JAN 19 2021

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

A

Permit Number
HS002171

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* 20740 S 25th St City Hickman, NE Zip 68372
(no rural route)

Legal Description 56 T1 T1 8
1/4 1/4 Section Township Range Subdivison Addition Block Lot

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

B. Owner

Name Amber Velasquez Signature _____
Address 71430 580 Ave City/State/Zip Diller, NE 68342
Home Phone 402-239-5763 Work Phone _____

C. Certified Installer

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

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 _____
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 1-19-21 Amount Paid $440.00
Received By JMD Cash/Check No. 2725

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 • [illegible] NE [illegible]
Phone: 402-441-[illegible]

B

Permit Number

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 20740 S 25th St City Hickman NE Zip 68372
(Nearest Route)

Owner Amber Velasquez Address

Date of Tests 10-7-20 to 10-8-20 Weather: Precipitation 0" Temperature 80°

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		Initial Water Level	End		Elapsed Time Interval	Water Level Drop	Percolation Rates (Min per inch)
Hole No.	Hole Depth (in.)	Date Mo Da	Time (Hr Min)	Date Mo Da	Time (Hr Min)	Date Mo Da	Time (Hr Min)		Date Mo/Da	Time (Hr Min)			
1	34	10-7	11am	10-8	1pm	10-8	1pm	8	1:30	10-8	30	1"	30 mpi
2	34	"	"	"	"	"	"	8	"	"	"	3/4"	40 mpi
3	34	"	"	"	"	"	"	8	"	"	"	1"	30 mpi
4	34	"	"	"	"	"	"	8	"	"	"	1"	30 mpi
								8					
								8					
								8					
								8					

Person Conducting Percolation Test

Name Brandon Sedlacek
Phone 402-988-8425
Address 11739 E Buckeye Rd
Adams NE 68301

Sum of Percolation Rates 130
Average of Rates 33mpi
Rate Used for Calculation 33mpi

Soil type (NRCS Maps Other)
Groundwater Depth 104

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Comments: Soil type, groundwater, [illegible]

Signature of Reviewing Official Date

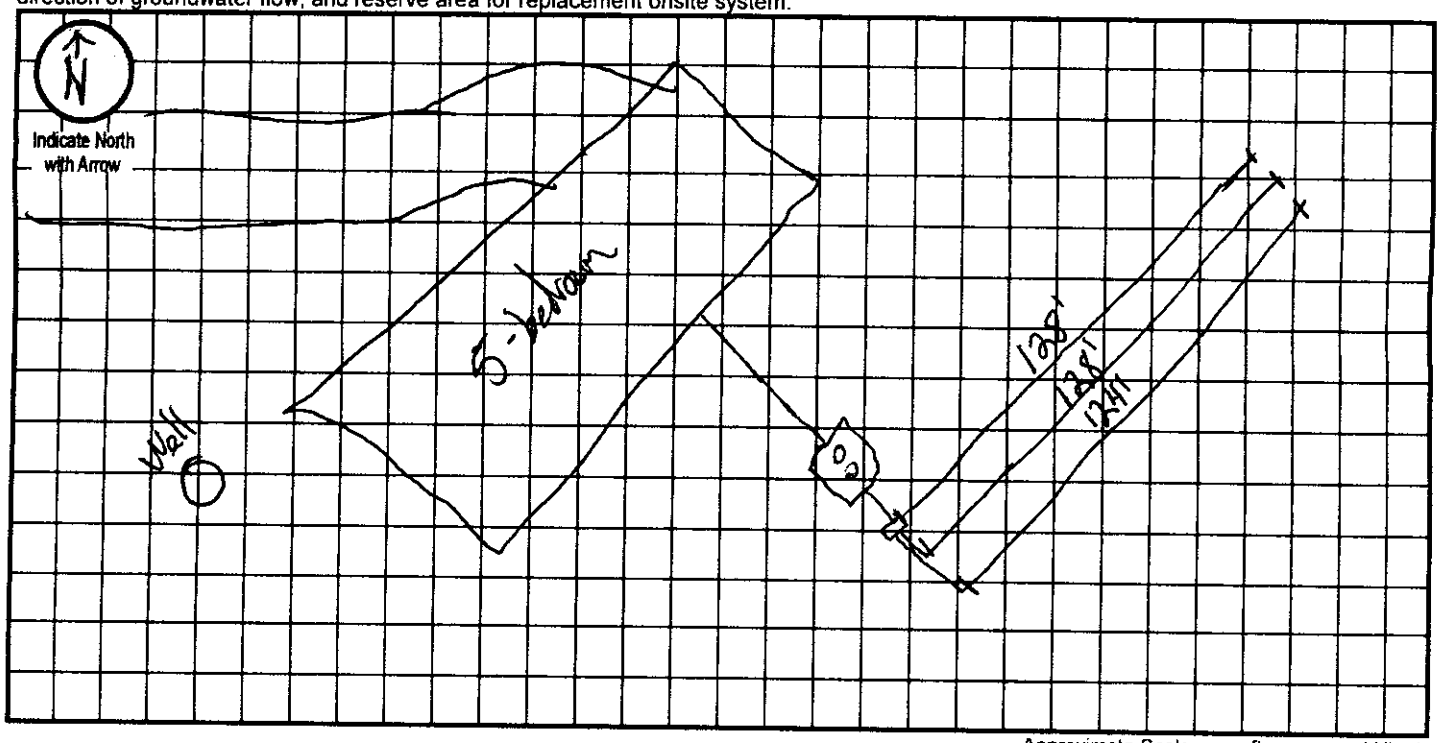
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

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) 20740 S 25th St 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 35 (min/inch = mpi) No. of Bedrooms 5 Soil Type Silty loam Land Slope 2 %
☒ Trench ☐ Bed ☐ Non-standard (engineer-designed and NDEQ approved) Total square feet of drainfield 1377.5 Sq. Ft.
Total length of laterals 380' Type of Distribution: ☐ Perforated Pipe ☐ Half-Round ☒ Chambers ☐ Other _____
No. of Absorption Trenches 3 Width 36 No. of Drop Boxes 1 Distribution Box 1
No. of Absorption Beds _____ Width _____ No. of Distribution Lines per Bed _____

Installer _____ Date: 1-15-21

Updated 2/18

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. HS002171

System Type: Standard

Situs: No Site Address Specified

Issued: 2/19/2021

Expires: 2/19/2022

Description: S6, T7, R7, Acres 6th Principal Meridian, LOT 8 NW

Owner: VELASQUEZ, TYRELL C & AMBER M
71430 580 AVE
DILLER, NE 68342

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
Health Director

BRANDON SEDLACEK
11185 E STATE HWY 41
ADAMS, NE 68301