APR 0 4 2022

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

A

Permit Number H5002379

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 22080 S. 115th St

Address* Vanderview Ridge 1st Addition Lot 1 City Hickman, NE Zip 68372
(no rural route)

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

PID 2007204001000 *Approx. Address (If to be determined)

B. Owner

Name R&D Custom Homes Inc Signature

Address 7431 Cardwell Cir City/State/Zip Lincoln, NE 68523

Home Phone 402-429-8297 Work Phone

C. Certified Installer

Name: Brandon Schlacek 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 3.75
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 4-05-22 Amount Paid $450 ae2
Received By SAO Cash/Check No. 2506

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

Form A Updated 4-15

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. HS002379

System Type: Lagoon

Situs: No Site Address Specified

Issued: 4/6/2022

Expires: 4/6/2023

Description: VANDERVIEW RIDGE 1ST ADDITION, Lot 1

Owner: R & D CUSTOM HOMES INC
7431 CARDWELL CIR
LINCOLN, NE 68523

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

APR 0 4 2022

SCANNED

A

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

Permit Number H5002379

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* Vanderview Ridge 1st Addition Lot 1 (no rural route) City Hickman, NE Zip 68372

Legal Description 8 1 7 1

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

PID 2007204001000 *Approx. Address (If to be determined) 22080 S 115th St

B. Owner

Name R & O Custom Homes Inc Signature

Address 7431 Cardwell Cir City/State/Zip Lincoln, NE 68523

Home Phone 402-429-8297 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 3.75

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 4/6/22
Date frwd 4/6/22
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 4-05-22 Amount Paid $450 cc
Received By JAO Cash/Check No. 2506

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

Form A Updated 4/15

* Verified no new/ work lines ✓ as per Terry K. on 10/21/22

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

Permit Number: HS0023379

Onsite Wastewater Treatment System-Lagoon

Inspection Sheet

Date 11/8/22 Legal Description _____
¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 22080 Vimberway City _____

Owner _____ Address _____

Mark One: ☒ Dwelling ☐ Non-dwelling

☒ New System ☐ Repair

☐ Temporary modification (Describe problem causing discharge and reason for temporary modification): _____

Lagoon constructed so not to receive surface water Yes X No___
Lagoon floor is level Yes X No___
Lagoon is equipped with a depth gage/concrete slab Yes X No___
Influent line is at least 4 inches and slopes no less than 1/8 inch
Clean outs located every 75 feet and one located 1 foot about highest water level Yes X No___
Inside slope not steeper than three horizontal to one vertical Yes X No___
Minimum width of the top of the dike shall be 4 feet Yes X No___
Fence installed Yes X No___
Top of the Dike 70 Bottom of Lagoon 35 Design Flow _____ 11/7/22

Setbacks (Check the Boxes Below if the Required Setback has been Satisfied):

Surface Water distance from Water Mark	Private Drinking Water Wells	Public Drinking Water Supply Wells		All Other Water Wells	Property Lines	Trees and Brush	Neighbor's Foundation		All Other Setbacks
50 ft ☐	100 ft ☐	Non-Community	100ft ☐	100ft ☐	50ft ☐	50ft ☐	Class 1	200ft ☐	☐
		Community	* ☐				Class 2	200ft ☐	
							Class 3	100ft ☐	

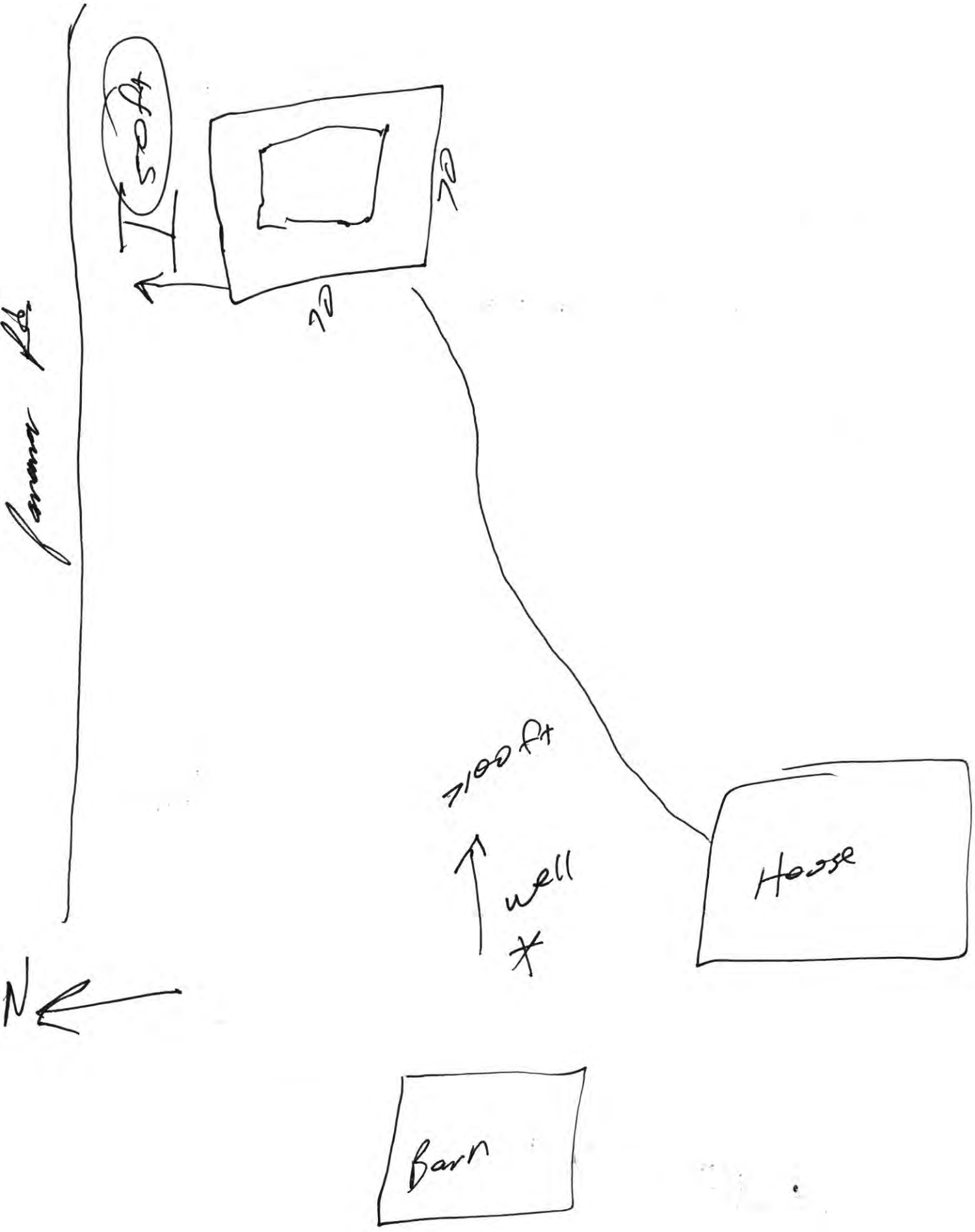
*Evaluated by a professional engineer for potential impact on the well and submitted to Dept. for approval if less than 1000ft.

Geographical Coordinates to 6 Decimals: _____

Dike North side

Comments: * No rural water available NA

Inspections prior to Final Approval
Initial NA Date _____
Follow-Up _____ Date _____
Follow-Up _____ Date _____
Installation Final Written Approval
By _____
Date _____


septic
70
70
>100 ft
well
House
N
Barn

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

REC'D NOV 23 2022

D Exhibit 4

Permit Number: HS002379

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) 22080 S 115th St

Owner: Jason Skallberg Address Hickman NE 68372

A. Wastewater Piping

1. Material: _____ Diameter: _____ in.
2. Distance between dwelling and septic tank: _____ 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 lataral (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 { Partial }

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

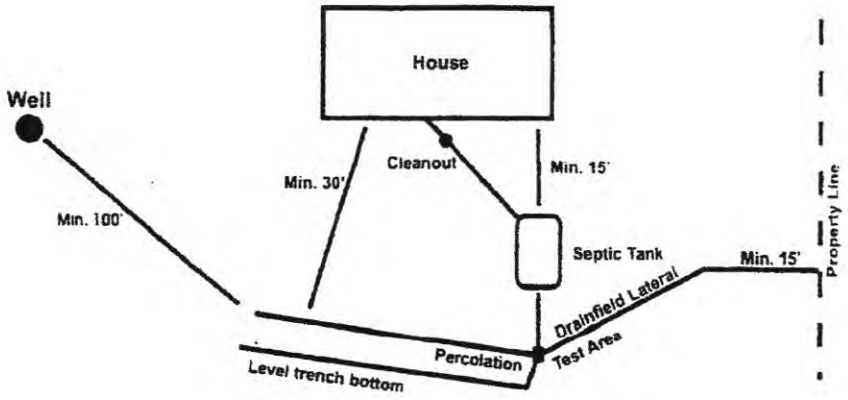
I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: _____ Date: 11-18-2022

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

Indicate North
w/ Arrow Here:

Onsite Wastewater System Design (Example)



*Note-If Lagoon, show all applicable dimensions

