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

JUN 26 2014

A

Permit Number
HS010922

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 1000 Rock Creek Road (no rural route) City RAYMOND, NE Zip 68428

Legal Description S14, T12, R6, 6TH PRINCIPAL MERIDIAN, LOT 3, SE

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

PID 13-14-400-003-000 SB

B. Owner BECKER CONSTRUCTION, INC.

Name TIM + JESSICA CRONIN Signature Brad Becker

Address 2549 COUNTY RD B. City/State/Zip VALPARAISO, NE 68065

Home Phone _____ Work Phone 402-416-3799

C. Certified Installer

Name: Ernst Well Drilling Inc. Signature _____

Address P.O. Box H City/State/Zip Milford, NE 68405

Work Phone 402-761-2281

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 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 6/26/14 Amount Paid 365.00
Received By SB Cash/Check No. 7033

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

Form A Updated: 1/13

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

JUN 2 6 2014

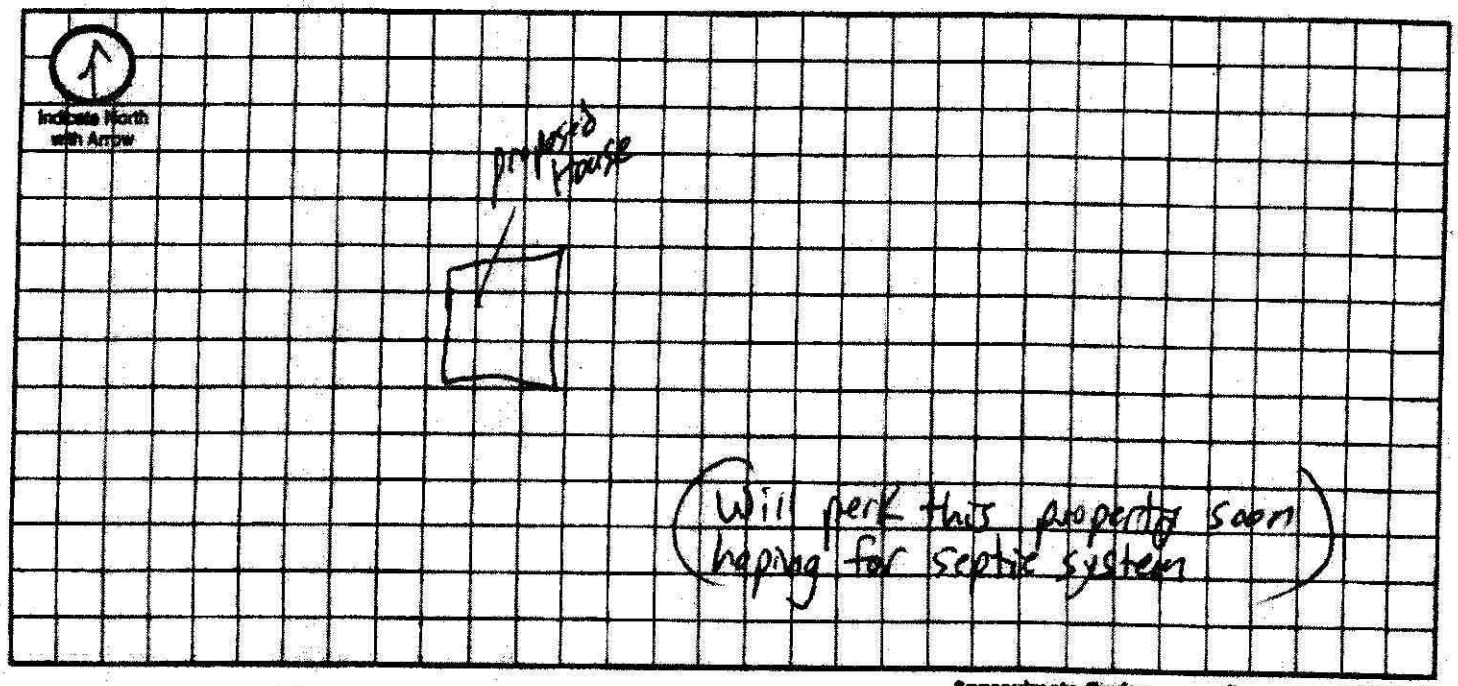
C

Permit Number: HS000922

Onsite Wastewater Treatment System

Preliminary Plan Specifications

Draw a plot plan showing onsite system sewer lines, drop of distribution boxes, tank, drainfields, percolation test holes, well, residence, direction of groundwater flow, property lines, and reserve area for replacement onsite system.



Approximate Scale: _____ ft. = _____ grid lines

A. Onsite System Location

Address (no rural route) 1000 Rock Creek Road City Raymond NE, Zip 68428

B. Proposed Septic Tank/s

Septic Tank Cap._____ gals Tank Material: ☐ Concrete ☐ Plastic ☐ Other_____ ☐ Lagoon(Max. seepage 1/8" per day)

C. Reserve Area for Replacement Onsite System

☐ Drainfield Absorption Area (percolation test required) ☐ Lagoon

D. Drainfield Absorption System

Percolation Rate____ (min/inch = mpi) No. of Bedrooms_____ Soil Type_____ Land Slope_____%

☐ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield_____sq.ft.

Total length of laterals_____ Type of distribution: ☐ Perforated pipe ☐ Half-Round ☐ Chamber ☐ Other

No. of absorption trenches_____ Width_____ No. of drop boxes_____ Distrubtion Box_____

No. of absorption beds_____ Width_____ No of Distribution lines per bed_____

E. 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	Foundations Youre	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 ☐	☐

F. Required Signatures

Home Building Contractor_____ Date_____

Installer [signature] Date 6/17/14

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. HS000922

System Type: Standard

Situs: 1000 ROCK CREEK RD, RURAL, NE

Issued: 6/30/2014

Expires: 6/30/2015

Description: S14, T12, R6, 6th Principal Meridian, LOT 3 SE

Owner: BECKER CONSTRUCTION INC
2549 COUNTY ROAD B
VALPARISO, NE 68065

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

BECKER CONSTRUCTION INC
2549 COUNTY ROAD B
VALPARAISO, NE 68065

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

SCANNED JUN 26 2014

A

Permit Number
HS010922

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Approval Process

☐ Municipal Code 24.38 ☑ County Resolution No. 02-30

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Site visits _____
Comments _____
Date rec'd 6/30/14 Date frwd 6/30/14
ACTION ☒ Approved ☐ Disapproved Signature _____

2. Supt. Bldg. Insp. or Village Clerk
Comments _____
Date rec'd 6-27-14 Date frwd 6-27-14
ACTION ☒ Approved ☐ Disapproved Signature _____

3. City or County Engineer
Comments _____
Date rec'd 6-27-2014 Date frwd 6-27-2014
ACTION ☒ Approved ☐ Disapproved Signature Jim Plough

Installation Final Written Approval
By _____
Date 8/7/14

Business Office Use Only
Date Received 6/26/14 Amount Paid 365.00
Received By SB Cash/Check No. 7033

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

Form A Updated: 1/13

SOIL ABSORPTION TEST DATA REPORT

Location: Precinct _____ Section _____
Township _____ Range _____
1/4 Section _____

Owner: Becker Construction
Address: 1000 Rock Creek Rd

Property Dimensions: _____ acres

Soil Type: Silty Clay ____ Silty Clay Loam ____ Sandy Loam ____ Silty Loam ____ Clay Loam X Sandy Clay ____

Dates of Tests: 6-21-14 to 6-22-14. **Weather:** Precip. ½" Temp. 80's

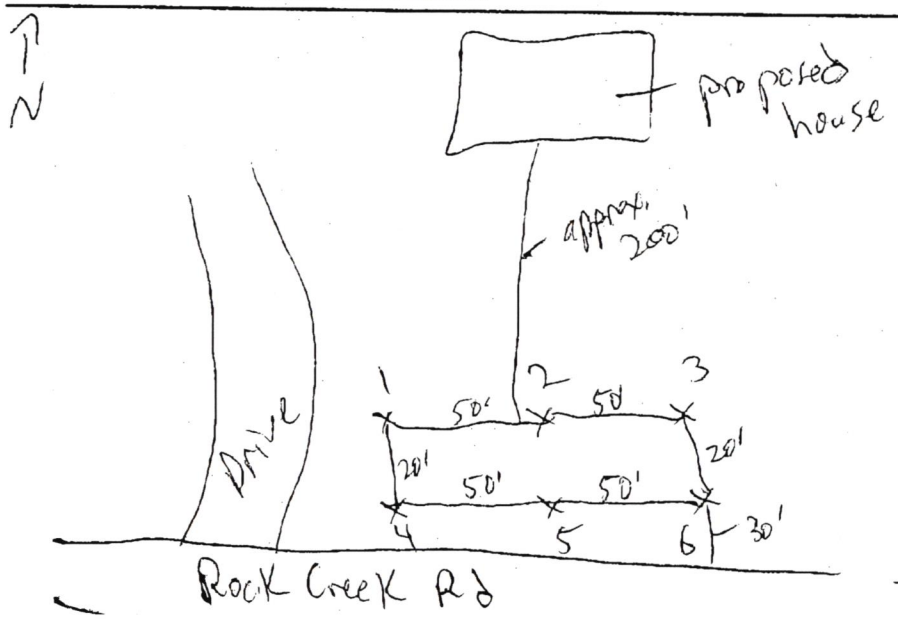
a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.
		Pre-Saturation Period				Percolation Readings					Results	
		Start		End		Start			End			Water
	Hole	Date	Time	Date	Time	Date	Time	Water	Time	Water	Elapsed	Level
Hole	Depth	(Mo.	(Hr.	(Mo.	(Hr.	(Mo.	(Hr.	Level	(Hr.	Level	Time	Drop
No.	(in.)	Day)	Min.)	Day)	Min.)	Day)	Min.)	(in.)	Min.)	(in.)	(Min.)	(in.)
1	36	6-21	2:00pm	6-21	6:00pm	6-22	11:30am	6	12:00pm	5½	30	½
2	36	6-21	2:00pm	6-21	6:00pm	6-22	11:30am	6	12:00pm	5¼	30	¾
3	36	6-21	2:00pm	6-21	6:00pm	6-22	11:30am	6	12:00pm	5½	30	½
4	36	6-21	2:00pm	6-21	6:00pm	6-22	11:35am	6	12:05pm	5½	30	½
5	36	6-21	2:00pm	6-21	6:00pm	6-22	11:35am	6	12:05pm	5¾	30	¼
6	36	6-21	2:00pm	6-21	6:00pm	6-22	11:35am	6	12:05pm	5½	30	½

Sum of Water Level Drops (in.) [Column m]: 3
Average of Water Level Drops (in.) [Column m]: .5
~~Inches per Minute:~~ _____
60 MPI

PERSON CONDUCTING TEST:
Name: Justyn Peterson
Address: 322 238th Rd
Milford, NE 68405
Phone: 402-641-6174
Signature: Justyn Peterson

Square Feet of Lateral per Bedroom: 350

SKETCH SHOWING HOLE LOCATION:



Official's Signature

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

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 8/5/14

System Location (Indicate correct number and street)

Address 1000 Rock Creek Rd (no rural route) City _____ NE, Zip _____

A. Building Sewer

1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 12 in.
3. Distance between dwelling and septic tank 55 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line 200+ ft.
   stream NA ft.
   pressure line 100+ ft.
   property line 100+ ft.

B. Septic Tank

1. Material: Plastic
   Number of compartments: 1
2. Capacity: 1250 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 24 in.
   Over outlet, diameter 24 in.
   Riser: ☒ above ☐ below grade 2 in.
5. Inlet: ☐ baffle ☒ tee
6. Outlet: ☐ baffle ☒ tee
7. Depth to top of tank, below unfinished grade: 24 in.
8. Distances to: Well or suction line 150+ ft.
   Stream NA ft.
   Pressure line 150+ ft.
   Property line 100+ ft.

C. Distribution Box — Did not use

1. Material: _____
   Number available outlets: _____
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: _____ ft.

D. Absorption Field

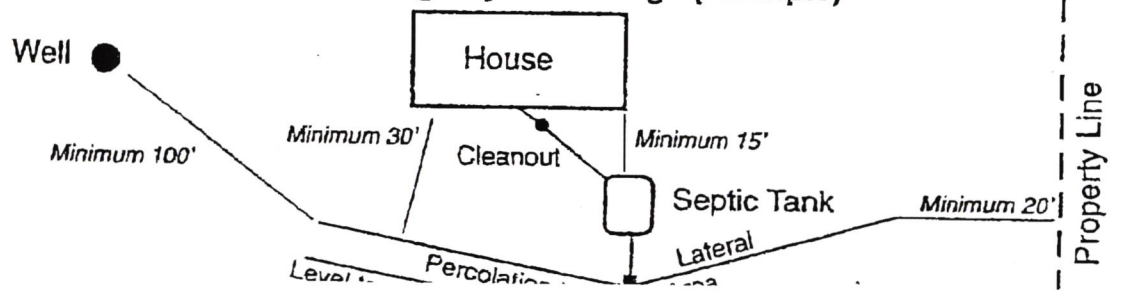
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 36"
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 3
   Length of each line: 104 ft. 112 ft.
   92 ft. _____ ft., _____ ft.
3. Trench dimensions: Width 3 ft.
   Slope 0 in/100 ft.
   Average depth 24 in
4. Filter material: Native Clay
   Depth of material 24 in.
5. Distances to: Well or suction line 200+ ft.
   Stream NA ft.
   Pressure line 100+ ft.
   Property line 40+ ft.

Scale North with Arrow

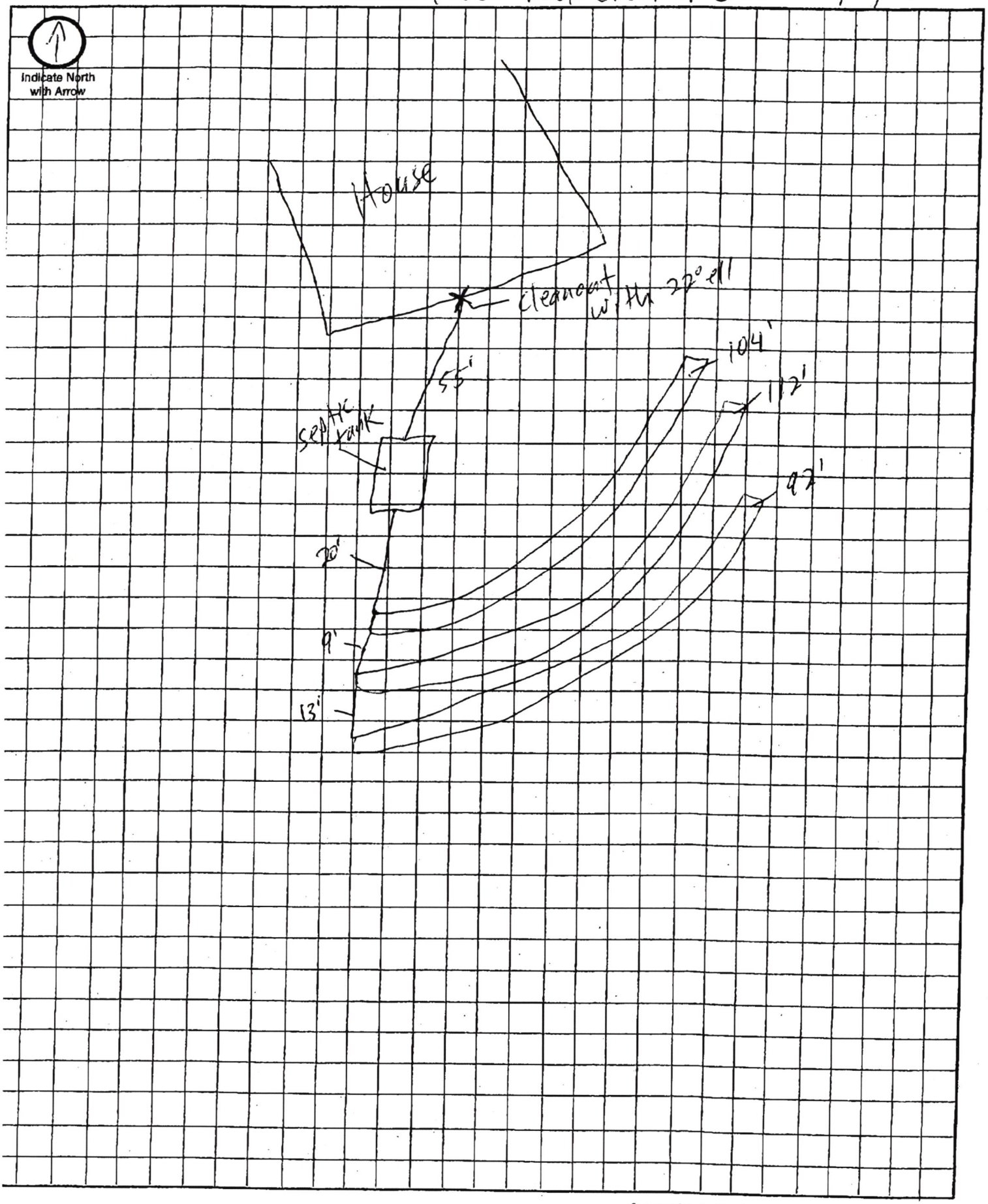
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



As Built Drawing

1000 Rock Creek Rd 8/5/14



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