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

OCT 2 5 2016

A

Permit Number
HS001358

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 (DANTZER ESTATES Lot 3) 27, 8N, 7E

Address 8001 Mattel Rd. (no rural route) City Hickman, NE Zip 68372

Legal Description 27 8 7-E
1/4 1/4 Section Township Range Subdivison Addition Block Lot

Geographical Location (if known): Lat/Long: PID 15-27-201-002-000 SB

B. Owner

Name Will Volzke Signature

Address P.O. Box 64 City/State/Zip Firth, NE 68358

Home Phone (402) 326-3648 Work Phone

C. Certified Installer

Name: Scott Subsoil Signature Scott Subsoil

Address 1012 Co Rd M City/State/Zip Mead NE 68041

Work Phone 402-443-6549

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 Is there a Whirlpool Bathtub? ☑ Yes ☐ No Total Acres 5+

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day

Type of Wastewater ☑ Domestic ☐ Non-Domestic Well Permit Applied for ☐ Yes ☐ No ☐ Not Applicable

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
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 10-25-16 Amount Paid $395
Received By SB Cash/Check No. 1104

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

Form A Updated: 5/10

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. HS001358

System Type: Lagoon

Situs: 8001 MARTELL RD, RURAL, NE

Issued: 10/31/2016

Expires: 10/31/2017

Description: JANTZEN ESTATES, Lot 2

Owner: JANTZEN, KEITH A & SONIA J
8001 MARTELL 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

SUBBERT WELL & SEPTIC
1012 CO RD M
MEAD, NE 68041

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

OK JF 6/8/17

Exhibit 5

Permit Number: HS001358

Onsite Wastewater Treatment System

Inspection Sheet

Date 5/31 Legal Description ____ ¼ ¼ 27/8N/7E Section/Township/Range

Onsite System Location

Address (no rural route) 7845 Martell Rd City Hickman

Owner Will Volzke 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 1,500 Sq. Ft. Tank Size 2000 gals

Total length of laterals 300 Type of Distribution: ☒ Chamber ❑ Perforated Pipe ❑ Other (describe) ____

No. of Absorption Laterals 2 Width 60" No. of Drop Boxes — Distribution Box 1

Leveling Method Used ____

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

Rural

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:

Rural water / Chambers covered with gravel

Inspections prior to Final Approval
Initial KDN Date 5/31/17

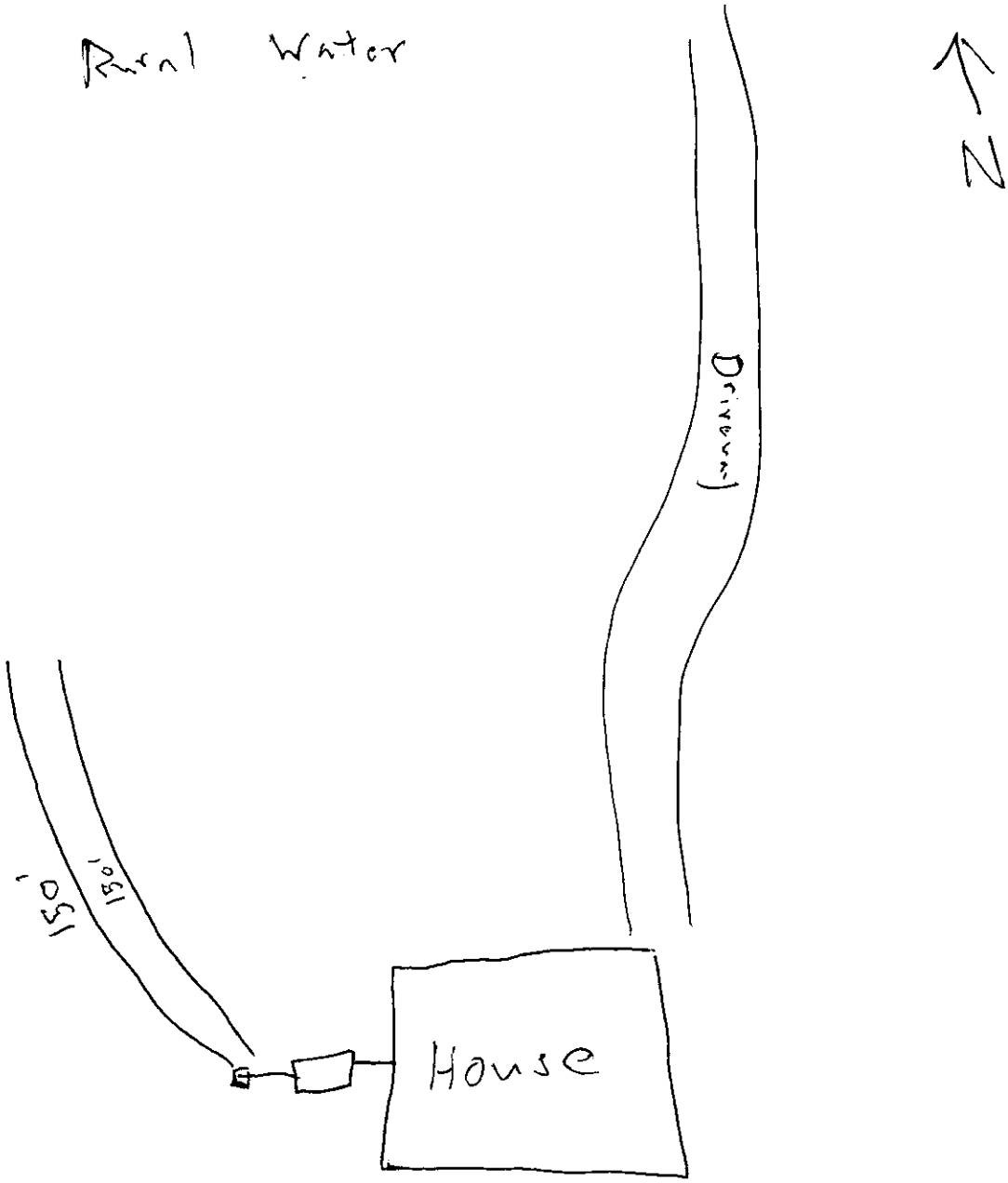
Follow-Up ____ Date ____

Follow-Up ____ Date ____

Installation Final Written Approval
By KDN

Date 5/31/17

Field Note Drawing (See Reverse Side):


Rural Water
N
Driveway
150'
150'
House

Attention: NATE

Nebraska DEQ

Onsite Wastewater Treatment System
Soil Percolation Test Data Sheet

Owner Name Max Neighbors / Will Volzke Phone 402-432-1688

Address 7855 Hickman City Ne State 68372 Zip

Location (Attach a sketch of the property showing test hole locations)

__ __ 27 Section 8 Township 7E Range LANCASTER County

Lot # _____ Subdivision _____

Soil Type (Check one)

Sand ___ Silt ___ Clay ___ Sandy Clay ___ Loamy Sand ___ Silty Clay ___

Silty Clay Loam ✓ Sandy Loam ___ Silt Loam ___

Dates of Test

Start Date 5/25 to End Date 5/26, 2017

Weather Conditions

Precipitation 0 Avg. Temp 60 °F

Percolation Test Measurements and Data

		Pre-saturation Period				*Percolation Readings (last period)*					*Results*		
		Start		*End*		*Start*			*End*				
Hole No.	*Hole Depth (in.)*	*Date (Mo./ Day)*	*Time (Hr./ Min)*	*Date (Mo./ Day)*	*Time (Hr./ Min)*	*Date (Mo./ Day)*	*Time (Hr./ Min)*	*Water Level (inch)*	*Time (Hr./ Min)*	*Water Level Drop (inch)*	*Elapsed Time (minutes)*	*Drop in Water Level (inches)*	*Percolation Rate (t ÷ ni) (minutes per inch)*
1	30	5/25	9:00	5/26	9:30	5/26	10:00	10	10:30	9	10	1	30
2	32	"	"	"	"	"	"	8	"	7	"	1	30
3	30	"	"	"	"	"	"	12	"	10 1/4	"	1 1/4	25
4	28	"	"	"	"	"	"	14	"	12 1/3	"	1 1/4	25

Tests must be performed by a certified professional, a professional engineer or a registered environmental health specialist.

Scott Pickett
Signature

Certificate or License # C1996

Address 1012 CO RD M

City MEAD St. NE Zip 68041

Phone 402-443-6549

Sum of Percolation Rates = 11.0

Avg. of Percolation Rates* = (sum of rates ÷ number of tests) (minutes per inch) 27.5

* If rates vary by more than 20 min/in., do not average. Use slowest rate measured for sizing soil absorption area.

Version 8-2012

Nate C. Hartman

From: Heidi Hoglund <HeidiH@hickman.ne.gov>
Sent: Tuesday, October 25, 2016 8:54 AM
To: Nate C. Hartman
Subject: Jantzen Estates Block 1, Lot 3

Mr. Hartman –

The City of Hickman has no objections for an onsite wastewater removal system or lagoon placed on Block 1, Lot 3 of Jantzen Estates Subdivision. This subdivision is within the City of Hickman's one mile extraterritorial jurisdiction.

Sincerely,

Heidi Hoglund, CFM
Director of Permits, Zoning and Codes Enforcement
City of Hickman
PO Box 127 Hickman Nebraska 68372
402.792.2212 phone
402.792.2210 fax