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

A

Permit Number #500 2201

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* 20333 Brooks Circle City Hickman, NE Zip 68372
(no rural route)

Legal Description S32 T8 R7 SaltCreek Reserve 7
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 1532401007000 *Approx. Address (If to be determined)

B. Owner

Name Clint Duis Signature

Address 3840 Shadowbrook Dr City/State/Zip Lincoln, NE 68516

Home Phone Work Phone 402-441-8643

C. Certified Installer

Name: Brandon Sedlacek Signature Brandon Sedlacek

Address 11185 E State 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 3.06
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

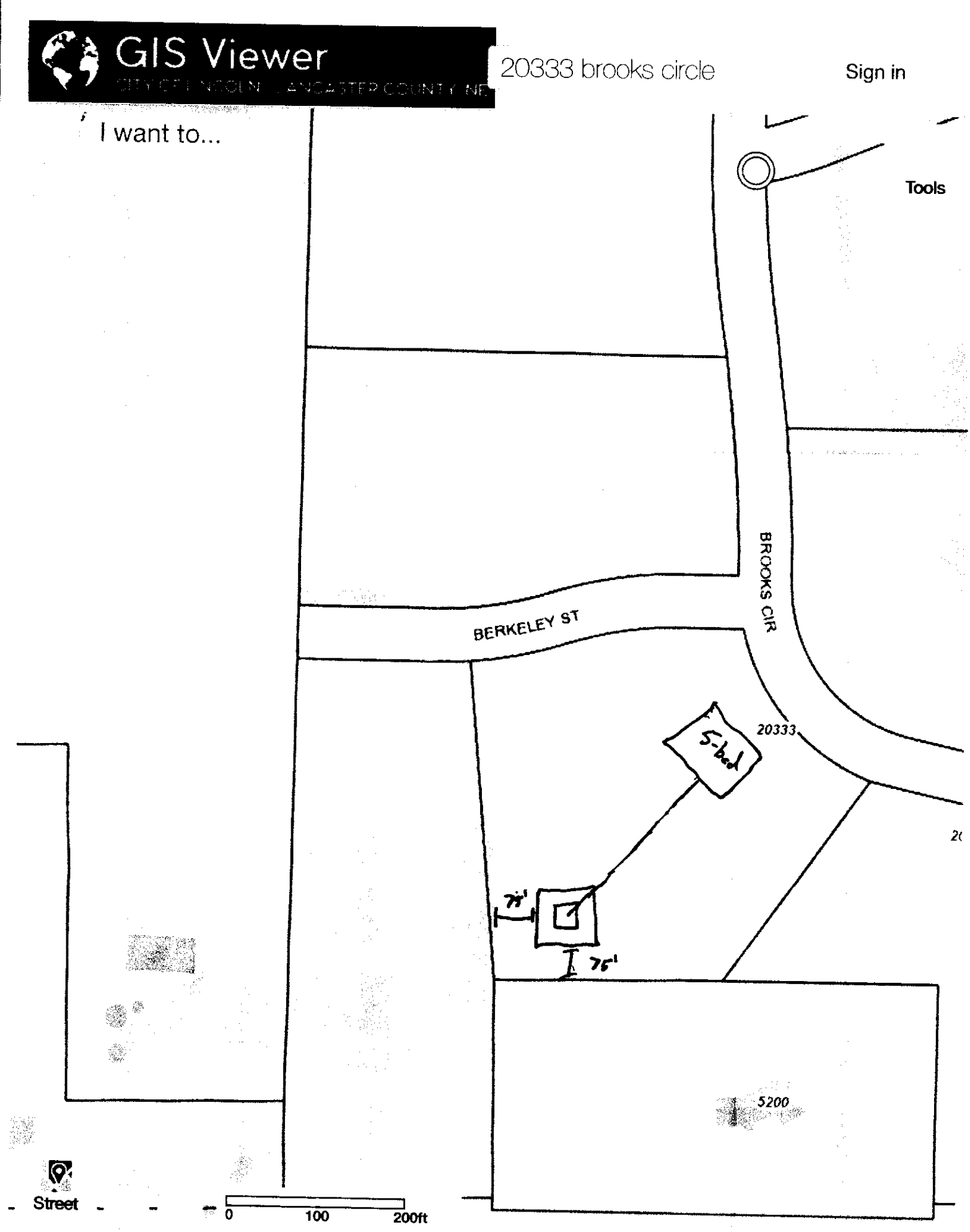
3. City or County Engineer
Comments
Date rec'd
Date frwd
ACTION ❑ Approved ❑ Disapproved
Signature

Installation Final Written Approval
By
Date

Business Office Use Only
Date Received 4-19-21 Amount Paid $440.00
Received By JAC Cash/Check No. 2260

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

Form A Updated 4-15


GIS Viewer
CITY OF LINCOLN | LANCASTER COUNTY NE
20333 brooks circle
Sign in
I want to...
Tools
BERKELEY ST
BROOKS CIR
20333
5-bed
75'
75'
5200
Street
0
100
200ft

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. HS002201

System Type: Lagoon

Situs: No Site Address Specified

Issued: 4/20/2021

Expires: 4/20/2022

Description: SALT CREEK RESERVE, Lot 7

Owner: DUIS, CLINT & AIMEE
2840 SHADOWBROOK 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

BRANDON SEDLACEK
11185 E STATE HWY 41
ADAMS, NE 68301

DEC 1 3 2021

D

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

Permit Number: HS002201

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) 20333 Brooks Cir Hickman, NE 68372

Owner: Clint Duis Address 2840 Shadowbrook Dr Lincoln, NE 68516

A. Wastewater Piping

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

B. Septic Tank

1. Material _____
2. Capacity: _____
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: _____ ft. _____

D. Drainfield/Absorption Field

☐ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☐ Other
   Material brand and inside width of Chamberless: _____
2. Number of Laterals: _____
3. Length of each lataral (linear): ft._____ ft._____ ft._____ ft._____
4. Drainfield size: _____ sq. ft.
5. Distance to:
   Well _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.
   Depth of Groundwater _____

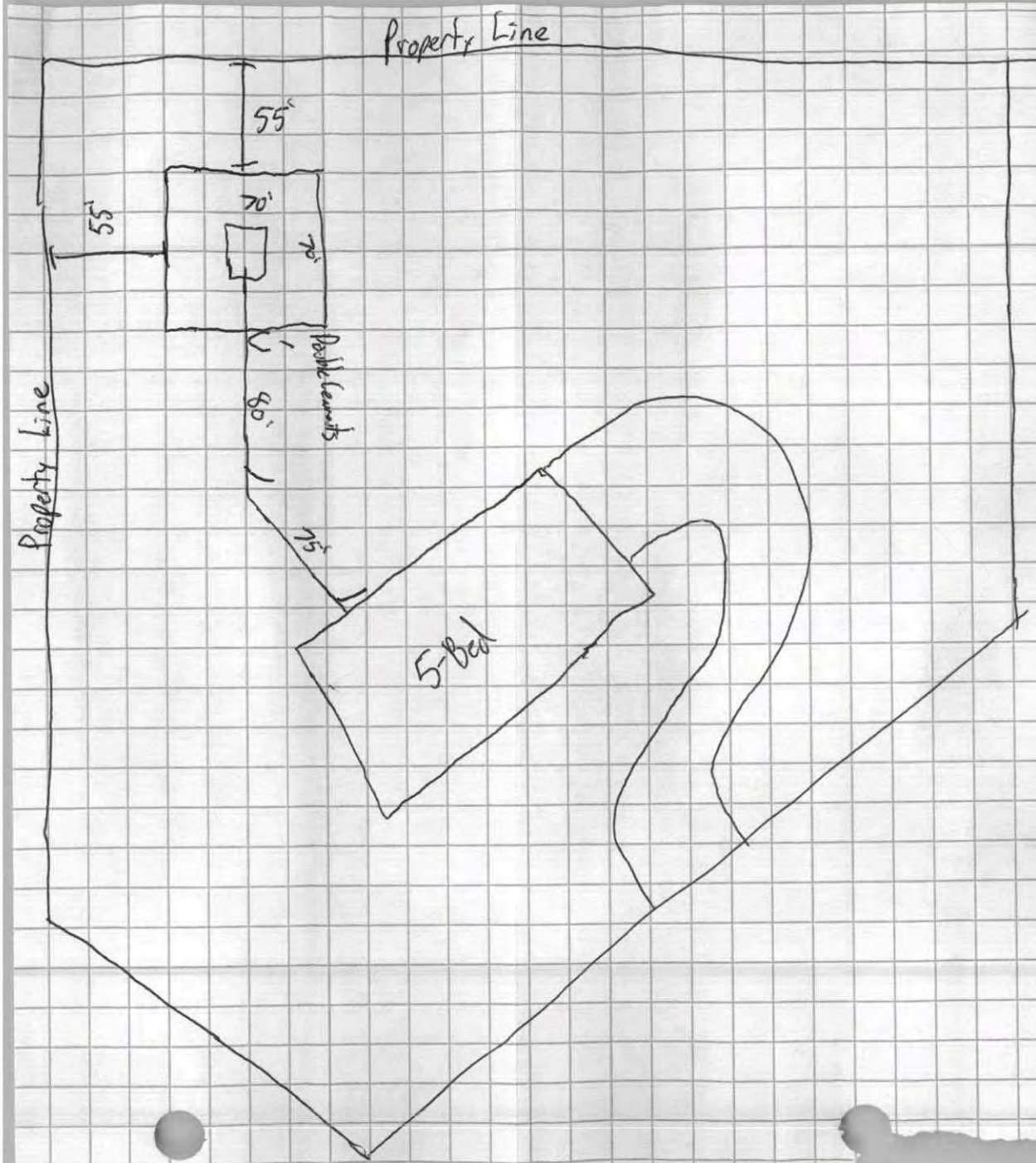
Was the Onsite Wastewater System covered prior to LLCHD inspection? ☒ Yes ☐ No

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: Brandy Seide Date: 12-10-21

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



Clint Dois
20333 Brooks Cir
Hickman, NE 68372

SCANNED

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

A

Permit Number #5002201

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)

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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 - line r

1. Health Department lagoon
Site visits 12/7/21 70' x 6' Date rec'd
DS Date frwd
Comments Needs fence

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 3/30/22

Business Office Use Only
Date Received 4-19-21 Amount Paid $410.00
Received By JAD Cash/Check No. 2260

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

Form A Updated 4-15

Fence Installed 3/30/22

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.