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

A

Permit Number HS002433

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* Brooks Cir (no rural route) City Hickman, NE Zip 68372

Legal Description SW (1/4) SW (1/4) 32 (Section) 8N (Township) 7E (Range) Salt Creek Reserve (Subdivison) 4 (Block) (Addition) (Lot)

PID 15-32-401-004-000 *Approx. Address (If to be determined)

B. Owner

Name Jason Sellers & Amy Williams Signature Jason Sellers Amy A. Williams

Address 5951 White Fish Dr City/State/Zip Lincoln, NE 68516

Home Phone 402-432-5995 Work Phone

C. Certified Installer

Name: Terri Jakoubek Signature Terri L. Jakoubek

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 3.01

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 7-06-22 Amount Paid $450

Received By JAO Cash/Check No 025040

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

Form A Updated: 2/18

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

Salt Creek Reserve Lot 4

PLEASE PRINT OR TYPE

Onsite System Location

Address Brooks Cir (no rural route) City Hickman NE, Zip 68372

Owner Jason Sellers Address 5951 White Fish Dr, Lincoln, NE 68516

Date of Tests 4/27/22 to 4/28/22 Weather: Precipitation 0 Temperature 77°

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			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	48	4/27	11:00a	4/28	10:30a	4/28	2:00p	6	4/28	2:30p	30	1	30
2	40	"	"	"	"	"	"	6	"	"	"	1/2	60
3	40	"	"	"	"	"	"	6	"	"	"	1/2	60
4	46	"	"	"	"	"	"	6	"	"	"	5/8	48
5								6					
6								6					
7								6					
8								6					

Person Conducting Percolation Test

Name: Terri Jakoubek #1198

Phone: 402-783-2663

Address 13800 NW 70th St, Raymond, NE 68428

Sum of Percolation Rates: 198

Average of Rates: 50

Rate Used for Calculation: 60 (20 mpi variance)

Soil type (NRCS Maps/Other) Wymore Silty Clay Loam

Groundwater Depth >8'

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official _____ Date _____

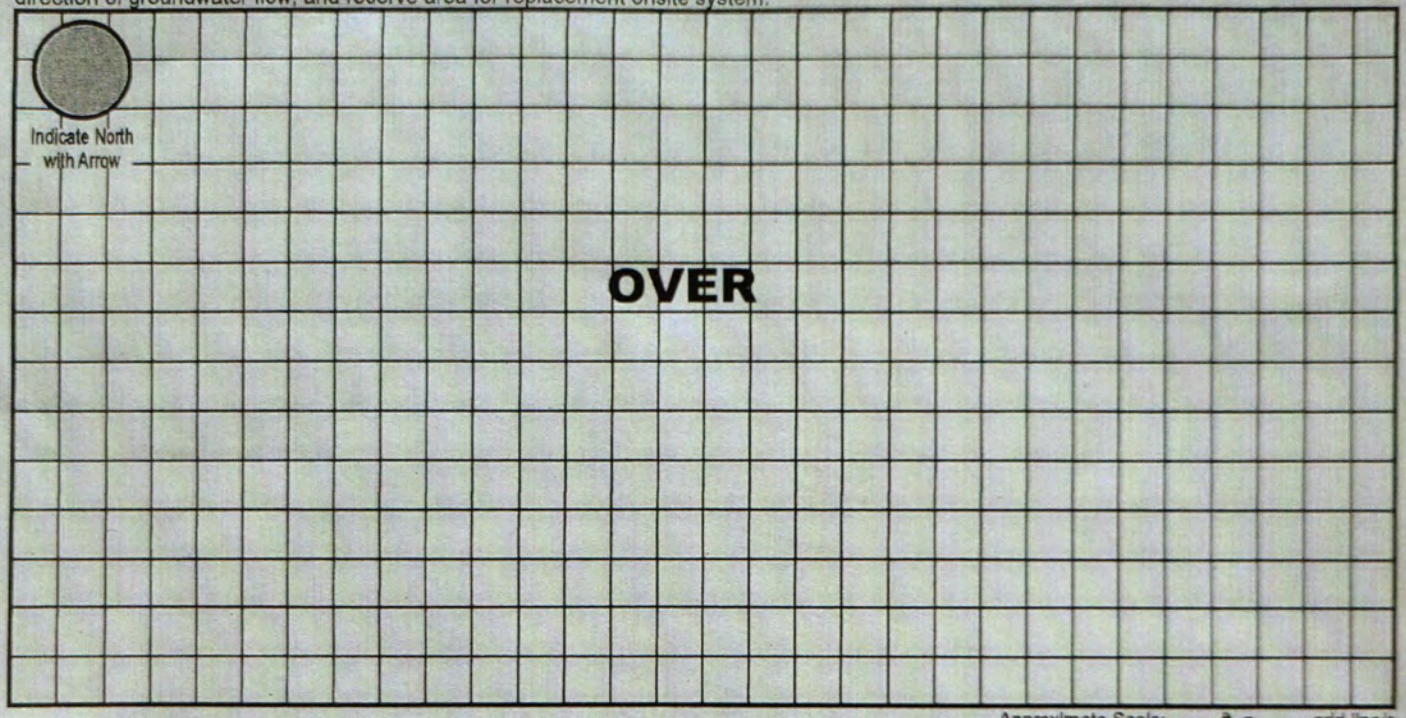
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

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) Brooks Cir City Hickman NE, Zip 68372

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 60 (min/inch = mpi) No. of Bedrooms 4 Soil Type Wymore SCL Land Slope ____ %

☑ Trench ☐ Bed ☐ Non-standard (engineer-designed and NDEQ approved) Total square feet of drainfield 1,440 Sq. Ft.

Total length of laterals 320 Type of Distribution: ☐ Perforated Pipe ☐ Half-Round ☐ Chambers ☑ Other EZFlow 1203H

No. of Absorption Trenches 4 Width 38" No. of Drop Boxes 1 Distribution Box _____

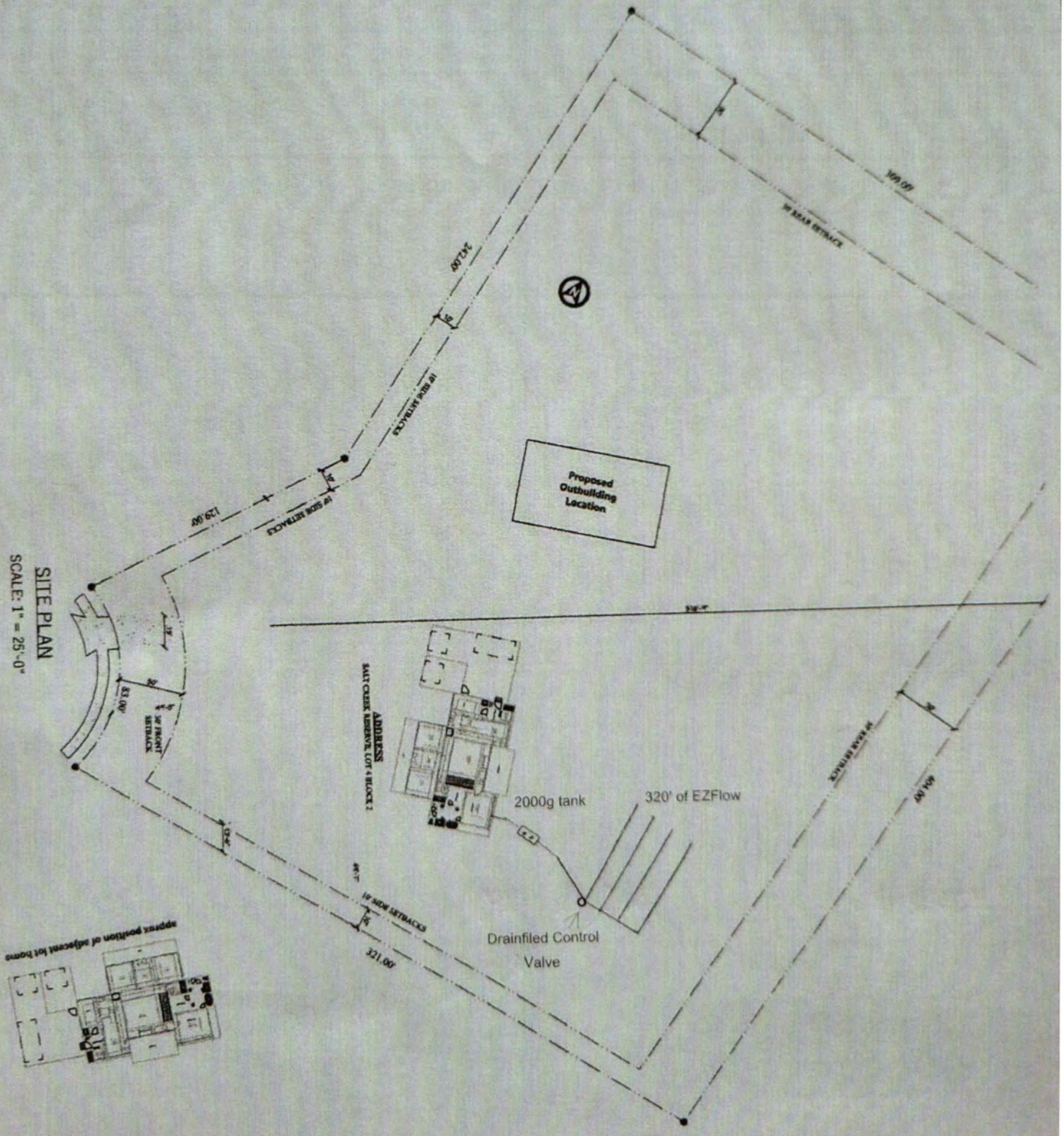
No. of Absorption Beds _____ Width _____ No. of Distribution Lines per Bed _____

Installer Neri L. Jakowenko Date: 5/10/22

Builder Melanie Rezac / Josh Rezac Date: 7/5/22

Updated 2/18

Builders Initials MR/JK



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. HS002433

System Type: Standard

Situs: No Site Address Specified

Issued: 7/7/2022

Expires: 7/7/2023

Description: SALT CREEK RESERVE, Lot 4

Owner: SELLERS, JASON & WILLIAMS, AMY
5951 WHITE FISH DR
LINCOLN, NE 68516

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 70TH 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 HS002433

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* Brooks Cir City Hickman, NE Zip 68372
(no rural route)

Legal Description SW (1/4) SW (1/4) 32 (Section) 8N (Township) 7E (Range) Salt Creek Reserve (Subdivision) (Addition) 4 (Block) (Lot)

PID 15-32-401-004-000 *Approx. Address (If to be determined)

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Name Jason Sellers & Amy Williams Signature Jason Sellers Amy A. Williams

Address 5951 White Fish Dr City/State/Zip Lincoln, NE 68516

Home Phone 402-432-5995 Work Phone

C. Certified Installer

Name: Terri Jakoubek Signature Terri L. Jakoubek

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 3.01
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 11/21/22 DS Date rec'd 7/7/22
Date frwd 7/9/22
ACTION ☑ Approved ☐ Disapproved
Signature
Comments

2. Supt. Bldg. Insp. or Village Clerk
Comments Date rec'd
Date frwd
ACTION ☑ Approved ☐ Disapproved
Signature unable to print Jason + Amanda

3. City or County Engineer
Comments Date rec'd
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature

Installation Final Written Approval
By Doug Theurer
Date 11/23/22

Business Office Use Only
Date Received 7-06-22 Amount Paid $1460
Received By JAO Cash/Check No 25040

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

Form A Updated: 2/18

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

Exhibit 5

Permit Number: H500 2433

Onsite Wastewater Treatment System

Inspection Sheet

Date 11/23/22 Legal Description _____

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 20370 Brooks Cir 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 1,440 Sq. Ft. Tank Size 2,000 gals

Total length of laterals 320' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☒ Other (describe) E2 Flow

No. of Absorption Laterals 4 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 ☒	25 ☐	5 ☐

Geographical Coordinates to 6 Decimals:

Tank _____ NA

Lateral #1 _____ Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments:

Inspections prior to Final Approval
Initial DF Date 11/22/22

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By Dave Thue

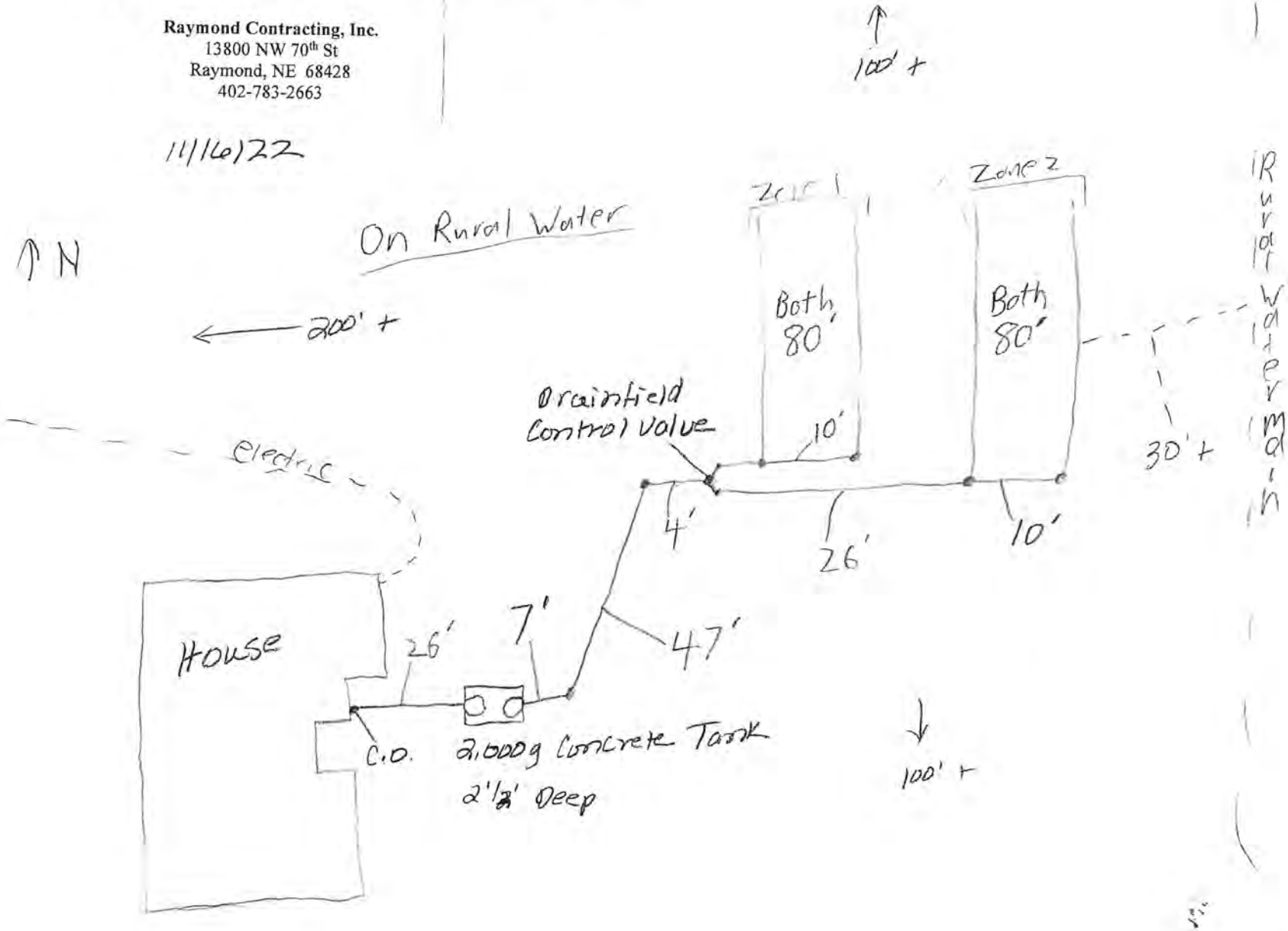
Date 11/23/22

Field Note Drawing (See Reverse Side):

20370 Brooks Cir. Hitchcock. NE 68372

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

11/16/22



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

D

Permit Number: HS002433

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 = 15-32-401-004-000

Address or Legal Description or Parcel Identification Number (PID) 20370 Brooks Cir, Hickman, NE 68523

Owner: Jason Sellers & Amy Williams Address 5951 White Fish Dr, Lincoln, NE 68516

A. Wastewater Piping

1. Material: SDR26 Diameter: 4 in.
2. Distance between dwelling and septic tank: 26 ft.

B. Septic Tank

1. Material Concrete
2. Capacity: 2000g
3. Depth to top of tank, below unfinished grade: 30-24 in.
4. Distance to:
   Well N/A ft. +
   Pressure line N/A ft +
   Property Line 60 ft. +
   Foundation 26 ft. +

C Distribution Box or Drop Box

Distance and Direction from septic tank: 58 ft. NE

(Drainfield Control Valve)

D. Drainfield/Absorption Field

☑ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☑ Other
   Material brand and inside width of Chamberless: EZFlow 1203H Bundles
2. Number of Laterals: 4 Depth: 2.5' to 3.5'
3. Length of each lataral (linear): ft. 80 ft. 80 ft. 80 ft. 80
4. Drainfield size: 1,440 sq. ft.
5. Distance to:
   Well N/A ft. +
   Pressure line N/A ft. +
   Property line 30 ft. +
   Depth of Groundwater >10'

Was the Onsite Wastewater System covered prior to LLCHD inspection? ☑ Yes (Partially) ☐ 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: Neil L. Johnson Date: 11/16/22

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