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

A

Permit Number
HS002262

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* 5353 Laney Way (no rural route) City Hickman, NE Zip 68372

Legal Description 32 8 7 Salt Creek Reserve 1

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

PID 15-32-401-001-000 *Approx. Address (If to be determined)

B. Owner

Name Gateway Custom Homes Inc Signature

Address PO Box 126 City/State/Zip Waverly, NE 68462

Home Phone Work Phone

C. Certified Installer

Name: Marcus Hochstein Signature

Address PO Box 142 City/State/Zip Eagle, NE 68347

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 6 Whirlpool Bathtub? ☐ Yes ☐ No Total Acres 3.12

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 Amount Paid
Received By Cash/Check No.

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

Form A Updated: 4/15

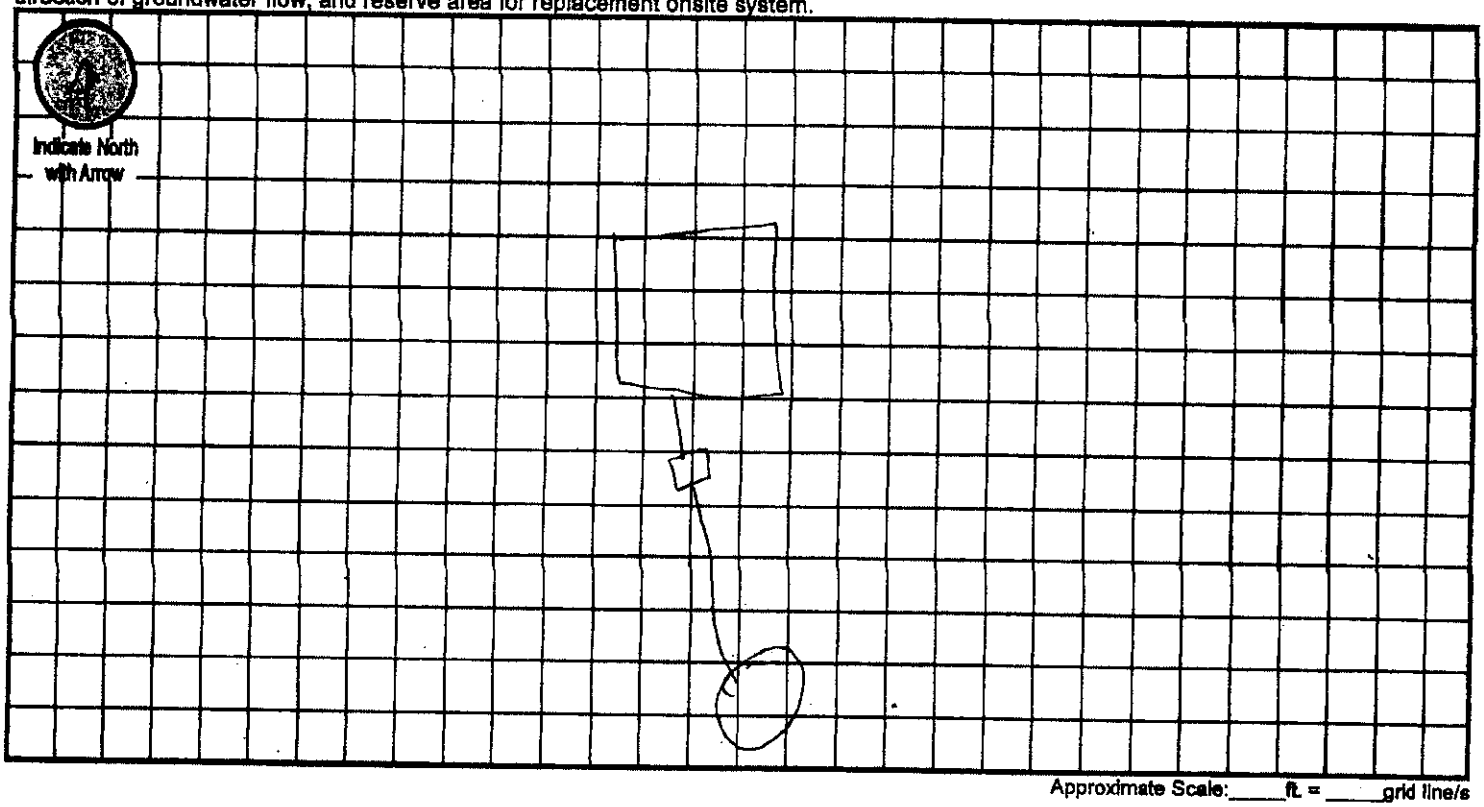
Lincoln-Lancaster County Health Department
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3131 O Street • Lincoln NE 68510-1514
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C

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) 5353 Lainey Way City Hickman NE, Zip 68372

B. Proposed Septic Tank/s

Septic Tank Cap. ____ 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 ____ (min/inch = mpi) No. of Bedrooms 6 Soil Type Otoe silty clay Land Slope 2 %

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

Total length of laterals ____ Type of Distribution: ☐ Perforated Pipe ☐ Half-Round ☐ Chambers ☐ Other ____

No. of Absorption Trenches ____ Width ____ No. of Drop Boxes ____ Distribution Box ____

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

Installer Marcus Hachtel Date: 7-18-21

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. HS002262

System Type: Lagoon

Situs: No Site Address Specified

Issued: 7/20/2021

Expires: 7/20/2022

Description: SALT CREEK RESERVE, Lot 1

Owner: GATEWAY CUSTOM HOMES INC
PO BOX 126
WAVERLY, NE 68462

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

MARCUS HOCHSTEIN
PO BOX 142
EAGLE, NE 68347