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

AUG 2 6 2015

A

Permit Number
HSO 01126

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 1800 Wittstruck Rd City Roca, NE Zip 68430
(no rural route)

Legal Description SW 12 8 6 2
1/4 | 1/4 | Section | Township | Range | Subdivison | Addition | Block | Lot

PID 08-12-300-008-000

B. Owner

Name Linda + Delbert Schrader Signature D Schrader

Address 1800 Wittstruck Rd City/State/Zip Roca, NE 68430

Home Phone 402-794-8255 Work Phone 402-202-7161

C. Certified Installer

Name: Melvin Bogner Signature Melvin Bogner

Address 4810 "W" Claire Ave City/State/Zip Lincoln NE 68523

Work Phone

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 1
Garbage Grinder? ☒ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day 400

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 8-24-15 Amount Paid $375.00
Received By SB Cash/Check No. 7471

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

AUG 2 6 2015

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

B

Permit Number: HS001126

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address Wittstruck (no rural route) City ROCA NE, Zip 68430

Owner Delbert Schaadel Address SAME.

Date of Tests 8-4-15 to 8-5-15 Weather: Precipitation 0 Temperature 85°

Percolation Test Data Table

A.	B.	C. D. E. Saturation/Swelling Time				F.	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	8-4	2:00	8-5	4:00		8-5	4:00	6	8-5	4:30	30	1¼	24
2	33	"	"	"	"		"	"	6	"	"	"	⅝	48
3	32	"	"	"	"		"	"	6	"	"	"	1½	20
4	34	"	"	"	"		"	"	6	"	"	"	⅝	48
5	33	"	"	"	"		"	"	6	"	"	"	1	30
6	33	"	"	"	"		"	"	6	"	"	"	¾	40
									6					
									6					

Person Conducting Percolation Test

Name: Mel Gagner

Phone: 402 432 5698

Address 4810 W Claire Ave

Lincoln ne 68523

Soil type (NRCS Maps/Other)

Groundwater Depth Over 12

Sum of Percolation Rates: 210

Average of Rates: 35

Rate Used for Calculation: 48

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
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

AUG 2 6 2015

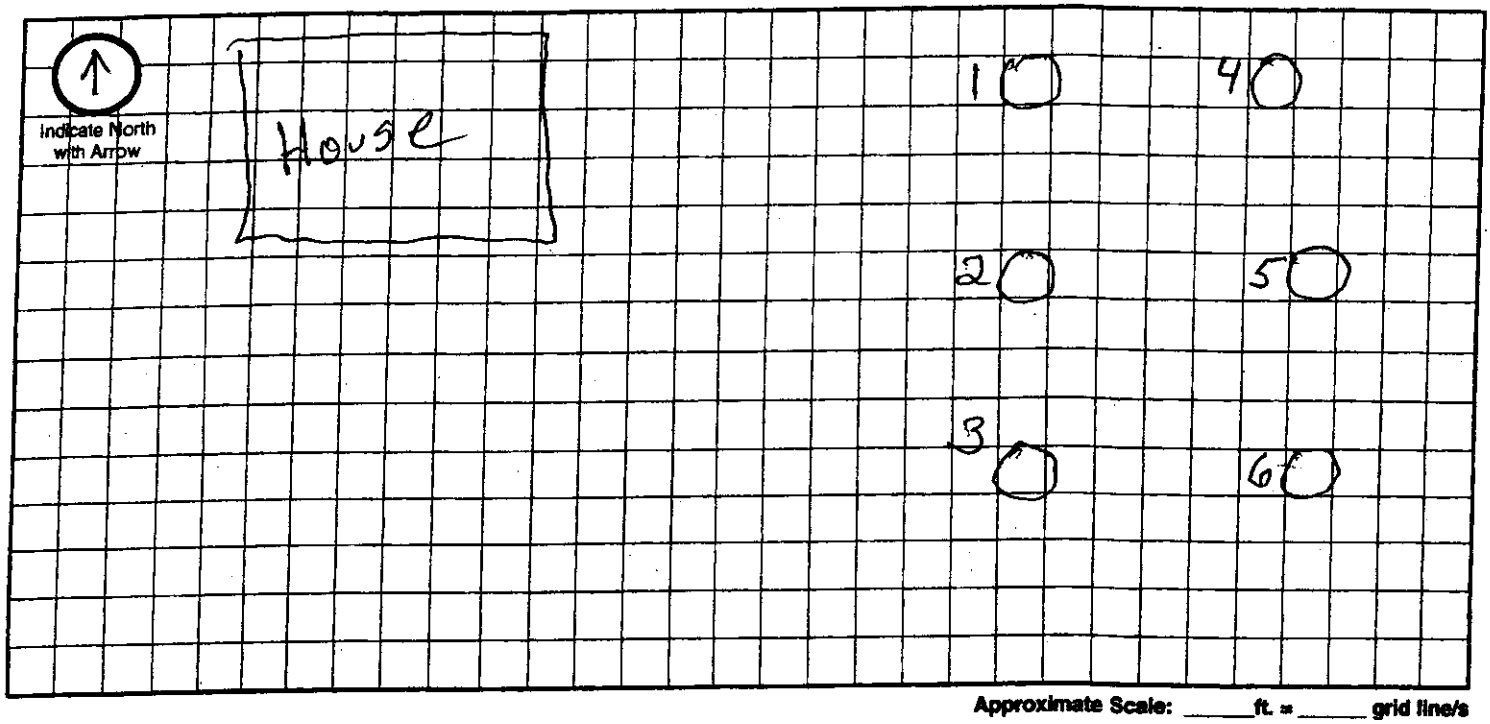
C

Permit Number: HS001126

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.



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

A. Onsite System Location

Address (no rural route) 1800 Witstruck City Roca NE, Zip 68430

B. Proposed Septic Tank/s

Septic Tank Cap. 1500 gals Tank Material: ☒ Concrete ☐ Plastic ☐ Other_____ ☐ Lagoon(Max. seepage 1/8" per day)

C. Reserve Area for Replacement Onsite System

☒ Drainfield Absorption Area (percoloation test required) ☐ Lagoon

D. Drainfield Absorption System

Percolation Rate 48 (min/inch = mpi) No. of Bedrooms 3 Soil Type_____ Land Slope_____%

☐ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 990 sq.ft.

Total length of laterals 275 Type of distribution: ☐ Perforated pipe ☐ Half-Round ☒ Chamber ☐ Other

No. of absorption trenches 3 Width 3.6 No. of drop boxes_____ Distrubtion Box_____

No. of absorption beds 3 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_____

Installer [signature] Date 8-25-15

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. HS001126

System Type: Standard

Situs: 1800 WITTSTRUCK RD, RURAL, NE

Issued: 9/2/2015

Expires: 9/2/2016

Description: S12, T8, R6, 6th Principal Meridian, LOT 2 SW 1/4

Owner: SCHRADER, DELBERT F & LINDA M
1800 WITTSTRUCK RD
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

GAGNER CONSTRUCTION COMPANY INC
4810 W CLAIRE AVE
LINCOLN, NE 68523

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

Exhibit 5

Permit Number: HS001126

Onsite Wastewater Treatment System

Inspection Sheet

Date 11/12/15 Legal Description 12/8/6
¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 1800 Whitetruck 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 990 Required ~~1044 Installed~~ Sq. Ft. Tank Size 1500 gals

Total length of laterals 289' Type of Distribution: ☑ Chamber ☐ Perforated Pipe ☐ Other (describe) _____

No. of Absorption Laterals 4 Width 3.625 factor No. of Drop Boxes _____ Distribution Box 1

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 N/A

Lateral #1 _____ Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments:

Inspections prior to Final Approval
Initial DC Date 10/21/15
Partial
Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By [signature]
Date 11/12/15

Field Note Drawing (See Reverse Side):