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

A

Permit Number

New Construction

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 Hickman, NE Zip 68372

(no rural route)

Legal Description SW NW 1 7N 7E 69

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

PID 14-01-100-007-000 *Approx. Address (If to be determined) 22000 S 96th St

B. Owner

Name Brett & Brittany Wragge Signature _____

Address 3013 Sewell St City/State/Zip Lincoln, NE 68502

Home Phone 402-429-0580 Work Phone 402-429-0580

C. Certified Installer

Name: Terri Jakoubek Signature _____

Address 13800 NW 70th St City/State/Zip Raymond, NE 68428

Work Phone 402-783-2663

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 20.02

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 _____ Amount Paid _____

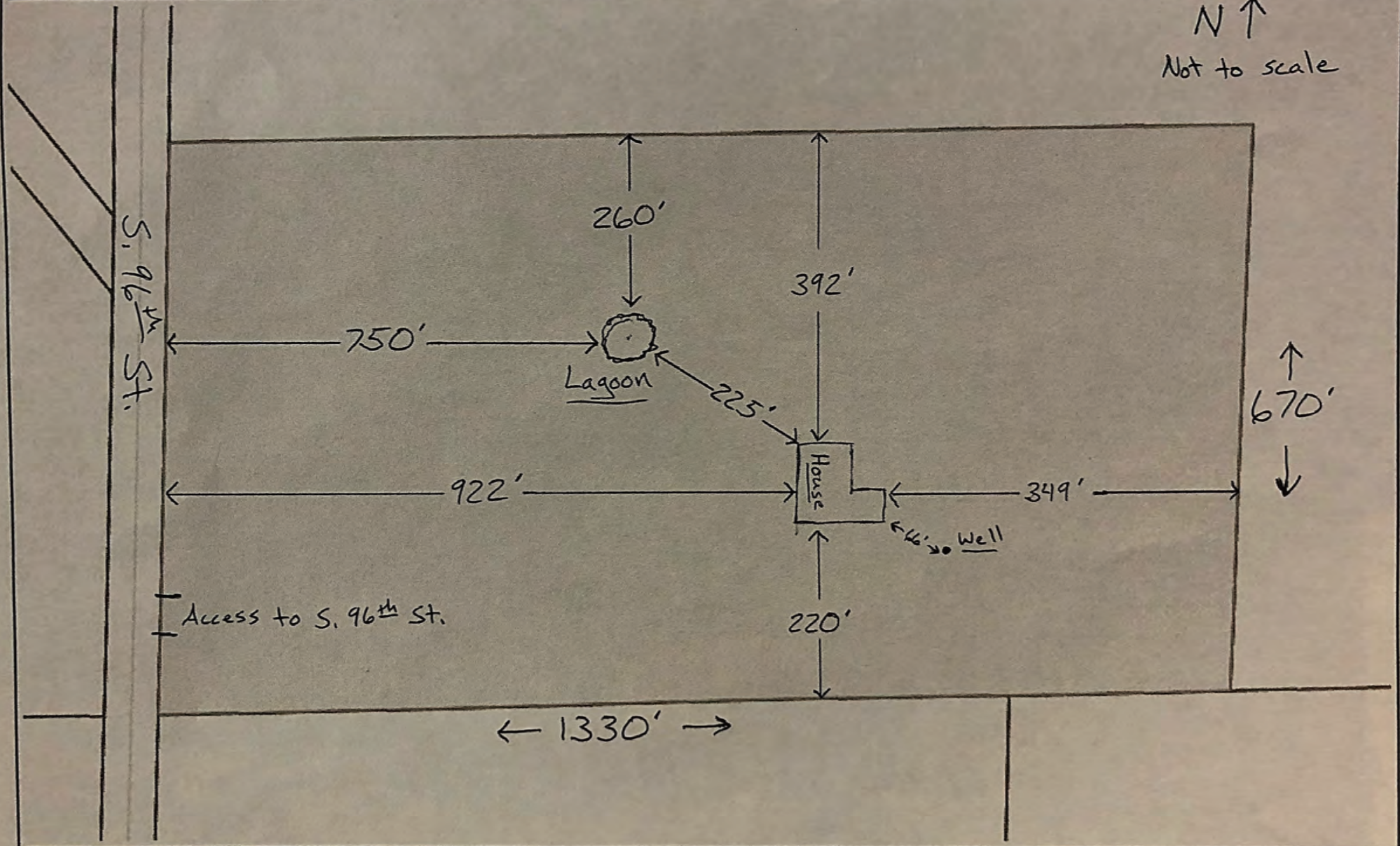
Received By _____ Cash/Check No. _____

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

Form A Updated: 2/19

GIS Viewer
CITY OF LINCOLN - LANCASTER COUNTY, NE

City of Lincoln\Lancaster County GIS Map



Printed: 10/8/2021

Parcel ID: 1401100007000
Owner: Brett and Brittany Wragge
Property Address:
Legal Description: S1, T7, R7 Acres 6th Principal Meridian, Lot 69 NW

Disclaimer:
The information is presented on a best-efforts basis, and should not be relied upon for making financial, survey, legal or other commitments. If you have questions or comments regarding the data displayed on this map, please email assessor@lancaster.ne.gov and you will be directed to the appropriate department.

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. HS002307

System Type: Lagoon

Situs: No Site Address Specified

Issued: 10/20/2021

Expires: 10/20/2022

Description:

Owner: WRAGGE, BRETT & BRITTANY
3013 SEWELL ST
LINCOLN, NE 68502

Patricia D. Lopez

Patricia D. Lopez, RN, MSN, 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

TERRI JAKOUBEK
13800 NW 70 ST
RAYMOND, NE 68428

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

SCANNED

A

Permit Number
HSD02307

New Construction

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* 21150 S. 96th (no rural route) City Hickman, NE Zip 68372

Legal Description SW (1/4) NW (1/4) 1 (Section) 7N (Township) 7E (Range) (Subdivison) (Addition) (Block) 69 (Lot)

PID 14-01-100-007-000 *Approx. Address (If to be determined) 22000 S 96th St

B. Owner

Name Brett & Brittany Wragge Signature [signature]

Address 3013 Sewell St City/State/Zip Lincoln, NE 68502

Home Phone 402-429-0580 Work Phone 402-429-0580

C. Certified Installer

Name: Terri Jakoubek Signature [signature]

Address 13800 NW 70th St City/State/Zip Raymond, NE 6842[illegible]

Work Phone 402-783-2663

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 x4 as per contractor 9/16/22 NH Whirlpool Bathtub? ☑ Yes ☐ No Total Acres 20.02

Garbage Grinder? ☑ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day

Type of Wastewater X Domestic ☐ Non-Domestic

DO NOT WRITE BELOW THIS LINE

Approval Process

1. Health Department
Site visits
Comments
Date rec'd 10/20/21
Date frwd 10/20/21
ACTION ☑ Approved ☐ Disapproved
Signature [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 [signature]
Date 4/7/23

4/4/23 Final Inspection NH

Business Office Use Only
Date Received 10/14/21 Amount Paid 475.00
Received By [illegible] Cash/Check No. CC5040

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

Form A Updated 2018

SCANNED

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

A

Permit Number HS002307

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* 21150 S 96th St (no rural route) City Hickman, NE Zip 68372

Legal Description SW NW 1 7N 7E 69
(1/4 | 1/4 | Section | Township | Range | Subdivison | Addition | Block | Lot)

PID 14-01-100-007-000 *Approx. Address (If to be determined)

B. Owner

Name Brett & Brittany Wragge Signature

Address 3013 Sewell St City/State/Zip Lincoln, NE 68502

Home Phone 402-429-0580 Work Phone

C. Certified Installer

Name: Terri Jakoubek Signature

Address 13800 NW 70th St City/State/Zip Raymond, NE 68428

Work Phone 402-783-2663

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 4 Whirlpool Bathtub? ☑ Yes ☐ No Total Acres 20.02
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
☐ 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

12/12/22 House not complete

Business Office Use Only
Date Received Amount Paid
Received By Cash/Check No.

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

Form A Updated 2/18

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

D

Permit Number: HS002307

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 PID = 14-01-100-007-000

Address or Legal Description or Parcel Identification Number (PID) 21150 S 96th St, Hickman, NE 68372

Owner: Brett D Wragge Address 21150 S 96th St, Hickman, NE 68372

A. Wastewater Piping

1. Material: SDR26 Diameter: 4 in.
2. Distance between dwelling and ~~septic tank:~~ Lagoon 578 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 lateral (linear): ft._____ ft._____ ft._____ ft._____
4. Drainfield size: _____ sq. ft.
5. Distance to:
   Well _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.
   Depth of Groundwater _____

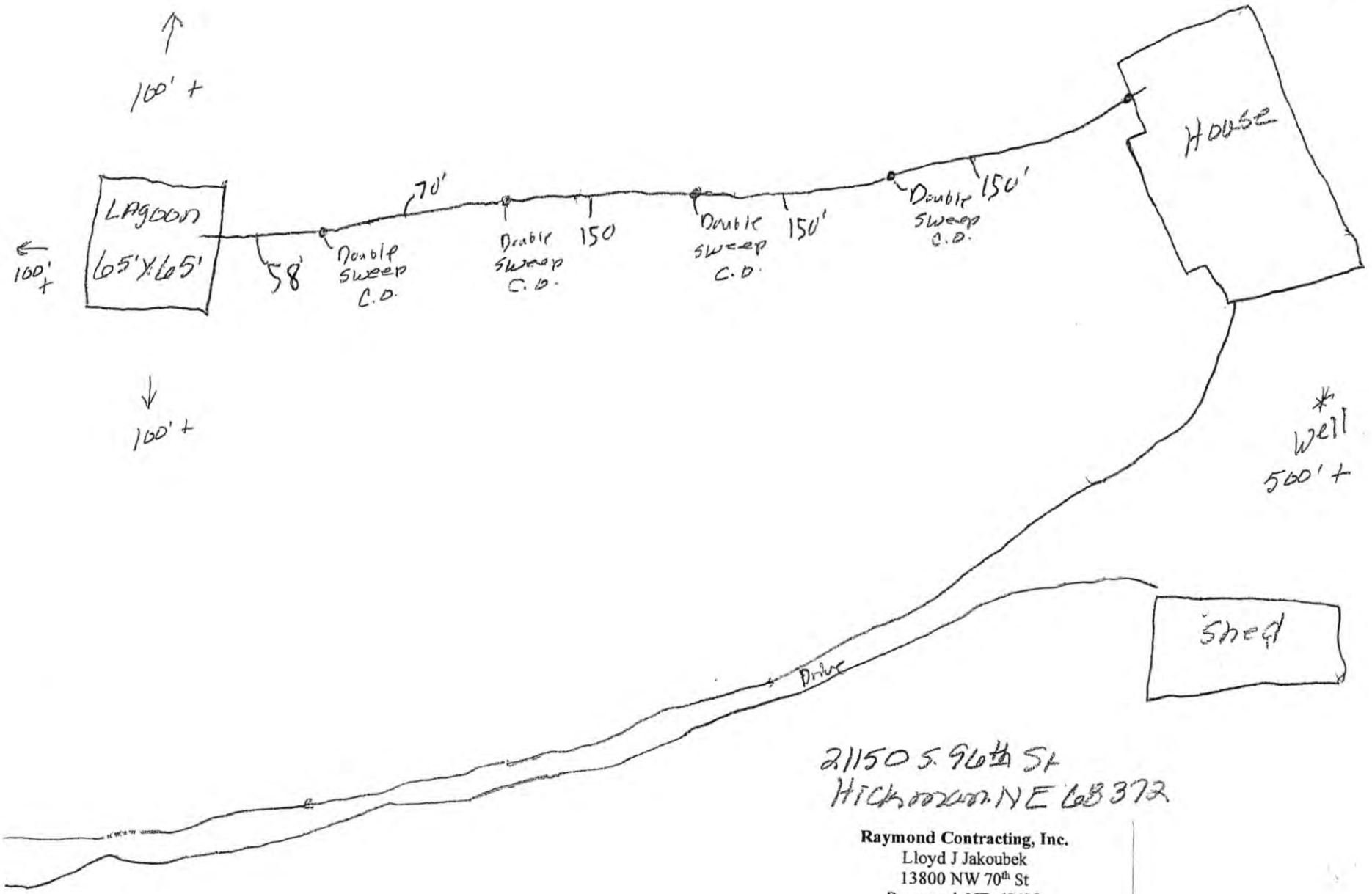
Was the Onsite Wastewater System covered prior to LLCHD inspection? ☑ Yes ☐ No (Partially)

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: Rene L. Jahnke Date: 9/6/22

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



21150 S. 96th St
Hickman, NE 68372

Raymond Contracting, Inc.
Lloyd J Jakoubek
13800 NW 70th St
Raymond, NE 68428
402-783-2663

9/6/2022