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

A

Permit Number
H5001092

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 8400 WAGON TRAIN RD City HICKMAN, NE Zip 68372
(no rural route)

Legal Description 35 8 7 6TH PRINCIPLE MERIDIAN 27NW
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 15-35-100-003-000

B. Owner

Name MATTHEW CLEMENS Signature

Address City/State/Zip

Home Phone Work Phone

C. Certified Installer

Name: JAIME KUBIK Signature Jaime Kubik

Address 105 LOCUST STREET 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 4 Whirlpool Bathtub? ☒ Yes ☐ No Total Acres 5
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 7-2-15 Amount Paid $375.00
Received By SB Cash/Check No. 8980

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. HS001092

System Type: Lagoon

Situs: 8400 WAGON TRAIN RD, RURAL, NE

Issued: 7/8/2015

Expires: 7/8/2016

Description: S35, T8, R7, 6th Principal Meridian, LOT 27 NW

Owner: CLEMENS, MATTHEW J & HEATHER S
8400 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

MATTHEW CLEMENS
LINCOLN, NE

Lincoln-Lancaster County Health Department (LLCHD)
Environmental Public Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

B

Permit Number: HS001092

Onsite Wastewater Treatment System

Soil Evaluation Report

PLEASE PRINT OR TYPE

PID 15-35-100-003-000

Onsite System Location

Address 8400 Wagontrain Rd (no rural route) City Hickman NE, Zip 68372

Owner Matthew Clemens Address Same

Date of Tests 11/9/15 to 11/10/15 Weather: Precipitation 0 Temperature 55

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			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	28	11/9	1:15	11/10	9:00	11/10	12:30	6	11/10	1:00	30	1/2	60
2	28	11/9	1:15	11/10	9:00	11/10	12:30	6	11/10	1:00	30	5/8	48
3	28	11/9	1:15	11/10	9:00	11/10	12:30	6	11/10	1:00	30	1/2	60
4	28	11/9	1:15	11/10	9:00	11/10	12:30	6	11/10	1:00	30	1/2	60
5	28	11/9	1:15	11/10	9:00	11/10	12:30	6	11/10	1:00	30	3/4	40
6	28	11/9	1:15	11/10	9:00	11/10	12:30	6	11/10	1:00	30	3/4	40
								6					
								6					

Person Conducting Percolation Test

Name: Jason Kubik

Phone: 402-440-7606

Address 105 Locust St Hickman NE 68372

Soil type (NRCS Maps/Other) 74A Otoe

Groundwater Depth >12

Sum of Percolation Rates: 288

Average of Rates: 48

Rate Used for Calculation: 59

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
3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

Exhibit 5

Permit Number: HS001092

Onsite Wastewater Treatment System

Inspection Sheet

Date 11/25 Legal Description _____
¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 8400 Wagon Train Rd City Hickman

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 292 Sq. Ft. Tank Size 1500 gals

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

_____

No. of Absorption Laterals 6 Width — No. of Drop Boxes — Distribution Box 1

Leveling Method Used _____

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 ☒

4 Lateral Field Covered prior to arrival

Geographical Coordinates to 6 Decimals:

Tank_____

Lateral #1_____ Lateral #3_____

Lateral #2_____ Lateral #4_____

Comments:

Inspections prior to Final Approval
Initial _____ Date _____

Follow-Up_____ Date _____

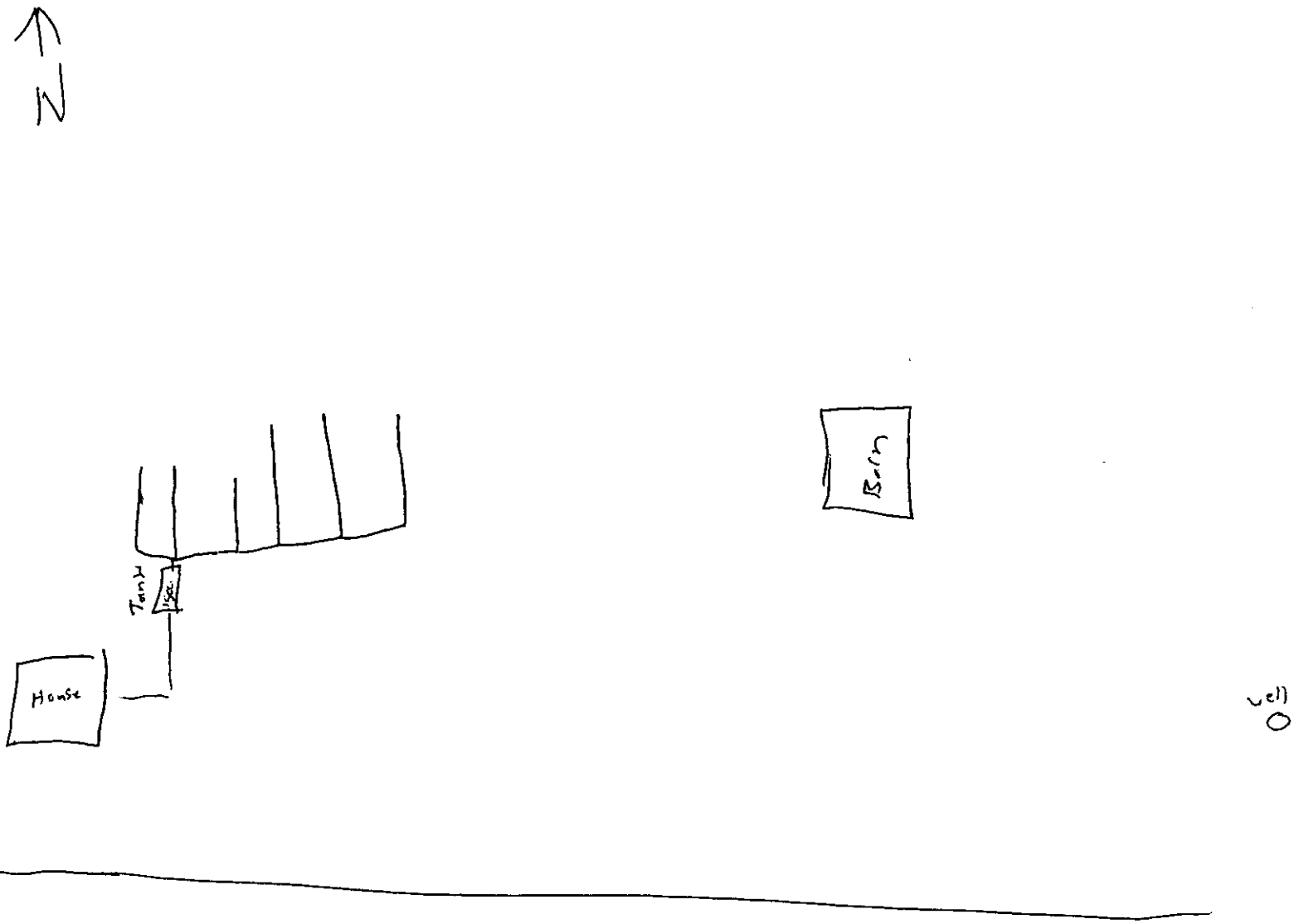
Follow-Up_____ Date _____

Installation Final Written Approval
By K Ow

Date 11/25/15

Field Note Drawing (See Reverse Side):

Updated 4/15


N
Barn
Tank
Pipe
House
Well