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

**A**

Permit Number #S001119

# Onsite Wastewater Treatment System
# Request for Site Clearance and Permit

**Include Form B and C. Submit correct fee with this Application**

New Construction
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 14400 S 46th ST (no rural route) City Roca, NE Zip 68430

Legal Description ____ Meyer Shire ____ 1

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

PID 15-08-302-001-000

## B. Owner

Name Daniel Meyer Signature ____

Address 14400 S 46th ST City/State/Zip Roca NE 68430

Home Phone 402-826-7001 Work Phone ____

## C. Certified Installer

Name: Jason Kubik Signature Jason Kubik

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

Work Phone 402-440-7606

## 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 4 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 14.59

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 8-18-15 Amount Paid $375.00
Received By SB Cash/Check No. 2342

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: HS001119

# Onsite Wastewater Treatment System

## Soil Evaluation Report

PID 15-08-302-001-000

PLEASE PRINT OR TYPE

Meyer Shire, Lot #1

### Onsite System Location

Address 14400 S 46th ST (no rural route) City Roca NE, Zip 68430

Owner Dan Meyer Address same

Date of Tests 8/11/15 to 8/12/15 Weather: Precipitation 0 Temperature 80

### Percolation Test Data Table

| A. | B. | C. | D. | E. | F. | G. | H. | I. | J. | K. | L. | M. | N. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Saturation/Swelling Time | | | | Water Level Drop: Last 30 mins of 4 hr or last 10 mins of 1 hr | | | | | 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 | 30 | 8/11 | 12:0 | 8/12 | 10:0 | 8/12 | 1:30p | 6 | 8/12 | 2:00 | 30 | 1 | 30 |
| 2 | 30 | 8/11 | 12:00 | 8/12 | 10:00 | 8/12 | 1:30 | 6 | 8/12 | 2:00 | 30 | 7/8 | 35 |
| 3 | 30 | 8/11 | 12:00 | 8/12 | 10:00 | 8/12 | 1:30 | 6 | 8/12 | 2:00 | 30 | 3/4 | 40 |
| 4 | 30 | 8/11 | 12:00 | 8/12 | 10:00 | 8/12 | 1:30 | 6 | 8/12 | 2:00 | 30 | 1 | 30 |
| 5 | 30 | 8/11 | 12:00 | 8/12 | 10:00 | 8/12 | 1:30 | 6 | 8/12 | 2:00 | 30 | 5/8 | 48 |
| 10 | 30 | 8/11 | 12:00 | 8/12 | 10:00 | 8/12 | 1:30 | 6 | 8/12 | 2:00 | 30 | 5/8 | 48 |
| | | | | | | | | 6 | | | | | |
| | | | | | | | | 6 | | | | | |

### Person Conducting Percolation Test

Name: Jason Kubik

Phone: 402-440-7606

Address 105 Locust St Hickman NE 68372

Soil type (NRCS Maps/Other) 7201 Aksarben

Groundwater Depth

Sum of Percolation Rates: 231

Average of Rates: 38.5

Rate Used for Calculation: 40

**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. HS001119**

**System Type:** Standard

**Situs:** No Site Address Specified

Issued: 8/21/2015

Expires: 8/21/2016

**Description:** MEYER SHIRE, Lot 1

**Owner:** MEYER, DANIEL W
14400 S 46 ST
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

SOUTHWICK LIQUID WASTE INC
105 LOCUST ST
HICKMAN, NE 68372