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

A

Permit Number
HSDD235D

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

Include Form B and C. Submit correct fee with this Application

3 acres or more required for: ☑ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Wastewater Treatment System in conformance with appropriate regulations.

PLEASE PRINT OR TYPE

A. Onsite System Location

Address 16301 Hickman Ridge Rd. City Roca, NE Zip 68430
(no rural route)

Legal Description 22 8 7 Hickman Ridge 1 4 LC
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 15-22-101-004-000

B. Owner

Name Richard Buckmaster Signature

Address City/State/Zip

Home Phone 720 480 9249 Work Phone

C. Certified Installer

Name: Steven Lewis Signature

Address 3300 N 71st. Street City/State/Zip Lincoln NE. 68507

Work Phone 402 432 1082

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 3 Whirlpool Bathtub? ☐ Yes ☑ No Total Acres 1
Garbage Grinder? ☐ Yes ☑ No

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day 400

Type of Wastewater ☐ Domestic ☐ Non-Domestic

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☐ County Resolution No. 02-30

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 1-13-22 Amount Paid 450.00
Received By Li Cash/Check No. CC5989

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

Form A Updated: 1/13

Lincoln-Lancaster County Health Department (LLCHD)
Environmental Public Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

B

Permit Number:

Onsite Wastewater Treatment System

Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 16301 Hickman Ridge Rd (no rural route) City Roca NE, Zip 68430

Owner Richard Buckmaster Address Same as Above

Date of Tests 8-18 to 8-19 2021 Weather: Precipitation Ø Temperature 81° F.

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	36	8/18	10:30	8/19	10:30	8/19	10:30	6	8/19	11:00	30	3/4	40
								6					
3	"	"	"	"	"	"	"	6	"	"	"	1	30
4	"	"	"	"	"	"	"	6	"	"	"	3/4	40
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Steven C Lewis
Phone: 402 432 1082
Address 3300 N 7(st. Street)
Lincoln NE 68507

Sum of Percolation Rates: 110
Average of Rates: 36 3/4
Rate Used for Calculation: 30-40

Soil type (NRCS Maps/Other) 7684 Wymore Silty Clay loam.
Groundwater Depth 7 10'

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official Date

rate Form B 12_08

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. HS002350

System Type: Standard

Situs: No Site Address Specified

Issued: 1/24/2022

Expires: 1/24/2023

Description: HICKMAN RIDGE ESTATES, AMENDED PLAT, BLOCK 1, Lot 4

Owner: BUCKMASTER, RICHARD & CONNIE
16301 HICKMAN RIDGE RD
ROCA, NE 68430

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

STEVEN LEWIS
3300 N 71 ST
LINCOLN, NE 68507

SCANNED

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

A

Permit Number
HSDD235D

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Garbage Grinder? ☐ Yes ☑ No

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day 400
Type of Wastewater ☐ Domestic ☐ Non-Domestic

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☑ County Resolution No. 02-30

1. Health Department
Site visits 1/21/22 AS Date rec'd 1/24/22 ACTION ☑ Approved ☐ Disapproved
Date frwd 1/24/22 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 Doug Rubeck
Date 1/24/22

Business Office Use Only
Date Received 1-13-22 Amount Paid 450.00
Received By LC Cash/Check No. CC-5909

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

Form A Updated: 1/13

DEPARTMENT 3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

EXHIBIT 5

Permit Number: HS 002350

Onsite Wastewater Treatment System
Inspection Sheet

Date 1/24/22 Legal Description ____ ¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 16301 Huckman Ridge Rd. 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 1,080 Sq. Ft. Tank Size 1,000 gals

Total length of laterals 240' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☒ Other (describe) E2 Flow

No. of Absorption Laterals 3 Width 4.5 feet No. of Drop Boxes ____ Distribution Box ____

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 ____ NA

Lateral #1 ____ Lateral #3 ____

Lateral #2 ____ Lateral #4 ____

Comments:

Inspections prior to Final Approval
Initial OS Date 1/21/22

Follow-Up ____ Date ____

Follow-Up ____ Date ____

Installation Final Written Approval
By Doug Shiel

Date 1/24/22

Id Note Drawing (See Reverse Side):

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 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): 15-22-101-004-000

Owner: Richard Buckmaster Address: 16301 Hickman Ridge Rd.

A. Wastewater Piping

Material: sch 40 pvc Diameter: 4 in.

1. Distance between dwelling and septic tank: 25 ft.

B. Septic Tank

Material: Plastic

Capacity: 1000 gal

Depth to top of tank below unfinished grade: 20 in.

Distance to:
Well NA ft.
Pressure line >100 ft.
Property line 99 ft.
Percolation 25 ft.

C. Distribution Box or Drop Box

Distance and Direction from septic tank: 19 ft. S

D. Drainfield/Absorption Field

☑ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☑ Other

Material brand and inside width of Chamberless: EZ Flow

2. Number of Laterals: 3

3. Length of each lateral (linear): ft. 80 ft. 80 ft. 80 ft. ____

4. Drainfield size: 1080 sq. ft.

5. Distance to:
Well NA ft.
Pressure line >100 ft.
Property line 99 ft.
Depth of Groundwater: >8'

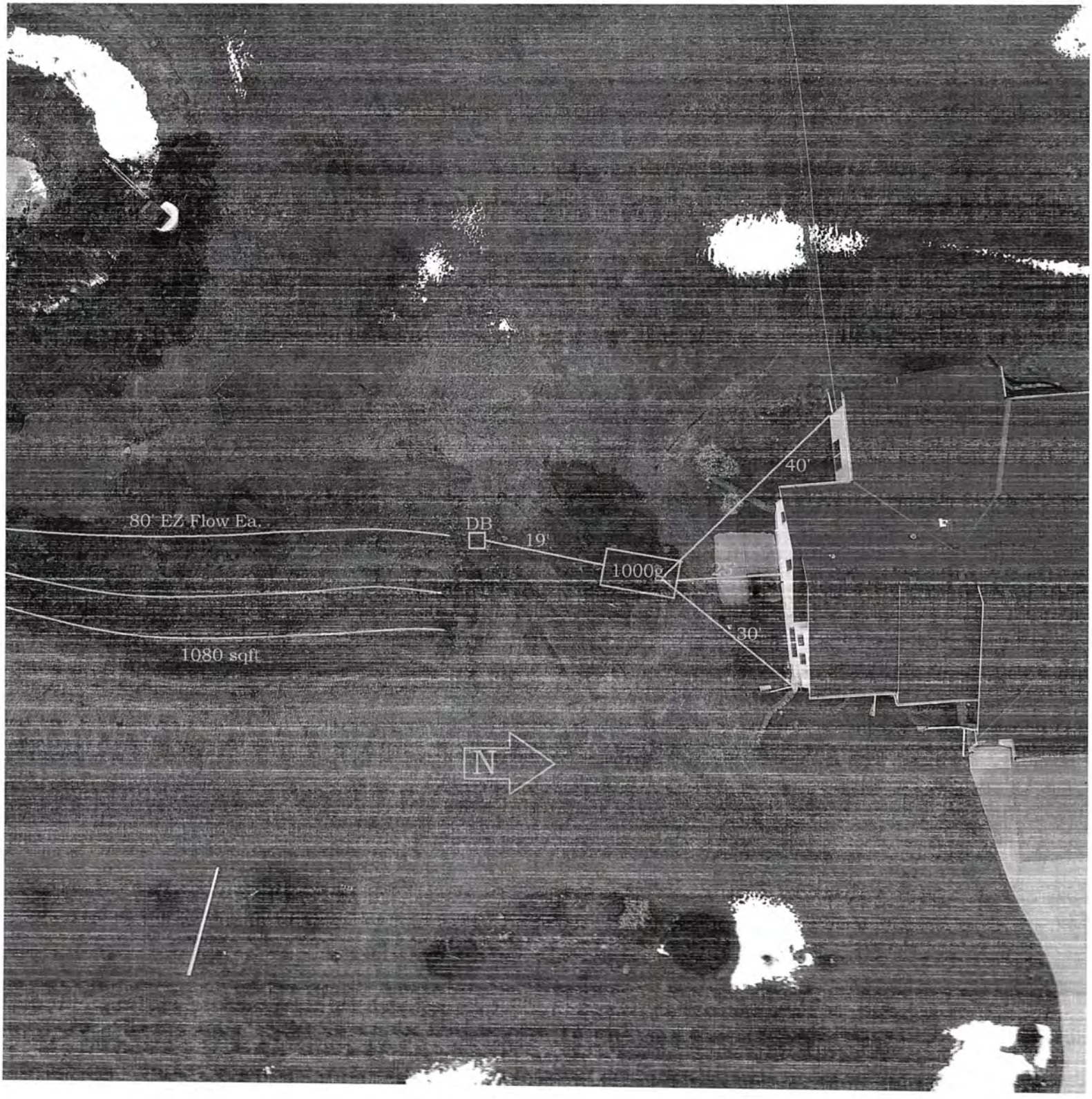
Was the Onsite Wastewater System covered prior to LCHD inspection? ☐ Yes ☑ No

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

I attest and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or Omaha Municipal Code (OMC) 41.50 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: [signature] Date: 1-24-22

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


40'
80' EZ Flow Ea.
DB
19'
1000g
25'
30'
1080 sqft
N