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

A

Permit Number #S002511

Onsite Wastewater Treatment System Request for Site Clearance and Permit

Include Form B and C. Submit correct fee with this Application

3 acres or more required for: ☑ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Wastewater Treatment System in conformance with appropriate regulations.

PLEASE PRINT OR TYPE

A. Onsite System Location

Address 20025 Emerson Pt (no rural route) City Hickman, NE Zip 68372

Legal Description NW S 32 T8 R7 Salt Creek Reserve 1st Add 11

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

PID 15-32-402-011-000

B. Owner

Name Dan Vadicka Signature

Address City/State/Zip

Home Phone Work Phone 402 770 4764

C. Certified Installer

Name: Steven Lewis Signature

Address 1722 W. Avalanche Rd. City/State/Zip Lincoln NE, 68521

Work Phone 4024321052

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

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 ☐ Municipal Code 24.38 ☐ County Resolution No. 02-30

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 3-02-23 Amount Paid $460
Received By JBO Cash/Check No. CC 8764

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: 402-441-8022

B

Permit Number:

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

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

Owner Dan Vodicka Address 2530 S 154th St. Lincoln

Date of Tests 2-14 to 2-15-23 Weather: Precipitation Ø Temperature 32

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	36	2-14	9-00	2-15	9-00	2-15	9:00	6	2-15	9-30	30	.5	60
2	"	"	"	"	"	"	"	6	"	"	"	.5	60
3	"	"	"	"	"	"	"	6	"	"	"	.5	60
								6					
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Stevan Lewis
Phone: 4024321082
Address 1722 W. Avalanche Rd
Lincoln NE, 68521

Sum of Percolation Rates: 180
Average of Rates: 60 mpi
Rate Used for Calculation: 50-60 mpi

Soil type (NRCS Maps/Other) 7684 & 7697 Wymore Silty Clay Loam

Groundwater Depth ~~>~~ 10'

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. HS002511

System Type: Standard

Situs: No Site Address Specified

Issued: 3/3/2023

Expires: 3/3/2024

Description: SALT CREEK RESERVE 1ST ADDITION, Lot 11

Owner: WOODS, CHARLES ANTHONY &
KATHLEEN M
3541 POPLAR PL
LINCOLN, NE 68506

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

NEBRASKA SEPTIC
1722 W AVALANCHE RD
LINCOLN, NE 68521

SCANNED

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

A

Permit Number #5002511

Onsite Wastewater Treatment System Request for Site Clearance and Permit

Include Form B and C. Submit correct fee with this Application

3 acres or more required for: ☑ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Wastewater Treatment System in conformance with appropriate regulations.

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Address 20025 Emerson Pt (no rural route) City Hickman, NE Zip 68372

Legal Description S 32 T8 R7 Salt Creek Reserve 1st Add Lot 11

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

PID 15-32-402-011-000

B. Owner

Name Dan Vadicka Signature

Address City/State/Zip

Home Phone Work Phone 402 770 4764

C. Certified Installer

Name: Steven Lewis Signature

Address 1222 W. Avalanche Rd. City/State/Zip Lincoln NE, 68521

Work Phone 4024321052

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

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 ☐ Municipal Code 24.38 ☐ County Resolution No. 02-30

1. Health Department

Site visits 8/16/22 AS Date rec'd 3/3/23 Date frwd 3/3/23

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 Doug Muser

Date 8/18/22

Business Office Use Only

Date Received 3-02-23 Amount Paid $460

Received By JBO Cash/Check No. CC 8764

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

Form A Updated: 1/13

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

Exhibit 5

Permit Number: HS002511

Onsite Wastewater Treatment System

Inspection Sheet

Date 8/18/23 Legal Description _____

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 20025 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 1755 Sq. Ft. Tank Size 2,000 gals 2 tanks, 1,000 gallon each

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

No. of Absorption Laterals 3 Width 45 Inches 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 _____

Lateral #1 _____ Lateral #3 N/A

Lateral #2 _____ Lateral #4 _____

Comments:

Inspections prior to Final Approval
Initial _____ Date 8/16/23

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By Doug Smith

Date 8/18/23

Field Note Drawing (See Reverse Side):

Updated 4/15

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

D Exhibit 4

Permit Number:

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) 15-32-402-011-000

Owner: Dan Vodicka Address 20025 Emerson Pt. Hickman 68322

A. Wastewater Piping

1. Material: PVC Diameter: 4 in.
2. Distance between dwelling and septic tank: 27 ft.

B. Septic Tank

1. Material: Plastic
2. Capacity: 1000g w 2 Tanks (2000)
3. Depth to top of tank, below unfinished grade: 22 in.
4. Distance to:
   Well NA ft.
   Pressure line NA ft.
   Property Line 25 ft.
   Foundation 27 ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: 28 ft. W

D. Drainfield/Absorption Field

■ Trench ❑ Bed

1. Type: ❑ Perforated Pipe ❑ Chamberless ■ Other
   Material brand and inside width of Chamberless.
   EZ Flow
2. Number of Laterals: 3
3. Length of each lateral (linear): ft. 130 ft. 130 ft. 130 ft. ____
4. Drainfield size: 1755 sq. ft.
5. Distance to:
   Well NA ft.
   Pressure line NA ft.
   Property line 10 ft.
   Depth of Groundwater 78'

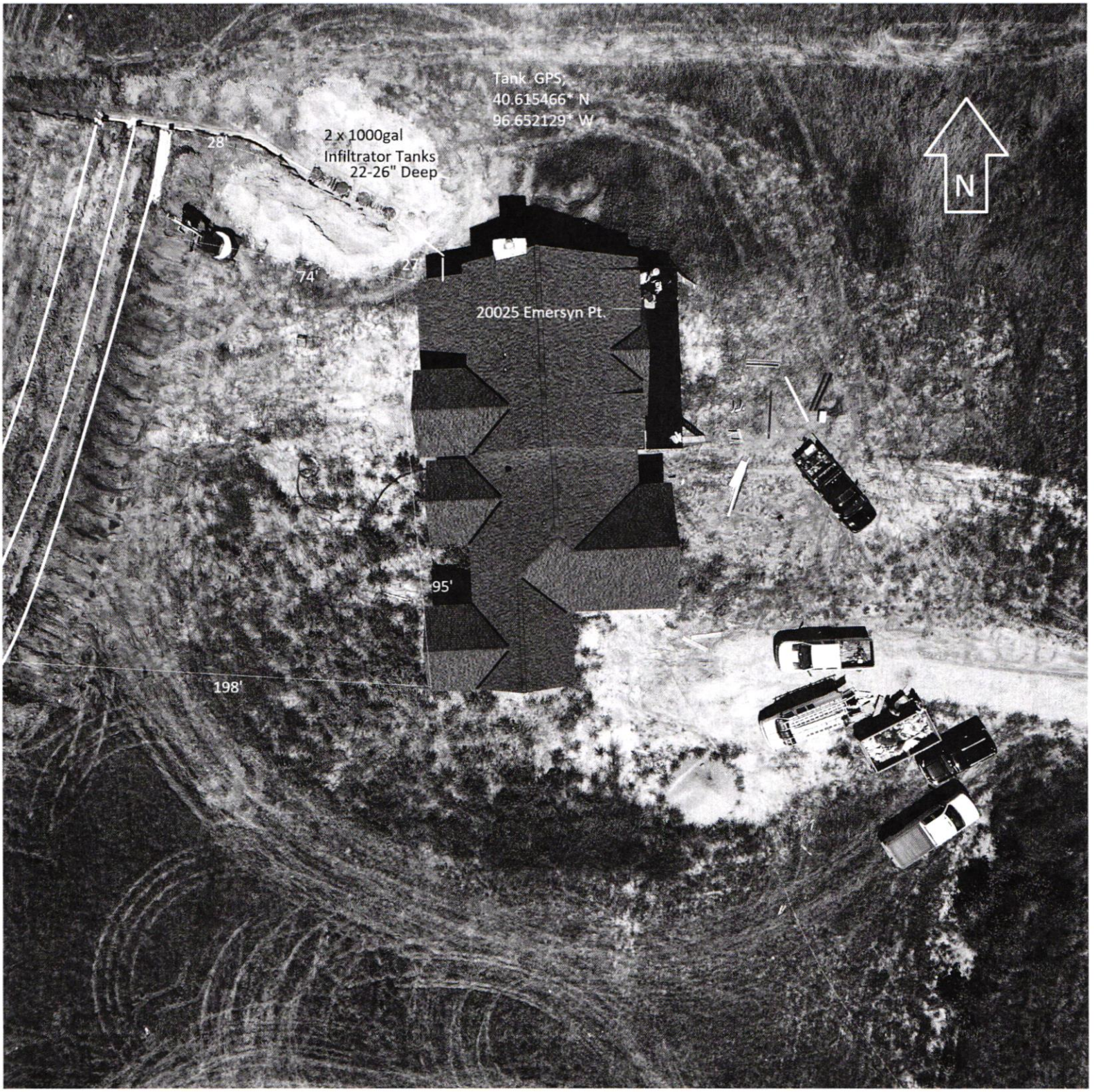
Was the Onsite Wastewater System covered prior to LLCHD inspection? ❑ Yes ■ No

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: _____ Date: 8-17-23

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


Tank GPS;
40.615466° N
96.652129° W
2 x 1000gal
Infiltrator Tanks
22-26" Deep
28'
74'
27'
20025 Emersyn Pt.
95'
198'
N