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

**A**

Permit Number HS002468

# 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* 19911 EMERSYN POINT City HICKMAN, NE Zip 68372
(no rural route)

Legal Description S32 T8 R7 SALT CREEK RESERVE 1ST ADDITION Lot 9
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 15-32-402-009-000 *Approx. Address (If to be determined)

## B. Owner

Name MARIA SEMERAD W/ SYNERGY HOMES Signature

Address 13740 W BLUFF RD City/State/Zip MALCOLM, NE 68402

Home Phone Work Phone 402-499-3496

## C. Certified Installer

Name: JAIME KUBIK Signature

Address 105 LOWST ST P.O. BOX 191 City/State/Zip HICKMAN, NE 68372

Work Phone

## 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 3.03
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 Amount Paid
Received By Cash/Check No.

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

Form A Updated: 4/15

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

Owner Cristy Fryzek Address 5738 Chatsworth Lane Lincoln, NE 68516

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. Last 30 mins of 4 hr or last 10 mins of 1 hr Water Level Drop | | | | | 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 | 5:00 pm | 4/28 | 10:00 am | 4/28 | 1:30 pm | 6 | 4/28 | 2:00 pm | 30 min | 5/8 | 48 |
| 2 | 30 inches | 4/27 | 5:00 pm | 4/28 | 10:00 am | 4/28 | 1:30 pm | 6 | 4/28 | 2:00 pm | 30 min | 3/4 | 40 |
| 3 | 30 inches | 4/27 | 5:00 pm | 4/28 | 10:00 am | 4/28 | 1:30 pm | 6 | 4/28 | 2:00 pm | 30 min | 5/8 | 48 |
| 4 | 30 inches | 4/27 | 5:00 pm | 4/28 | 10:00 am | 4/28 | 1:30 pm | 6 | 4/28 | 2:00 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. HS002468**

**System Type:** Standard

**Situs:** No Site Address Specified

Issued: 10/5/2022

Expires: 10/5/2023

**Description:** SALT CREEK RESERVE 1ST ADDITION, Lot 9

**Owner:** FRYZEK, CRISTY & AARON
5738 CHATSWORTH LN
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

SYNERGY HOMES
13740 W BLUFF RD
MALCOLM, NE 68402

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

SCANNED

**A**

Permit Number HS002468

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***DO NOT WRITE BELOW THIS LINE***

**Approval Process**

**1. Health Department**

Site visits

Comments

Date rec'd 10/5/22

Date frwd 10/5/22

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 4/18/23

***Business Office Use Only***

Date Received Amount Paid

Received By Cash/Check No.

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

Form A Updated: 4/15

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

Permit Number: HS002468

# Onsite Wastewater Treatment System

## Inspection Sheet

Date 4/18/23 Legal Description _____

¼ ¼ Section/Township/Range

### Onsite System Location

Address (no rural route) 19911 Emerson Pt. 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 1755 Sq. Ft. Tank Size 2,000 gals

Total length of laterals 390' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☒ Other (describe) E2-flow

No. of Absorption Laterals 3 Width 3' No. of Drop Boxes 0 Distribution Box 1

Leveling Method Used _____

### 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_____

Lateral #1_____ Lateral #3_____

Lateral #2_____ Lateral #4_____

**Comments:**

Inspections prior to Final Approval
Initial NA Date 4/4/23

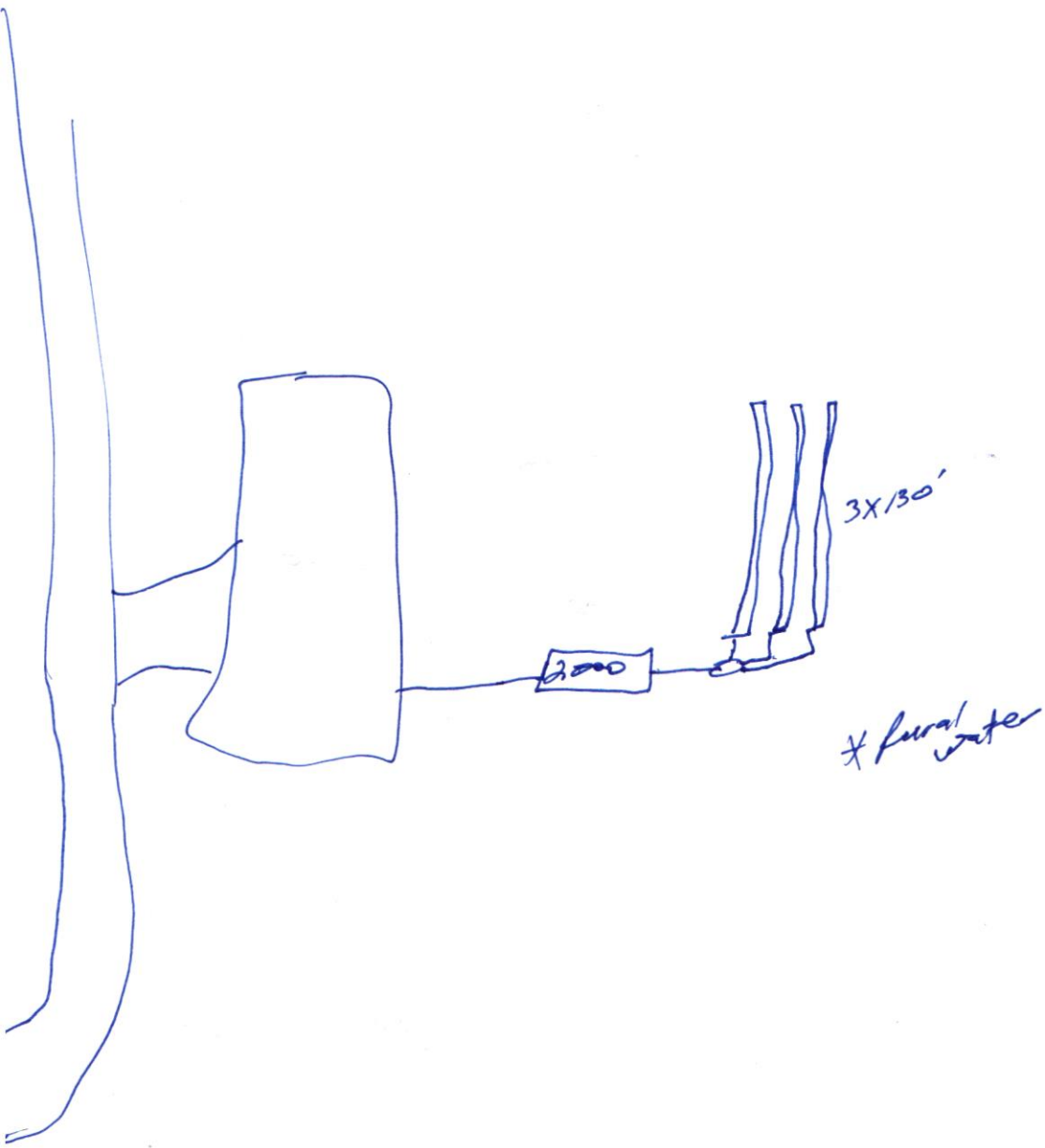
Follow-Up_____ Date _____

Follow-Up_____ Date _____

Installation Final Written Approval
By _____

Date 4/18/23

**Field Note Drawing (See Reverse Side):**


3X130'
2000
* Rural Water
W
N

## 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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