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

A

Permit Number
HS001019

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

Legal Description Meadowlark Hills Addition 1 2
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 08-25-201-002-000

B. Owner

Name Kevin Bernadt Signature _____

Address 2601 S 46th St City/State/Zip Lincoln NE 68506

Home Phone (402) 202-4233 Work Phone _____

C. Certified Installer

Name: Jason Kubik Signature Jason Kubik

Address 105 Locust St City/State/Zip Hickman NE 68372

Work Phone 440-7606

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 6.07
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 1-15-15 Amount Paid $375.00
Received By SB Cash/Check No. 23424

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

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

B

Permit Number: HS001019

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

Meadow Lark Hills Addition Lot 2 Block 1

System Location (Indicate correct number and street)

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

Owner Kevin Bernadt Addresss _____

Soil Type (SCS): 7750 Percolation Rate: 59 min./inch

Date of Tests 6/16/14 to 6/17/14 Weather: Precipitation dry Temperature 85

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	30	6/16	4:30	6/17	7:00	6/17	7:30	23	6/17	8:00	30	1/2	60
2	30	6/16	4:30	6/17	7:00	6/17	7:30	20	6/17	8:00	30	1/2	60
3	30	6/16	4:30	6/17	7:00	6/17	7:30	24¼	6/17	8:00	30	1/2	60
4	30	6/16	4:30	6/17	7:00	6/17	7:30	21	6/17	8:00	30	1/2	60
5	30	6/16	4:30	6/17	7:00	6/17	7:30	22	6/17	8:00	30	3/8	48
6	30	6/16	4:30	6/17	7:00	6/17	7:30	20	6/17	8:00	30	1/2	60

Person Conducting Percolation Tests

Name: Jason Kubik
Phone: 440-7606
Address 105 Locust St
Hickman NE 68372

Sum of Percolation Rates: 348
Average of Rates: 58
Rate Used for Calculation: 59

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

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. HS001019

System Type: Standard

Situs: No Site Address Specified

Issued: 1/16/2015

Expires: 1/16/2016

Description: MEADOWLARK HILLS ADDITION, BLOCK 1, Lot 2

Owner: BERNADT, KEVIN J
2601 S 46 ST
LINCOLN, NE 68506

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

MANN CUSTOM HOMES INC
3121 S 6TH ST SUITE B
LINCOLN, NE 68502

SCANNED

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

A

Permit Number
HS001019

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

PID 08-25-201-002-000

B. Owner

Name Kevin Bernadt Signature

Address 2601 S 46th ST City/State/Zip Lincoln NE 68506

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Site visits
Comments
Date rec'd 1/16/15
Date frwd 1/16/15
ACTION ☒ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd 1-16-15
Date frwd 1-16-15
ACTION ☒ Approved ☐ Disapproved
Signature

3. City or County Engineer
Comments
Date rec'd 1-16-2015
Date frwd 1-16-2015
ACTION ☒ Approved ☐ Disapproved
Signature Jim Ploeger

Installation Final Written Approval
By
Date 7/10/15

Business Office Use Only
Date Received 1-15-15 Amount Paid $375.00
Received By SB Cash/Check No. 23424

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