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

A

Permit Number
#S002215

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* _____ City _____, NE Zip _____
(no rural route)

Legal Description S 32 T8 R7 SALT CREEK RESERVE LOT 13
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 15-32-402-013-000 *Approx. Address (If to be determined) _____

B. Owner

Name DEPREZ CUSTOM HOMES Signature _____
Address 7010 WILDERNESS RD City/State/Zip LINCOLN, NE 68521
Home Phone 402-890-5514 Work Phone _____

C. Certified Installer

Name: JAIME KURIK Signature _____
Address 105 LOCUST STREET P.O. BOX City/State/Zip HICKMAN, NE 68372
Work Phone 402-475-2462

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 3.01
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 5-10-21 Amount Paid $440.00
Received By JAD Cash/Check No. 06592

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 Salt Creek Reserve Lot 13 (no rural route) City Hickman NE, Zip 68372

Owner Lauren Nakata Address

Date of Tests 5/4/2021 to 5/5/2021 Weather: Precipitation none Temperature 65 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		Initial	End		Elapsed	Water	
Hole No.	Hole Depth(in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Time Interval	Level Drop(in)	Percolation Rates (Min/in = mpi)
1	30 in	5/4	5:30 pm	5/5	8:30 am	5/5	12:00 pm	6	5/5	12:30 pm	30 min	1/2	60
2	30 in	5/4	5:30 pm	5/5	8:30 am	5/5	12:00 pm	6	5/5	12:30 pm	30 min	9/16	53
3	30 in	5/4	5:30 pm	5/5	8:30 am	5/5	12:00 pm	6	5/5	12:30 pm	30 min	7/8	34
4	30 in	5/4	5:30 pm	5/5	8:30 am	5/5	12:00 pm	6	5/5	12:30 pm	30 min	1/2	60
								6					
								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: 207
Average of Rates: 51.75
Rate Used for Calculation: 59

Soil type (NRCS Maps/Other) 7697 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

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. HS002215

System Type: Standard

Situs: No Site Address Specified

Issued: 5/11/2021

Expires: 5/11/2022

Description: SALT CREEK RESERVE 1ST ADDITION, Lot 13

Owner: NAKATA, LAUREN & CALEB
18840 S 54 ST APT 302
HICKMAN, NE 68372

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

DEPREZ CUSTOM HOMES
7010 WILDRYE RD
LINCOLN, NE 68521

SCANNED

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

A

Permit Number #S002215

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* 20201 Brooks Circle City _____, NE Zip _____
(no rural route)

Legal Description S 32 T8 R7 SALT CREEK RESERVE LOT 13
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 15-32-402-013-000 *Approx. Address (If to be determined) _____

B. Owner

Name DEPREZ CUSTOM HOMES Signature _____
Address 7010 WILDRYE RD City/State/Zip LINCOLN, NE 68521
Home Phone 402-890-5514 Work Phone _____

C. Certified Installer

Name: JAIME KUBIK Signature _____
Address 105 LOCUST STREET P.O. BOX City/State/Zip HICKMAN, NE 68372
Work Phone 402-475-2462

D. Engineer

☐ 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

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Approval Process

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Site visits _____
Comments _____
Date rec'd 5/11/21
Date frwd 5/11/21
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 4/20/22

Business Office Use Only
Date Received 5-10-21 Amount Paid $440.00
Received By JAO Cash/Check No. 10693

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

Form A Updated: 4/15

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

Permit Number: 4500 2216

Onsite Wastewater Treatment System

Inspection Sheet

Date 4/20/22 Legal Description _____
¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 20201 Brooks circle 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. (1750 plus 5) Tank Size 2000 gals

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

No. of Absorption Laterals 3 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 ☐

+ Rural water

Geographical Coordinates to 6 Decimals:

Tank _____

Lateral #1 _____ Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments:

Inspections prior to Final Approval
Initial DH Date 4/19/22

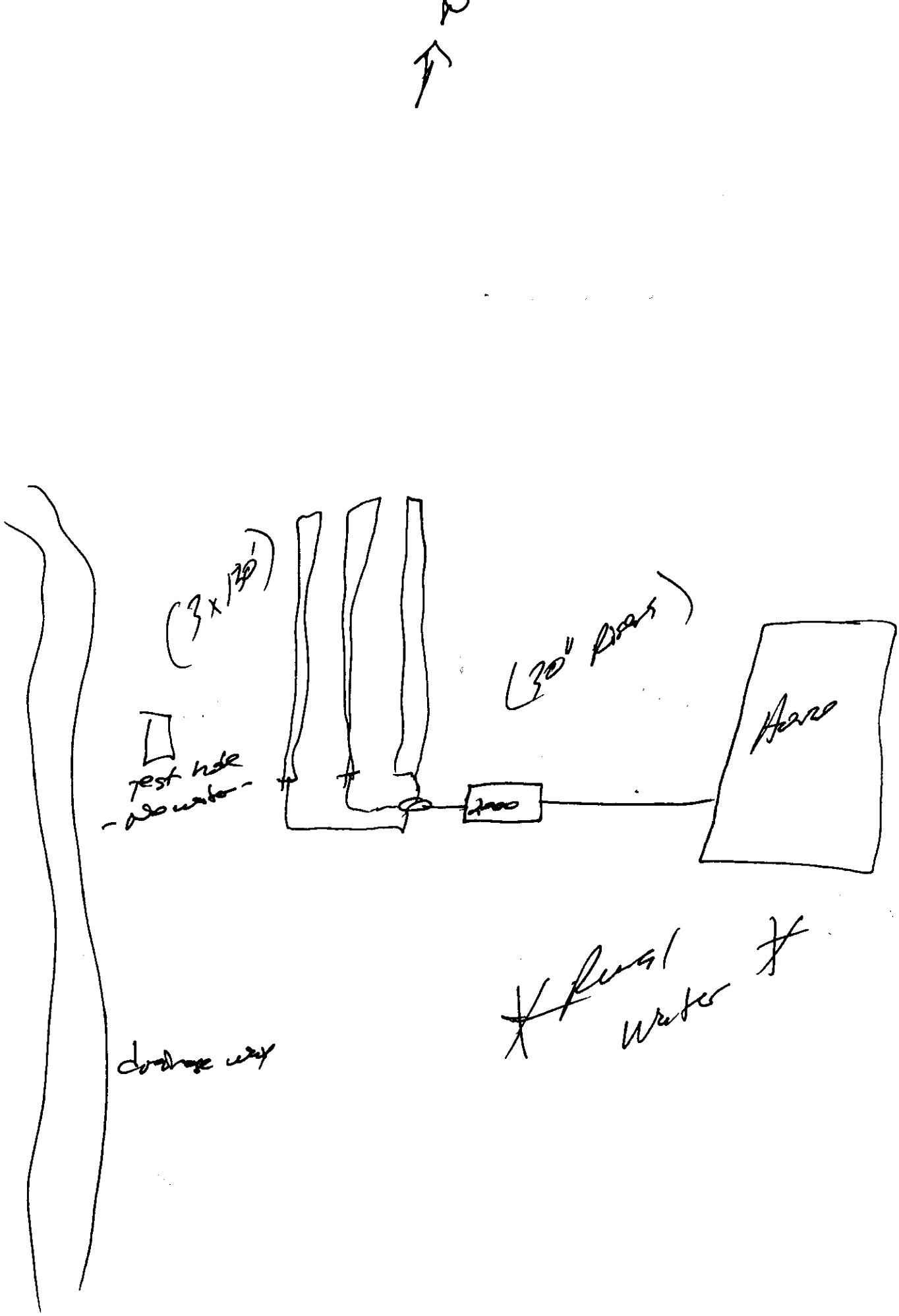
Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final ~~Written~~ Approval
By _____

Date 4/20/22

Field Note Drawing (See Reverse Side):


N
(3 x 12")
(30" risers)
test hole
- no water -
Hose
Rural
Water
drainage way

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

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