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

A

Permit Number HS002185

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 75th Ct (no rural route) City Hickman NE Zip 68372

Legal Description 22 8 7 Buel Highlands 1st 1 7
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 15-22-401-007-000 *Approx. Address (If to be determined)

B. Owner

Name Andy and Kylee Brown Signature

Address 7201 Dumpster Drive City/State/Zip Lincoln, NE 68516

Home Phone Work Phone 402-430-1255

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
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 2-16-21 Amount Paid $440.00
Received By JMD Cash/Check No. 2439

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

Form A Updated 4 15

Lincoln-Lancaster County Health Department (LLCHD)
Environmental Public Health Division
3140 "N" 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 17380 S 75th Ct (no rural route) City Hickman NE, Zip 68372

Owner _____ Address _____

Date of Tests 4/14/2020 to 4/15/2020 Weather: Precipitation none Temperature 50 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	4/14	3:20 pm	4/15	8:10am	4/15	11:40am	6	4/15	12:10pm	30 min	1/2	60
2	30	4/14	3:20 pm	4/15	8:10am	4/15	11:40am	6	4/15	12:10pm	30 min	1/2	60
3	30	4/14	3:20 pm	4/15	8:10am	4/15	11:40am	6	4/15	12:10pm	30 min	5/8	48
4	30	4/14	3:20 pm	4/15	8:10am	4/15	11:40am	6	4/15	12:10pm	30 min	5/8	48
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Jason Kubik
Phone: 402-475-2462
Address 105 Locust Street Box 191
Hickman, NE 68372

Sum of Percolation Rates: 216
Average of Rates: 54
Rate Used for Calculation: 54

Soil type (NRCS Maps/Other) 7684 Wymore
Groundwater Depth +12

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official _____ Date _____

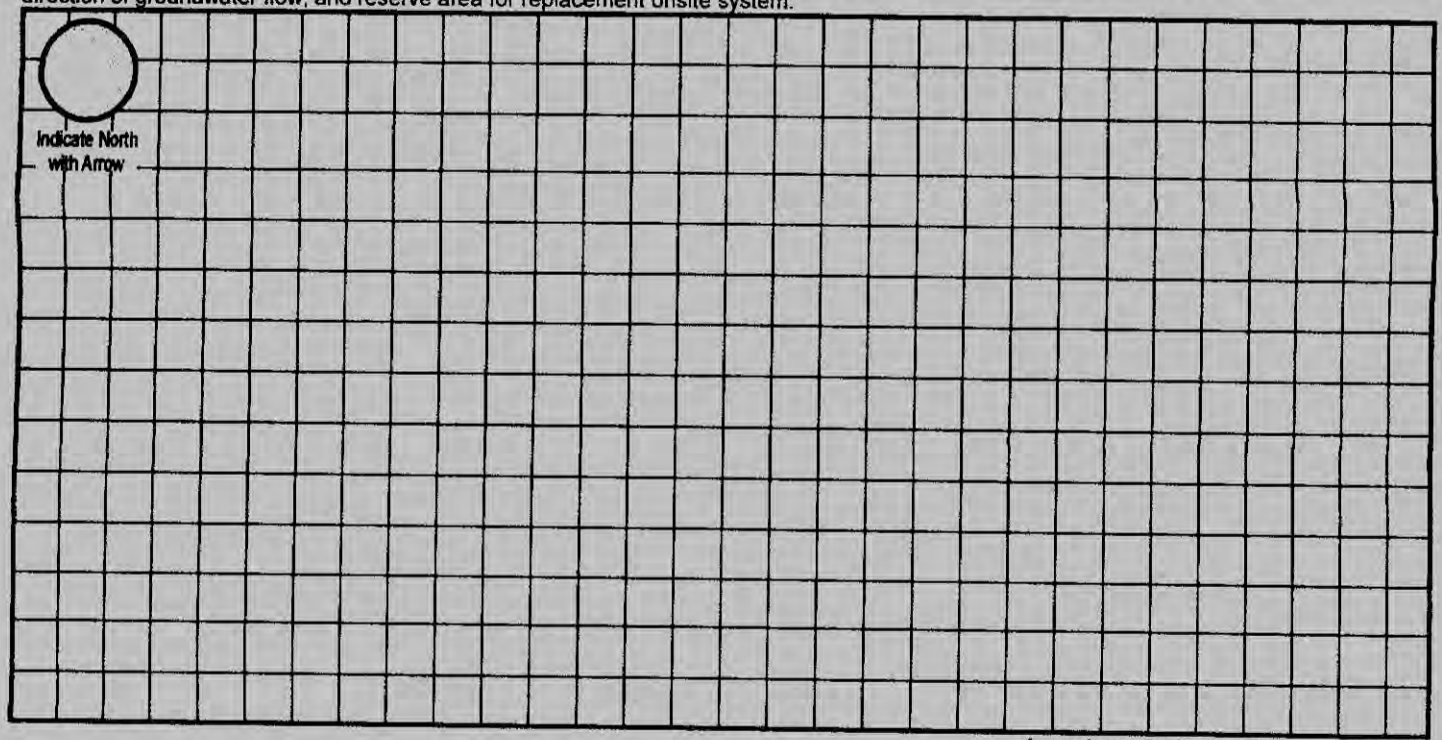
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

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) 17380 S 75th Ct 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 5 Soil Type 7684 Wymore Land Slope 2 %

☒ Trench ☐ Bed ☐ Non-standard (engineer-designed and NDEQ approved) Total square feet of drainfield 1755 Sq. Ft.

Total length of laterals 390' Type of Distribution: ☐ Perforated Pipe ☐ Half-Round ☐ Chambers ☒ Other E2-Flow

No. of Absorption Trenches 4 Width 36" No. of Drop Boxes ____ Distribution Box 1

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

Installer [signature] Date: 3-13-21

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. HS002185

System Type: Standard

Situs: No Site Address Specified

Issued: 3/22/2021

Expires: 3/22/2022

Description: BUEL HIGHLANDS ESTATES, BLOCK 1, Lot 7

Owner: BROWN, ANDREW & KYLEE
7201 DEMPSTER DR
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
Health Director

SOUTHEAST SEWER & SEPTIC
11185 E 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

SCANNED

A

Permit Number HS002185

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 75th Ct (no rural route) City Hickman, NE Zip 68372

Legal Description 22 8 7 Buel Highlands 6st, 1 7
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 15-22-401-007-000 *Approx. Address (If to be determined)

B. Owner

Name Andy and Kylee Brown Signature

Address 7201 Dumpster Drive City/State/Zip Lincoln, NE 68516

Home Phone Work Phone 402-430-1255

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 3.11
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 4/1/22

Business Office Use Only
Date Received 2-18-21 Amount Paid $240.00 cc
Received By JKD Cash/Check No. 2439

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

Form A Updated: 4-15

Left message 2/22/22

Talked to Brandon on 3/1/22, said he'd start work on 4/1/22

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

Permit Number: HS00 2185

Onsite Wastewater Treatment System

Inspection Sheet

Date 4/1/22 Legal Description _____
¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 17380 S. 75th St 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 1755 Sq Ft (750 sq ft) Tank Size 2000 gals

Total length of laterals 390 Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☒ Other (describe) EZ-Flow

No. of Absorption Laterals 4 Width 3' No. of Drop Boxes 0 Distribution Box 1

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 #3 _____

Lateral #2 _____ Lateral #4 _____

Comments:

Inspections prior to Final Approval
Initial _____ Date 3/30/22

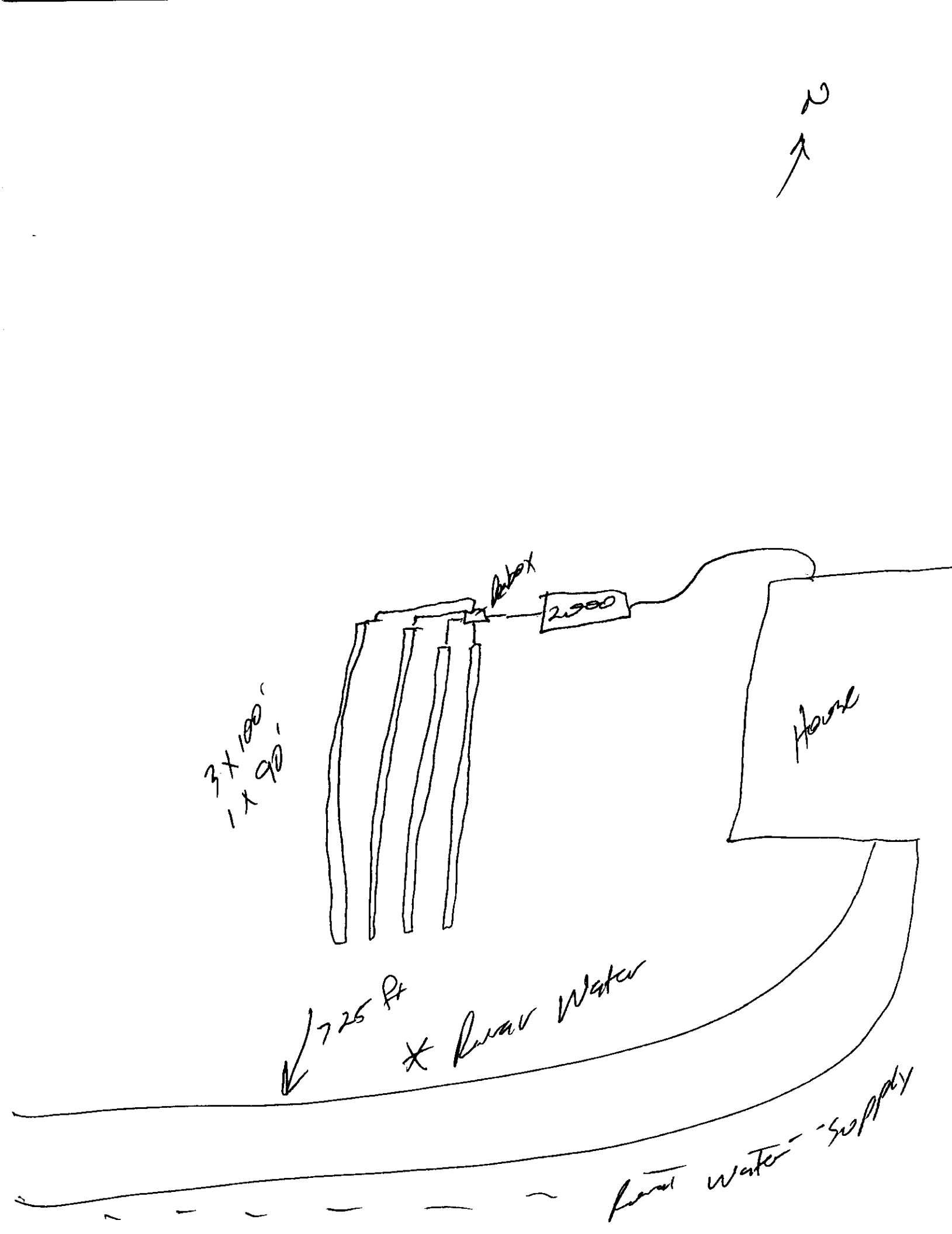
Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By _____

Date 4/1/22

Field Note Drawing (See Reverse Side):


N
Box
2300
House
3 x 100'
1 x 90'
725 ft
River Water
Power Water - supply

SOIL ABSORPTION TEST DATA REPORT

Location: Precinct _____ Section _____
Township _____ Range _____
1/4 Section _____

Owner: Horst Project
Address: SW 27th & Old Cheney

Property Dimensions: _____ acres

Soil Type: Silty Clay ____ Silty Clay Loam ____ Sandy Loam ____ Silty Loam ____ Clay Loam X Sandy Clay ____

Dates of Tests: 9/11/21 to 9/12/21 **Weather:** Precip. Ø Temp. 80s

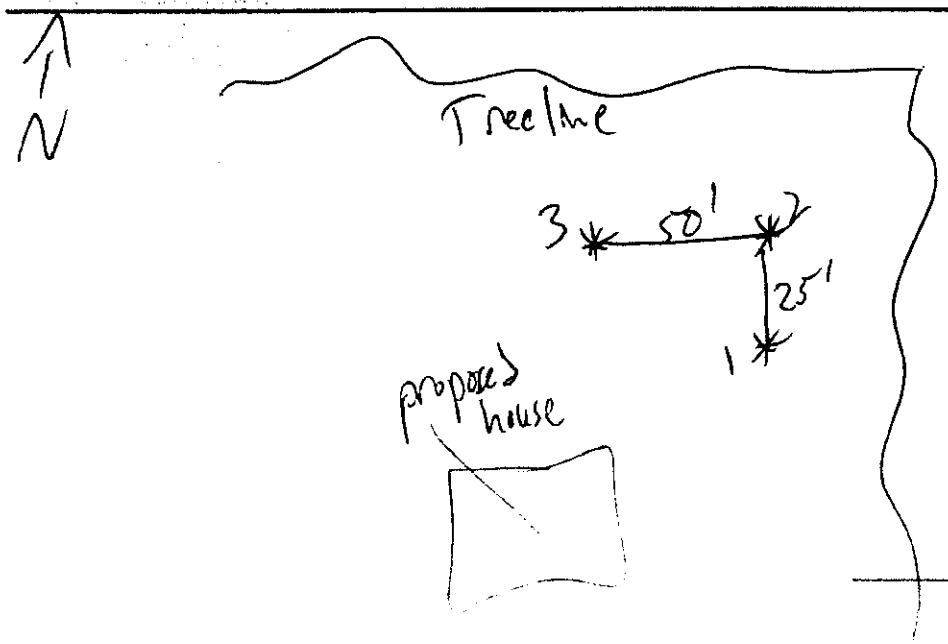
a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.
		Pre-Saturation Period				Percolation Readings					Results	
		Start		End		Start			End			Water
	Hole	Date	Time	Date	Time	Date	Time	Water	Time	Water	Elapsed	Level
Hole	Depth	(Mo.	(Hr.	(Mo.	(Hr.	(Mo.	(Hr.	Level	(Hr.	Level	Time	Drop
No.	(in.)	Day)	Min.)	Day)	Min.)	Day)	Min.)	(in.)	Min.)	(in.)	(Min.)	(in.)
1	36	9/11	9:40am	9/11	1:40pm	9/12	9:05am	6	9:35am	5¼	30	¾
2	36	9/11	9:40am	9/11	1:40pm	9/12	9:05am	6	9:35am	5¼	30	¾
3	36	9/11	9:40am	9/11	1:40pm	9/12	9:05am	6	9:35am	5½	30	½

Sum of Water Level Drops (in.) [Column m]: 2
Average of Water Level Drops (in.) [Column m]: .67
Inches per Minute: 44.7 MPI

PERSON CONDUCTING TEST:
Name: Justyn Peterson
Address: 322 238th
Milford, NE 68405
Phone: 402-641-6174
Signature: _____

Square Feet of Lateral per Bedroom: 330

SKETCH SHOWING HOLE LOCATION:



crez96@hotmail.com
3-bed. - 990

Official's Signature

SOIL ABSORPTION TEST DATA REPORT

Location: Precinct _____ Section _____ Owner: Horst Project
Township _____ Range _____ Address: SW 27th & Old Cheney
1/4 Section _____

Property Dimensions: _____ acres

Soil Type: Silty Clay ____ Silty Clay Loam ____ Sandy Loam ____ Silty Loam ____ Clay Loam X Sandy Clay ____

Dates of Tests: 9/11/21 to 9/12/21 Weather: Precip. Ø Temp. 80's

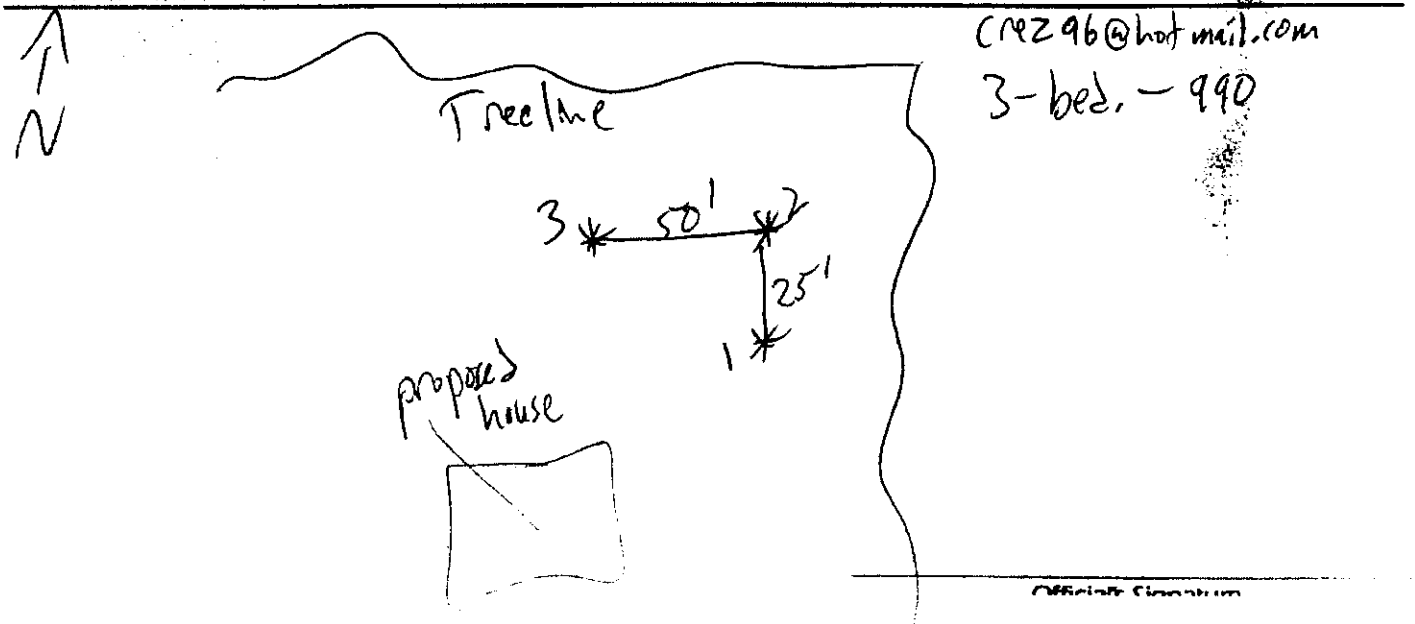
a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.
		Pre-Saturation Period				Percolation Readings					Results	
		Start		End		Start			End			Water
	Hole	Date	Time	Date	Time	Date	Time	Water	Time	Water	Elapsed	Level
Hole	Depth	(Mo.	(Hr.	(Mo.	(Hr.	(Mo.	(Hr.	Level	(Hr.	Level	Time	Drop
No.	(in.)	Day)	Min.)	Day)	Min.)	Day)	Min.)	(in.)	Min.)	(in.)	(Min.)	(in.)
1	36	9/11	9:40am	9/11	1:40pm	9/12	9:05am	6	9:35am	5¼	30	¾
2	36	9/11	9:40an	9/11	1:40pm	9/12	9:05an	6	9:35am	5¼	30	¾
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Sum of Water Level Drops (in.) [Column m]: 2
Average of Water Level Drops (in.) [Column m]: .67
Inches per Minute: ~~~~
44.7 > MPI

PERSON CONDUCTING TEST:
Name: Justin Peterson
Address: 322 238th
Milford, NE 68405
Phone: 402-641-6174
Signature: [signature]

Square Feet of Lateral per Bedroom: 330

SKETCH SHOWING HOLE LOCATION:



cre296@hotmail.com
3-bed. - 990

Official's Signature

Nate C. Hartman

From: Heidi Hoglund <heidih@hickman.ne.gov>
Sent: Thursday, March 11, 2021 12:57 PM
To: Nate C. Hartman
Subject: Buel Highlands and Salt Creek Reserve in Hickman

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

Hello Mr. Hartman – You may be receiving applications for onsite wastewater removal systems to be placed on lots located within Buel Highlands Estates, Buel Highlands Estates 2nd Addition, Salt Creek Reserve and Salt Creek Reserve 1st Addition Subdivisions. The City of Hickman has no objections to onsite wastewater removal systems within the four Subdivisions list above, if they meet the standards of the Lincoln-Lancaster County Health Department.

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.

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 ☐ Mound

Onsite Wastewater System Location

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

Owner: Andy Brow Address 17380 S 75th ct Hickman, NE

A. Wastewater Piping

1. Material: PVC Diameter: 4 in.
2. Distance between dwelling and septic tank: 68 ft.

B. Septic Tank

1. Material Concrete
2. Capacity: 2000
3. Depth to top of tank, below unfinished grade: 18 in.
4. Distance to:
   Well N/A ft.
   Pressure line 80' ft.
   Property Line 125' ft.
   Foundation 50 ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: 5 ft. West

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☒ Other EZ-Flow
   Material brand and inside width of Chamberless: Infiltrator EZ-Flow 36"
2. Number of Laterals: 3
3. Length of each lataral (linear): ft. 130 ft. 130 ft. 130 ft. _____
4. Drainfield size: 1755 sq. ft.
5. Distance to:
   Well N/A ft.
   Pressure line 80' ft.
   Property line 125' ft.
   Depth of Groundwater +9'

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

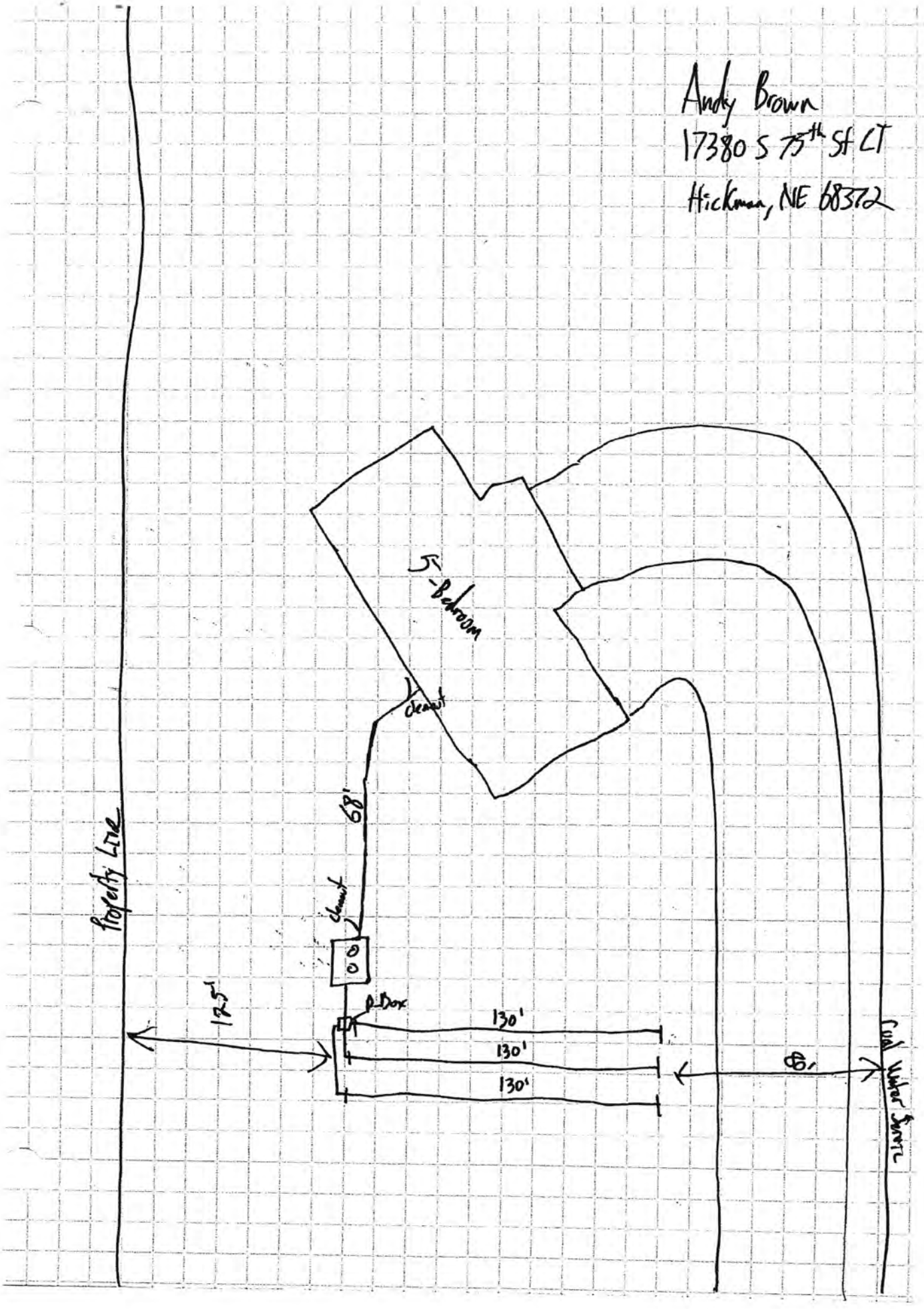
If Yes, the Certified Professional must sign below for final approval:

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: 4-23-22

Complete As-Built drawing on the back of this form.

Andy Brown
17380 S 75th St CT
Hickman, NE 68372



SCANNED

Lincoln-Lancaster County Health Department (LLCHD)
Environmental Public Health Division
3140 "N" 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 17380 S 75th Ct (no rural route) City Hickman NE, Zip 68372

Owner _____ Address _____

Date of Tests 4/14/2020 to 4/15/2020 Weather: Precipitation none Temperature 50 degrees

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)
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3	30	4/14	3:20 pm	4/15	8:10am	4/15	11:40am	6	4/15	12:10pm	30 min	5/8	48
4	30	4/14	3:20 pm	4/15	8:10am	4/15	11:40am	6	4/15	12:10pm	30 min	5/8	48
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Jason Kubik
Phone: 402-475-2462
Address 105 Locust Street Box 191
Hickman, NE 68372

Sum of Percolation Rates: 216
Average of Rates: 54
Rate Used for Calculation: 54

Soil type (NRCS Maps/Other) 7684 Wymore
Groundwater Depth +12

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official _____ Date _____

SCANNED

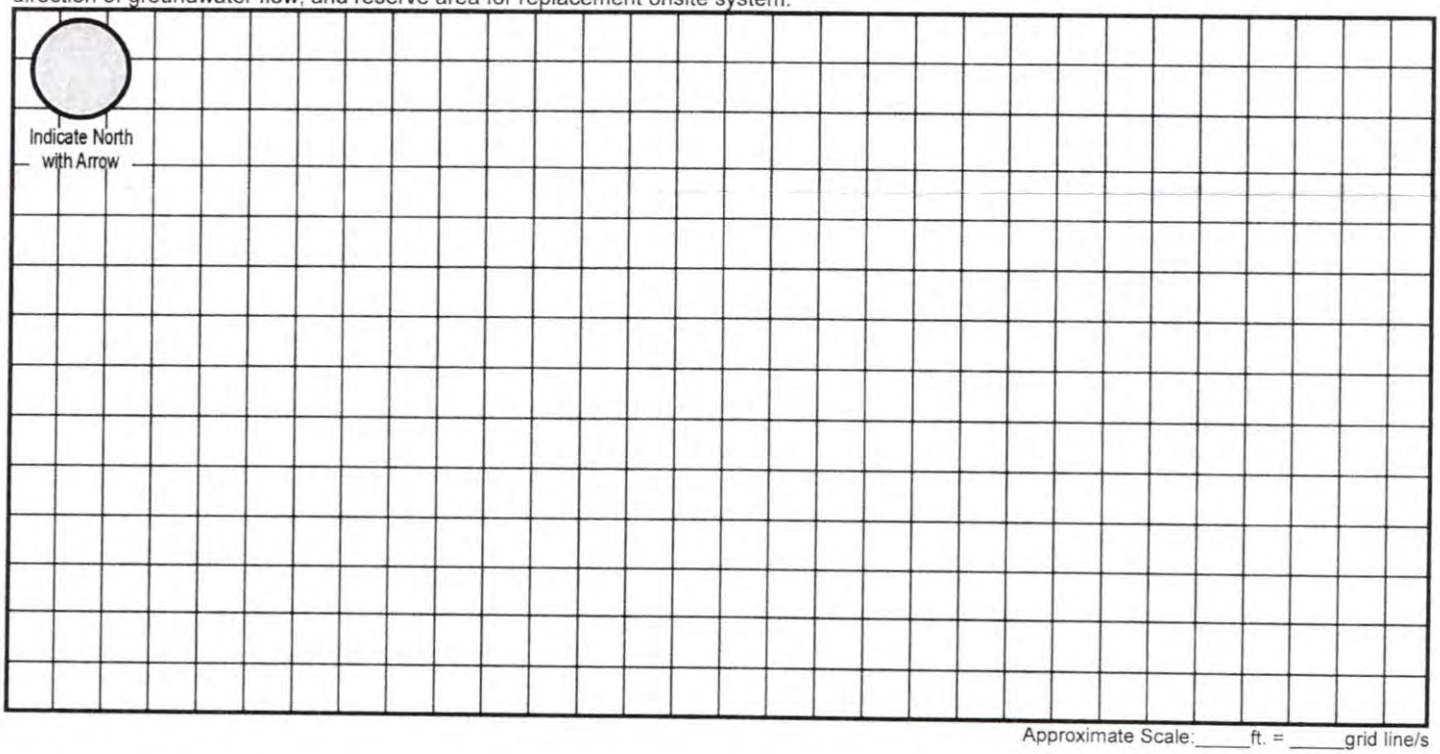
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C

Permit Number

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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) 17380 S 75th Ct City Hickman NE, Zip 68372

B. Proposed Septic Tank/s

Septic Tank Cap. 2000 gals Tank Material: X Concrete ❑ Plastic ❑ Other ____ ❑ Lagoon (Max. Seepage 1/8"/day)

C. Reserve Area for Replacement Onsite System

X Drainfield Absorption Area (percolation test required) ❑ Lagoon

D. Drainfield Absorption System

Percolation Rate 60 (min/inch = mpi) No. of Bedrooms 5 Soil Type 7684 Wymore Land Slope 2 %

X Trench ❑ Bed ❑ Non-standard (engineer-designed and NDEQ approved) Total square feet of drainfield 1,755 Sq. Ft.

Total length of laterals 390' Type of Distribution: ❑ Perforated Pipe ❑ Half-Round ❑ Chambers X Other EZ-Flow

No. of Absorption Trenches 4 Width 36" No. of Drop Boxes ____ Distribution Box 1

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

Installer [signature] Date: 3-13-21

Updated 2/18