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

MAY 27 2015

A

Permit Number
HS001070

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 9100 Wagon Train Rd (no rural route) City Hickman, NE Zip 68372

Legal Description _____

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

PID 15-35-200-017-000

B. Owner Nate + Jessica Maahs

Name [redacted] Signature _____

Address 9100 Wagon Train Rd City/State/Zip Hickman NE 68372

Home Phone _____ Work Phone _____

C. Certified Installer

Name: Nathan Peterson Signature Nathan

Address 7701 Cornhusker Hwy Suite 5 City/State/Zip Lincoln NE 68507

Work Phone 402-202-8130

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 4 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 24.33
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 _____ Date frwd _____
Comments _____
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 5-27-15 Amount Paid $375.00
Received By SB Cash/Check No. 4840

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

Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3140 N Street Lincoln, Nebraska 68510-1514

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT
No. HS001070

System Type: Lagoon

Situs: 9100 WAGON TRAIN RD, RURAL, NE

Issued: 5/27/2015

Expires: 5/27/2016

Description: S35, T8, R7, 6th Principal Meridian, LOT 31 NE

Owner: BAUMAN, MITCHEL D & CYNTHIA L &
JESSICA A
9100 WAGON TRAIN RD
HICKMAN, NE 68372

Judith A Halstead
Judith A. Halstead, MS, 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.

Judith A Halstead
Judith A. Halstead, MS
Health Director

INFINITY EXCAVATING LLC
7701 CORNHUSKER HWY, STE 5
LINCOLN, NE 68507

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

Exhibit 6

Permit Number: HS001670

4 bedrooms

Onsite Wastewater Treatment System-Lagoon

Inspection Sheet

Date 12/8/15 Legal Description Lot 31 35 / 8 / 7
¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 9100 Wagon Train Rd City Hickman

Owner Nate & Jessica Mauhs Address

Mark One: ☐ Dwelling ☐ Non-dwelling

☒ New System ☐ Repair

☐ Temporary modification (Describe problem causing discharge and reason for temporary modification): _____

Lagoon constructed so not to receive surface water	Yes X No ___
Lagoon floor is level	Yes X No ___
Lagoon is equipped with a depth gage/concrete slab	Yes X No ___
Influent line is at least 4 inches and slopes no less than 1/8 inch	
Clean outs located every 75 feet and one located 1 foot about highest water level	Yes X No ___
Inside slope not steeper than three horizontal to one vertical	Yes X No ___
Minimum width of the top of the dike shall be 4 feet	Yes ___ No ___
Fence installed	Yes ___ No X

Top of the Dike 73' Bottom of Lagoon ____ Design Flow 375 gpd

Fenced but no locu

Setbacks (Check the Boxes Below if the Required Setback has been Satisfied):

corrected 12/10 HD

Surface Water distance from Water Mark	Private Drinking Water Wells	Public Drinking Water Supply Wells		All Other Water Wells	Property Lines	Trees and Brush	Neighbor's Foundation		All Other Setbacks
50 ft ☒	100 ft ☒	Non-Community	100ft ☒	100ft ☒	50ft ☒	50ft ☒	Class 1	200ft ☒	☒
		Community	* ☒				Class 2	200ft ☒	
							Class 3	100ft ☒	

*Evaluated by a professional engineer for potential impact on the well and submitted to Dept. for approval if less than 1000ft.

Geographical Coordinates to 6 Decimals: _____

Dike North side

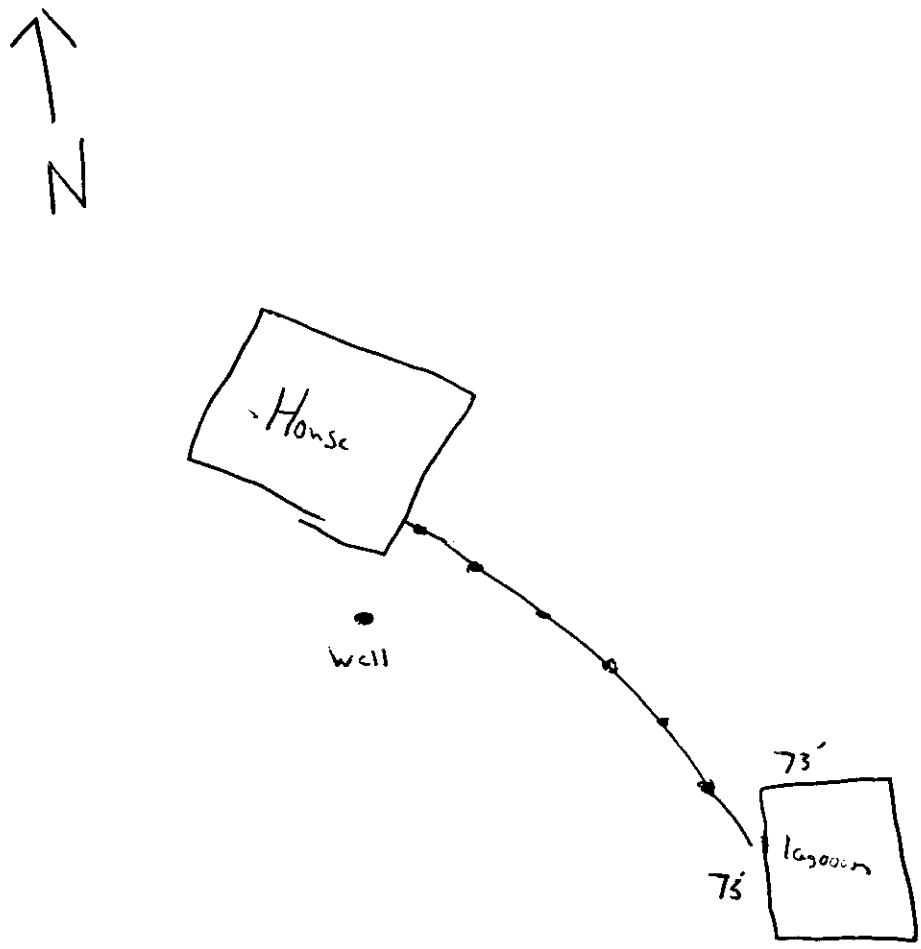
Comments:

12/10 Did not do reinspection. Was contacted about lock on gate. TL Dw

Updated 4/15

Inspections prior to Final Approval
Initial _____ Date _____
Follow-Up _____ Date _____
Follow-Up _____ Date _____

Installation Final Written Approval
By TL Dw
Date 12/10/15


N
House
well
73'
75'
lagoon