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

A

Permit Number
HS002358

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* 6205 Panama Rd (no rural route) City Hickman, NE Zip 68

Legal Description 9, 7, 7 26
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 1409200003000 *Approx. Address (If to be determined)

B. Owner

Name Signature

Address 6205 Panama Rd City/State/Zip Hickman NE

Home Phone Work Phone

C. Certified Installer

Name: Kelly Wolinski Signature

Address 3170 S 6th City/State/Zip Lincoln NE

Work Phone 402-434-2400

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 2 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 1.65
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 1/28/22
Date frwd 1/28/22
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 1-28-22 Amount Paid 450.00
Received By TC Cash/Check No. 60566

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

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 6205 Panama Rd (no rural route) City Hickman NE, Zip NE

Owner _____ Address 6205 Panama Rd

Date of Tests 12-10-21 to 12-11-21 Weather: Precipitation 0 Temperature 42°

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				
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)	Elapsed Time Interval	Water Level Drop (in)	Percolation Rates (Min/in = mpi)
1	30	12-10	9	12-10	—	12-11	9m	6	12-11	1 PM	4h	5,5	40
2	30	12-10				12-11		6			4h	4,0	60
3	30	1240				12-11		6			4h	5.5	40
								6					
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Kelly Wolinski
Phone: 890 - 1048
Address # 3130 S 6th

Sum of Percolation Rates: 140
Average of Rates: 45
Rate Used for Calculation: 40 - 50

Soil type (NRCS Maps/Other) _____

Groundwater Depth _____

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. HS002358

System Type: Standard

Situs: No Site Address Specified

Issued: 1/31/2022

Expires: 1/31/2023

Description: S9, T7, R7, 6th Principal Meridian, LOT 26 NE

Owner: KITTELL, CALVIN & BROOKE
6201 PANAMA RD
HICKMAN, NE 68372

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

KELLY WOLINSKI
3130 S 6 ST #100
LINCOLN, NE 68502

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

A SCANNED

Permit Number
H5002358

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* 6205 Panama Rd City Hickman, NE Zip NE
(no rural route)

Legal Description 9, 7, 7 26
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 1409200003000 *Approx. Address (If to be determined)

B. Owner

Name Signature

Address 6205 Panama Rd City/State/Zip Hickman NE

Home Phone Work Phone

C. Certified Installer

Name: Kelly Wolinski Signature

Address 3170 S 6th City/State/Zip Lincoln NE

Work Phone 402-434-2400

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 2 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 1.65
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 2/3/22
Comments
Date rec'd 1/28/22
Date frwd 1/28/22
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 5/31/22

Business Office Use Only
Date Received 1-28-22 Amount Paid 450.00
Received By LC Cash/Check No. 20566

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

Form A Updated: 4/15

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

EXHIBIT 5

Permit Number: 4500 2358

Onsite Wastewater Treatment System

Inspection Sheet

Date 5/31/22 Legal Description ¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 6205 Panama 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: 2 bedroom house

☒ Lateral ☐ Bed ☐ Non-standard (engineer-designed and NDEQ approved) ☐ Holding Tank ☐ Trench

Total square feet of drainfield 945 Sq. Ft. Tank Size 1,000 plus ejector pump tank gals

Total length of laterals 210' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☐ Other (describe)

No. of Absorption Laterals 3 Width 4.5 factor No. of Drop Boxes 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 ☐	2 ☐	5 ☐

Geographical Coordinates to 6 Decimals:

Tank NA.

Lateral #1 Lateral #3

Lateral #2 Lateral #4

Comments:

Inspections prior to Final Approval
Initial DC Date 2/3/22

Follow-Up Date

Follow-Up Date

Installation Final Written Approval
By Doug Thuon

Date 5/31/22

Field Note Drawing (See Reverse Side):

SCANNED

B

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

Permit Number:

Onsite Wastewater Treatment System

Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 6205 Panama Rd (no rural route) City Hickman NE, Zip NE

Owner _____ Address 6205 Panama Rd

Date of Tests 12-10-21 to 12-11-21 Weather: Precipitation 0 Temperature 42°

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				
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)	Elapsed Time Interval	Water Level Drop (in)	Percolation Rates (Min/in = mpi)
1	30	12-10	9	12-10	—	12-11	9m	6	12-11	1 PM	4h	5.5	40
2	30	12-10				12-11		6			4h	4.0	60
3	30	12-10				12-11		6			4h	5.5	40
								6					
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Kelly Wolinski

Phone: 890-1048

Address # 3130 S 16th

Sum of Percolation Rates: 140

Average of Rates: 45

Rate Used for Calculation: 40-50

Soil type (NRCS Maps/Other) _____

Groundwater Depth _____

DO NOT WRITE BELOW THIS LINE

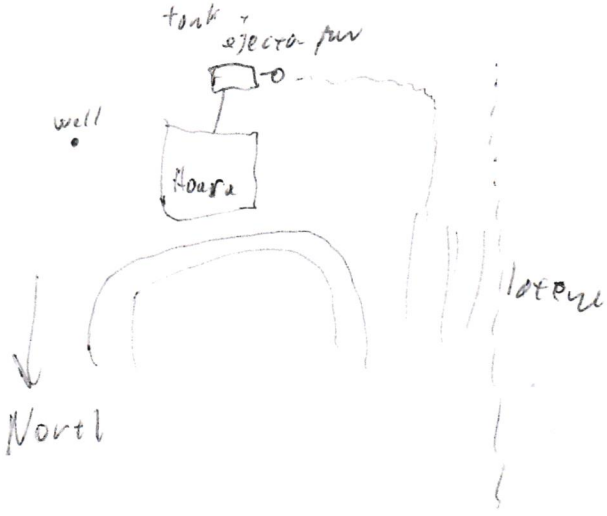
Reviewing Action

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

Signature of Reviewing Official _____ Date _____

2/3/22

210'



HS002358