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

A

Permit Number 4500 2466

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* Emersyn Pt (no rural route) City Hickman, NE Zip 68372

Legal Description SE (1/4) SE (1/4) 32 (Section) 8N (Township) 7E (Range) Salt Creek Reserve (Subdivison) 1st (Addition) 2 (Block) (Lot)

PID 15-32-402-002-000 *Approx. Address (If to be determined)

B. Owner

Name Nate Eigsti Signature DocuSigned by: Nate Eigsti 72D5049076F4410...

Address 3120 Whitlock Road City/State/Zip Lincoln, NE 68516

Home Phone 402-429-6118 Work Phone 402-429-6118

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 5 Whirlpool Bathtub? ☐ Yes ☑ No Total Acres 3

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 Date frwd ACTION ☐ Approved ☐ Disapproved Signature

Comments

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 Amount Paid

Received By Cash/Check No.

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

Form A Updated: 2/18

DocuSign Envelope ID: 970BAFED-B712-420F-BFF9-1EC3D0533A08

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 2

PLEASE PRINT OR TYPE

Onsite System Location

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

Owner Travis D Buel Address 18400 S 54th St, Hickman, NE 68372

Date of Tests 07/26/22 to 07/27/22 Weather: Precipitation 0 Temperature 80°

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	72	7/26	10:00a	7/27	9:45a	7/27	1:15p	6	7/27	1:45p	30	1	30
2	52	"	"	"	"	"	"	6	"	"	"	2 -7/8	10
3	72	"	"	"	"	"	"	6	"	"	"	2- 3/8	13
4	72	"	"	"	"	"	"	6	"	"	"	3/4	40
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: 93

Average of Rates: 23

Rate Used for Calculation: 40 (20 mpi variance)

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

Groundwater Depth >12'

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official _____ Date _____

DocuSign Envelope ID: 970BAFED-B712-420F-BFF9-1EC3D0533A08

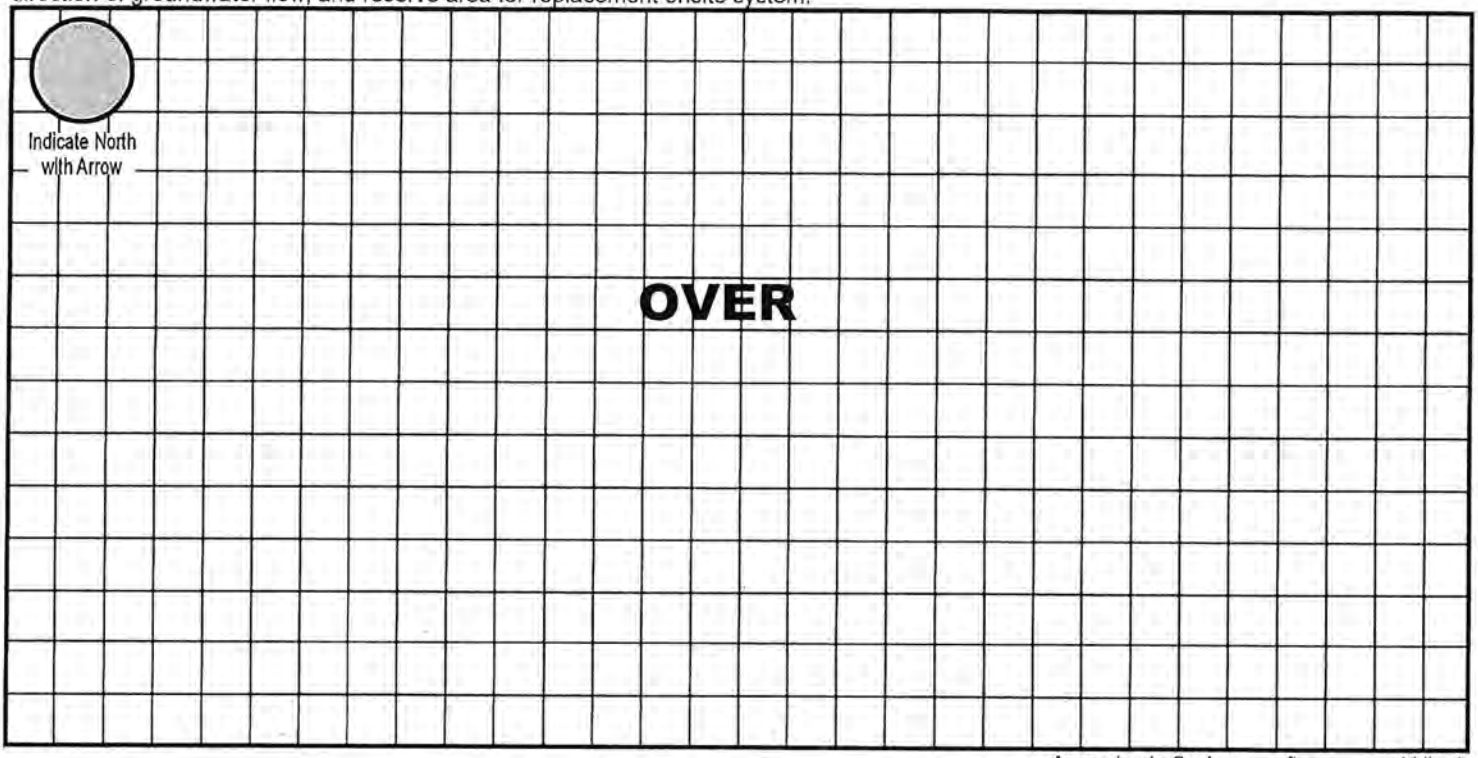
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

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) Emersyn Pt 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 40 (min/inch = mpi) No. of Bedrooms 5 Soil Type Wymore SCL Land Slope ____ %

☑ Trench ☐ Bed ☐ Non-standard (engineer-designed and NDEQ approved) Total square feet of drainfield 1,395 Sq. Ft.

Total length of laterals 310 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 Terri L. Jahnke Date: 9/28/22

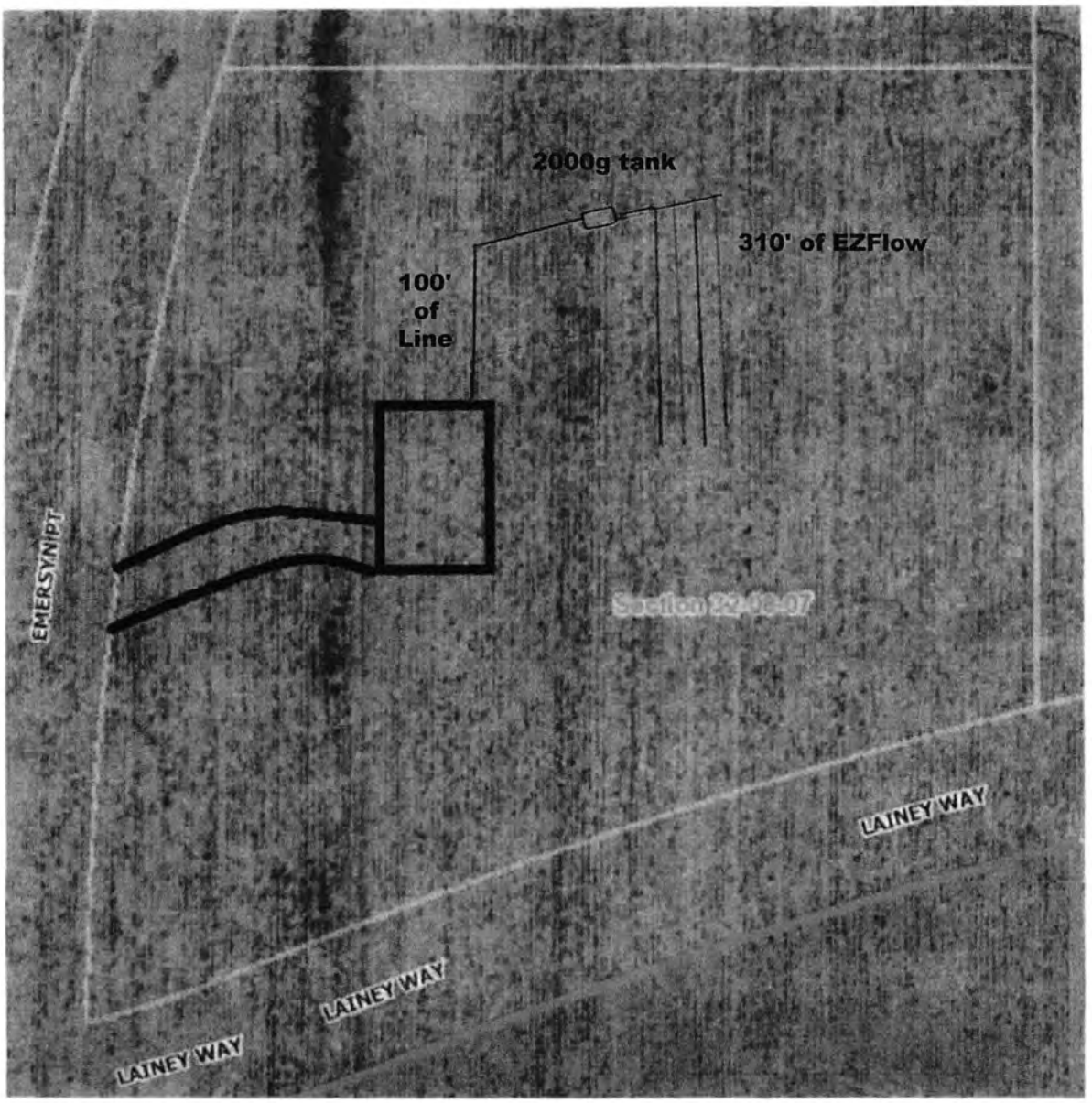
Builder DocuSigned by: Maria Semerad A4CA9B334A00467 Date: 9/28/2022

Updated 2/18

DocuSign Envelope ID: 970BAFED-B712-420F-BFF9-1EC3D0533A08

Builder Initials_____

Salt Creek Reserve 1st Addition Lot 2



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. HS002466

System Type: Standard

Situs: No Site Address Specified

Issued: 10/5/2022

Expires: 10/5/2023

Description: SALT CREEK RESERVE 1ST ADDITION, Lot 2

Owner: EIGSTI, NATHAN & HEATHER
3120 WHITLOCK RD
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

DocuSign Envelope ID: 970BAFED-B712-420F-BFF9-1EC3D0533A08

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

SCANNED

A

Permit Number HS002466

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 20060

Address* Emersyn Pt (no rural route) City Hickman, NE Zip 68372

Legal Description: SE (1/4) SE (1/4) 32 (Section) 8N (Township) 7E (Range) Salt Creek Reserve (Subdivison) 1st (Addition) 2 (Lot)

PID 15-32-402-002-000 *Approx. Address (If to be determined)

B. Owner

Name Nate Eigsti Signature DocuSigned by: Nate Eigsti 72D5049076FA410...

Address 3120 Whitlock Road City/State/Zip Lincoln, NE 68516

Home Phone 402-429-6118 Work Phone 402-429-6118

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 5 Whirlpool Bathtub? ☐ Yes ☑ No Total Acres 3

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 5/24/22 Date rec'd Date frwd
Comments
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 Mick
Date 6/5/22

Business Office Use Only
Date Received Amount Paid
Received By Cash/Check No.

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

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

Exhibit 5

Permit Number: HS002466

Onsite Wastewater Treatment System

Inspection Sheet

Date 6/5/23 Legal Description _____
¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 20060 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 1,395 Sq. Ft. Tank Size 2,000 gals

Total length of laterals 310 Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☒ Other (describe) EZ 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 DC Date 5/24/23

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By Doug Amm

Date 6/5/23

Field Note Drawing (See Reverse Side):

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

D

Permit Number: HS002466

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 = 15-32-402-002-000

Address or Legal Description or Parcel Identification Number (PID) 20060 Emersyn Pt, Hickman, NE 68372

Owner: Nathan Eigsti Address 3120 Whitlock Rd, Lincoln, NE 68516

A. Wastewater Piping

1. Material: SDR26 Diameter: 4 in.
2. Distance between dwelling and septic tank: 65 ft.

B. Septic Tank

1. Material Concrete
2. Capacity: 2000g
3. Depth to top of tank, below unfinished grade: 24-30 in.
4. Distance to:
   Well N/A ft. +
   Pressure line N/A ft +
   Property Line 50 ft. +
   Foundation 50 ft. +

C Distribution Box or Drop Box

Distance **and** Direction from septic tank: 17 ft. E
(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: 5' deep, lined with 1'- 2' of gravel
3. Length of each lateral (linear): ft. 80 ft. 80 ft. 70 ft. 80
4. Drainfield size: 1395 sq. ft.
5. Distance to:
   Well N/A ft. +
   Pressure line N/A ft. +
   Property line 50 ft. +
   Depth of Groundwater >12'

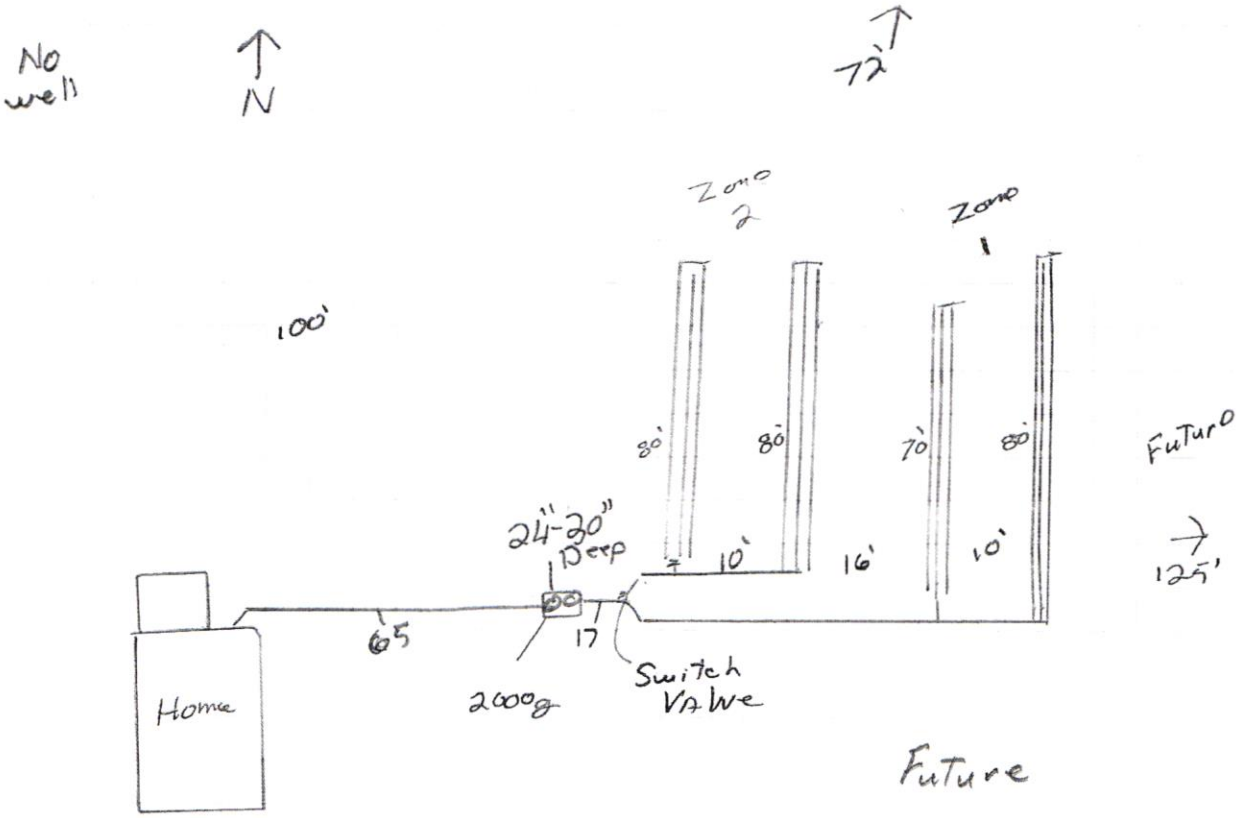
Was the Onsite Wastewater System covered prior to LLCHD inspection? ☑ Yes (Partially) ☐ No

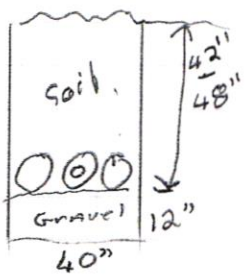
If Yes, the Certified Professional must sign below for final approval:

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: Keri L. Jahnke Date: 5/24/23

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





40 mpI
5 Bed yes/No
2000g Concrete Tank
2-24" Risers
24"-30" Deep
Switch Valve
310' EZ Flow
5' Deep with Gravel

5/24/23
20060 Emerson PT.
Hickman NE 68372

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

5/24/23

Nate C. Hartman

From: Heidi Hoglund <heidih@hickman.ne.gov>
Sent: Wednesday, October 5, 2022 1:31 PM
To: Nate C. Hartman
Subject: FW: Buel Highlands and Salt Creek Reserve in Hickman

Good afternoon Mr. Hartman - The City of Hickman has received building permits for Lots, 2, 9, and 12 in Salt Creek Reserve 1st Addition for single family residences. We won't issue those permits until we have received approval from the Health Department for their onsite wastewater systems. Let me know if I can provide additional information to you. Thank you!

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

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

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

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