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

REC'D MAY 11 2020

A

Permit Number H5002000

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* _____ City Hickman, NE Zip 68372

(no rural route)

Legal Description SE SE 15 T8 R7 South Ridge Acres ~~Parcel 22~~ 6 1

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

PID 15-15-406-001-000 *Approx. Address (if to be determined) _____

B. Owner

Name R & D Custom Homes Signature _____

Address 7431 Cardwell Crk City/State/Zip Lincoln, NE 68523

Home Phone 402-429-8297 Work Phone _____

C. Certified Installer

Name: Brandon Sedlacek Signature Brandon Sedlacek

Address 11185 E St Hwy 41 City/State/Zip Adams, NE 68301

Work Phone 402-988-8425

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 3.2

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 _____ **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 5-13-20 Amount Paid $430.00
Received By JAO Cash/Check No. 1900

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

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 South Ridge Acres Parcell 22 City Hickman NE, Zip 68372
(no rural route)

Owner R & D Custom Homes Address 7431 Cardwell Crk Lincoln, NE 68523

Date of Tests _____ to _____ Weather: Precipitation 0" Temperature 70°

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	32	4-29	7am	4-30	9am	4-30	9:00	6	4-30	9:30	30	1/2"	60 mpi
2	32	4-29	7am	4-30	9am	4-30	9:02	6	4-30	9:32	30	1/2"	60 mpi
3	32	4-29	7am	4-30	9am	4-30	9:04	6	4-30	9:34	30	5/8"	48 mpi
4	32	4-29	7am	4-30	9am	4-30	9:06	6	4-30	9:36	30	1/2"	60 mpi
5	32	4-29	7am	4-30	9am	4-30	9:08	6	4-30	9:38	30	5/8"	48 mpi
6	32	4-29	7am	4-30	9am	4-30	9:10	6	4-30	9:40	30	1/2"	60 mpi
								6					
								6					

Person Conducting Percolation Test

Name: Brandon Sedlacek
Phone: 402-988-8425
Address 11185 E St Hwy 41

Sum of Percolation Rates: 336
Average of Rates: 56 mpi
Rate Used for Calculation: 51-60 mpi

Soil type (NRCS Maps/Other) Silty Clay
Groundwater Depth 710

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: 402-441-8022

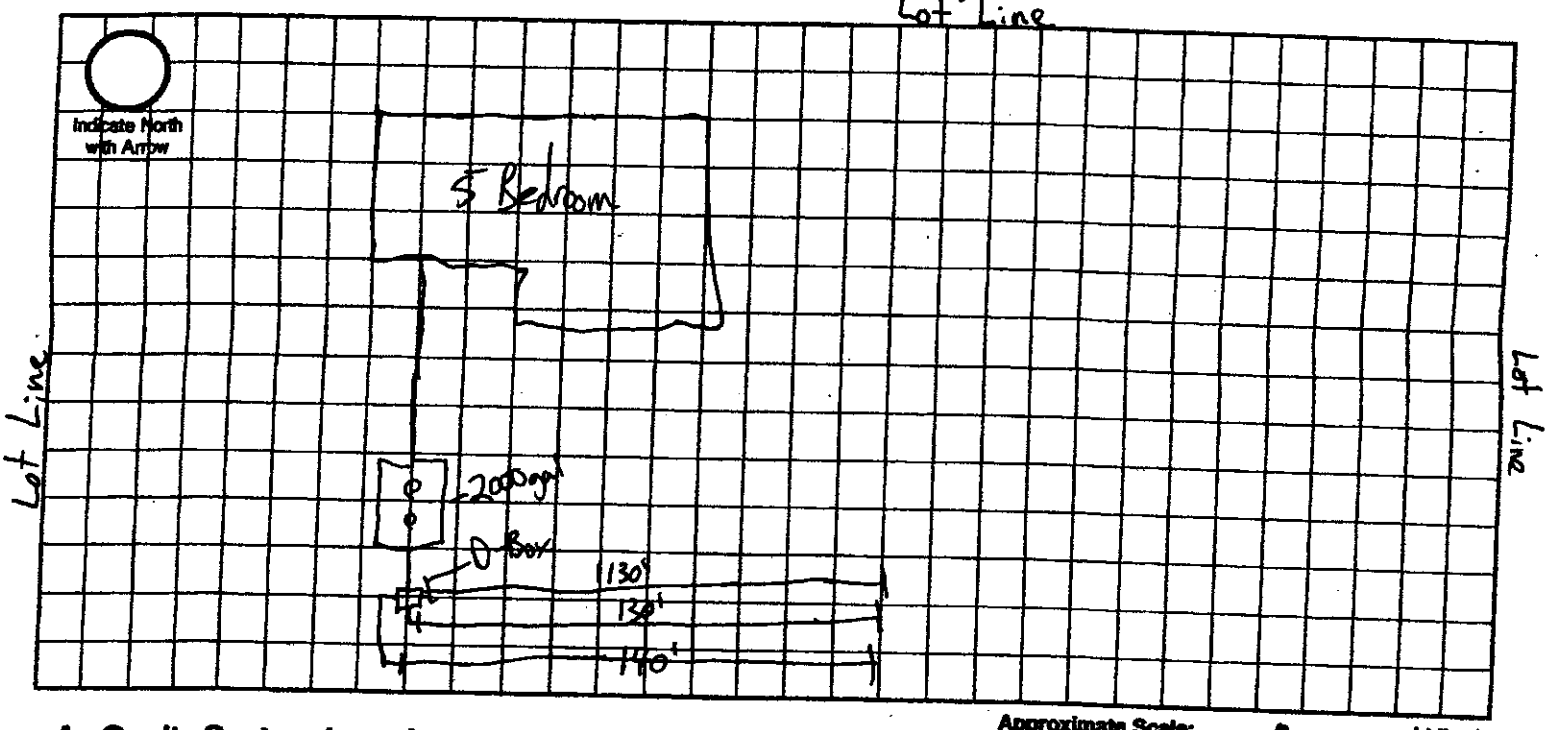
C

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) South Ridge Acres Parcel 122 City Hickman NE, Zip 68372

B. Proposed Septic Tank/s

Septic Tank Cap 2000 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 60 (min/inch = mpi) No. of Bedrooms 5 Soil Type_____ Land Slope_____%

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

Total length of laterals 400' Type of distribution: ☐ Perforated pipe ☐ Half-Round ☐ Chamber ☒ Other EZ Flow

No. of absorption trenches 3 Width 36 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_____ Date_____

Installer_____ Date_____

SOUTHEAST TRENCHING & EXCAVATING INC.
11185 E STATE HWY 41
ADAMS, NEBRASKA 68301

OMAHA NE 680
07 MAY 2020 PM 3 L

Lincoln - Lancaster County Health Department
Environmental Health Division
3140 N Street
Lincoln, NE 68510
68510-152340

Janet O'Neal

From: Nate C. Hartman
Sent: Wednesday, May 13, 2020 12:18 PM
To: Janet O'Neal
Subject: Fwd: Fwd: First Amendment to PSA - R&D - L1B6 South Ridge Acres

FYI

Get Outlook for iOS

From: Brandon Sedlacek <southeast.sewer@yahoo.com>
Sent: Wednesday, May 13, 2020 12:16:10 PM
To: Nate C. Hartman <nhartman@lincoln.ne.gov>
Subject: Fw: Fwd: First Amendment to PSA - R&D - L1B6 South Ridge Acres

CAUTION: This email comes from a sender outside your organization.

Thanks Nate.

Sent from Yahoo Mail for iPhone

Begin forwarded message:

On Tuesday, May 12, 2020, 7:26 PM, Brandon Sedlacek <southeast.sewer@yahoo.com> wrote:

> Thanks Donna. I will get that sent over.
>
> Sent from Yahoo Mail for iPhone
>
> On Tuesday, May 12, 2020, 7:20 PM, Donna Youngquist <roddonnayoung@windstream.net> wrote:
>
> Sent from my iPhone
>
> Begin forwarded message:
>
> **From:** Todd Lorenz <Todd.Lorenz@homerealestate.com>
> **Date:** May 12, 2020 at 2:54:33 PM CDT
> **To:** Donna Youngquist <roddonnayoung@windstream.net>
> **Subject: RE: First Amendment to PSA - R&D - L1B6 South Ridge Acres**
>
> Donna:
>
> Parcel ID for Lot 1 Blk 6 is 1515406001000.
>
> TODD A. LORENZ
> PRISM a Commercial Division of HOME Real Estate | a Berkshire

Hathaway Affiliate
phone: (402) 730-3877

-----Original Message-----
From: Donna Youngquist <roddonnayoung@windstream.net>
Sent: Tuesday, May 12, 2020 1:46 PM
To: Todd Lorenz <Todd.Lorenz@homerealestate.com>
Subject: Re: First Amendment to PSA - R&D - L1B6 South Ridge Acres

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

It is a 7 to 8 digit number

Sent from my iPhone

> On May 12, 2020, at 11:30 AM, Todd Lorenz <Todd.Lorenz@homerealestate.com> wrote:
>
> Amy:
>
> Attached is the Amendment to extend the Closing Date to on or before May 29, 2020.
>
> Can you set it up in docusign for Donna to sign and return?
>
> Best regards,
>
> TODD A. LORENZ
>
> PRISM a Commercial Division of HOME Real Estate | a Berkshire Hathaway Affiliate
>
> phone: (402) 730-3877
>
> -----Original Message-----
>
> From: Donna Youngquist <roddonnayoung@windstream.net>
>
> Sent: Monday, May 11, 2020 1:41 PM
>
> To: Todd Lorenz <Todd.Lorenz@homerealestate.com>
>
> Subject: Re: Perk test

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hi Todd, would it be possible to have more time to close on that lot

and Southridge acres since my loan has not come through yet it should

be through in around 10 to 12 days at least by the end of May for sure

but I want to close ASAP so we can start building so the minute I have

the money I can pay the lot and get started

Sent from my iPhone

> On May 6, 2020, at 5:52 PM, Todd Lorenz <Todd.Lorenz@homerealestate.com> wrote:
>
> Sounds like a good solution
>
> Thanks for letting me know.
>
> Todd A. Lorenz
>
> 402-730-3877
>
> > On May 6, 2020, at 5:23 PM, Donna Youngquist <roddonnayoung@windstream.net> wrote:
> >
> > CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

My septic guy and the county guy figured out what to do on lot one

block six Southridge acres they will do a double unit of Leitchfield

and the county guy said that would be fine no problem so it's

figured out just wanted to let you know Sent from my iPhone

<First Amendment to PSA_R^0D_L1B6 South Ridge Acres 5_11_2020.pdf>

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. HS002000

System Type: Standard

Situs: No Site Address Specified

Issued: 5/14/2020

Expires: 5/14/2021

Description: SOUTH RIDGE ACRES ADDITION, BLOCK 6, Lot 1

Owner: BAADE PROPERTY LLC
ATTN: ALAN BAADE 5500 SALTILLO RD
ROCA, NE 68430

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

SOUTHEAST SEWER & SEPTIC
11185 E STATE HWY 41
ADAMS, NE 68301

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

REC'D MAY 11 2020

SCANNED

A

Permit Number H5002000

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* _____ City Hickman, NE Zip 68372
(no rural route)

Legal Description S15 T8 R7 South Ridge Acres ~~Parcel 22~~ 6 1
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 15-15-406-001-000 *Approx. Address (If to be determined) _____

B. Owner

Name B & D Custom Homes Signature _____
Address 7431 Cardwell Crk City/State/Zip Lincoln, NE 68523
Home Phone 402-429-8297 Work Phone _____

C. Certified Installer

Name: Brandon Sedlacek Signature Brandon Sedlacek
Address 11185 E St Hwy 41 City/State/Zip Adams, NE 68301
Work Phone 402-988-8425

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 3.2
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 5/13/20
Date frwd 5/13/20
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 8/19/20

Business Office Use Only
Date Received 5-13-20 Amount Paid $430.00
Received By JAO Cash/Check No. 1900

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

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

Permit Number: 1500 2000

Onsite Wastewater Treatment System

Inspection Sheet

Date 8/19/20 Legal Description South Ridge Blk 6 Lot 1

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) _____ 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 1935 Sq. Ft. (175 Rq'd) Tank Size 2000 gals

Total length of laterals 430' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☒ Other (describe) 22- flow

No. of Absorption Laterals 4 Width 3' No. of Drop Boxes 2 Distribution Box 1

Leveling Method Used _____

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 _____

Lateral #1 _____ Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments:

Inspections prior to Final Approval
Initial JA Date 8/19/20

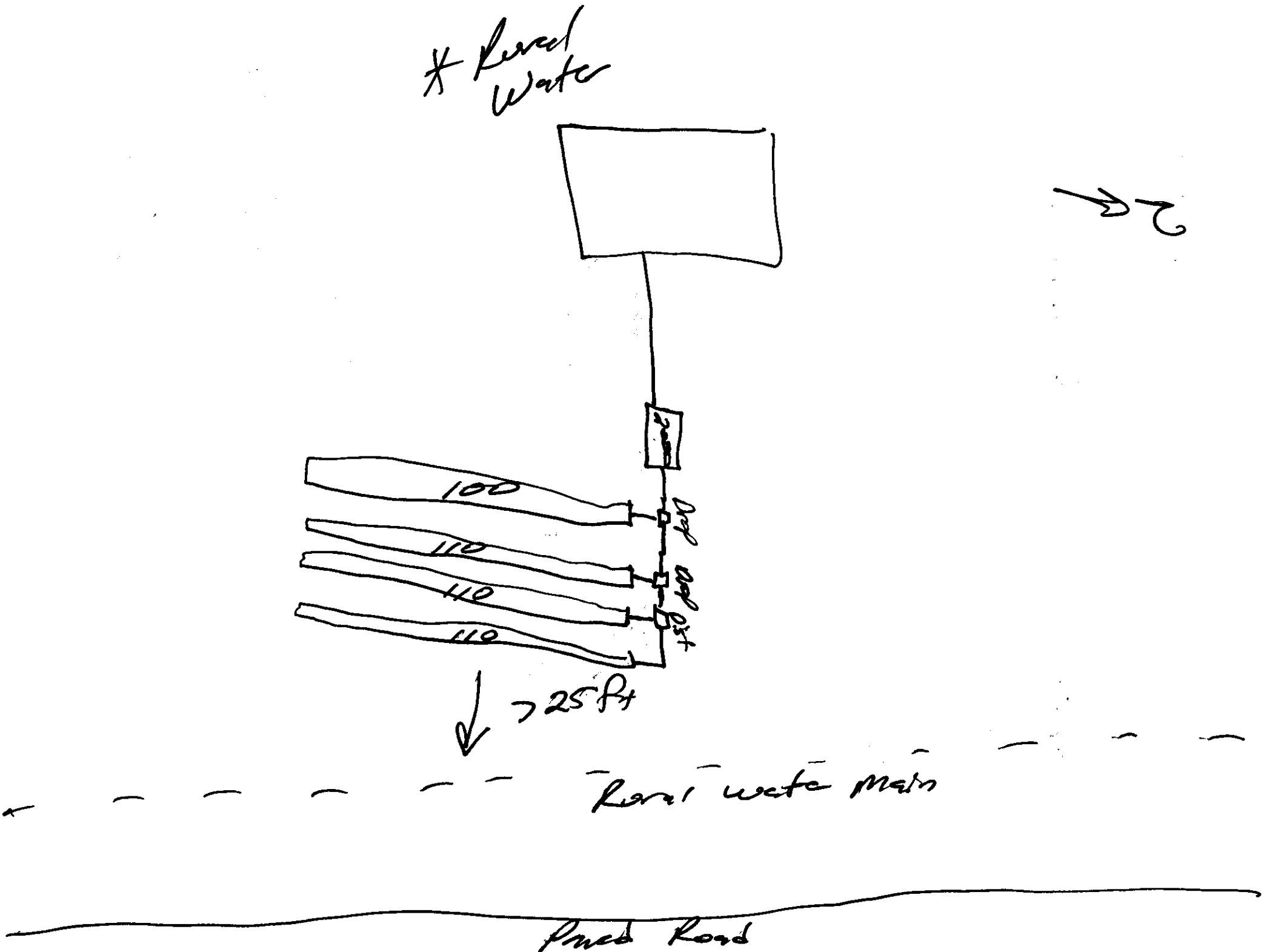
Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By _____

Date 8/19/20

Field Note Drawing (See Reverse Side):


* Reuse Water
100
110
110
110
Drip Line
Flush
>25 ft
Road water main
Pond Road