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

A

Permit Number HS002593

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* 18610 S 68TH (no rural route) City HICKMAN NE Zip 68372

Legal Description 27 8 7 6TH PRINCIPAL MERIDIAN WIZKADZ ADDITION T 50 SW

1/4 32 1/4 DU Section Township Range Subdivison Addition Block Lot

PID 15-27-~~300~~ 32 ~~004~~ DU-000 *Approx. Address (If to be determined)

B. Owner

Name VAN & BECKY O'CONNER Signature

Address 18610 S 68TH ST City/State/Zip HICKMAN, NE 68372

Home Phone Work Phone

C. Certified Installer

Name: JAIME KUBIK Signature

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

Work Phone 402-475-2462

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 Whirlpool Bathtub? ☐ Yes ☐ No Total Acres

Garbage Grinder? ☐ Yes ☐ No

☒ ~~Commercial Establishment~~/Other Facility Specify CONVENIENCE BATH Design flow in gallons per day 20

Type of Wastewater ☒ Domestic ☐ Non-Domestic 20 ~~GAL~~ × .20 × 7.75 = 31 sq ft EZ Flow

DO NOT WRITE BELOW THIS LINE

Approval Process

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 9-25-23 Amount Paid $470

Received By JAD Cash/Check No 00214

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 18610 S 68th Street (no rural route) City Hickman NE, Zip 68372

Owner Van and Becky O'Conner Address

Date of Tests Sept 5, 2023 to Sept 6, 2023 Weather: Precipitation none Temperature 80 degrees

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 Water Lev (in.)	End				
Hole No.	Hole Depth(in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)		Date (Mo/Da)	Time (Hr/Min)	Elapsed Time Interval	Water Level Drop(in)	Percolation Rates (Min/in = mpi)
1	30 inches	9/5	5:00 pm	9/6	8:00 am	9/6	11:30 am	6	12:00 pm	9/6	30 min	5/8	48
2	30 inches	9/5	5:00 pm	9/6	8:00 am	9/6	11:30 am	6	12:00 pm	9/6	30 min	5/8	48
3	30 inches	9/5	5:00 pm	9/6	8:00 am	9/6	11:30 am	6	12:00 pm	9/6	30 min	1/2	60
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								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Jason Kubik
Phone: 402-475-2462
Address P.O. Box 191
Hickman, NE 68372

Sum of Percolation Rates: 216
Average of Rates: 54
Rate Used for Calculation: 59

Soil type (NRCS Maps/Other) 7231 Judson
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. HS002593

System Type: Standard

Situs: No Site Address Specified

Issued: 9/26/2023

Expires: 9/26/2024

Description: WIZKIDZ ADDITION, Lot 1

Owner: O'CONNOR, VAN A & REBECCA A
18610 S 68TH ST
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

JAIME KUBIK
PO BOX 191
HICKMAN, NE 68372

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

SCANNED

A

Permit Number HS002593

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

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Legal Description 27 8 7 6TH PRINCIPAL MERIDIAN WICKADZ ADDITION 50 T 5W

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PID 15-27-~~300~~ 32 ~~004~~ DU-000 *Approx. Address (If to be determined)

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Type of Wastewater ☒ Domestic ☐ Non-Domestic 20 ~~GAL~~ x .20 x 7.75 = 31 sq ft ~~EZ~~ Flow

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Approval Process

1. Health Department

Site visits 10/26/23

Comments

Date rec'd 9/26/23
Date frwd 9/26/23

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
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ACTION ☐ Approved ☐ Disapproved
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Installation Final Written Approval

By Doug Mrsny

Date 10/27/23

Business Office Use Only

Date Received 9-25-23 Amount Paid $470
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White - Health Department Yellow - Engineer Pink - Building & Safety

Form A Updated: 4/15

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

Exhibit 5

Permit Number: HS00 2593

Onsite Wastewater Treatment System

Inspection Sheet

Date 10/27/23 Legal Description _____

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 18610 S, 68th City _____

Owner _____ Address _____

Mark One: ☑ Dwelling ☑ Non-dwelling Bathroom in a garage

☑ 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

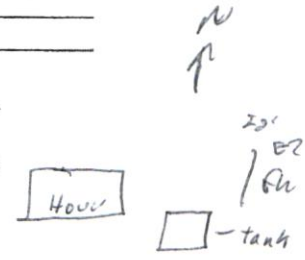
Total square feet of drainfield 31 Sq. Ft. Tank Size 1,000 gals

Total length of laterals 20' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☐ Other (describe) EZ Flow

_____

No. of Absorption Laterals 1 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 _____

Lateral #1 _____ Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments:

Inspections prior to Final Approval
Initial DS Date 10/26/23

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By Dean Thul

Date 10/27/23

Field Note Drawing (See Reverse Side):

D

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

Permit Number: 1450025 93

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) 15-27-321-001-000

Owner: VAN O'CONNER Address 18610 S 68TH ST HICKMAN, NE 68372

A. Wastewater Piping

1. Material: SCH 40 Diameter: 4 in.
2. Distance between dwelling and septic tank: 71 ft.

B. Septic Tank

1. Material CONCRETE
2. Capacity: 1000
3. Depth to top of tank, below unfinished grade: ____ in.
4. Distance to:
   Well +100 ft.
   Pressure line +50 ft
   Property Line +50 ft.
   Foundation 71 ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: ____ ft. ____

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☐ Other
   Material brand and inside width of Chamberless: EZ Flow 1203
2. Number of Laterals: 2
3. Length of each lateral (linear): ft. 10 ft. 10 ft. ____ ft. ____
4. Drainfield size: 90 sq. ft.
5. Distance to:
   Well +100 ft.
   Pressure line +50 ft.
   Property line +50 ft.
   Depth of Groundwater +12

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

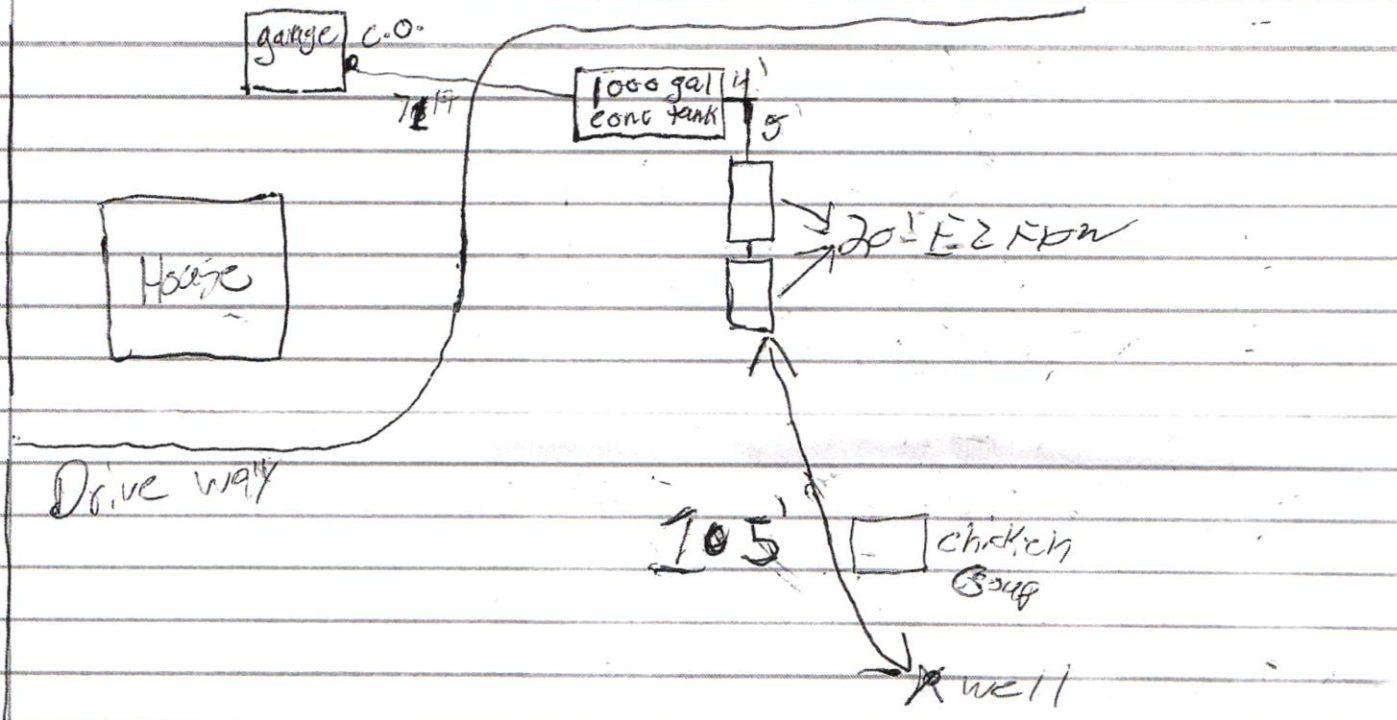
If Yes, the Certified Professional must sign below for final approval:

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: [signature] Date DEC 20, 2023

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

18610 S. 68th


68th St
garage
c.o.
1000 gal
conc tank
House
Drive way
105'
chicken
coop
well

Lincoln-Lancaster County Health Department (LLCHD)
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