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

A

Permit Number
#S002011

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* 7433 Martell Rd City Hickman, NE Zip 68372
(no rural route)

Legal Description S27 T8 R7 Hickman Acres Addition 2
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 15-27-101-002-000 *Approx. Address (If to be determined)

B. Owner

Name SNB Construction Signature

Address 3800 Old Cheney Rd Ste A City/State/Zip Lincoln, NE 68516

Home Phone Work Phone

C. Certified Installer

Name: Macey Hochstein Signature

Address PO Box 142 City/State/Zip Eagle, NE 68347

Work Phone 402-730-7749

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 4.79
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
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature
Comments

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 6-01-20 Amount Paid $430.00
Received By JAO Cash/Check No. 1592

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

Form A Updated: 4/15

Lincoln-Lancaster County Health Department (LLCHD)
Environmental Public Health Division
3131 "O" 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 7433 Martell Rd (no rural route) City Hickman NE, Zip 68372

Owner SMB Construction Address 3800 Old Cheney Rd Ste A

Date of Tests 5-10 to 5-11 Weather: Precipitation 0 Temperature 54°F

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			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	42	5-10	5:00	5-10	10:19	5-10	2:19	6	5-10	2:19	30m	1/2	60
2	"	"	"	"	"	"	"	6	"	"	"	1/2	60
3	"	"	"	"	"	"	"	6	"	"	"	1/2	60
4	"	"	"	"	"	"	"	6	"	"	"	2	15
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Mercy Hochstein
Phone: 402-730-7749
Address PO Box 1112
Eagle, NE 68347

Sum of Percolation Rates: 195
Average of Rates: 48.75
Rate Used for Calculation: 60

Soil type (NRCS Maps/Other) Wymore silty clay loam 3-6 %
Groundwater Depth 154

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official _____ Date _____

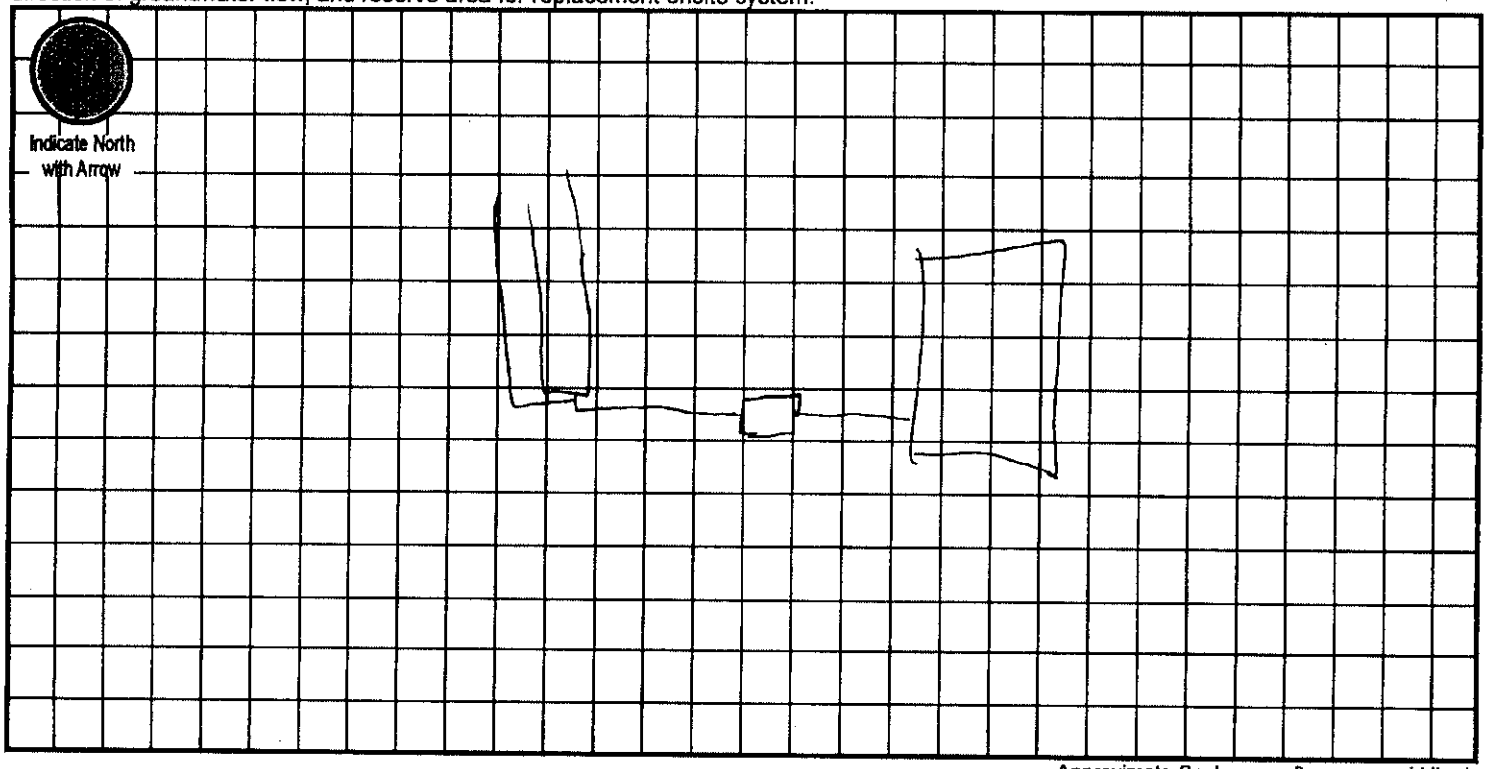
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

C

Permit Number

Onsite Wastewater Treatment System
Preliminary Plan Specification

Draw a plot plan showing onsite system sewer lines, tank, drop or distribution boxes, drainfields, percolation test holes, well, residence, direction of groundwater flow, and reserve area for replacement onsite system.



Approximate Scale: ____ ft. = ____ grid line/s

A. Onsite System Location

Address (no rural route) 7433 Marshall Rd 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"/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 4 Soil Type Wymore silty clay loam Land Slope 3-6 %

☑ Trench ☐ Bed ☐ Non-standard (engineer-designed and NDEQ approved) Total square feet of drainfield 1440 Sq. Ft.

Total length of laterals 320 Type of Distribution: ☐ Perforated Pipe ☐ Half-Round ☐ Chambers ☑ Other EZ Flow

No. of Absorption Trenches 3 Width 36 No. of Drop Boxes _____ Distribution Box 1

No. of Absorption Beds _____ Width _____ No. of Distribution Lines per Bed _____

Installer Marcus Hachtman Date: 5-29-20

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. HS002011

System Type: Standard

Situs: No Site Address Specified

Issued: 6/2/2020

Expires: 6/2/2021

Description: HICKMAN ACRES ADDITION, Lot 2

Owner: HANSEL, SHARI LYNN
5330 WIINDWARD WAY
NEW PORT RICHEY, FL 34652

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

MARCUS HOCHSTEIN
PO BOX 142
EAGLE, NE 68347

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

Exhibit 5

Permit Number: HS00 2011

Onsite Wastewater Treatment System

Inspection Sheet

Date 8/10/20 Legal Description ____ ¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 7433 Mantell 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:

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

Total square feet of drainfield 1,440 Sq. Ft. Tank Size 2,000 gals

Total length of laterals 320' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☒ Other (describe) E-Z Flow

No. of Absorption Laterals 3 Width 4.5 Factor No. of Drop Boxes ____ Distribution Box ____

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 ____ Date 8/7/20

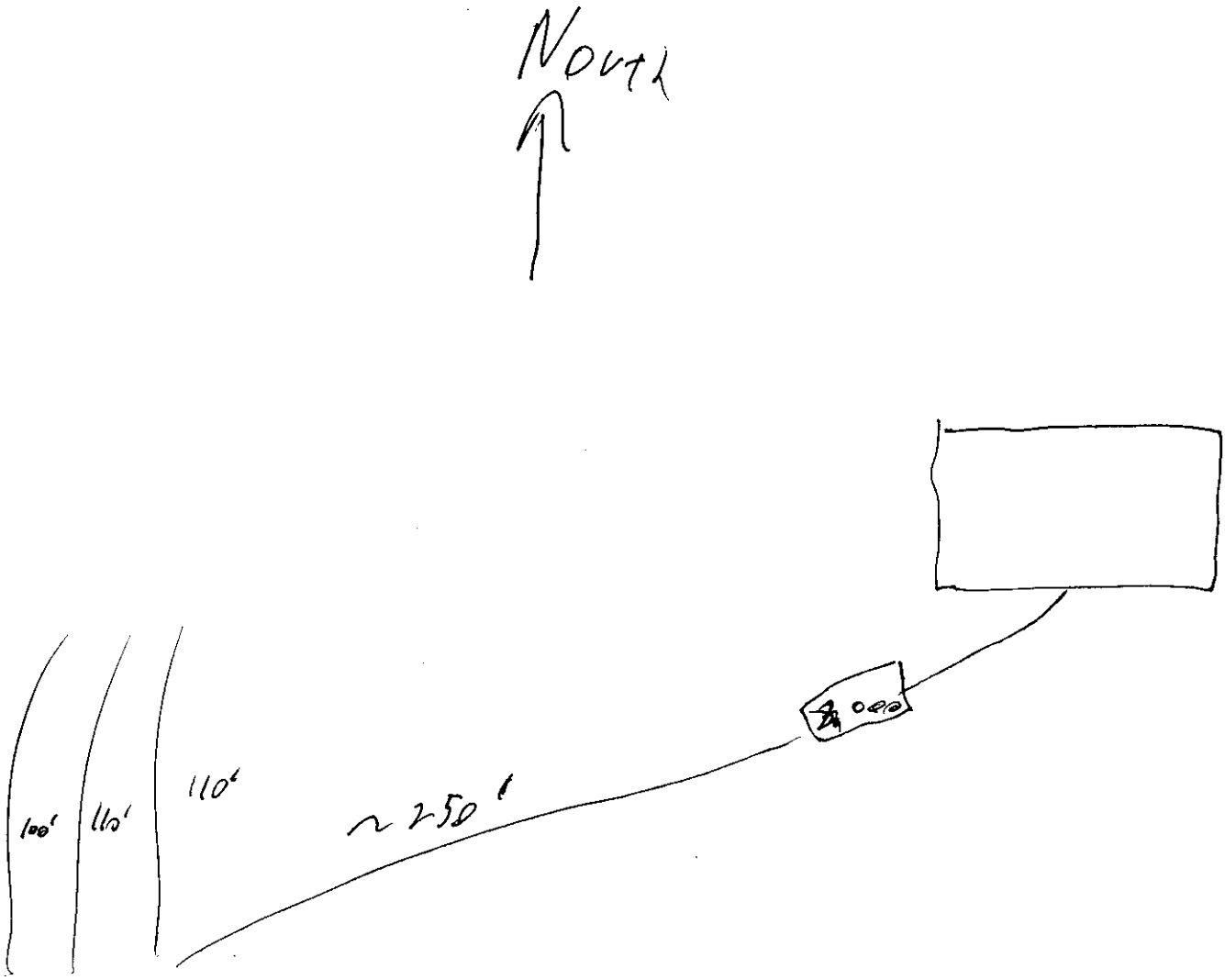
Follow-Up ____ Date ____

Follow-Up ____ Date ____

Installation Final Written Approval
By Doug Thiel

Date 8/10/20

Field Note Drawing (See Reverse Side):


NORTH
100'
110'
110'
~250'

SCANNED

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

A

Permit Number
HS002011

Onsite Wastewater Treatment System Permit Application

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☐ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

PLEASE PRINT OR TYPE

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Address* 7433 Martell Rd City Hickman, NE Zip 68372
(no rural route)

Legal Description S27 T8 R7 Hickman Acres Addition 2
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 15-27-101-002-000 *Approx. Address (If to be determined)

B. Owner

Name SNB Construction Signature

Address 3800 Old Cheney Rd Ste A City/State/Zip Lincoln, NE 68516

Home Phone Work Phone

C. Certified Installer

Name: Mason Hedstrom Signature

Address PO Box 142 City/State/Zip Eagle, NE 68347

Work Phone 402-730-7749

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 4.79
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Comments
Date rec'd 6/2/20
Date frwd 6/1/20
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 8/10/20

Business Office Use Only
Date Received 6-01-20 Amount Paid $430.00
Received By JAO Cash/Check No. 1578

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

Form A Updated: 4/15

Nate C. Hartman

From: Heidi Hoglund <heidih@hickman.ne.gov>
Sent: Monday, June 1, 2020 9:53 AM
To: Nate C. Hartman
Subject: RE: Hickman Acres Addition, Lot 2

[CAUTION] This email comes from a sender outside your organization.

Hello Mr. Hartman – You may have an application for:

Parcel ID: 1527101002000
Site Address: 7433 MARTELL RD, HICKMAN, NE 68372
Legal Description: HICKMAN ACRES ADDITION, Lot 2

from SNB Construction. The City of Hickman has no objections to an onsite wastewater removal system within Lot 2 of Hickman Acres Addition.

Thank you for your time,
Heidi Hoglund, CFM
Zoning and Floodplain Administrator
City of Hickman
PO Box 127 Hickman Nebraska 68372
402.792.2212 phone
402.792.2210 fax

This message and any attachments are confidential, may contain privileged or legally protected communications or information, and are intended solely for the recipient named above. If you are not the intended recipient, you are notified that any review, distribution, dissemination or copying of this message or any attachment is prohibited. If you have received this message in error, you should immediately notify the sender by a return e-mail and delete the message from your computer system.

From: Nate C. Hartman [mailto:nhartman@lincoln.ne.gov]
Sent: Monday, June 01, 2020 9:05 AM
To: Heidi Hoglund <heidih@hickman.ne.gov>
Subject: Hickman Acres Addition, Lot 2

Heidi:

I received an onsite wastewater permit application for this parcel. Please indicated if you plan to approve the application for the City of Hickman as it is in your ETJ.

Thanks!

Nate Hartman REHS, QCIS, QPSWPPP
Senior Environmental Health Specialist
3131 'O' Street, Lincoln, NE 68510
O: 402-441-8643 F: 402-441-3890