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

A

Permit Number
HS001068

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 17301 S. 35th Place (no rural route) City Roca, NE Zip 68430

Legal Description 15 - 9 - 401 - 003 - 000 Pinecrest Crossing 1 3

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

Geographical Location (if known): Lat/Long: _____ PID _____

B. Owner

Name Jared King Signature _____

Address 7911 S. 18th St. City/State/Zip Lincoln, NE 68512

Home Phone 402-980-4576 Work Phone 402-339-2110

C. Certified Installer

Name: Gary Kuhl Kuhl Trenching Signature Gary Kuhl

Address 880 N 13th St. City/State/Zip Tecumseh, NE 68450

Work Phone 402 355-8112

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 Is there a Whirlpool Bathtub? ☒ Yes ☐ No Total Acres 4.32

☐ Commercial Establishment/Other Facility Specify _____ Design flow in gallons per day 500

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 5-27-15 Amount Paid $375.00
Received By SB Cash/Check No. 1398

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. HS001068

System Type: Lagoon

Situs: No Site Address Specified

Issued: 5/27/2015

Expires: 5/27/2016

Description: PONDEROCA CROSSING ADDITION, BLOCK 1, Lot 3

Owner: KING, TARA N & JARED M
7911 S 18 ST
LINCOLN, NE 68512

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

JARED KING
7911 S 18TH ST
LINCOLN, NE 68512

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

Exhibit 5

Permit Number: HSOC1068

Onsite Wastewater Treatment System

Inspection Sheet

Date 1/26/16 Legal Description ____ ¼ ¼ 19/5/7 Section/Township/Range

Onsite System Location

Address (no rural route) 17301 S 35th ST Place City Roca

Owner Jarad King Address 7911 S 15th ST

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 1650 Sq. Ft. Tank Size 2000 gals

Total length of laterals 455' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☐ Other (describe) ____

No. of Absorption Laterals 4 Width 3ce No. of Drop Boxes ____ Distribution Box 2

Leveling Method Used Laser

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
Tank (ft)	50 ☑	500 ☑	50 ☑	NA ☐	10 ☐	5 ☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	25 ☐	5 ☐

Geographical Coordinates to 6 Decimals:

Tank na

Lateral #1 na Lateral #3 na

Lateral #2 na Lateral #4 na

Comments:

Inspections prior to Final Approval
Initial JAM Date 1/26/16

Follow-Up ____ Date ____

Follow-Up ____ Date ____

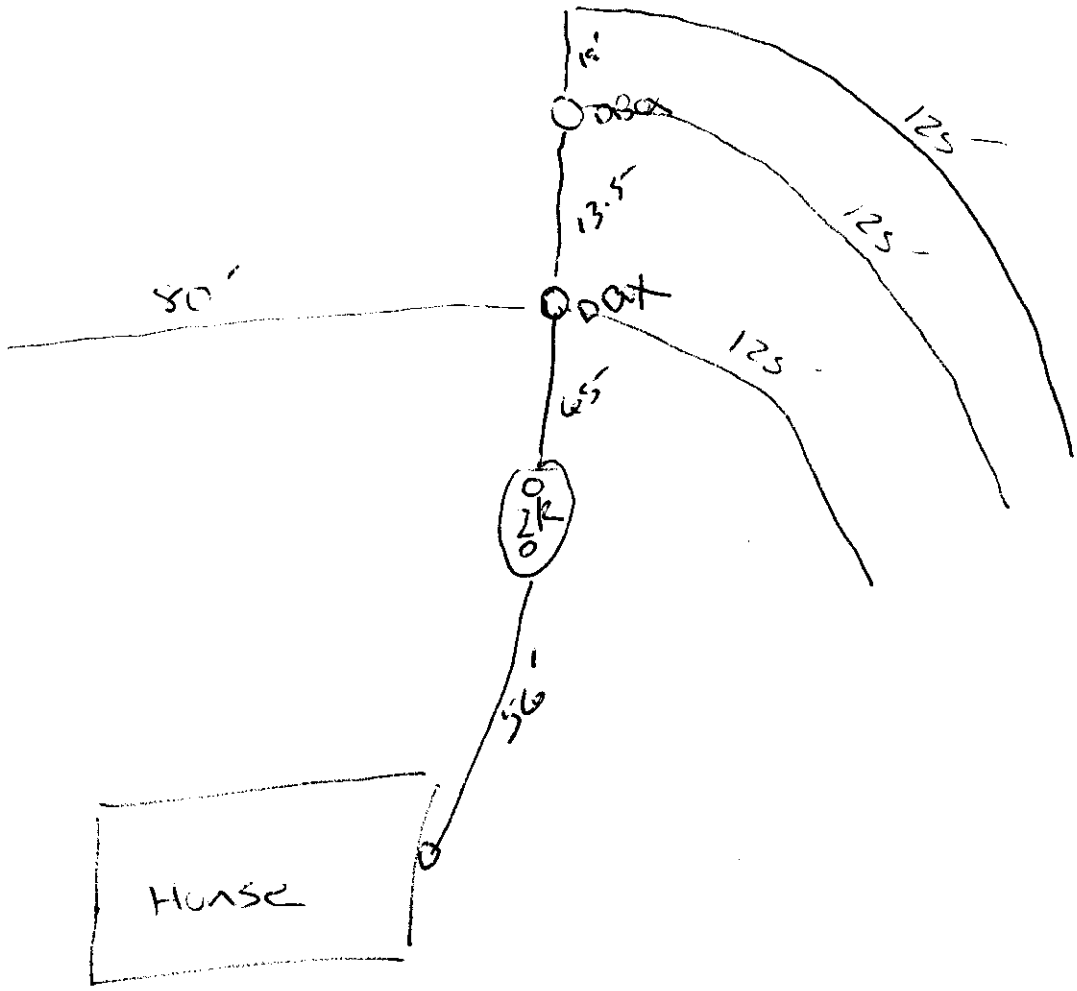
Installation Final Written Approval
By ____

Date 1/26/16

Field Note Drawing (See Reverse Side):

ARC 36 HC

Field Drawing



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