REC'D MAR 02 2022

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

A

Permit Number
HS002364

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 17425 S 77 St LC

Address* Buel Highlands Estates Block 1 Lot 9 City Hickman, NE Zip 68372
(no rural route)

Legal Description 22 8 7 1 9 LC
1/4 1/4 Section Township Range Subdivison Addition Block Lot

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

B. Owner

Name Nathan Behm Signature _____

Address 6135 Glass Ridge Dr City/State/Zip Lincoln, NE 68526

Home Phone 402-617-6240 Work Phone _____

C. Certified Installer

Name: Brandon Sedlacek Signature _____

Address 11185 E State Hwy 41 City/State/Zip Adams, NE 68301

Work Phone 402-988-8425

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 _____
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 3-3-22 Amount Paid $450.00
Received By LC Cash/Check No. 2490

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

Form A Updated 4-15

Lincoln-Lancaster County Health Department (LLCHD)
Environmental Public Health Division
3131 "O" 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 Buel Highlands Estates Block 1 Lot 9 City Hickman NE Zip 68372
(no rural route)

Owner Nathan Bahm Address 6135 Glass Ridge Dr Lincoln, NE 68526

Date of Tests 12-3-21 to 12-4-21 Weather: Precipitation 0" Temperature 50°

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	34"	12-3	1pm	12-4	12:00	12-4	12:00	6	12-4	12:30	30	5/8"	48 mpi
2	"	"	"	"	"	"	12:01	6	"	12:31	30	5/8"	48 mpi
3	"	"	"	"	"	"	12:02	6	"	12:32	30	5/8"	48 mpi
4	"	"	"	"	"	"	12:03	6	"	12:33	30	1/2"	60 mpi
5	"	"	"	"	"	"	12:04	6	"	12:34	30	5/8"	48 mpi
6	"	"	"	"	"	"	12:05	6	"	12:35	30	1/2"	60 mpi
								6					
								6					

Person Conducting Percolation Test

Name: Brandon Sedlacek
Phone: 402-988-8425
Address 11185 E State Hwy 41
Adams, NE 68301

Soil type (NRCS Maps/Other)
Groundwater Depth 9'+

Sum of Percolation Rates: 312
Average of Rates: 52 mpi
Rate Used for Calculation: 51-60 mpi

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official Date

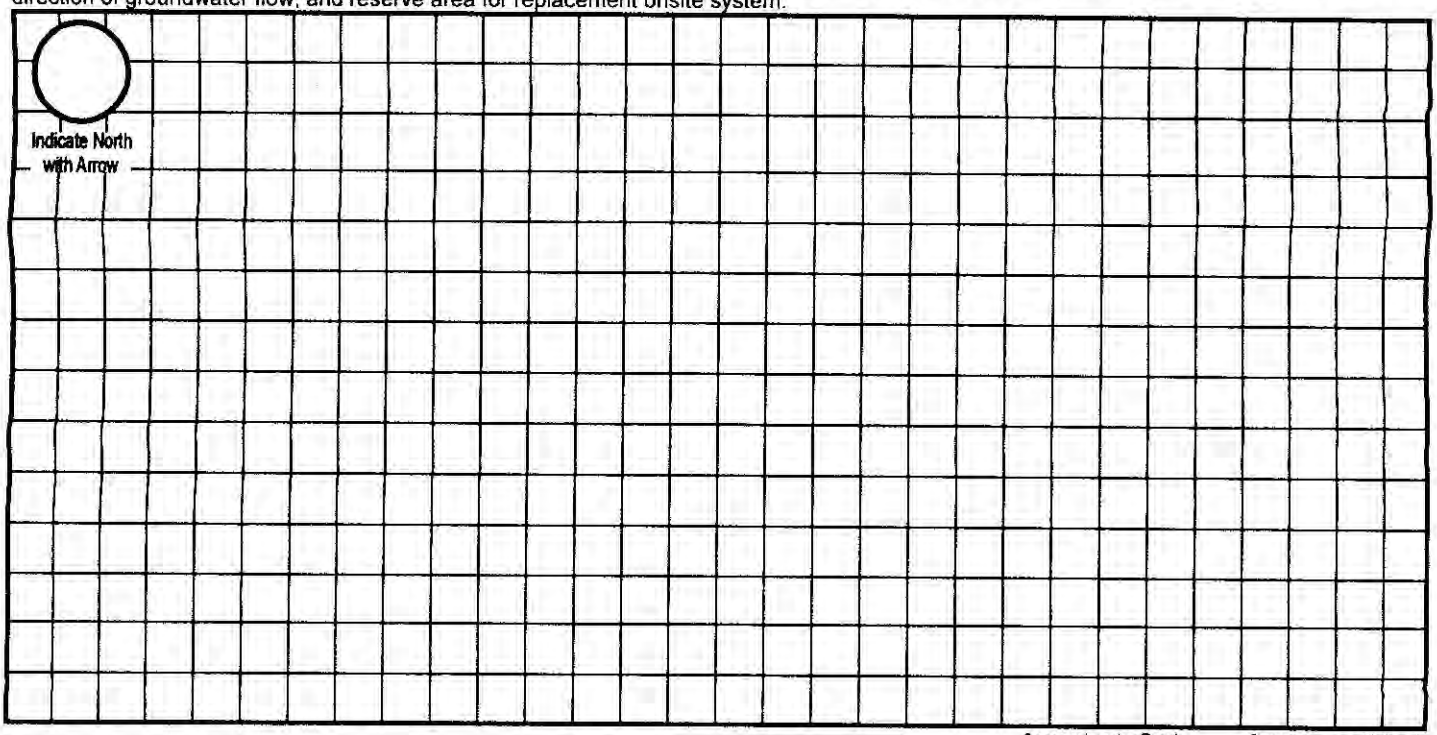
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

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) _____ City _____ NE, Zip _____

B. Proposed Septic Tank/s

Septic Tank Cap. 2000 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 52 (min/inch = mpi) No. of Bedrooms 5 Soil Type _____ Land Slope 2 %

☒ Trench ☐ Bed ☐ Non-standard (engineer-designed and NDEQ approved) Total square feet of drainfield 1,755 Sq. Ft.

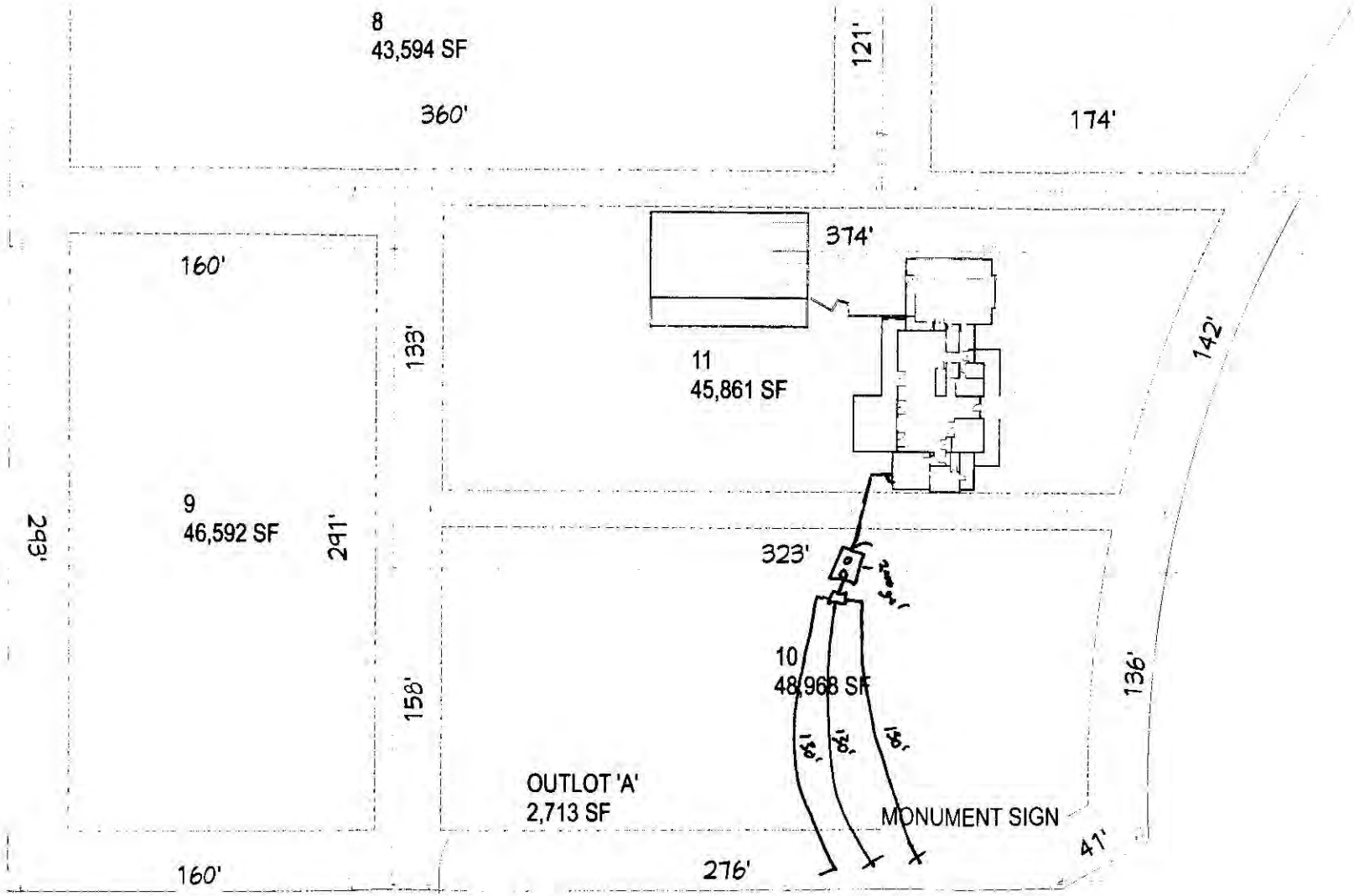
Total length of laterals 340 Type of Distribution: ☐ Perforated Pipe ☐ Half-Round ☐ Chambers ☒ Other EZ-Flow

No. of Absorption Trenches 3 Width 36" No. of Drop Boxes 0 Distribution Box 1

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

Installer Derek Decker Date: 2-25-22

Updated 2/18



Plot Plan, Survey, Mapping 1" = 15"

REVISIONS			
Number	Date	Revised By	Description

3D VIEWS ARE NOT TO SCALE AND MAY NOT REFLECT EXACTLY WHAT IS AVAILABLE FOR THIS PROJECT. RENDER VIEWS ARE REPRESENTATIONS OF WHAT THE VIEW COULD LOOK LIKE, NOT WHAT IT WILL LOOK LIKE. 3D VIEWS ALWAYS SUPERCEDE 3D VIEWS

Nate's Custom Renovations, Inc.
4001 S 8th St.,
Lincoln, NE, 68502

LICENSE NUMBER: 1234567890

NEW HOME PLANS FOR:
Nate and Kay Bahm
Lot 9, 10, 11 at Buel Highlands Estates
Hickman, NE, 68372

CLIENT EMAIL:
PHONE:

PAGE TITLE: Project Overview

DRAWN BY:

DATE: 11/12/2021

SCALE: 1/4"= 1'0"

SHEET #: 2

© Nate's Custom Renovations, Inc. ALL RIGHTS RESERVED. DUPLICATION AND DISTRIBUTION OF THIS PLAN WITHOUT WRITTEN PERMISSION IS PROHIBITED

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. HS002364

System Type: Standard

Situs: No Site Address Specified

Issued: 3/4/2022

Expires: 3/4/2023

Description: BUEL HIGHLANDS ESTATES, BLOCK 1, Lot 9

Owner: BAHM, NATHAN & KRIVOLAVEK, KAY
6135 GLASS RIDGE DR
LINCOLN, NE 68526

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

BRANDON SEDLACEK
11185 E STATE HWY 41
ADAMS, NE 68301

REC'D MAR 02 2022

SCANNED

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

A

Permit Number
HS002364

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

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Address Buel Highlands Estates Block 1 Lot 9 City Hickman, NE Zip 68372
(no rural route)

Legal Description 22 8 7 1 9 LC
1/4 1/4 Section Township Range Subdivison Addition Block Lot

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

B. Owner

Name Nathan Bahm Signature _____

Address 6135 Glass Ridge Dr City/State/Zip Lincoln, NE 68526

Home Phone 402-617-6240 Work Phone _____

C. Certified Installer

Name: Brandon Sedlacek Signature Brandon Sedlacek

Address 11185 E State Hwy 41 City/State/Zip Adams, NE 68301

Work Phone 402-988-8425

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 3.05
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 3/4/22
Date frwd 3/4/22
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 2/8/23

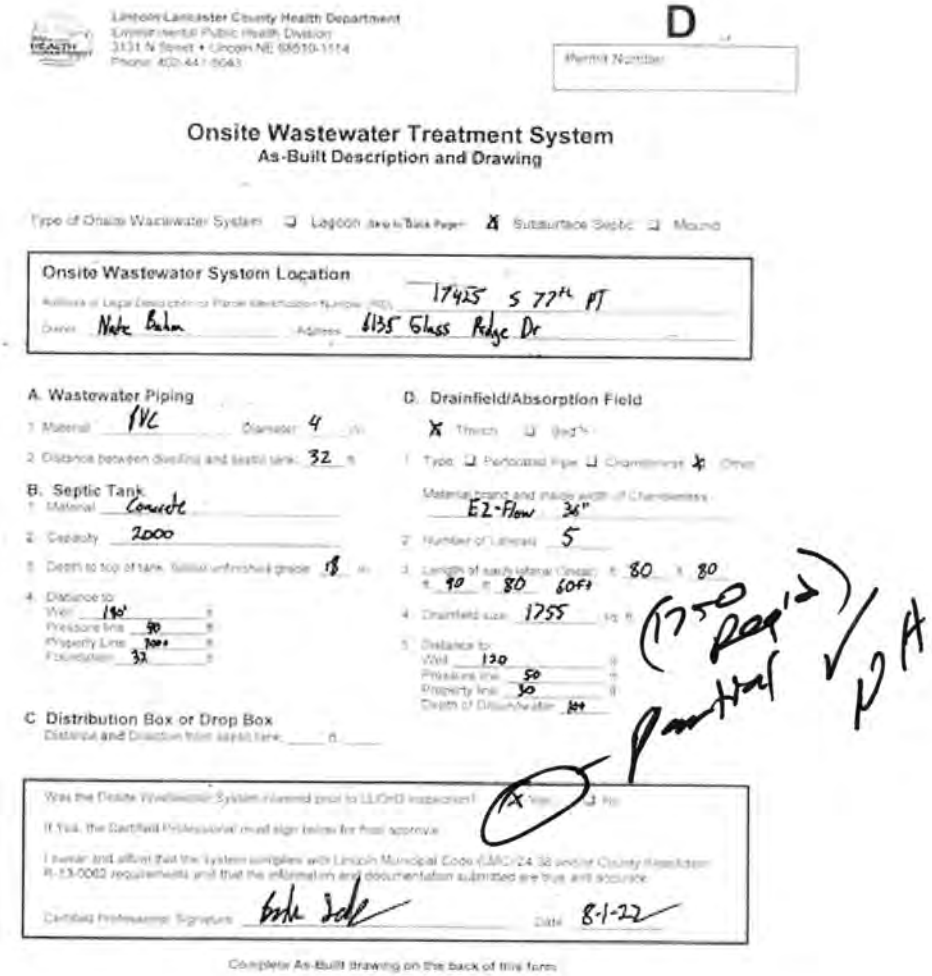
Business Office Use Only
Date Received 3-3-22 Amount Paid $450.00
Received By LC Cash/Check No. 2490

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

Form A Updated 4/15

Nate C. Hartman

From: Brandon Sedlacek <southeast.sewer@yahoo.com>
Sent: Monday, August 1, 2022 3:11 PM
To: Nate C. Hartman
Subject: 17425 77th Pt Hickman, NE As-Built



Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 N Street • Lincoln NE 68510-1114
Phone: 402-441-8043

D

Permit Number

Onsite Wastewater Treatment System
As-Built Description and Drawing

Type of Onsite Wastewater System: ❑ Lagoon (Refer to Back Page) X Subsurface Septic ❑ Mound

Onsite Wastewater System Location

Address or Legal Description or Parcel Identification Number (PIN): 17425 S 77th PT

Owner: Nate Bahm Address: 6135 Glass Ridge Dr

A. Wastewater Piping

1. Material: PVC Diameter: 4 in
2. Distance between dwelling and septic tank: 32 ft

B. Septic Tank

1. Material: Concrete
2. Capacity: 2000
3. Depth to top of tank, finished unfinished grade: 18 in
4. Distance to:
   Well: 150' ft
   Pressure line: 50 ft
   Property Line: 700+ ft
   Foundation: 32 ft

C. Distribution Box or Drop Box

Distance and Direction from septic tank: 6

D. Drainfield/Absorption Field

X Trench ❑ Bed

1. Type: ❑ Perforated Pipe ❑ Chambers or X Other
   Material, brand and inside width of Chambers: EZ-Flow 36"
2. Number of Laterals: 5
3. Length of each lateral (Chain): 1. 80 2. 80 3. 90 4. 80 5. 60ft
4. Drainfield size: 1755 sq ft (1750 Req'd) Partial ✓ PA
5. Distance to:
   Well: 130 ft
   Pressure line: 50 ft
   Property line: 50 ft
   Depth of Groundwater: 104

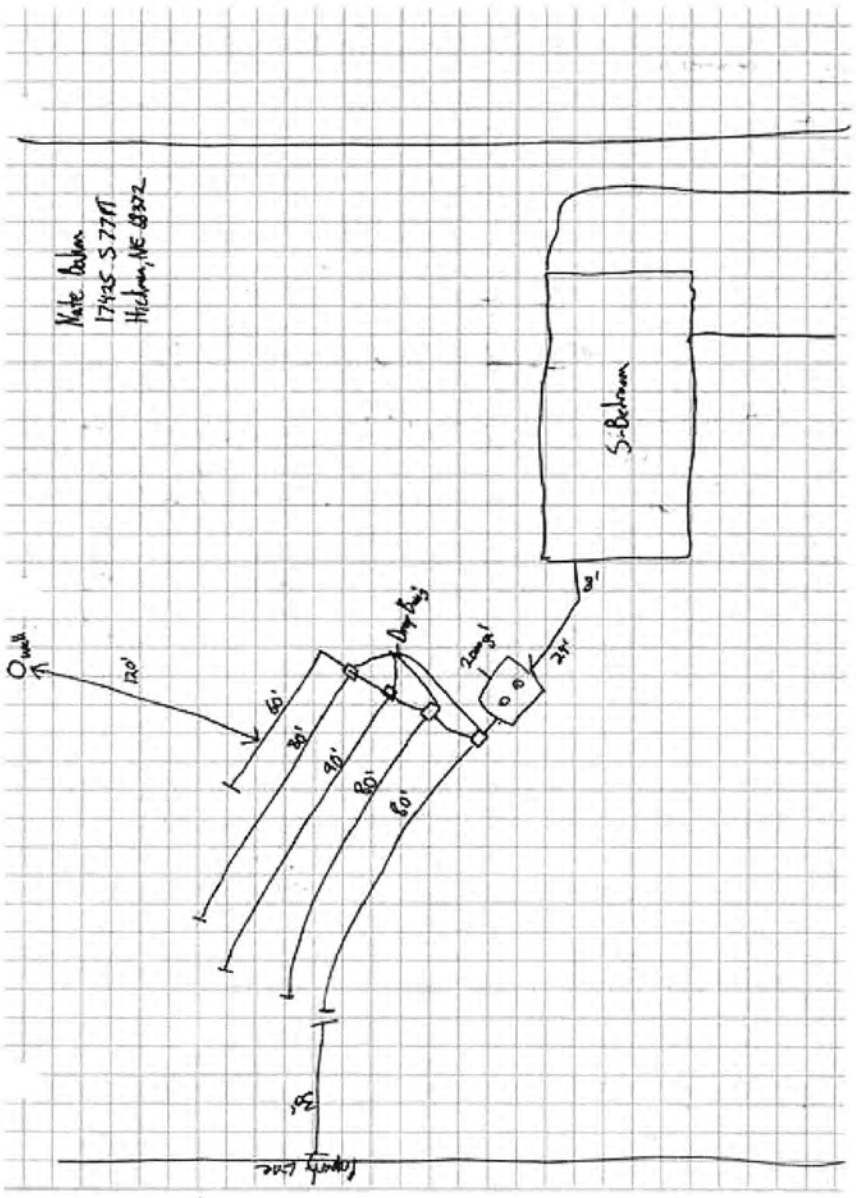
Was the Onsite Wastewater System covered prior to LLCHD inspection? X Yes ❑ No

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: Date: 8-1-22

Complete As-Built drawing on the back of this form


Kate Bolan
17435 S 77th
Hickman, NE 68372
5-Bedroom
well
120'
60'
30'
40'
80'
60'
Pump Equip
20amp
24'
3'
25'
County Line