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

A

Permit Number
HS001958

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 17400 Hickman Rd (no rural route) City Panama, NE Zip 68317

Legal Description 26 8 8 Principal Meridian 14SE

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

PID 2126400004000

B. Owner

Name Dan Lohmeier Signature

Address 17400 Hickman Rd City/State/Zip Panama NE 68317

Home Phone 402 560 2746 Work Phone

C. Certified Installer

Name: Steven C Lewis Signature

Address 1038 W. Bent City/State/Zip Lincoln NE 68521

Work Phone 402 432 1082

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 2 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres

Garbage Grinder? ☐ Yes ☒ No

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day 300

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 2/24/20 DS 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 2-25-20 Amount Paid $130.00
Received By SAD Cash/Check No. 1074

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

Form A Updated: 1/13

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 17400 Hickman Rd (no rural route) City Panama NE, Zip 68317

Owner Dan Lohmeier Address 17400 Hickman Rd

Date of Tests 2-15-20 to 2-16-20 Weather: Precipitation Ø Temperature 57°

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 (ft)	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	36	2-15	11:30	2-16	11:30	2-16	11:30	6	2-16	12:00	30	1/2	60
2	"	"	"	"	"	"	"	6	"	"	"	1	30
3	"	"	"	"	"	"	"	6	"	"	"	1 1/2	20
4	"	"	"	"	"	"	"	6	"	"	"	5/8	48
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Steven C Lewis
Phone: 402 432 1082
Address 1031 W. Beal
Lincoln NE, 68521
Soil type (NRCS Maps/Other) 7507, 7466
Groundwater Depth over 7 ft.

Sum of Percolation Rates: 158
Average of Rates: 39.5
Rate Used for Calculation: 60 min

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official _____ Date _____

GIS Viewer

CITY OF LINCOLN / LANCASTER COUNTY NE

ch...

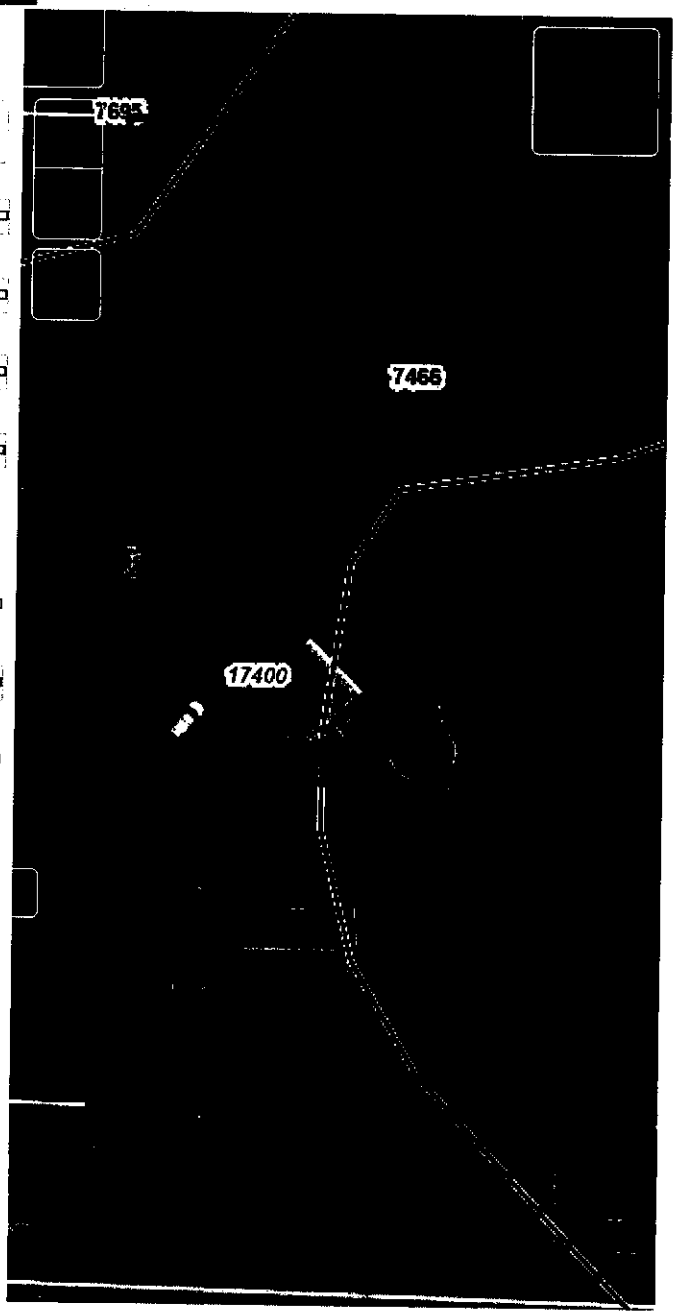
Sign in

Layers

Filter Layers...

Filter

- [x] Address Numbers
- [x] Ownership Parcel Information
- [ ] Subdivisions
- [x] Ownership Parcels
- [ ] Floodplain
- [ ] Districts
- [x] Soils
- [ ] Zoning
- [ ] LandUse
- [ ] Village Limits
- [x] Buildings
- [x] PLSS
- [ ] Legal Lots



Aerials

Home Layers Ownership...

0 30 60ft

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. HS001958

System Type: Standard

Situs: No Site Address Specified

Issued: 2/25/2020

Expires: 2/25/2021

Description: S26, T8, R8, 6th Principal Meridian, LOT 14 SE

Owner: DONALD, ALEX S & MARSHALL, LACY J
17400 HICKMAN RD
BENNET, NE 68317

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

STEVEN LEWIS
1031 W BEAL ST
LINCOLN, NE 68521

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

SCANNED

A

Permit Number
HS001958

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

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Address 17400 Hickman Rd (no rural route) City Ben Panama, NE Zip 68317

Legal Description 26 8 8 Principal Meridian 14SE

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

PID 2126400004000

B. Owner

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C. Certified Installer

Name: Steven C Lewis Signature

Address 1038 W. Bent City/State/Zip Lincoln NE 68521

Work Phone 402 432 1082

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 2 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 2.26

Garbage Grinder? ☐ Yes ☒ No

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day 300

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 2/24/20 DS Date rec'd 2/25/20 ACTION ☒ Approved ☐ Disapproved

Date frwd 2/25/20 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 3/4/20

Business Office Use Only
Date Received 2-25-20 Amount Paid $130.00
Received By SAO Cash/Check No. 1074

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

Form A Updated: 1/13

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

Exhibit 5

Permit Number: HS001958

Onsite Wastewater Treatment System

Inspection Sheet

OS

Date 3/4/20

Legal Description ____ ¼ ____ ¼ 26/8/8 Section/Township/Range Lot 14

Onsite System Location

Address (no rural route) 17400 Hickman Rd. 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: 2 bedroom

☒ Lateral ☐ Bed ☐ Non-standard (engineer-designed and NDEQ approved) ☐ Holding Tank ☐ Trench

Total square feet of drainfield 720 Sq. Ft. Tank Size 1000 gals

Total length of laterals 160' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☒ Other (describe) E2 flow

No. of Absorption Laterals 3 Width 4.5 feet 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: NA

Tank ____

Lateral #1 ____ Lateral #3 ____

Lateral #2 ____ Lateral #4 ____

Comments:

Inspections prior to Final Approval
Initial DS Date 2/24/20

Follow-Up ____ Date ____

Follow-Up ____ Date ____

Installation Final Written Approval
By [signature]

Date 3/4/20

Field Note Drawing (See Reverse Side):

Updated 4/15

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) 2126400004000

Owner Dan Lohmeier Address 17400 Hickman Rd. Panama NE 68317

A. Wastewater Piping

1. Material Sch. 40 Diameter: 4 in.
2. Distance between dwelling and septic tank: 16 ft.

B. Septic Tank

1. Material Plastic
2. Capacity: 1000
3. Depth to top of tank, below unfinished grade: 18 in.
4. Distance to:
   Well NA ft.
   Pressure line over 100 ft
   Property Line over 100 ft.
   Foundation 16' ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: 30 ft. SE

D. Drainfield/Absorption Field

☒ Trench ❑ Bed

1. Type: ❑ Perforated Pipe ❑ Chamberless ☒ Other Poly Stirene Bundles EZ Flow
   Material brand and inside width of Chamberless.
   Infiltrator - EZ Flow.
2. Number of Laterals: 3
3. Length of each lateral (linear): ft. 20 ft 80 ft. 60 ft.
4. Drainfield size: 720 sq. ft.
5. Distance to:
   Well NA ft.
   Pressure line over 100 ft.
   Property line over 100 ft.
   Depth of Groundwater over 8 ft.

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.

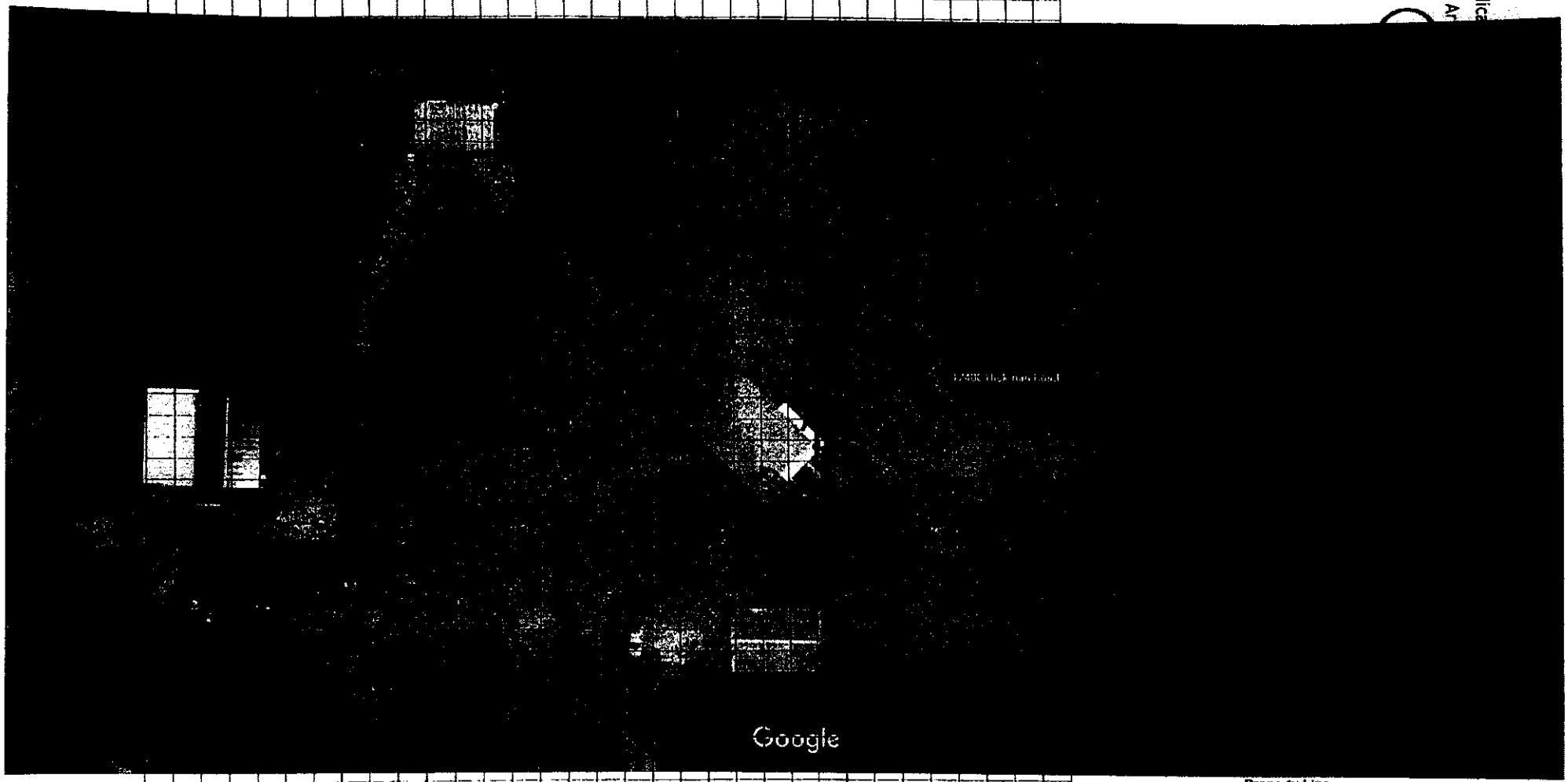
Certified Professional Signature: _____ Date: 25 Feb 2020

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

Updated 4/15

Google Maps 17400 Hickman Rd

200202 Completion Map



Property Line

Doug R. Smith

From: Steven Lewis <septicinspectne@gmail.com>
Sent: Tuesday, February 25, 2020 6:06 PM
To: Doug R. Smith
Subject: 17400 Hickman Road 200202
Attachments: 200202 county D sheet[7970].pdf

Doug Smith.

Hello, I have attached the D sheet and Drawing for that system at 17400 Hickman Road. If you are unable to read the map I can provide you one in person.

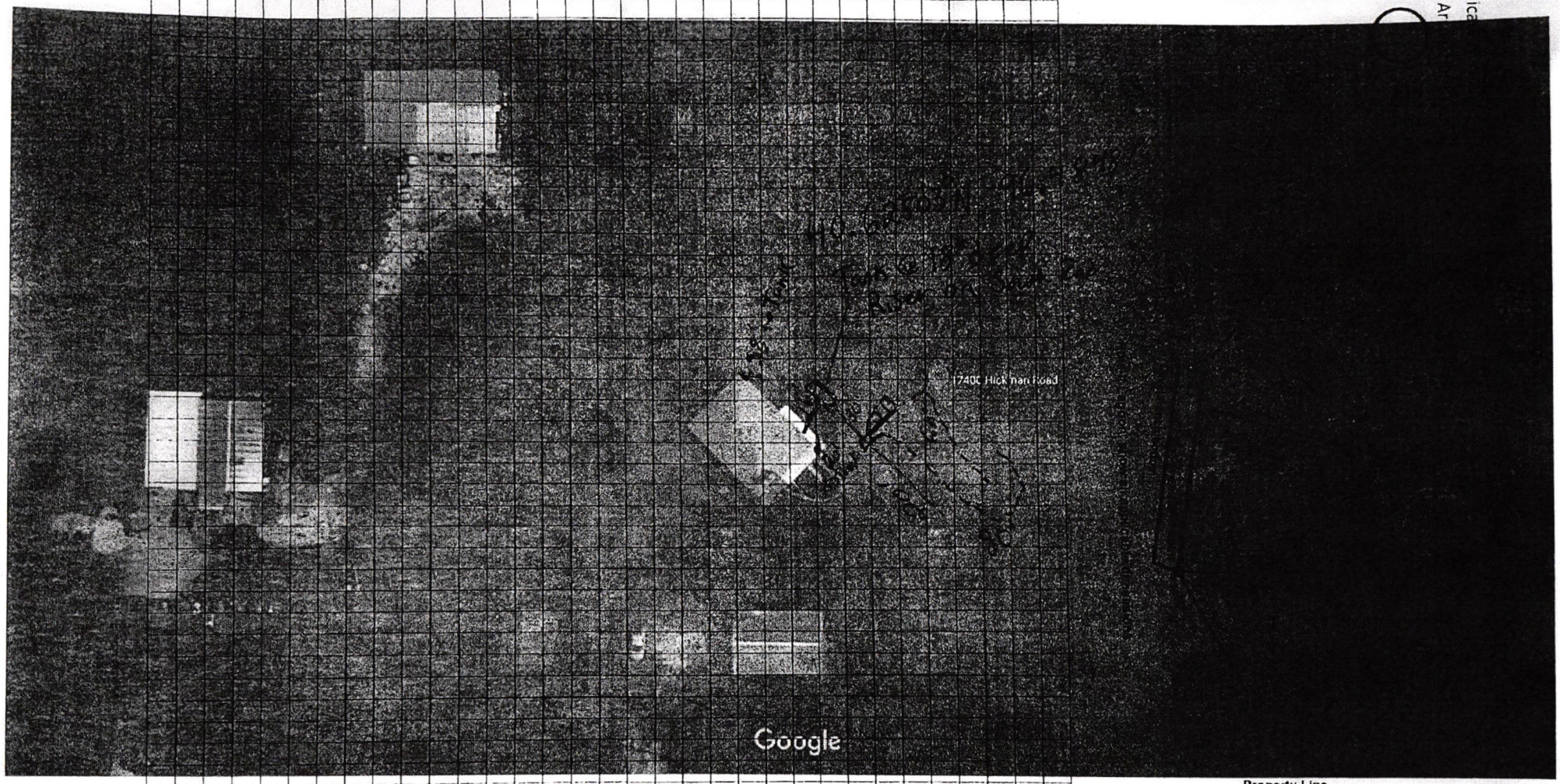
I must have forgot to scan the A and B Sheet I provided you sadly and if possible I would love a copy for my records. I was curious if possible if there was a way to get a receipt for the check as I don't know for sure what will be asked of me come tax time yet.

Thank you for your help!

Steven C Lewis
OSWWTS Master Installer and Inspector
(402) 432-1082
septicinspectNE@gmail.com

Google Maps 17400 Hickman Rd

200202 Completion Map



Property Line

SCANNED