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

A

Permit Number HS000539

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 [illegible] (no rural route) City Roca NE Zip 68430

Legal Description NW NE 25 8 6e Meadowlark Hills Addition 1 7
1/4 1/4 Section Township Range Subdivison Addition Block Lot

Geographical Location (if known): Lat/Long: PID 08-25-201-007-000

B. Owner

Name George Hansen Signature [signature]

Address 7601 Cross Creek Ln City/State/Zip Lincoln NE 68516

Home Phone 402-488-9492 Work Phone 402-570-9402

C. Certified Installer

Name: Lloyd Jablonek. Raymond Contracting Signature [signature] for Lloyd

Address 13800 NW 70th St City/State/Zip Raymond. NE 68428

Work Phone 402-890-4009 or 402-783-2663

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 Is there a Whirlpool Bathtub? ☒ Yes ☐ No Total Acres 3.28

☐ 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 8/30/11
Date frwd 8/30/11
ACTION ☒ Approved ☐ Disapproved
Signature [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 8-31-11 Amount Paid 335.-
Received By BK Cash/Check No. 20161

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

Form A Updated: 5/10

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

A

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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 _____ (no rural route) City Roca NE Zip 68430

Legal Description NW 1/4 NE 1/4 25 Section 8 Township 6e Range Meadowlark Hills Subdivison Addition 1 Block 7 Lot

Geographical Location (if known): Lat/Long: _____ PID 08-25-201-007-000

B. Owner

Name George Hansen Signature _____

Address 7641 Cross Creek Ln City/State/Zip Lincoln NE 68516

Home Phone 402-488-9492 Work Phone 402-570-9402

C. Certified Installer

Name: Lloyd Jakubek, Raymond Contracting Signature Kevin L. Jakubek for Lloyd

Address 13800 NW 70th St City/State/Zip Raymond NE 68428

Work Phone 402-890-4009 or 402-783-2663

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 Is there a Whirlpool Bathtub? ☒ Yes ☐ No Total Acres 3.28

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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 8/30/11 Date frwd 8/30/11 ACTION ☒ Approved ☐ Disapproved Signature _____

2. Supt. Bldg. Insp. or Village Clerk Comments _____
Date rec'd 8-31-11 Date frwd 8-31-11 ACTION ☒ Approved ☐ Disapproved Signature _____

3. City or County Engineer Comments _____
Date rec'd 8-31-11 Date frwd 8-31-11 ACTION ☒ Approved ☐ Disapproved Signature Jim Playd

Installation Final Written Approval
By _____
Date _____

Business Office Use Only
Date Received _____ Amount Paid _____
Received By _____ Cash/Check No. _____

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

Form A Updated 5/10

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

A

Permit Number

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 Not Yet Available (no rural route) City Roca, NE Zip 68430

Legal Description NW NE 25 8 6 Meadowlark Hills Addition 1 7
1/4 1/4 Section Township Range Subdivison Addition Block Lot

Geographical Location (if known): Lat/Long: PID 08-25-201-007-000

B. Owner

Name George Hansen Signature

Address 7601 Cross Creek Ln City/State/Zip Lincoln NE 68516

Home Phone 402-488-9492 Work Phone 402-570-9402

C. Certified Installer

Name: Lloyd Jakoubek, Raymond Contracting Signature Lloyd Jakoubek for Lloyd

Address 13800 NW 70th St City/State/Zip Raymond NE 68428

Work Phone 402-890-4009 or 402-783-2663

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 Is there a Whirlpool Bathtub? ☒ Yes ☐ No Total Acres 3.28

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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 Date rec'd **ACTION** ☐ Approved ☐ Disapproved
Site visits Date frwd Signature

2. Supt. Bldg. Insp. or Village Clerk Date rec'd **ACTION** ☐ Approved ☐ Disapproved
Comments Date frwd Signature

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

Installation Final Written Approval
By

Date

Business Office Use Only
Date Received Amount Paid
Received By Cash/Check No.

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

Form A Updated: 5/10

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

B

Permit Number:

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

Block 1 Lot 7
Meadow Lark Hills Add

System Location (Indicate correct number and street)

Address _____ (no rural route) City Roca NE, Zip 68430

Owner George Hanson Address 7641 Cross Creek Cir Lincoln NE 68516

Soil Type (SCS): Pickrell Sandy Loam Percolation Rate: 30 min./inch

Date of Tests 7/20/11 to 7/21/11 Weather: Precipitation 0 Temperature 80°

Percolation Test Data Table

A.	B.	C. D. E. F. Pre-Saturation Period				G. H. I. J. K. Percolation Readings					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)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time (Min)	Water Level Drop (in)	Percolation Rates (Min/in)
1	26	7/20	9:15a	7/20	1:05a	7/21	11:50a	6	7/21	12:00p	10	2	5
2	21	"	"	"	"	"	"	"	"	"	10	1 9/16	6
3	21	"	"	"	"	"	2:30p	"	"	3:00p	30	1	30
4	23	"	"	"	"	"	"	"	"	"	30	1 11/16	18
5	21	"	"	"	"	"	11:50a	"	"	12:00p	10	1 1/4	8
6	22	"	"	"	"	"	"	"	"	"	10	1 7/16	7

Person Conducting Percolation Tests

Name: Terri L. Jirousek, Raymond Contracting, Inc.
Phone: 402-783-2003 or 402-890-3870
Address 13800 NW 70th St
Raymond, NE 68428 # C1198

Sum of Percolation Rates: 74
Average of Rates: 12
Rate Used for Calculation: 30 (20mpi Variance)

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

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

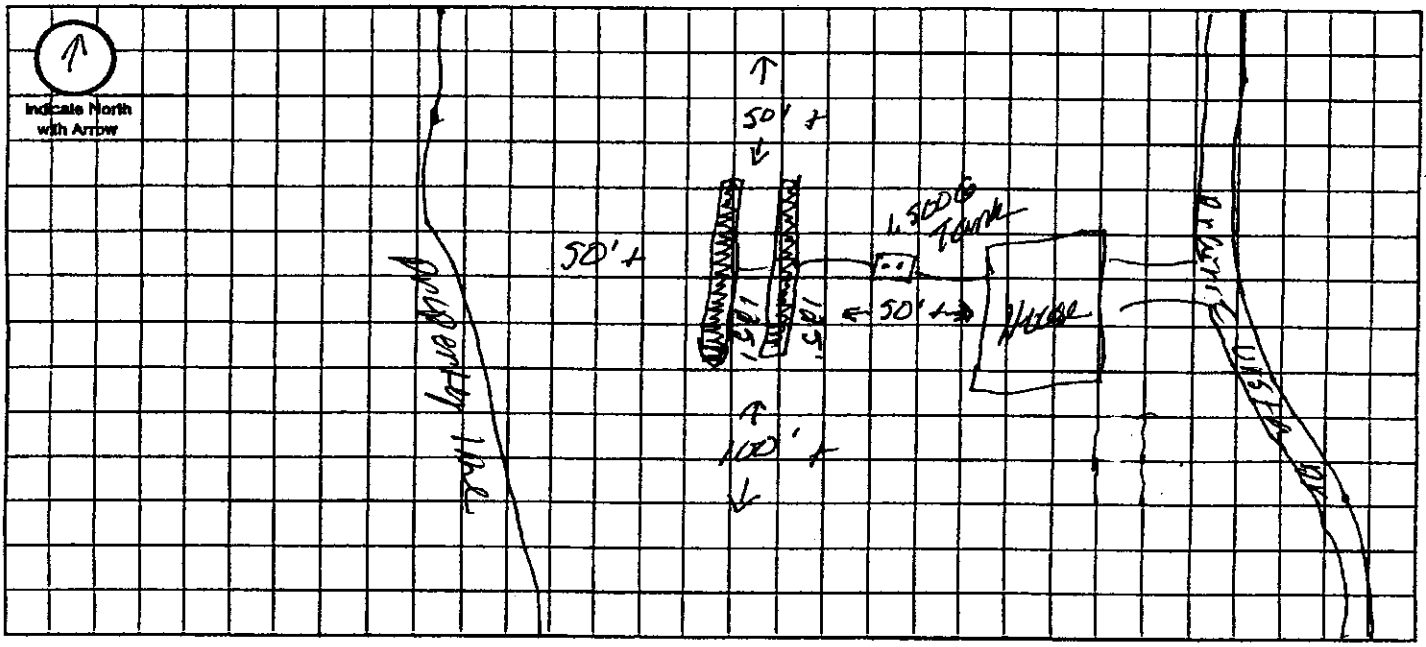
C

Permit Number:

Sewage Disposal System

Preliminary Plan Specifications

Draw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, compass direction and property lines. Indicate on drawing if residence and well are existing or proposed.



Approximate Scale: _____ ft. = _____ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) Meadowlark Hills Add Bl, Lot 7 City Roca NE, Zip 68430

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate 30 (min. per inch) Soil Type: Dickinson Sandy Loam Land Slope: _____ %

Type of Absorption System: ☒ Trench ☐ Bed ☐ Other _____

Total Square Feet of Field Required: 1,060 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☒ Other Lateral Material: ADS Gravelless chambers

Capacity of Septic Tank 1,500 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 250 ft. Number of Trenches 2 Trench Width 40"

D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☑	500 ☑	50 ☑	NA ☐	25 ☑	20 ☑	15 ☑	25 ☑	☑
Field (ft)	100 ☑	500 ☑	50 ☑	4 ☑	30 ☑	20 ☑	30 ☑	40 ☑	☑
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

E. Required Signatures

Home Building Contractor _____ Date 8/24/11

Installer _____ Date 8/24/11

FORM 23-102 10-96

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

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT

No. HS000539

System Type: STANDARD

Situs: T8N, R6E, Sec 25 Meadowlark Hills Add

Legal Description: T08N-R06E-S25-1-Lot 7

Owner:

Permit Fee:	$335.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$335.00

Issued:	08/31/2011
Expires:	08/30/2012

Judith A Halstead

Judith A. Halstead, MS, Health Director

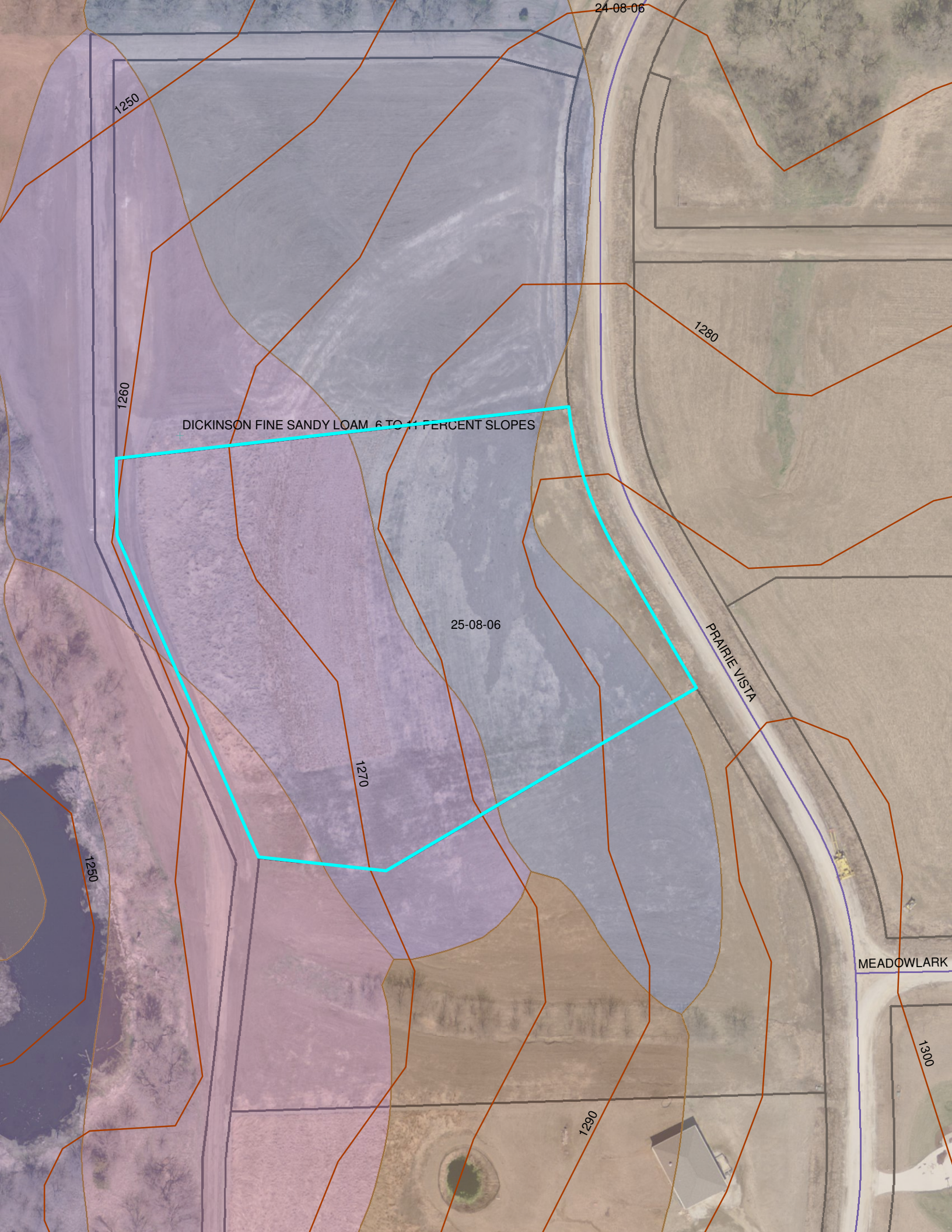
On-site Waste System Permit Holder:

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

REZAC CONSTRUCTION
140 N 1ST ST.
LINCOLN NE 68508


24-08-06
1250
1260
1280
DICKINSON FINE SANDY LOAM, 6 TO 11 PERCENT SLOPES
25-08-06
PRAIRIE VISTA
1270
1250
MEADOWLARK
1300
1290