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

A

Permit Number HS002528

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* 20344 Brooks Cir (no rural route) City Hickman, NE Zip 68372

Legal Description SE SE 32 8N 7E Salt Creek Reserve 3

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

PID 15-32-401-003-000 *Approx. Address (if to be determined)

B. Owner

Name Chad Parker Signature Chad O Parker

Address 1310 Ridge Rd City/State/Zip Hickman, NE 68372

Home Phone 402-560-6998 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 3 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
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 4-20-23 Amount Paid $475.00
Received By JAS Cash/Check No. 005070

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

PLEASE PRINT OR TYPE

Onsite System Location

Address 20344 Brooks Cir (no rural route) City Hickman NE, Zip 68372

Owner Chad Parker Address 1310 Ridge Rd Hickman NE

Date of Tests 4/6/23 to 4/7/23 Weather: Precipitation 0 Temperature 47° Sunny

Percolation Test Data Table

A.	B.	C.	D.	E.	F.	G.	H.	I.	J.	K.	L.	M.	N.
		Saturation/Swelling Time				Water Level Drop Last 30 mins of 4 hr or last 10 mins of 1 hr					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	4/6	12:00p	4/7	10:00a	4/7	1:30p	6	4/7	2:00p	30	1/2	60
2	72	4/6	12:00p	4/7	10:00a	4/7	1:30p	6	4/7	2:00p	30	11/16	44
3	72	4/6	12:00p	4/7	10:00a	4/7	1:30p	6	4/7	2:00p	30	5/8	48
4	72	4/6	12:00P	4/7	10:00a	4/7	1:30p	6	4/7	2:00p	30	11/16	44
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Vern Jakoubek

Phone: 402-783-2663

Address 13800 NW 70th St Raymond, NE 68428

Sum of Percolation Rates: 196

Average of Rates: 49

Rate Used for Calculation: 49

Soil type (NRCS Maps/Other) Wymore SCL

Groundwater Depth >12'

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official Date

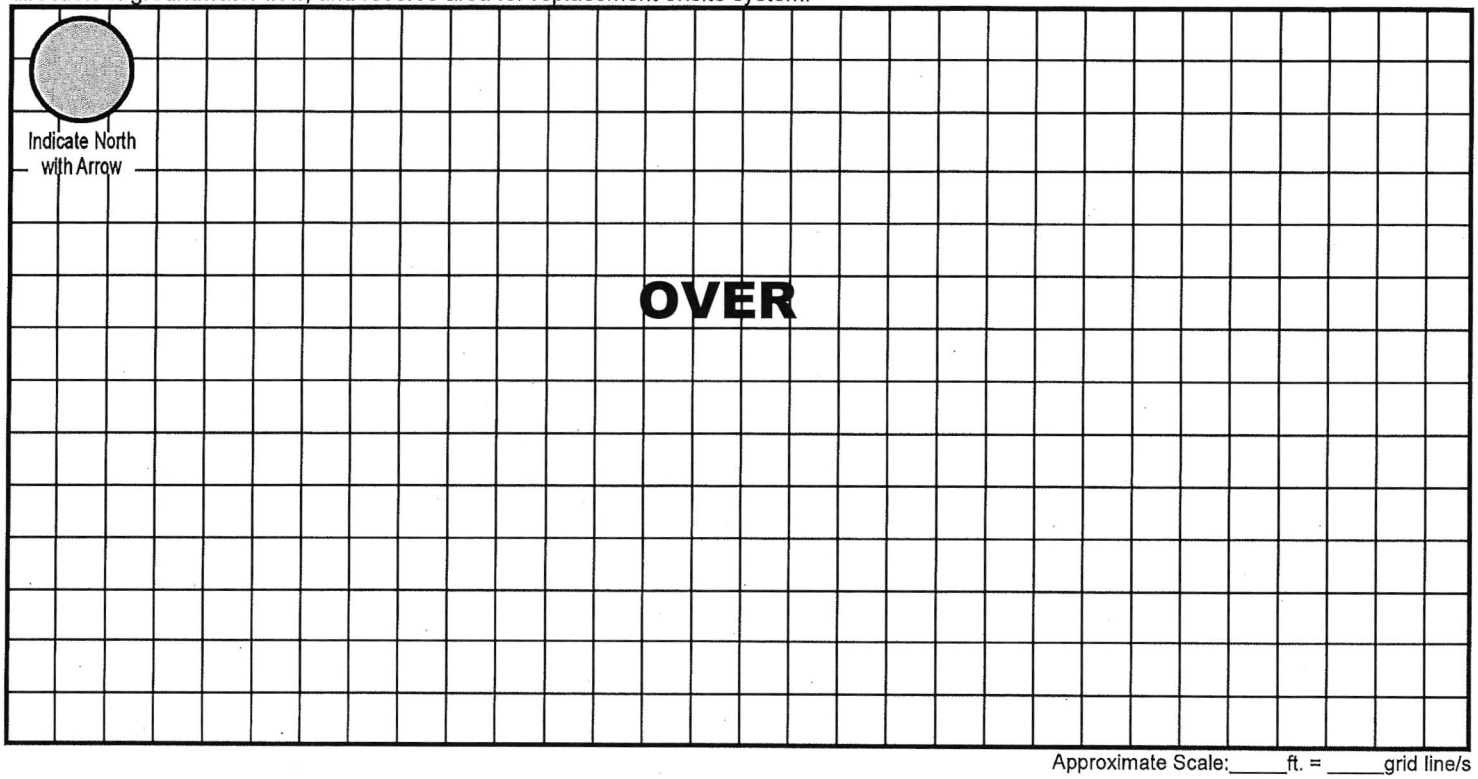
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

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) 20344 Brooks Cir City Hickman NE, Zip 68372

B. Proposed Septic Tank/s

Septic Tank Cap. 1500 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 49 (min/inch = mpi) No. of Bedrooms 3 Soil Type Wymore SCL Land Slope _____ %

☑ Trench ☐ Bed ☐ Non-standard (engineer-designed and NDEQ approved) Total square feet of drainfield 990 Sq. Ft.

Total length of laterals 220 Type of Distribution: ☐ Perforated Pipe ☐ Half-Round ☐ Chambers ☑ Other EZFlow 1203H

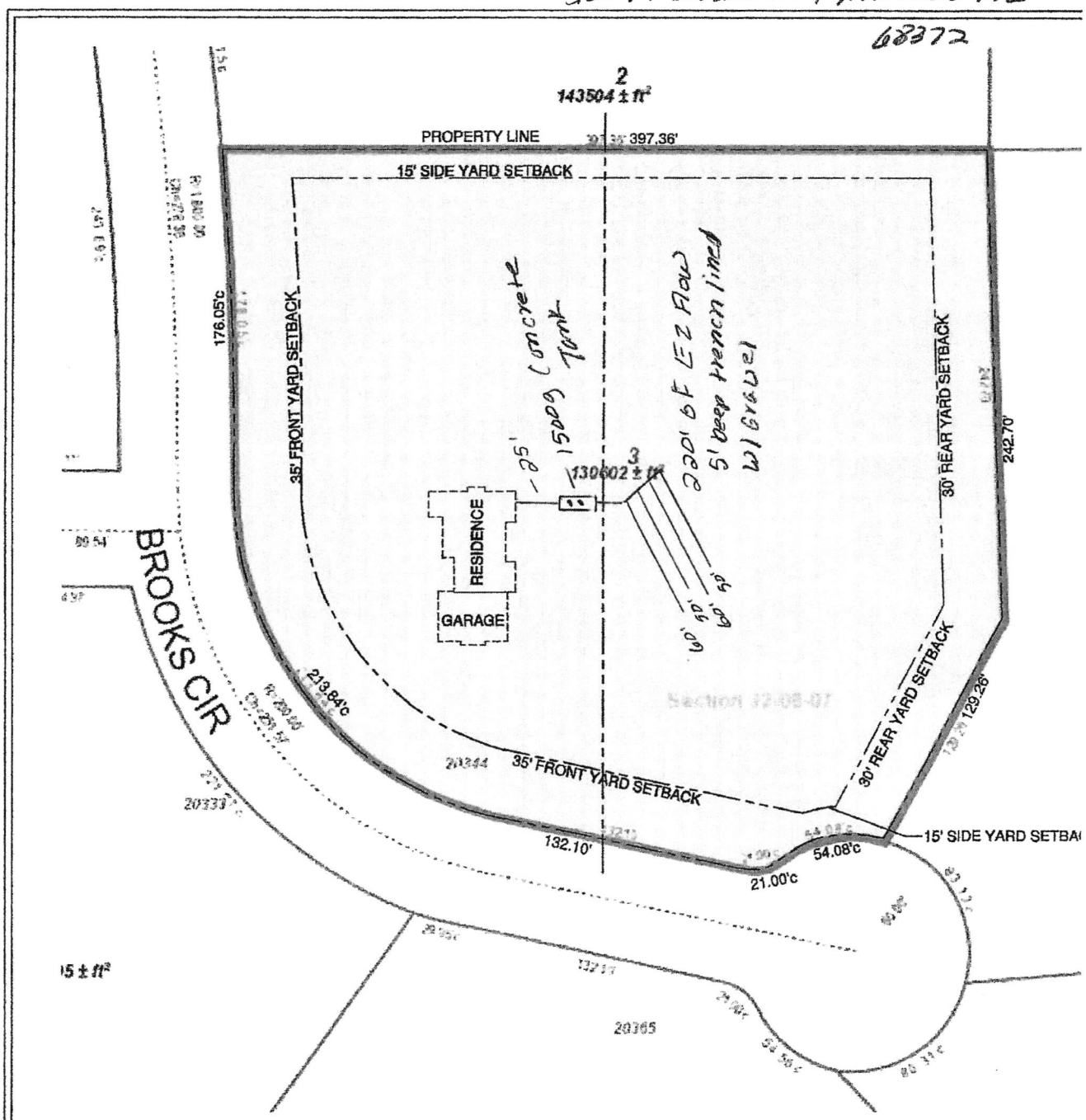
No. of Absorption Trenches 4 Width 38" No. of Drop Boxes 1 Distribution Box _____

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

Installer Ravi L. Jakkamsetti Date: 4/17/23

Updated 2/18

20344 Brooks Cir. Hickman NE 68372



Parker Residence	CSO Designs	Drawings are not designed by Engineer therefore all structural components to be determined by Contractor. Contractor must follow all local and state codes for the building area. Local and state code will override drawing. Drawings Are Property of CSO Designs © 2015.	SITE
Designer: Cory Ostrander	Hickman, Nebraska 402.310.3511		Scale:

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. HS002528

System Type: Standard

Situs: No Site Address Specified

Issued: 4/24/2023

Expires: 4/24/2024

Description: SALT CREEK RESERVE, Lot 3

Owner: PARKER, CHAD & DEIDRA
1310 RIDGE RD
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

RAYMOND CONTRACTING INC
13800 NW 70TH ST
RAYMOND, NE 68428

SCANNED

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

A

Permit Number #S002578

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* 20344 Brooks Cir (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) 3 (Block) (Addition) (Lot)

PID 15-32-401-003-000 *Approx. Address (If to be determined)

B. Owner

Name Chad Parker Signature Chad O Parker

Address 1310 Ridge Rd City/State/Zip Hickman, NE 68372

Home Phone 402-560-6998 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 3 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 7/25/23
Comments
Date rec'd 4/24/23
Date frwd 4/24/23
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 Brick
Date 8/1/23

Business Office Use Only
Date Received 4-20-23 Amount Paid $476.00
Received By JAS Cash/Check No. 105040

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: HS 002528

Onsite Wastewater Treatment System

Inspection Sheet

Date 8/1/23 Legal Description _____

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 20344 Brooke Circle 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 990 Sq. Ft. Tank Size 1,500 gals

Total length of laterals 220 Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☒ Other (describe) EZ Flow

No. of Absorption Laterals 2 Width 45 Infacta 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 NA

Lateral #2 _____ Lateral #4 _____

Comments:

Inspections prior to Final Approval
Initial DJ Date 7/25/23

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By Doug Huse
Date 8/1/23

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: HS002528

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 = 15-32-401-003-000

Address or Legal Description or Parcel Identification Number (PID) 20344 Brooks Circ, Hickmann, NE 68372

Owner: Chad Parker Address 1310 Ridge Rd, Hickman, NE 68372

A. Wastewater Piping

1. Material: SDR26 Diameter: 4 in.
2. Distance between dwelling and septic tank: 58 ft.

B. Septic Tank

1. Material Concrete
2. Capacity: 1500g
3. Depth to top of tank, below unfinished grade: 16-20 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: 41 ft. NE

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: 2 Depth: 5'-5.5' deep lined with 1'-2' of gravel
3. Length of each lateral (linear): ft. 110 ft. 110 ft. ____ ft. ____
4. Drainfield size: 990 sq. ft.
5. Distance to:
   Well N/A ft. +
   Pressure line N/A ft. +
   Property line 50 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:

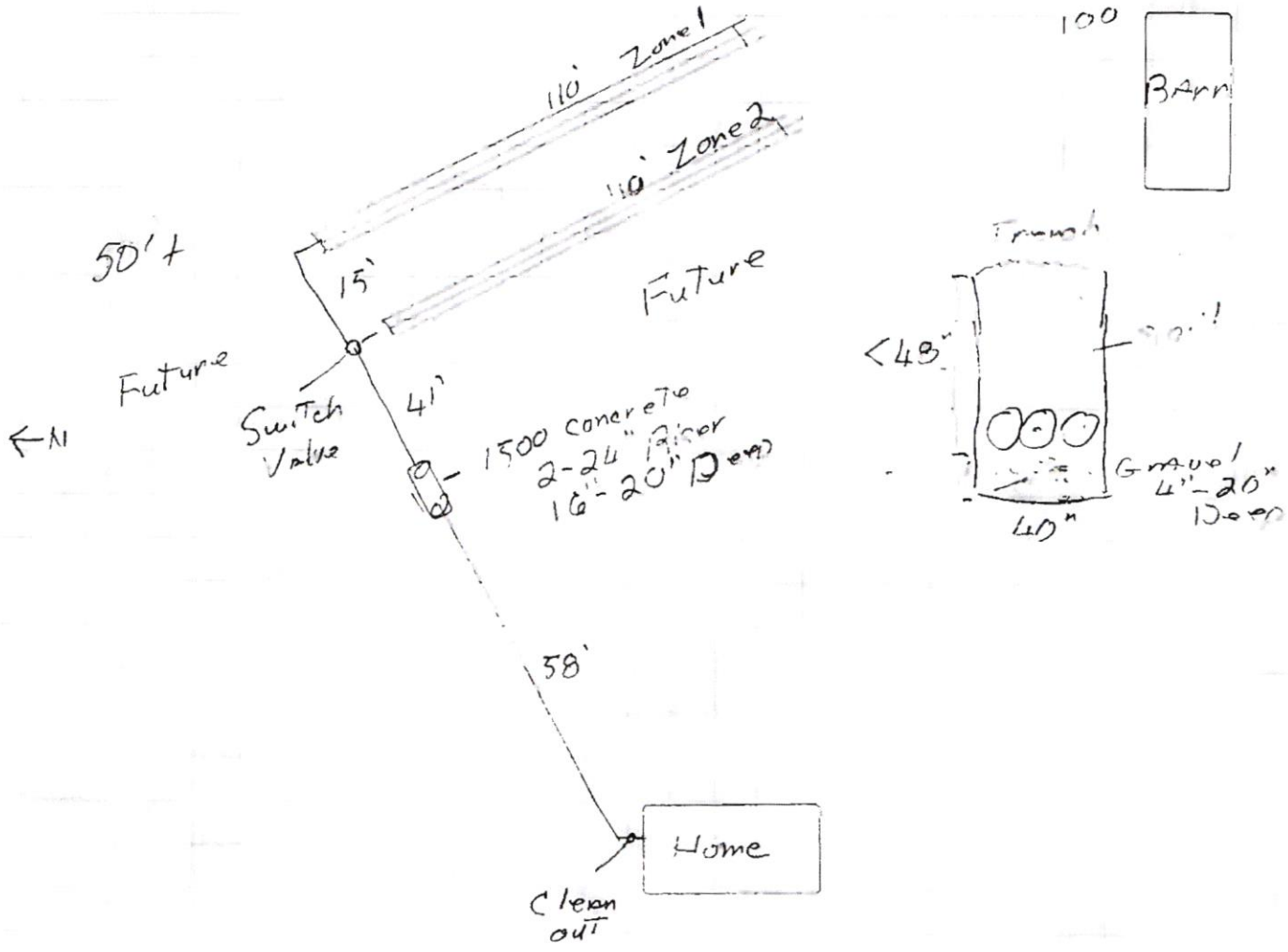
I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: Neri L. Jahnke Date: 7/25/23

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

20344 Brooks Cir
Hickam NE 68372
3 Bed Room yes/NO
49 mpi
1500g Tank
220' EZ Flow
50"- 70" Deep
with Gravel

75'+



Rural water

7/25/23

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