AUG 1 2014

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

A

Permit Number
HS000948

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 5280 Prairie Sage Dr (no rural route) City Roca, NE Zip 68430

Legal Description SE 17 8N 7E Roca Ridge Mod 1 2
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 15-17-401-002-000

B. Owner

Name Anthony Bush Signature

Address 5280 Prairie Sage Dr City/State/Zip Roca NE 68430

Home Phone 402-217-7455 Work Phone

C. Certified Installer

Name: Lloyd Jahnke, Raymond Contracting Signature Lloyd J. Jahnke for Lloyd

Address 13900 NW 70th St City/State/Zip Raymond, NE 68428

Work Phone 402-890-6009

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 5 Whirlpool Bathtub? ☒ Yes ☐ No Total Acres 3.01
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
Comments
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 8/11/14

Business Office Use Only
Date Received 8-12-14 Amount Paid 365.00
Received By SB Cash/Check No. SB

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

B

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

Permit Number: HS000948

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

TONY DUSH

System Location (Indicate correct number and street)

Address 5280 PRAIRIE SAGE DR (no rural route) City ROCA NE, Zip 68430

Owner TONY DUSH Addresss 7118 So. 40TH ST.

Soil Type (SCS): AKSARBEN SILTY CLAY LOAM Percolation Rate: 49 min./inch

Date of Tests 070314 to 070413 Weather: Precipitation NONE Temperature 80s

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		0703	1230	0704	1320	0704	1440	6	0704	1840	30	1.0	30
2							1441	6		1841		.7	43
3							1442	6		1842		.55	55
4							1443	6		1843		.7	43
5							1444	6		1844		.7	43
6							1445	6		1845		.55	55
7							1446	6		1846		.8	38
8							1447	6		1847		.8	38
9							1448	6		1848		.7	43
10							1449	6		1849		.7	43

Sum of Percolation Rates: 431

Average of Rates: 43.1

Rate Used for Calculation: 43 MIN/IN

Person Conducting Percolation Tests

Name: GARY L. HOLLY

Phone: 402-587-0120

Address 71860-567 AVE, FAIRBURY, NE 68352

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official

C

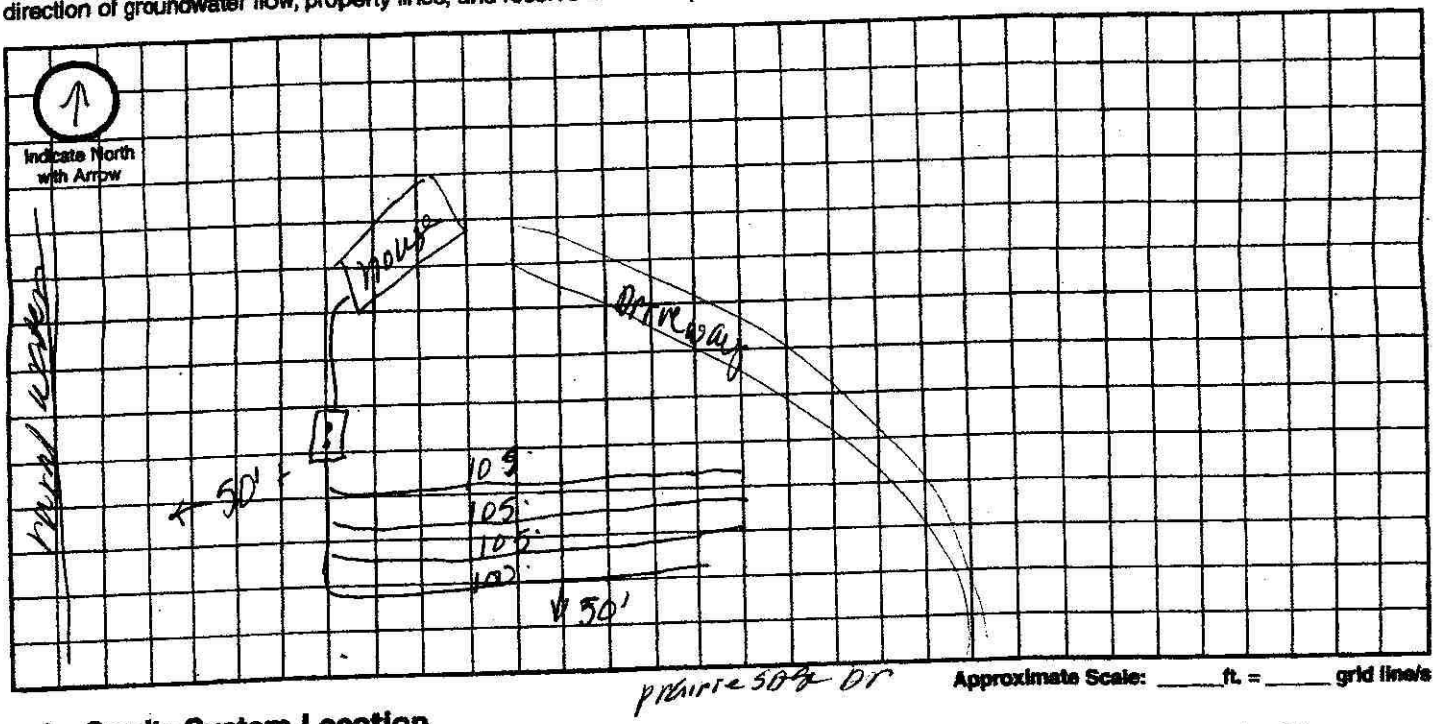
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

Permit Number: HS000948

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.



A. Onsite System Location

Address (no rural route) 5280 Prairie Sage Dr City Nola NE, Zip 68430

B. Proposed Septic Tank/s

Septic Tank Cap 2,000 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 49 (min/inch = mpi) No. of Bedrooms 5 Soil Type SCL Land Slope ____%

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 1,050 sq.ft.

Total length of laterals 415 Type of distribution: ☐ Perforated pipe ☐ Half-Round ☒ Chamber ☐ Other

No. of absorption trenches 4 Width 40" No. of drop boxes 4 endcaps 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	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 ☐	☐

F. Required Signatures

Home Building Contractor _____ Date 8-5-14

Installer Kirsti L. Johnson Date 8/5/14

Onsite Form C 12-06

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

D

Permit Number: HS000948

Onsite Wastewater Treatment System

As Built Plans & Specifications

Roca Ridge Add Block 1 Lot 2

Date 8/7/2014 Legal Description SE 1/4 17-8N-7E 1/4 Section Township Range

Onsite System Location

Address (no rural route) 5280 Prairie Sage Dr City Roca NE, Zip 68430

Owner Tony Rush Address same

A. Sewer Pipe

1. Material: SDR 26
   Diameter: 4 in.
2. Distance above basement floor: ____ in.
   or distance below basement floor: 22 in.
3. Distance between dwelling and septic tank: 137 ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line 100+ ft.
   stream 100+ ft.
   pressure line 25 ft.
   property line 40 ft.

B. Septic Tank

☑ Label with Manufacturer, address and gallon capacity

1. Material: Concrete
   Number of compartments: one
2. Capacity: 2000 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter 24 in.
   Over outlet, diameter 24 in.
   Riser: ☐ above ☐ below grade AT in.
5. Inlet: ☑ baffle ☐ tee ☐ 6" dia. inspection pipe
6. Outlet: ☑ baffle ☐ tee ☐ 6" dia. inspection pipe
7. Depth to top of tank, below unfinished grade: 18 in.
8. Distances to: Well or suction line 100 ft.
   Stream 100 ft.
   Pressure line 25 ft.
   Property line 40 ft.

C. ☐ Distribution Box ☑ Drop Boxes

(≥ 12" inspection opening) (removable lid to inspect)

1. Material: Plastic EndCap (Switch Box)
   Number available outlets: 2 per Cap
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 30 + 9 + 9 + 9 ft.

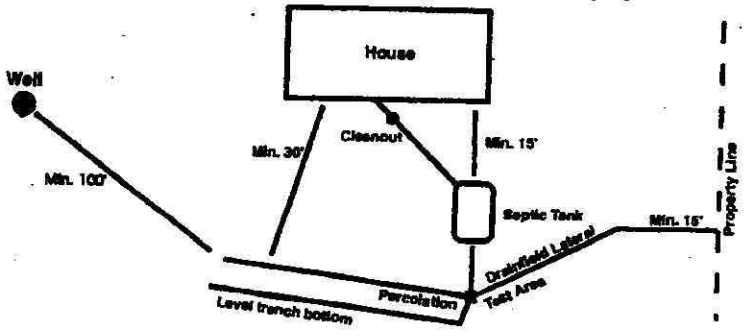
D. Drainfield Absorption

☑ Trench ☐ Bed ☐ Level Bottom

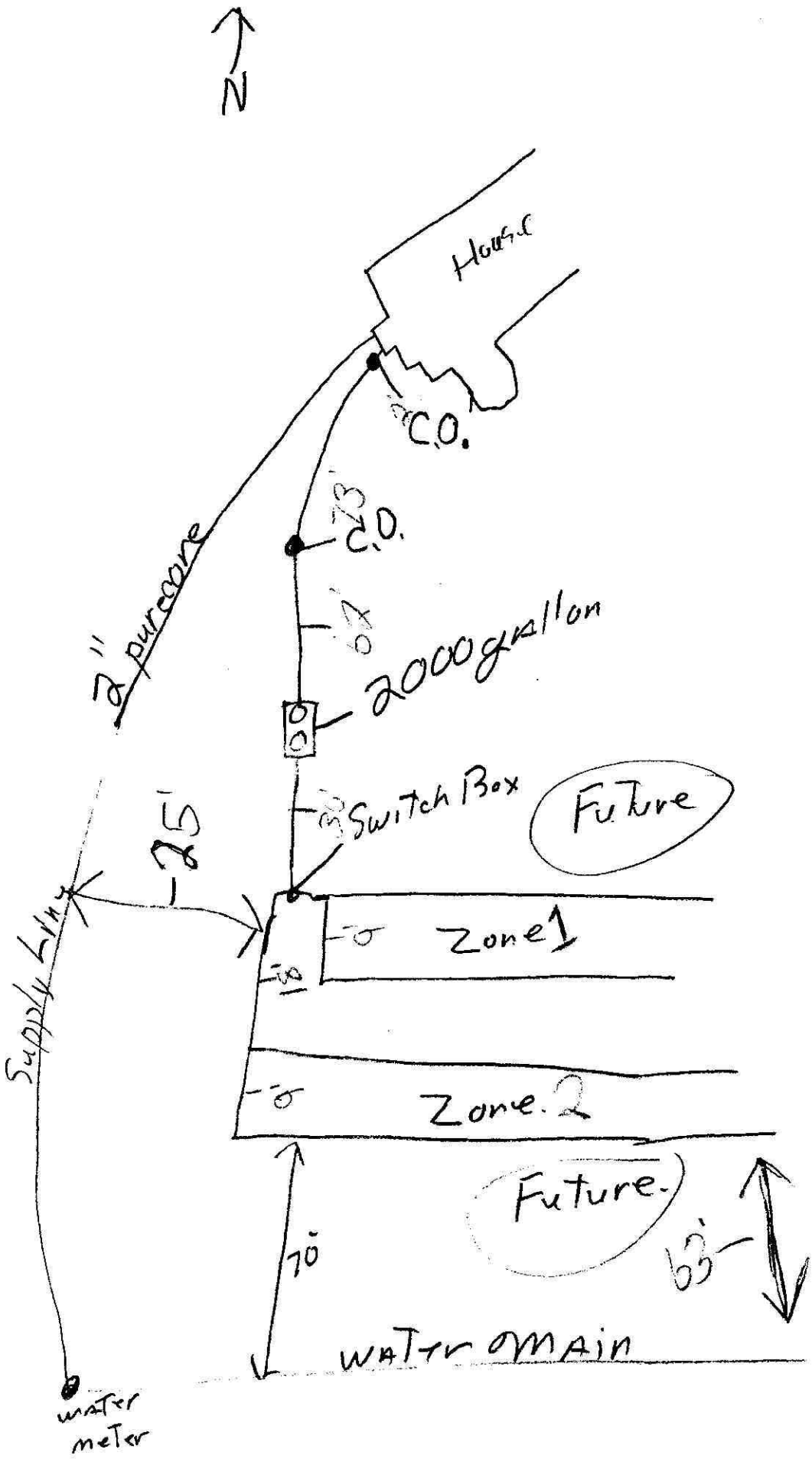
1. Type: ☐ Half rounds ☐ Perforated pipe ☐ Chambers
   Diameter or width: ____
   Number of distribution lines in bed ____
   Material: ☐ fiberglass ☑ plastic ☐ concrete
   ☐ other ____
2. Drainfield Laterals: Number 4
   Length of each line: 100 ft. 105 ft.
   105 ft. 105 ft., ____ ft.
3. Drainfield dimensions: Width 40" ft.
   Distribution Pipe Slope FLAT in/100 ft.
   Average depth 28-32 in
4. Filter material: Soil
   Depth of material 28-32 in.
5. Distances to: Well or suction line 100 ft.
   Pressure line 30-60 ft.
   Property line 25+ ft.
   House or building 100 ft.
   Lake or Stream 100 ft.

Complete As-Built drawing on the back fo this form.

Onsite Wastewater System Design (Example)



ndicate North with Arrow


N
House
C.O.
C.O.
2" pressure
2000 gallon
Switch Box
Future
25'
Supply Line
Zone 1
Zone 2
Future
70'
63'
WATER MAIN
water meter

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. HS000948

System Type: Standard

Situs: 5280 PRAIRIE SAGE DR, RURAL, NE

Issued: 8/14/2014

Expires: 8/14/2015

Description: ROCA RIDGE ADDITION, BLOCK 1, Lot 2

Owner: DUSH, ANTHONY & TIONA
5280 PRAIRIE SAGE DR
ROCA, NE 68430

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

RAYMOND CONTRACTING
13800 NW 70TH ST
RAYMOND, NE 68428

AUG 1 2014

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

SCANNED

A

Permit Number
HS000948

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 5280 Prairie Stage Dr (no rural route) City Roca, NE Zip 68430

Legal Description SE 17 8N 7E Roca Ridge 2nd 1 2
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 15-17-401-002-000

B. Owner

Name Anthony Bush Signature

Address 5280 Prairie Stage Dr City/State/Zip Roca NE 68430

Home Phone 402-317-7455 Work Phone

C. Certified Installer

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

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

Work Phone 402-890-6009

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 5 Whirlpool Bathtub? ☒ Yes ☐ No Total Acres 3.01
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
Comments
Date rec'd 8/14/14
Date frwd 8/14/14
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 8/14/14

Business Office Use Only
Date Received 8-12-14 Amount Paid 305.00
Received By SB Cash/Check No. SB

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