SEP 03 2015

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

A

Permit Number H5001136

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 14330 S 46 St (no rural route) City Roca, NE Zip 68430

Legal Description Meyer Shire II Lot 3

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

Geographical Location (if known): Lat/Long: PID 15-08-408-003-000

B. Owner

Name Adam Peterson Signature AM

Address 3600 W Washington St City/State/Zip Lincoln Ne 68522

Home Phone NA Work Phone NA

C. Certified Installer

Name: Kurt Virgil Signature

Address 4630 W Mary Louise Ln City/State/Zip Lincoln, Ne, 68528

Work Phone 402-525-6601

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 Is there a Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 3.29

☐ 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 9-4-15 Amount Paid $385.00
Received By SB Cash/Check No. 1173

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

Form A Updated: 5/10

Lincoln-Lancaster County Health Department
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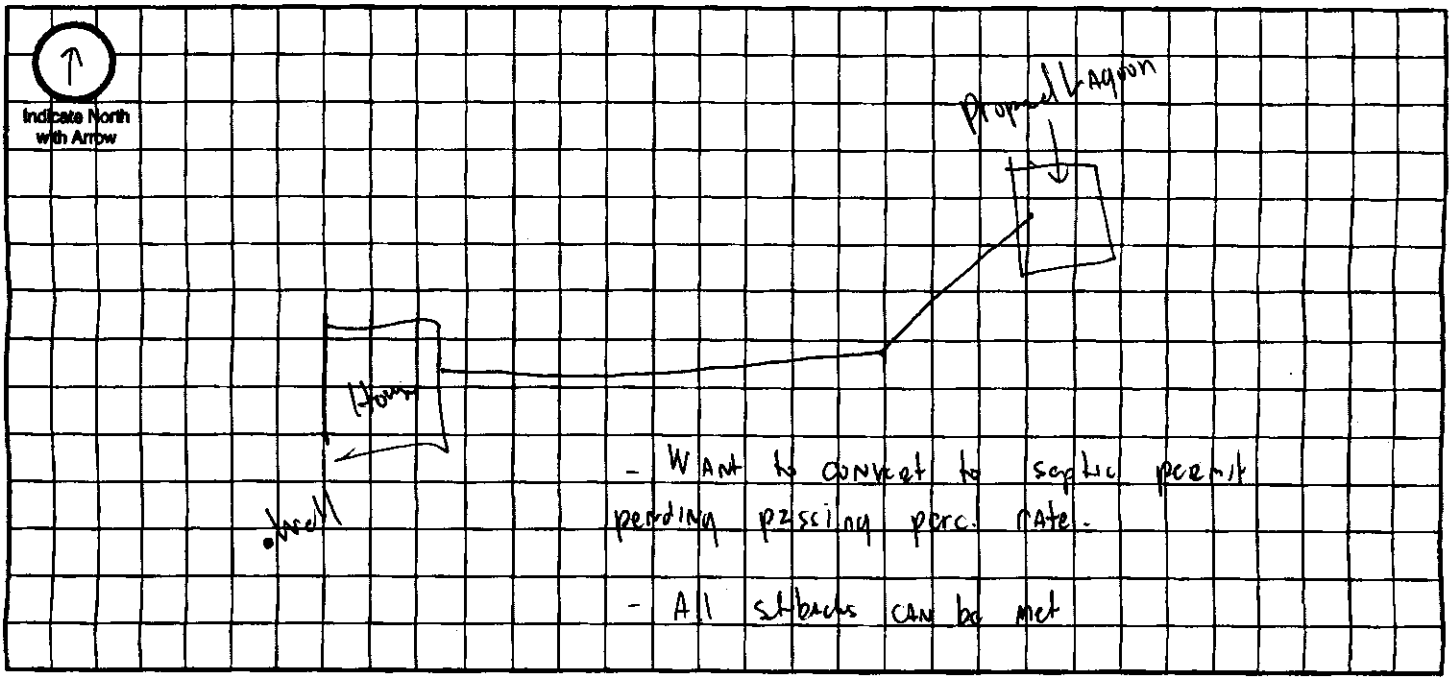
C

Permit Number: HS001136

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) 14330 S 46 City Roca NE, Zip 68430

B. Proposed Septic Tank/s

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

C. Reserve Area for Replacement Onsite System

☐ Drainfield Absorption Area (percolation test required) ☒ Lagoon

D. Drainfield Absorption System

Percolation Rate NA (min/inch = mpi) No. of Bedrooms_____ Soil Type_____ Land Slope_____%

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

Total length of laterals_____ Type of distribution: ☐ Perforated pipe ☐ Half-Round ☐ Chamber ☐ Other

No. of absorption trenches_____ Width_____ No. of drop boxes_____ Distrubtion Box_____

No. of absorption beds_____ 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 _____ Date 9-28-15

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. HS001136

System Type: Lagoon

Situs: No Site Address Specified

Description: MEYER SHIRE II, Lot 3

Issued: 9/21/2015

Expires: 9/21/2016

Owner: PETERSEN, ADAM & RACHEL
2600 W WASHINGTON ST
LINCOLN, NE 68522

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

KURT VIRGIL EXCAVATING INC
4620 W MARY LOUISE LN
LINCOLN, NE 68528-1936

JAN 07 2016

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

D

Permit Number: HS001136

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date 1-4-16 Legal Description Meyer Shire II Lot 3 (1/4 1/4 Section Township Range)

Onsite System Location

Address (no rural route) 14330 S 46 City Rock NE, Zip 68430

Owner Adam Peterson Address 2600 W Washington St Lincoln, Ne 68522

A. Sewer Pipe

1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: — in.
   or distance below basement floor: 24 in.
3. Distance between dwelling and septic tank: 157 ft.
4. Number of clean-outs: 3
5. Distances to: well or suction line NA 7100 ft.
   stream >50 ft.
   pressure line >25 ft.
   property line >20 ft.

B. Septic Tank

☑ Label with Manufacturer, address and gallon capacity

1. Material: Concrete
   Number of compartments: 1
2. Capacity: 2000 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter 24 in.
   Over outlet, diameter 24 in.
   Riser: ☑ above ☐ below grade 2 in.
5. Inlet: ☑ baffle ☐ tee ☐ 6" dia. inspection pipe
6. Outlet: ☑ baffle ☐ tee ☐ 6" dia. inspection pipe
7. Depth to top of tank, below unfinished grade: 18 in.
8. Distances to: Well or suction line NA >100 ft.
   Stream >50 ft.
   Pressure line >25 ft.
   Property line >20 ft.

C. ☑ Distribution Box ☑ Drop Boxes

(≥ 12" inspection opening) (removable lid to inspect)

1. Material: Plastic
   Number available outlets: 5 (used 2)
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 14 ft.

D. Drainfield Absorption

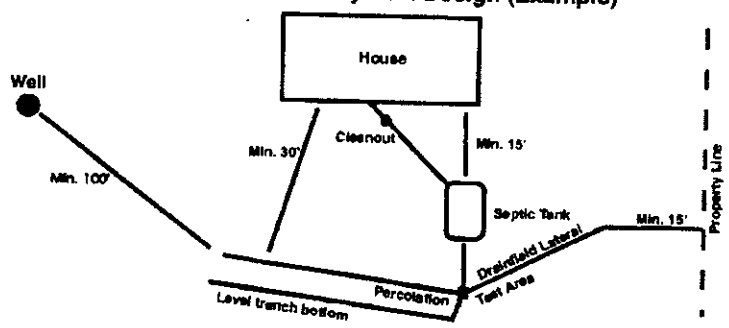
☑ Trench ☐ Bed ☐ Level Bottom

1. Type: ☐ Half rounds ☐ Perforated pipe ☑ Chambers
   Diameter or width: 29"
   Number of distribution lines in bed
   Material: ☐ fiberglass ☑ plastic ☐ concrete
   ☐ other
2. Drainfield Laterals: Number 5
   Length of each line: 90 ft. 92 ft.
   92 ft. 92 ft., 92 ft.
3. Drainfield dimensions: Width 3 ft.
   Distribution Pipe Slope 0 in/100 ft.
   Average depth 44 in
4. Filter material: NA
   Depth of material NA in.
5. Distances to: Well or suction line >100 NA ft.
   Pressure line >25 ft.
   Property line >20 ft.
   House or building 150 ft.
   Lake or Stream >50 ft.

Complete As-Built drawing on the back fo this form.

Indicate North with Arrow

Onsite Wastewater System Design (Example)

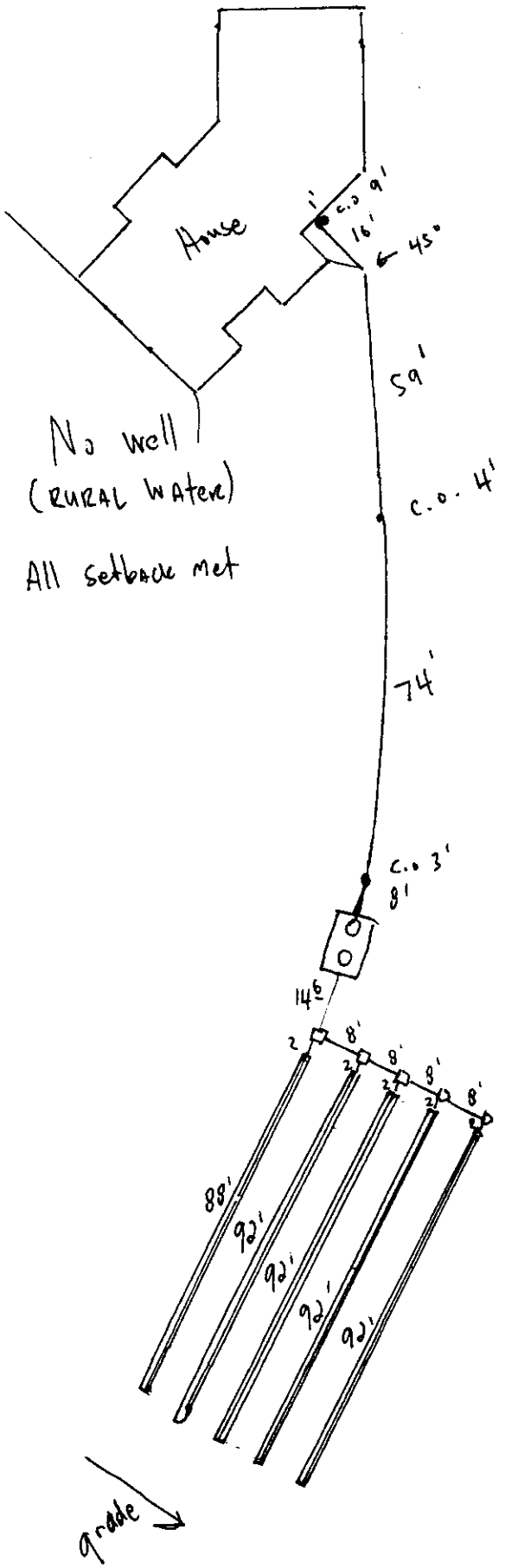


Adam Petersen
14330 S 46
Roca, Ne 68430

Septic Completed
12-31-15

N →

⟷ = 10'



456 feet lateral
@ 4' deep on west side
to ~ 3-3.6 deep on east side

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Exhibit 5

Permit Number: HS001136

4 bedroom
42 acre
Need 1320 sq ft

Onsite Wastewater Treatment System

Inspection Sheet

Date 12/31/15 Legal Description ¼ ¼ 18 / 8 / 7 Section/Township/Range

Onsite System Location

Address (no rural route) 14330 S 46th St City Roca

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 1653 Sq. Ft. Tank Size 2,000 gals

Total length of laterals 456 Type of Distribution: ☒ Chamber ☐ Perforated Pipe ☐ Other (describe)_____

No. of Absorption Laterals ~~5~~ 4 Width 43.5 No. of Drop Boxes – Distribution Box 4

Leveling Method Used Electronic

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 ☒

* Rural water

Geographical Coordinates to 6 Decimals:

Tank_____

Lateral #1_____ Lateral #3_____

Lateral #2_____ Lateral #4_____

Comments:

* Only 3 laterals in upon inspection.

Inspections prior to Final Approval
Initial _____ Date _____

Follow-Up_____ Date _____

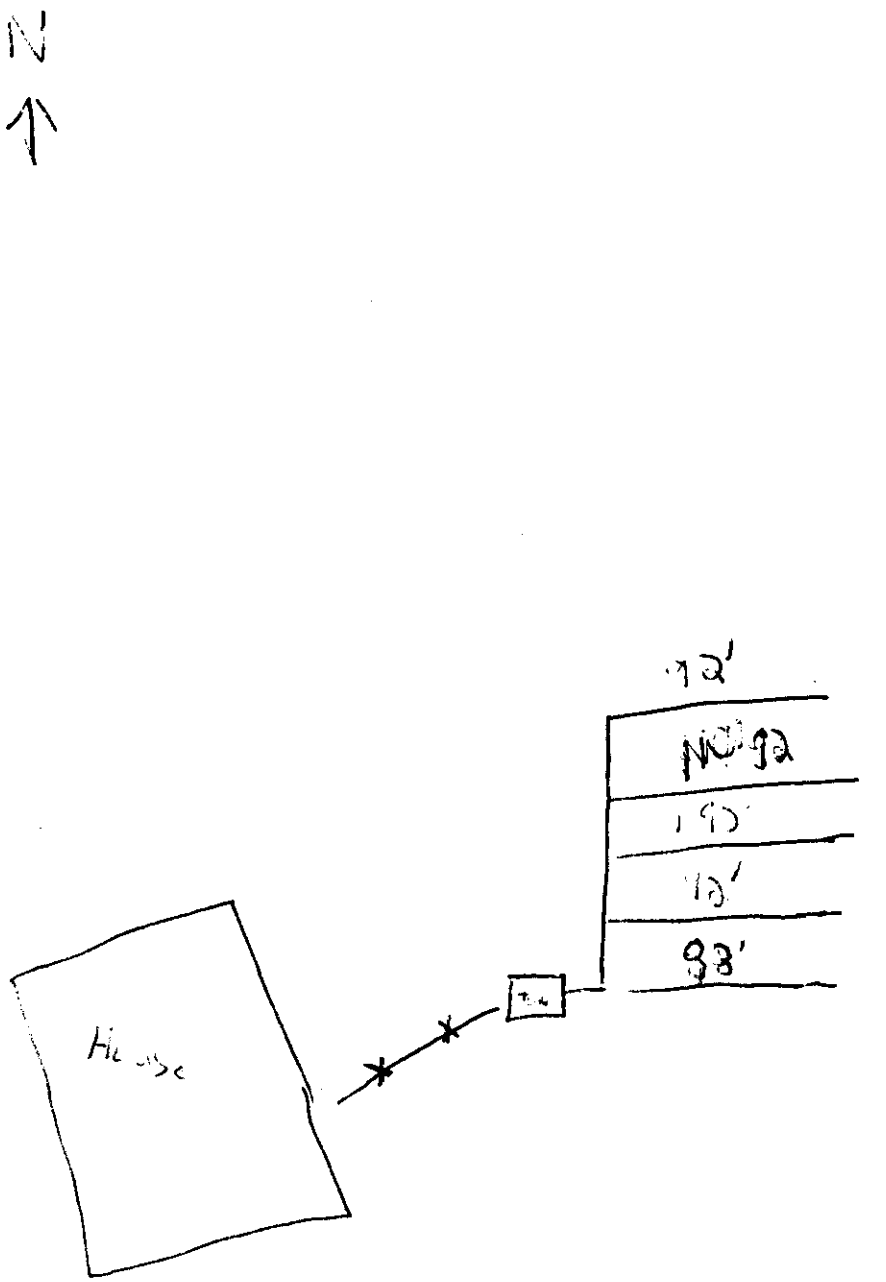
Follow-Up_____ Date _____

Installation Final Written Approval
By _____

Date 1/8/16

Field Note Drawing (See Reverse Side):

Updated 4/15


N
House