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

A

Permit Number
HS002436

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* 19885 EMERSYN POINTE City HICKMAN, NE Zip 68372
(no rural route)

Legal Description 32 T8 R7 SALT CREEK RESERVE 1ST ADD 8
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 15-32-402-008-000 *Approx. Address (If to be determined)

B. Owner

Name ANDREW STONER Signature

Address 235 ORCHARD PLACE City/State/Zip HICKMAN, NE 68372

Home Phone 402-480-0300 Work Phone

C. Certified Installer

Name: JAIME KUBIK Signature

Address 105 LOWST ST. P.O. BOX 711 City/State/Zip HICKMAN, NE 68372

Work Phone 402-475-2462

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 3.04
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 1-20-22 Amount Paid $450.00
Received By JAC Cash/Check No. CC9278

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: 402-441-8643

B

Permit Number:

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address Salt Creek Reserve LOT 8 (no rural route) City Hickman NE, Zip 68372

Owner Andrew Stoner Address 235 Orchard Place Hickman, NE 68372

Date of Tests 4/27/2022 to 4/28/2022 Weather: Precipitation none Temperature 70 degrees

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	30 inches	4/27	5:30 pm	4/28	9:45 am	4/28	1:15 pm	6	4/28	1:45 pm	30 min	5/8	48
2	30 inches	4/27	5:30 pm	4/28	9:45 am	4/28	1:15 pm	6	4/28	1:45 pm	30 min	3/4	40
3	30 inches	4/27	5:30 pm	4/28	9:45 am	4/28	1:15 pm	6	4/28	1:45 pm	30 min	5/8	48
4	30 inches	4/27	5:30 pm	4/28	9:45 am	4/28	1:15 pm	6	4/28	1:45 pm	30 min	1/2	60
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Jason Kubik
Phone: 402-475-2462
Address 105 Locust Street P.O. Box 191
Hickman, NE 68372

Sum of Percolation Rates: 196
Average of Rates: 49
Rate Used for Calculation: 59

Soil type (NRCS Maps/Other) 7697 Wymore
Groundwater Depth +12 feet

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. HS002436

System Type: Standard

Situs: No Site Address Specified

Issued: 7/26/2022

Expires: 7/26/2023

Description: SALT CREEK RESERVE 1ST ADDITION, Lot 8

Owner: STONER, ANDREW & KRISTEN
235 ORCHARD PL
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

ANDREW STONER
235 ORCHARD PL
HICKMAN, NE 68372

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

SCANNED

A

Permit Number
HS002436

Onsite Wastewater Treatment System Permit Application

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☐ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

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Legal Description 32 T8 R7 SALT CREEK RESERVE 1ST ADD 8
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 15-32-402-008-000 *Approx. Address (If to be determined)

B. Owner

Name ANDREW STOVER Signature Bob Jones - signed per building

Address 235 ORCHARD PLACE City/State/Zip HICKMAN, NE 68372

Home Phone 402-480-0300 Work Phone

C. Certified Installer

Name: JAIME KUBIK Signature

Address 105 LOWST ST. P.O. BOX 711 City/State/Zip HICKMAN, NE 68372

Work Phone 402-475-2462

D. Engineer

☐ **Check and complete if engineer designed system** P.E. License Number:

Designer Name Firm Work Phone

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Garbage Grinder? ☒ Yes ☐ No

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Approval Process

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Site visits
Comments
Date rec'd 7/26/22
Date frwd 7/26/22
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 Doug Thrasher
Date 6/29/23

Business Office Use Only
Date Received 1-20-22 Amount Paid $450.00
Received By JAC Cash/Check No. 009278

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

Form A Updated: 4/15

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

Exhibit 5

Permit Number: HS 00 2436

Onsite Wastewater Treatment System

Inspection Sheet

Date 6/29/23 Legal Description _____

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 19885 Emerson 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 1,480 Sq. Ft. Tank Size 2 – 1,060 gals

Total length of laterals 330' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☒ Other (describe) E-Z Flow

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 ☐	25 ☐	5 ☐

Geographical Coordinates to 6 Decimals:

Tank _____ NA

Lateral #1 _____ Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments:

Inspections prior to Final Approval

Initial OC Date 5/22/23

Follow-Up OC Date 6/28/23

Follow-Up _____ Date _____

Installation Final Written Approval

By Doug Ahlm

Date 6/29/23

Field Note Drawing (See Reverse Side):

Nate C. Hartman

From: Heidi Hoglund <heidih@hickman.ne.gov>
Sent: Thursday, March 11, 2021 12:57 PM
To: Nate C. Hartman
Subject: Buel Highlands and Salt Creek Reserve in Hickman

[CAUTION] This email comes from a sender outside your organization.

Hello Mr. Hartman – You may be receiving applications for onsite wastewater removal systems to be placed on lots located within Buel Highlands Estates, Buel Highlands Estates 2nd Addition, Salt Creek Reserve and Salt Creek Reserve 1st Addition Subdivisions. The City of Hickman has no objections to onsite wastewater removal systems within the four Subdivisions list above, if they meet the standards of the Lincoln-Lancaster County Health Department.

Thank you for your time,

Heidi Hoglund, CFM
Zoning and Floodplain Administrator
City of Hickman
PO Box 127 Hickman Nebraska 68372
402.792.2212 phone
402.792.2210 fax

This message and any attachments are confidential, may contain privileged or legally protected communications or information, and are intended solely for the recipient named above. If you are not the intended recipient, you are notified that any review, distribution, dissemination or copying of this message or any attachment is prohibited. If you have received this message in error, you should immediately notify the sender by a return e-mail and delete the message from your computer system.