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

A

Permit Number HS002547

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 SALT Creek reserve 1st addition Lot 8 — 8

1/4	1/4	Section	Township	Range	Subdivison	Addition	Block	Lot
		32	T8	R7				

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

B. Owner

Name Andrew & Krista Stoner Signature

Address 235 Orchard Pl City/State/Zip Hickman, Ne 68372

Home Phone Work Phone

C. Certified Installer

Name: Trevor McDonald Signature

Address P.O. Box 85372 City/State/Zip Lincoln, Ne 68501

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 over 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 5-24-23 Amount Paid $460
Received By JKS Cash/Check No. 1660

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

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 19885 Emersyn Point (no rural route) City Hickman NE, Zip 68372

Owner Andrew & Krista Stoner Address 235 Orchard Pl Hickman, Ne 68372

Date of Tests 4/23 to 4/24 Weather: Precipitation none 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			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	36	4/23	10:00	4/24	10:00	4/24	10:00	6	4/24	10:30	30 min	.75	40
2	"	"	"	"	"	"	"	6	"	"	"	.75	40
3	"	"	"	"	"	"	"	6	"	"	"	1in	30
4	"	"	"	"	"	"	"	6	"	"	"	1in	30
5	"	"	"	"	"	"	"	6	"	"	"	1in	30
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Trevor McDonald
Phone: 402-770-9397
Address P.O. Box 85372
Lincoln, Ne 68501

Sum of Percolation Rates: 170
Average of Rates: 34
Rate Used for Calculation: 30-40

Soil type (NRCS Maps/Other)
Groundwater Depth over 7 feet

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official Date

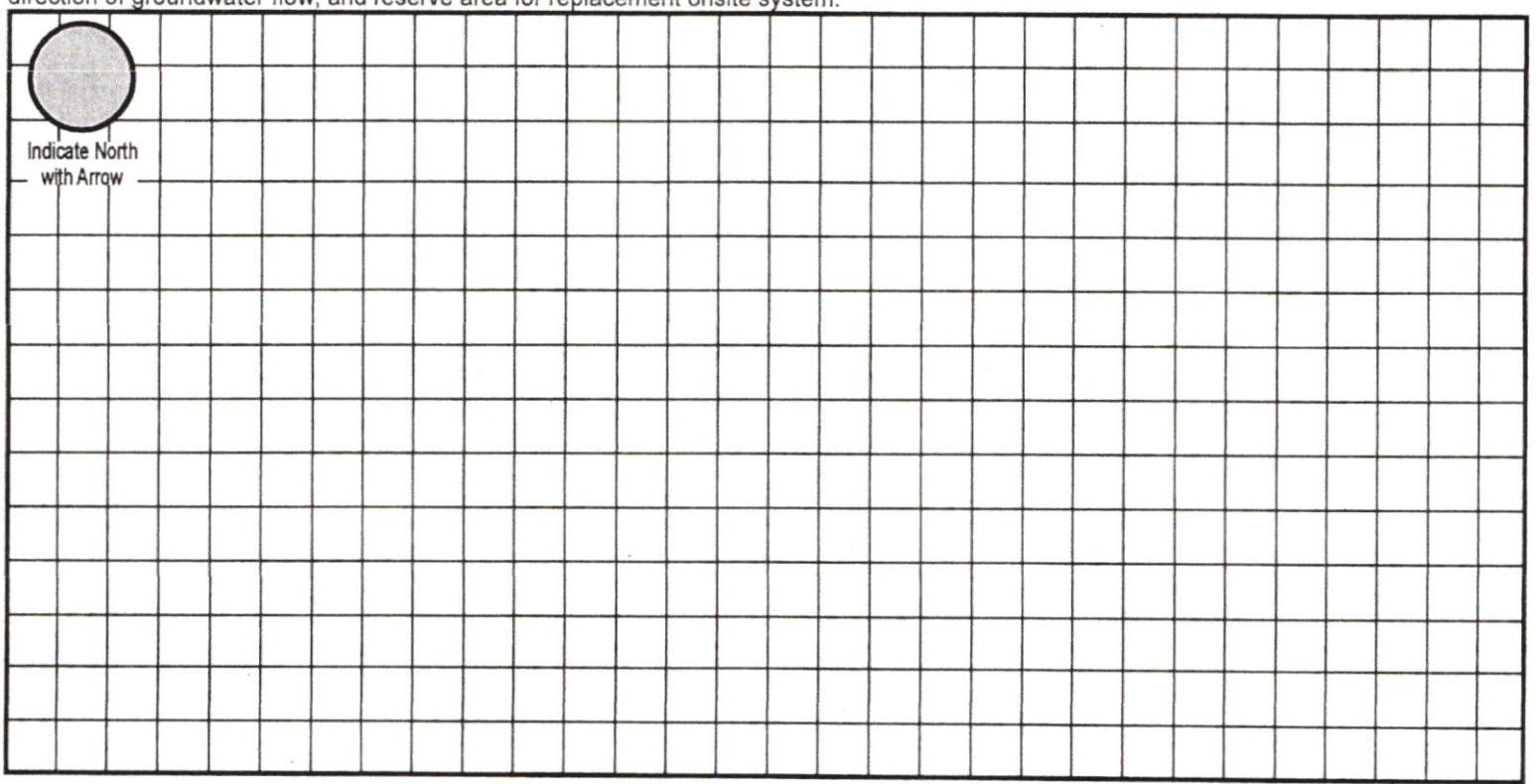
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

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) 19885 Emersyn Point 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 30-40 (min/inch = mpi) No. of Bedrooms 5 Soil Type 7647 Wymore Land Slope _____ %

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

Total length of laterals 306 ft 370 ft w/ over sized Type of Distribution: ☐ Perforated Pipe ☐ Half-Round ☐ Chambers ☑ Other Poly Ethy.

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

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

Installer _____ 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. HS002547

System Type: Standard

Situs: No Site Address Specified

Issued: 5/25/2023

Expires: 5/25/2024

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

TREVOR MCDONALD
PO BOX 85372
LINCOLN, NE 68501

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

SCANNED

A

Permit Number HS002547

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 SALT Creek reserve 1st addition Lot 8 B
1/4 1/4 Section 32 Township T8 Range R7 Subdivison Addition Block Lot

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

B. Owner

Name Andrew & Kristen Stoner Signature

Address 235 Orchard Pl City/State/Zip Hickman, Ne 68372

Home Phone Work Phone

C. Certified Installer

Name: Trevor McDonald Signature

Address P.O. Box 85372 City/State/Zip Lincoln, Nc 68501

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 over 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 5/24/23
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

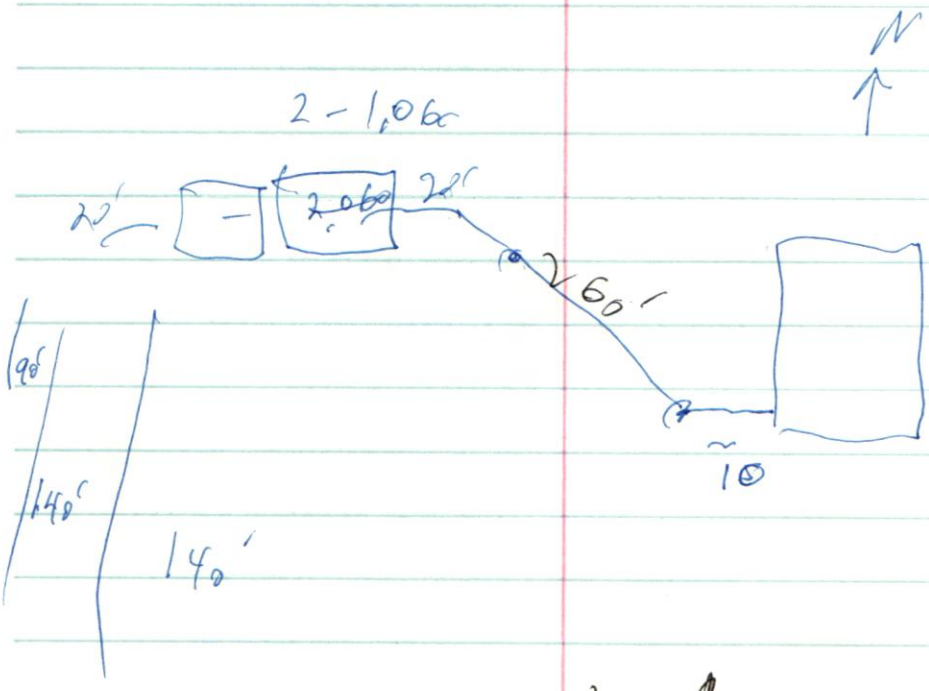
3. City or County Engineer
Comments
Date rec'd
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature

Installation Final Written Approval
By Doug Arved
Date 6/5/23

Business Office Use Only
Date Received 5-24-23 Amount Paid $460
Received By JH Cash/Check No. 1660

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

Form A Updated: 4/15



5/24/23

1160

46.72

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

Exhibit 5

Permit Number: HS002547

Onsite Wastewater Treatment System

Inspection Sheet

Date 6/5/23 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 1,665 Sq. Ft. Tank Size 2-1,060 gals 2,120 total

Total length of laterals 370' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☒ Other (describe) EQ Flow

No. of Absorption Laterals 3 Width 4.5 factor No. of Drop Boxes _____ Distribution Box _____

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 BS Date 5/24/23

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By Doug Mus

Date 6/5/23

Field Note Drawing (See Reverse Side):

REC'D JUN 05 2023

D

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

Permit Number: HS002547

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) 19885 Emerson Point

Owner: Andrew & Kristen Stoner Address 235 Orchard Pl

A. Wastewater Piping

1. Material: SDR 26 Diameter: 4 in.
2. Distance between dwelling and septic tank: 125 ft.

B. Septic Tank

1. Material Plastic infiltrator
2. Capacity: 2,120 Gallons
3. Depth to top of tank, below unfinished grade: 24 in.
4. Distance to:
   Well over 500 ft.
   Pressure line over 100 ft
   Property Line 25 ft.
   Foundation 125 ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: 5 ft. West

D. Drainfield/Absorption Field

☑ Trench ☐ Bed

1. Type: ☑ Perforated Pipe ☐ Chamberless ☐ Other
   Material brand and inside width of Chamberless:
   1203 E2 Flow
2. Number of Laterals: 3
3. Length of each lataral (linear): ft. 140 ft. 140 ft. 90 ft.
4. Drainfield size: 1665 sq. ft.
5. Distance to:
   Well over 500 ft.
   Pressure line over 100 ft.
   Property line 25 ft.
   Depth of Groundwater over 7 feet

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

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

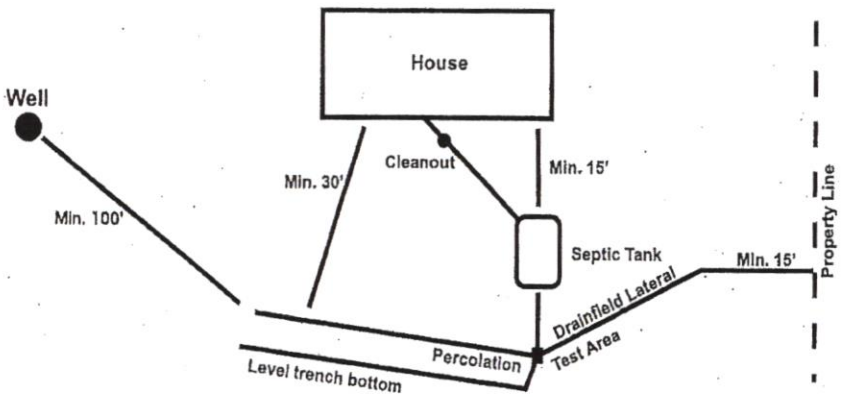
I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: _____ Date: _____

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

Indicate North
w/ Arrow Here:

Onsite Wastewater System Design (Example)



*Note-If Lagoon, show all applicable dimensions

Emerson Point

19885 Emerson Point

C/O

10 feet

C/O

65 feet

15 feet

2 x 1000 Gallon Infiltrator

6 feet

140 feet

140 feet

90 feet