JUN 1 2 2020

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

A

Permit Number HS0020024

Onsite Wastewater Treatment System Permit Application (repair)

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

X Septic System Repair ❑ Lagoon ❑ Other (Refer to Form C)

PLEASE PRINT OR TYPE

A. Onsite System Location

Address* 19480 S 96th St (no rural route) City Hickman, NE Zip 68372

Legal Description S36 T8 R7 Wagon Train Estates 1

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

PID 15-36-101-001-000 *Approx. Address (If to be determined)

B. Owner

Name Gary Kvanicka Kvasnicka Signature

Address " City/State/Zip "

Home Phone 402-217-0876 Work Phone

C. Certified Installer

Name: Brandon Sedlacek Signature Brandon Sedlacek

Address 11195 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

X Residential Dwelling Number of Bedrooms 4 Whirlpool Bathtub? ❑ Yes ❑ No Total Acres 3

Garbage Grinder? X 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 6-12-20 Amount Paid $230.00

Received By JAO Cash/Check No 2000

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 19480 S 96th St City Hickman NE, Zip 68372
(no rural route)

Owner Gary Kvanicka Address

Date of Tests 6-4-20 to 6-5-20 Weather: Precipitation 0 Temperature 85°

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	36	6-4	8am	6-5	8am	6-5	8am	6	6-5	8:30	30	1/2"	60 mpi
2	36	6-4	"	"	"	"	"	6	"	"	"	5/8"	48 mpi
3	36	6-4	"	"	"	"	"	6	"	"	"	5/8"	48 mpi
4	36	6-4	"	"	"	"	"	6	"	"	"	3/4"	40 mpi
5	36	6-4	"	"	"	"	"	6	"	"	"	5/8"	48 mpi
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Brandon Sedlacek
Phone: 402-988-8425
Address 11185 E St Hwy 41 Adams, NE 68301

Sum of Percolation Rates: 244
Average of Rates: 49 mpi
Rate Used for Calculation: 51-60 mpi

Soil type (NRCS Maps/Other)
Groundwater Depth 9+

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 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

D

Permit Number:

Onsite Wastewater Treatment System
As-Built Description and Drawing

Type of Onsite Wastewater System: ☐ Lagoon (Skip to Back Page) ☒ Subsurface Septic (Repair) ☐ Mound

Onsite Wastewater System Location

Address or Legal Description or Parcel Identification Number (PID) _____

Owner: _____ Address _____

A. Wastewater Piping

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

B. Septic Tank

1. Material Concrete
2. Capacity: 1500 gal
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: SE ft. 26'

D. Drainfield/Absorption Field (Repair)

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☐ Other
   Material brand and inside width of Chamberless: Infiltrator Quick 4
2. Number of Laterals: 3
3. Length of each lateral (linear): ft. 140 ft. 140 ft. 112 ft. _____
4. Drainfield size: 1421 sq. ft.
5. Distance to:
   Well 150' ft.
   Pressure line 150' ft.
   Property line 20' ft.
   Depth of Groundwater 9+

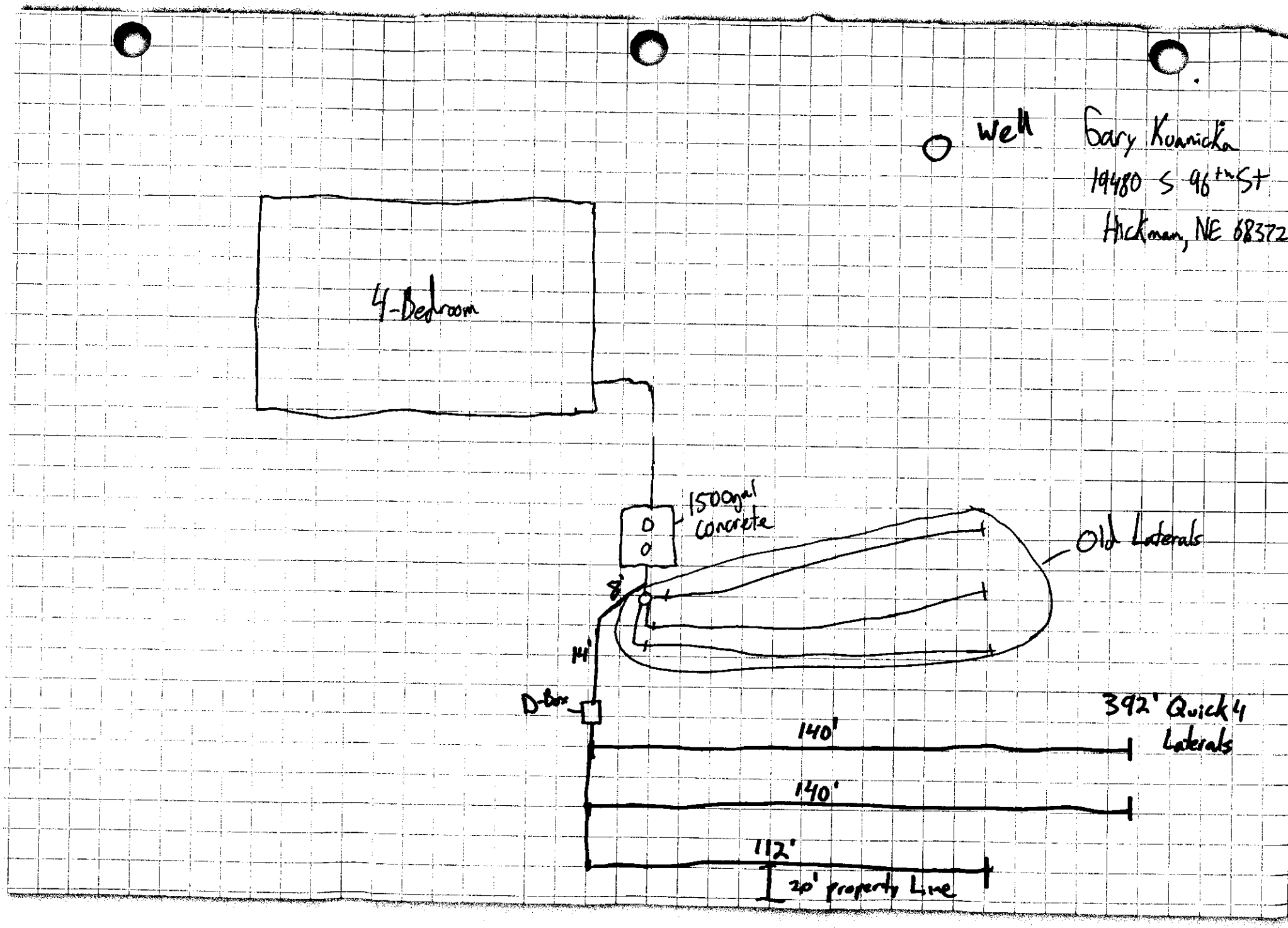
Was the Onsite Wastewater System covered prior to LLCHD inspection? ☐ Yes ☐ No

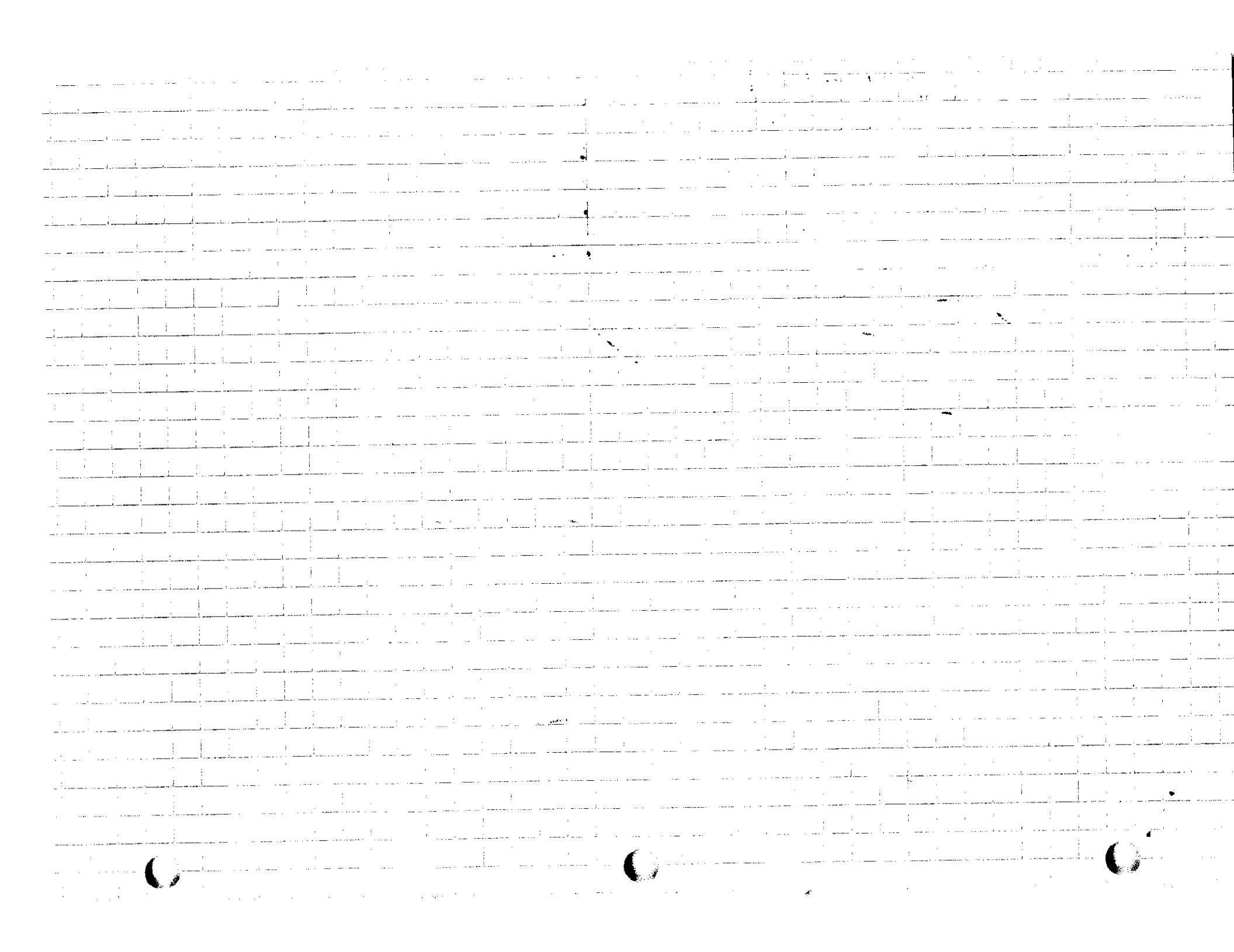
If Yes, the Certified Professional must sign below for final approval:

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.


Well
Gary Kvanicka
19480 S 96th St
Hickman, NE 68372
4-Bedroom
1500gal Concrete
Old Laterals
8'
14'
D-Box
392' Quick 4 Laterals
140'
140'
112'
20' property Line



Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3131 O Street Lincoln, Nebraska 68510-1514

ON-SITE WASTE WATER SYSTEM
ALTERATION PERMIT
No. HS002024

System Type: Standard

Situs: No Site Address Specified

Issued: 6/16/2020

Expires: 6/16/2021

Description: WAGON TRAIN ESTATES, Lot 1

Owner: KVASNICKA, GARY DEAN &
THAVENET-KVASNICKA, DARCIE LOU
19480 S 96 ST
HICKMAN, NE 68372

Patricia D. Lopez

Patricia D. Lopez, RN, MSN, Interim Health Director

Dear Applicant:

The above document is your permit to alter an existing On-site Waste Water System at the location listed. Please contact this office once the alteration is complete to obtain final approval before use.

Patricia D. Lopez

Patricia D. Lopez, RN, MSN
Interim Health Director

BRANDON SEDLACEK
11185 E STATE HWY 41
ADAMS, NE 68301

SCANNED

JUN 1 2 2020

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

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Date frwd 6/16/20
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 6/17/20

Business Office Use Only
Date Received 6-12-20 Amount Paid $230.00
Received By KAO Cash/Check No. 2000

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

Form A Updated 4-15

see Dsketch / approved for repair

SCANNED

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10 ft

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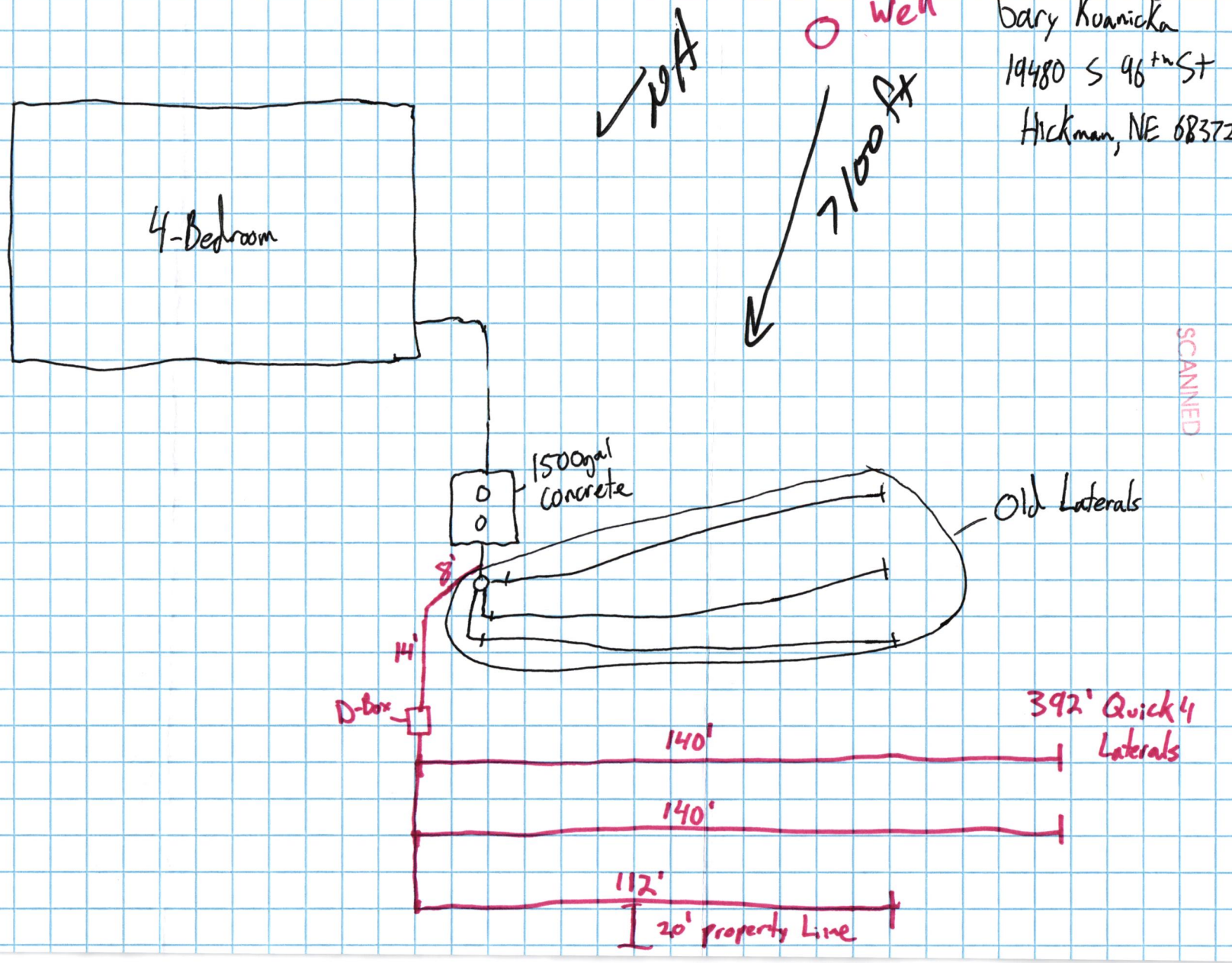
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Gary Kvanicka
19480 S 96th St
Hickman, NE 68372



SCANNED