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

A

Permit Number
HS001090

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 3045 West Rockcreek Rd City Raymond, NE Zip 68428
(no rural route)

Legal Description NE NE 20 12 6-E
1/4 1/4 Section Township Range Subdivison Addition Block Lot

Geographical Location (if known): Lat/Long: _____ PID 13-20-200-009-000

B. Owner

Name Joshua Bussard Signature _____

Address 2342 Ashland Rd City/State/Zip Crete

Home Phone 402-785-2468 Work Phone 402-540-4150

C. Certified Installer

Name: Scott Stobbe

Address 1012 Co Rd M City/State/Zip Mead No 68041

Work Phone 402-443-6549 Signature Scott Stobbe

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 _____ Is there a Whirlpool Bathtub? ☐ Yes ☐ No Total Acres _____

☐ 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 _____ 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 _____

Business Office Use Only
Date Received 6-30-15 Amount Paid $375.00
Received By SB Cash/Check No. 10189

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

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

B

Permit Number:

Onsite Wastewater Treatment System

Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 3045 West Rockcrest Rd (no rural route) City Raymond NE, Zip 68428

Owner Joshua Bussard Address 2342 Ashland Rd Cortsco No

Date of Tests 4/12/15 to 4/13/15 Weather: Precipitation 0 Temperature 60

Percolation Test Data Table

A.	B.	C. D. E. F. Saturation/Swelling Time				G. H. I. J. K. Water Level Drop Last 30 mins of 4 hr or last 10 mins of 1 hr					L.	M.	N. Results
		Start		End		Start		Initial	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 Interval	Water Level Drop (in)	Percolation Rates (Min/in = mpi)
1	32	4/12	9:00	4/13	9:30	4/13	10:00	6	4/13	2:00	30	1	30
								6					
2	30							6				1	30
								6					
3	34							6				1½	20
								6					
4	36							6				1½	20
								6					

Person Conducting Percolation Test

Name: Scott Subbert

Phone: 402-443-6549

Address 1012 Co Rd M Mead Ne 68041

Soil type (NRCS Maps/Other) Silt Clay loam

Groundwater Depth 25'

Sum of Percolation Rates: 100

Average of Rates: 25

Rate Used for Calculation: 25

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Comments (Soil type, groundwater, floodplain, etc.)

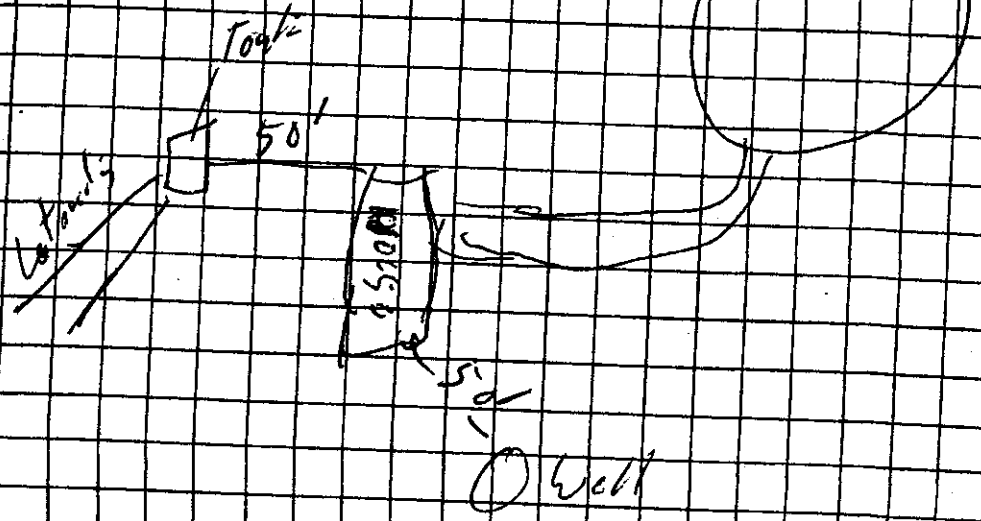
Signature of Reviewing Official Date

As Built Drawing

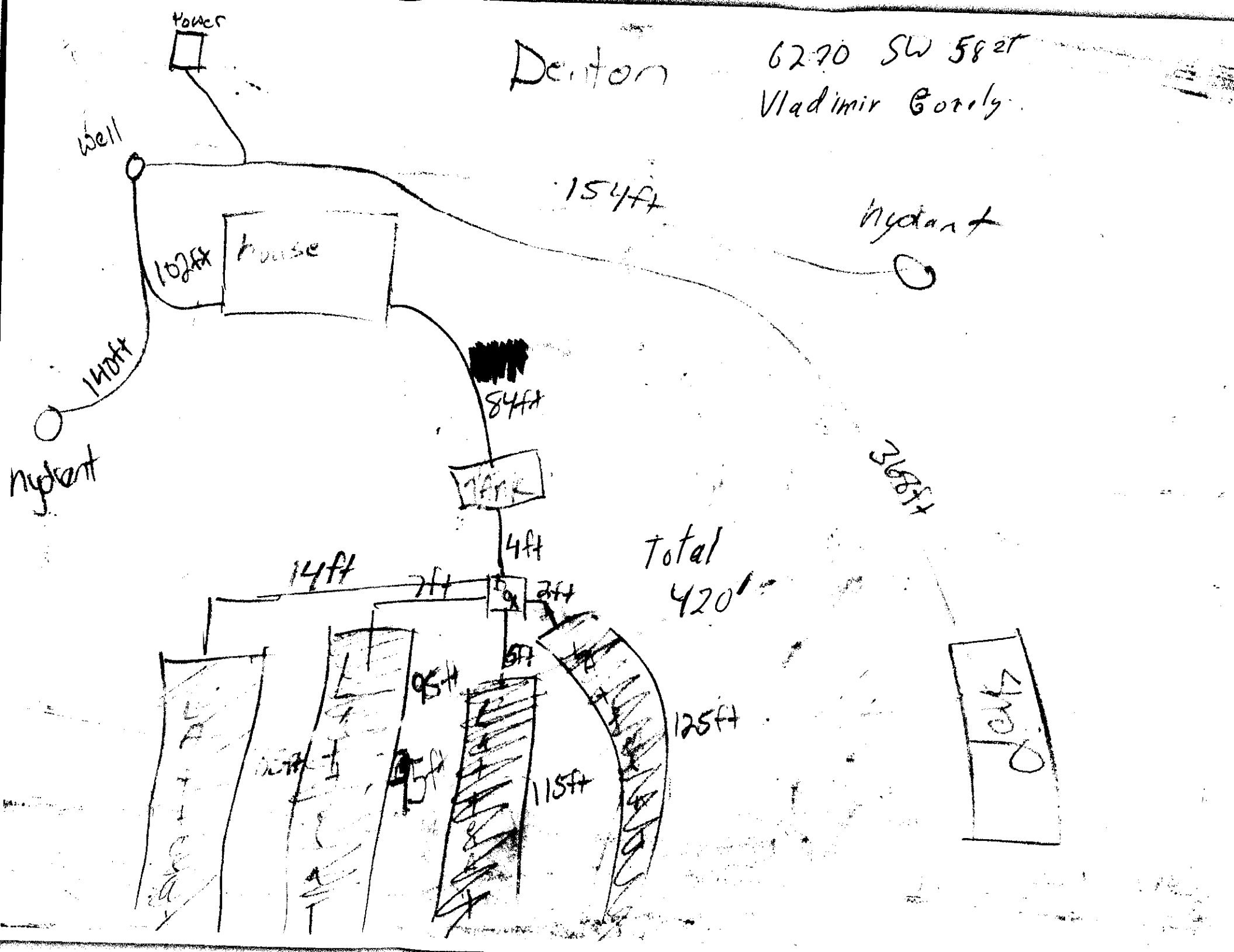
~~Josh~~ Joshua Bussa
3045 West Rochester Rd

Rock Creek Rd

Indicate North with Arrow



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


Power
Well
Denton
6270 SW 58 ST
Vladimir Gorely
154ft
Hydrant
102ft
House
140ft
Hydrant
84ft
Tank
4ft
14ft
7ft
7ft
Total
420ft
368ft
5ft
95ft
125ft
115ft
5ft
30ft

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

B

Permit Number:

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 6270 SW 58 ST (no rural route) City Denton NE, Zip 68339

Owner Vladimir Corely Address

Date of Tests 4/28/15 to 4/29/15 Weather: Precipitation NONE Temperature 60

Percolation Test Data Table

A.	B.	C. D. E. F. Saturation/Swelling Time				G. H. I. J. K. Water Level Drop Last 30 mins of 4 hr or last 10 mins of 1 hr					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)	Initial Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time Interval	Water Level Drop (in)	Percolation Rates (Min/in = mpi)
1	32	4/28	1600	4/29	11:30	4/29	12:00	6	4/29	330	.30	3/4	40
2	36							6		3.30	.30	3/4	40
3	30							6		3.30	.30	3/4	40
4	32							6		3.30	.30	.65	50
5	30							6		330	.30	.65	50
6	32							6		330	.30	.65	50
								6					
								6					

Person Conducting Percolation Test

Name: Scott Eubbert

Phone: 402 443-6549

Address 1012 Co Rd M Mead Ne 68041

Soil type (NRCS Maps/Other) Silty Clay

Groundwater Depth 100ft

Sum of Percolation Rates: 270

Average of Rates: 45

Rate Used for Calculation: 45

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Comments (Soil type, groundwater, floodplain, etc.)

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. HS001090

System Type: Standard

Situs: 3045 W ROCK CREEK RD, RURAL, NE

Issued: 7/8/2015

Expires: 7/8/2016

Description: S20, T12, R6, 6th Principal Meridian, LOT 30 NE

Owner: BUSSARD, TONYA AMANDA
2342 ASHLAND RD
CERESCO, NE 68017

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

SUBBERT WELL & SEPTIC
1012 CO RD M
MEAD, NE 68041

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

8/16/14

Exhibit 5

Permit Number: HS001090

Onsite Wastewater Treatment System

Inspection Sheet

Date 8/5/16 Legal Description 12 - 6 - 20
¼ ¼ Section/Township/Range Lot 30

Onsite System Location

Address (no rural route) 3045 W Rock Creek City _____

Owner _____ Address _____

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 1000 Sq. Ft. Tank Size 2000 gals

Total length of laterals 200 Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☐ Other (describe)_____

No. of Absorption Laterals 2 Width 5' No. of Drop Boxes 0 Distribution Box 1

Leveling Method Used ☒ N/o

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_____

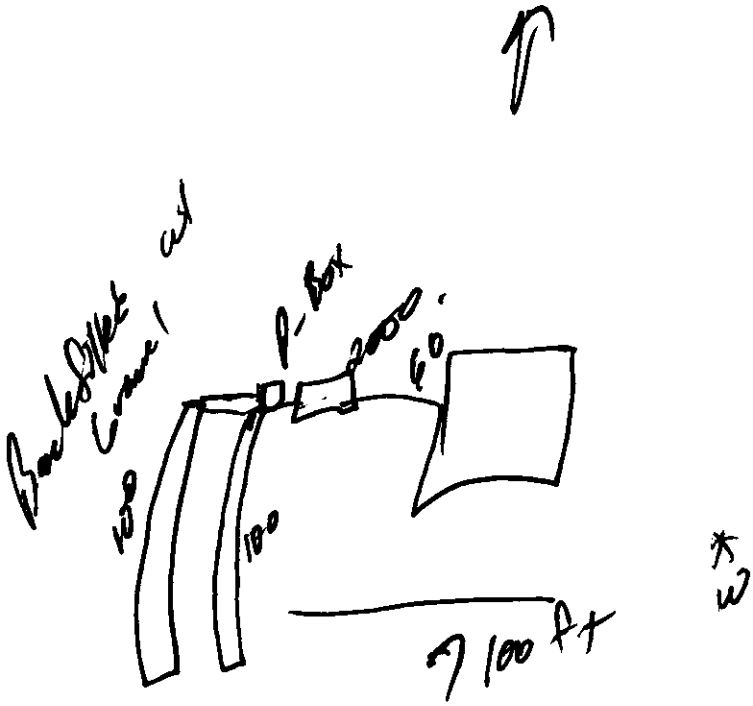
Lateral #1_____ N/A Lateral #3_____

Lateral #2_____ Lateral #4_____

Comments:

Inspections prior to Final Approval
Initial 8/4/16 Date 8/4
Follow-Up 2/21/16 Date N/A
Follow-Up _____ Date _____
Installation Final Written Approval
By _____
Date 8/5/16

Field Note Drawing (See Reverse Side):


P. Box
200
60°
100
100 ft

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

SCANNED

A

Permit Number
HS001090

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 3045 West Rockcrest Rd (no rural route) City Raymond, NE Zip 68428

Legal Description NE NE 20 12 6-E 30

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

Geographical Location (if known): Lat/Long: _____ PID 13-20-200-009-000

B. Owner

Name Joshua Bussard Signature _____

Address 12342 Ashland Rd City/State/Zip Cusco

Home Phone 402-785-2468 Work Phone 402-540-4150

C. Certified Installer

Name: Scott Sobcut Signature Scott Sobcut

Address 1012 Co Rd M City/State/Zip Mead No 68041

Work Phone 402-443-6549

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 Is there a Whirlpool Bathtub? ☑ Yes ☐ No Total Acres 20.8

☐ 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 7/8/15
Date frwd 7/8/15
ACTION ☑ Approved ☐ Disapproved
Signature _____

2. Supt. Bldg. Insp. or Village Clerk
Comments _____
Date rec'd 7/7/15
Date frwd _____
ACTION ☑ Approved ☐ Disapproved
Signature _____

3. City or County Engineer
Comments _____
Date rec'd 7-7-15
Date frwd 7-7-15
ACTION ☒ Approved ☐ Disapproved
Signature Jim Plowgh

Installation Final Written Approval
By _____
Date 8/5/16

Business Office Use Only
Date Received 6-30-15 Amount Paid $375.00
Received By SB Cash/Check No. 10189

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

Form A Updated: 5/10