

Updated 4/15

9375 Hickman Rd, Hickman, NE 68372

GIS Viewer
CITY OF LINCOLN - LANCASTER COUNTY, NE

City of Lincoln\Lancaster County GIS Map



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Nate C. Hartman

From: Terri Jakoubek <jakoubek63@windstream.net>
Sent: Saturday, December 07, 2019 12:58 PM
To: Nate C. Hartman
Cc: Doug R. Smith
Subject: 9375 Hickman Rd D-Sheet
Attachments: 9375 Hickman Rd D-Sheet.pdf

HS001930 attached.

Thanks,

Terri Jakoubek
Raymond Contracting, Inc.
13800 NW 70th St
Raymond, NE 68428
402-783-2663 (Office)
402-783-2341 (Fax)
402-890-3870 (Mobile)
jakoubek63@windstream.net

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: HS001930

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 PID = 15-35-200-011-000

Address or Legal Description or Parcel Identification Number (PID) 9375 Hickman Rd, Hickman, NE 68372

Owner: Brian S Crogg Address Same

A. Wastewater Piping

1. Material: SDR26 Diameter: 4 in.
2. Distance between dwelling and ~~septic tank~~: 300 ft. New Lagoon

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 and inside width if chamberless: _____
2. Number of Laterals _____
3. Length of each lateral: ft._____ ft._____
   ft._____ ft._____
4. Drainfield size _____
5. Distance to:
   Well _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.
   Depth of Groundwater _____

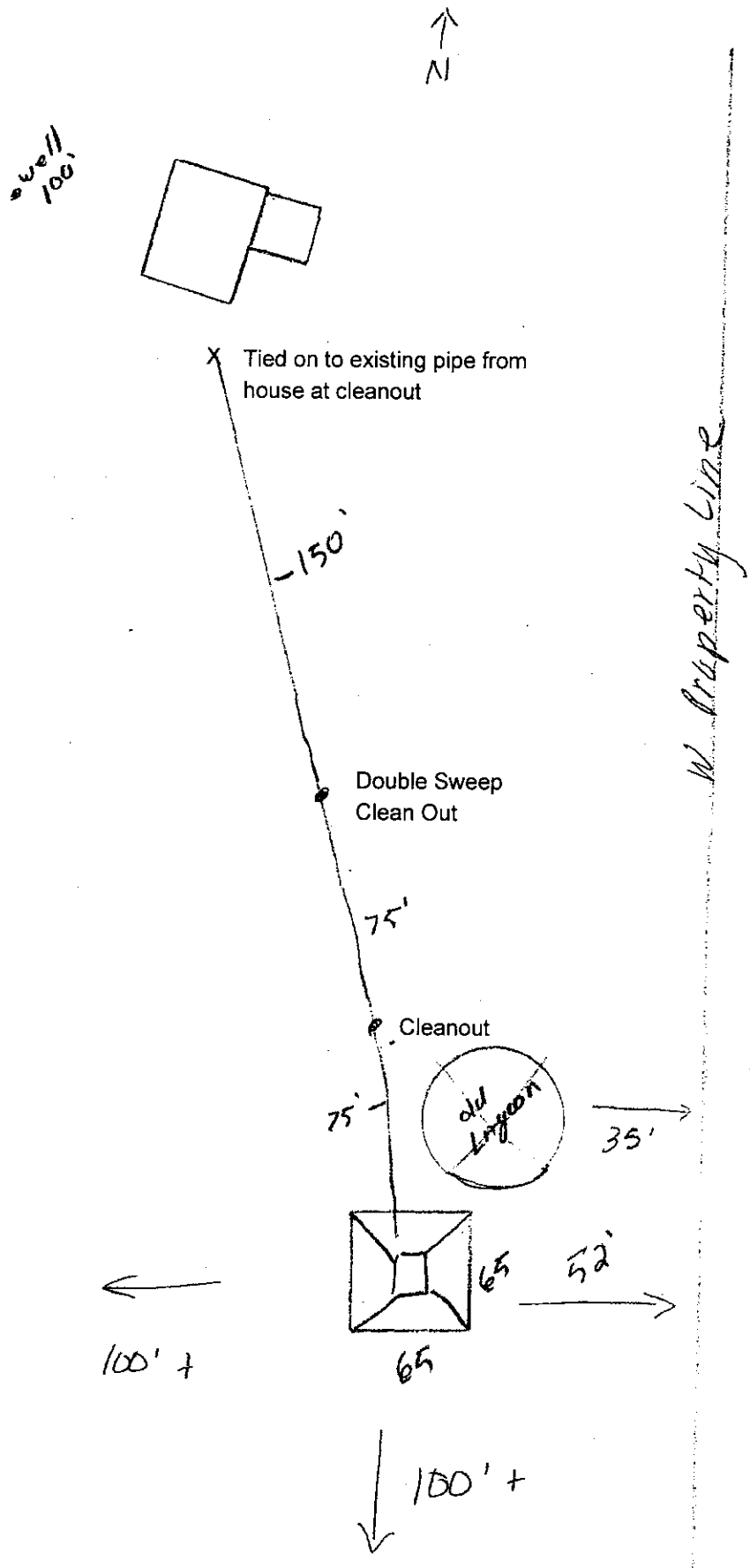
Was the Onsite Wastewater System covered prior to LLCHD inspection? ☒ Yes ☐ No (Partially)

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: Ryan L. Johnson Date: 12/3/19

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



12/13/2019

Raymond Contracting, Inc.
Lloyd J Jakoubek
13800 NW 70th St
Raymond, NE 68428
402-783-2663