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

A

Permit Number HS002098

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* 17380 S. 77th Point (no rural route) City Hickman, NE Zip 68372

Legal Description S22 T8 R7 Buel Highlands Estates 1 2

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

PID 1522401002000 *Approx. Address (If to be determined)

B. Owner

Name Aziz T Yadullayev Signature

Address 7730 S. 36th St. City/State/Zip

Home Phone 402 601 5558 Work Phone

C. Certified Installer

Name: Matt Taylor Signature

Address 2610 S. 11th St City/State/Zip Lincoln, NE 68502

Work Phone 402 450 6599

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 6 Whirlpool Bathtub? ☑ Yes ☐ No Total Acres

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
Date frwd
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

Business Office Use Only
Date Received 9-16-20 Amount Paid $440.00 cc
Received By SAO Cash/Check No. 2488

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

Form A Updated: 4/15

PLEASE PRINT OR TYPE

Onsite System Location

Address BUEL HIGHLANDS (no rural route) City Hickman NE Zip 68372

Owner AZIZ YADULLAYEV Address

Date of Tests May 17, 2020 to May 17, 2020 Weather Precipitation none Temperature 60 degrees

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(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	30 in	5/17	9 am	5/17	3 pm	5/17	6:30 pm	6	5/17	7 pm	30 min	1/2	60
2	30 in	5/17	9 am	5/17	3 pm	5/17	6:30 pm	6	5/17	7 pm	30 min	5/8	48
3	30 in	5/17	9 am	5/17	3 pm	5/17	6:30 pm	6	5/17	7 pm	30 min	1/2	60
4	30 in	5/17	9 am	5/17	3 pm	5/17	6:30 pm	6	5/17	7 pm	30 min	5/8	48
5	30 in	5/17	9 am	5/17	3 pm	5/17	6:30 pm	6	5/17	7 pm	30 min	5/8	48
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Jason Kubik

Phone: 402-475-2462

Address: 105 Locust Street P.O. Box 191

Hickman, NE 68372

Sum of Percolation Rates: 264

Average of Rates: 52.8

Rate Used for Calculation: 59

Soil type (NRCS Maps/Other) 7684 Wymore silty clay

Groundwater Depth +12 ft

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official Date

Onsite Form B 4/15

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. HS002098

System Type: Standard

Situs: No Site Address Specified

Issued: 9/16/2020

Expires: 9/16/2021

Description: BUEL HIGHLANDS ESTATES, BLOCK 1, Lot 2

Owner: QUALITY LLC
7730 S 36 ST
LINCOLN, NE 68516

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

MATT TAYLOR
2610 S 11TH ST
LINCOLN, NE 68502

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

SCANNED

A

Permit Number #5002098

Onsite Wastewater Treatment System Permit Application

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

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

PID 1522400100 2000 *Approx. Address (If to be determined)

B. Owner

Name Aziz T Yadullayev Signature

Address 7730 S. 36th St. City/State/Zip

Home Phone 402 601 5558 Work Phone

C. Certified Installer

Name: Matt Taylor Signature

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Work Phone 402 450 6599

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☐ **Check and complete if engineer designed system** P.E. License Number:

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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 12/4/20 D.C.
12/8/20 D.C.
Comments
Date rec'd 9/16/20
Date frwd 9/16/20
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 Deary Thurber
Date 12/11/20

Business Office Use Only
Date Received 9-16-20 Amount Paid $440 cc
Received By JAC Cash/Check No. 2488

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

Form A Updated: 4/15

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

Exhibit 5

Permit Number: H5002098

Onsite Wastewater Treatment System

Inspection Sheet

Date 12/4/20 Legal Description ____ ¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 17380 S 77th 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 [redacted] 2,250 Sq. Ft. Tank Size 2 tanks — 1cc tank 1,500 gal. 2,500 Lnd tank 1,000 Gal

Total length of laterals 500' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☐ Other (describe) ____

No. of Absorption Laterals 5 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 ____ Lateral #1 ____ Lateral #2 ____ Lateral #3 ____ Lateral #4 ____

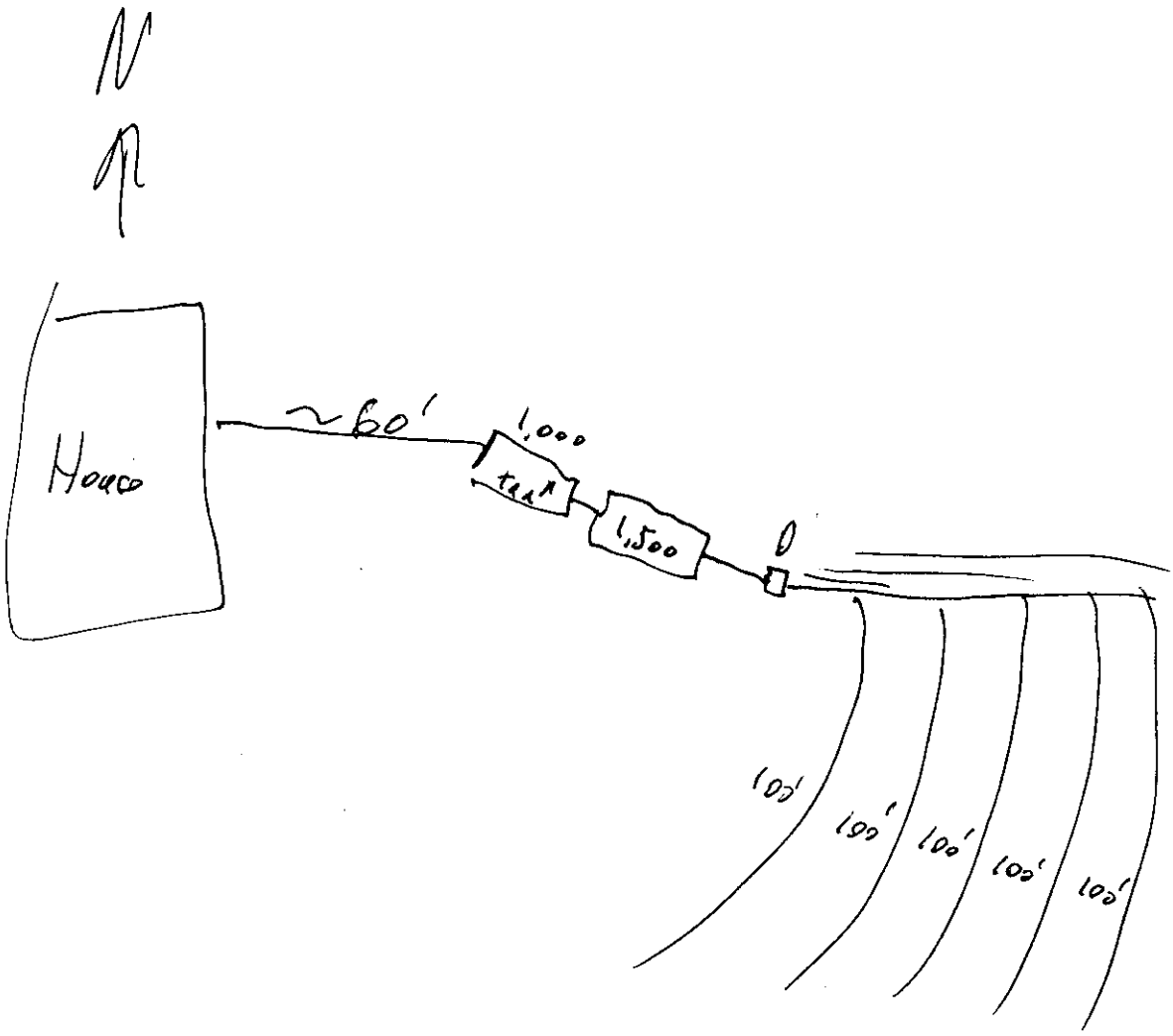
N/A

Comments:

Inspections prior to Final Approval
Initial ____ Date 12/4/20
Follow-Up ____ Date 12/8/20
Follow-Up ____ Date ____
Installation Final Written Approval
By [signature]
Date 12/4/20

Field Note Drawing (See Reverse Side):

Updated 4/15


N
House
~60'
1,000
tank
1,500
0
100'
100'
100'
100'
100'

Nate C. Hartman

From: Heidi Hoglund <heidih@hickman.ne.gov>
Sent: Wednesday, September 16, 2020 10:18 AM
To: Nate C. Hartman
Subject: FW: Buel highlands Block 1, Lot 2 17380 S. 77th Point

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

Hello Mr. Hartman – You may have an application for 17380 S. 77th Point from Aziz Yadullayev, legal description Block 1, Lot 2 Buel Highlands Estates.

The City of Hickman has no objections to an onsite wastewater removal system within Block 1, Lot 2 of Buel Highlands Estates Subdivision.

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

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