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

A

Permit Number HS001139

Onsite Wastewater Treatment System Permit Application

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

☐ Septic System ☒ Lagoon ☐ Other (Refer to Form C)

PLEASE PRINT OR TYPE

A. Onsite System Location

Address* 1000 SPRAUGE RD. City ROCA, NE Zip 68430
(no rural route)

Legal Description SE 26 8N 6 27
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 08-26-400-008-000 Approx. Address (If to be determined)

B. Owner

Name DENNIS R. SMITH Signature Dennis A Smith

Address 1000 SPRAUGE RD. City/State/Zip ROCA, NE

Home Phone 402-326-8620 Work Phone 402-479-3897

C. Certified Installer

Name: GARY KUHL KUHL TRENCHING Signature Gary Kuhl

Address 880 N 13th ST. City/State/Zip TECUMSEH, NE 68450

Work Phone 402 335-8112

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 2 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 19.2
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

1. Health Department
Site visits
Comments
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 9-15-15 Amount Paid $385.00
Received By SB Cash/Check No. 5234

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

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. HS001139

System Type: Lagoon

Situs: 1000 SPRAGUE RD, RURAL, NE

Issued: 9/21/2015

Expires: 9/21/2016

Description: S26, T8, R6, 6th Principal Meridian, LOT 27 SE

Owner: SMITH, DENNIS R
1000 SPRAGUE 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

DENNIS SMITH
1000 SPRAGUE RD
ROCA, NE 68430

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

OK 5/4/16 jr

Exhibit 6

Permit Number: 1130011139

Onsite Wastewater Treatment System-Lagoon

Inspection Sheet

Date 12/10/15 Legal Description _____

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 1000 Sprague Rd City _____

Owner _____ Address _____

Mark One: ☒ ~~Dwelling~~ ☐ Non-dwelling

☒ New System ☐ Repair

☐ Temporary modification (Describe problem causing discharge and reason for temporary modification): _____

Lagoon constructed so not to receive surface water	Yes ☒ No ☐
Lagoon floor is level	Yes ☒ No ☐
Lagoon is equipped with a depth gage/concrete slab	Yes ☒ No ☐
Influent line is at least 4 inches and slopes no less than 1/8 inch	Yes ☒ No ☐
Clean outs located every 75 feet and one located 1 foot about highest water level	Yes ☒ No ☐
Inside slope not steeper than three horizontal to one vertical	Yes ☒ No ☐
Minimum width of the top of the dike shall be 4 feet	Yes ☒ No ☐
Fence installed	Yes ☒ No ☒

Top of the Dike_____ Bottom of Lagoon_____ Design Flow 2 bedrooms 1014

Setbacks (Check the Boxes Below if the Required Setback has been Satisfied):

Surface Water distance from Water Mark	Private Drinking Water Wells	Public Drinking Water Supply Wells		All Other Water Wells	Property Lines	Trees and Brush	Neighbor's Foundation		All Other Setbacks
50 ft ☒	100 ft ☒	Non-Community	100ft ☐	100ft ☒	50ft ☐	50ft ☒	Class 1	200ft ☒	☐
		Community	* ☒				Class 2	200ft ☐	
							Class 3	100ft ☐	

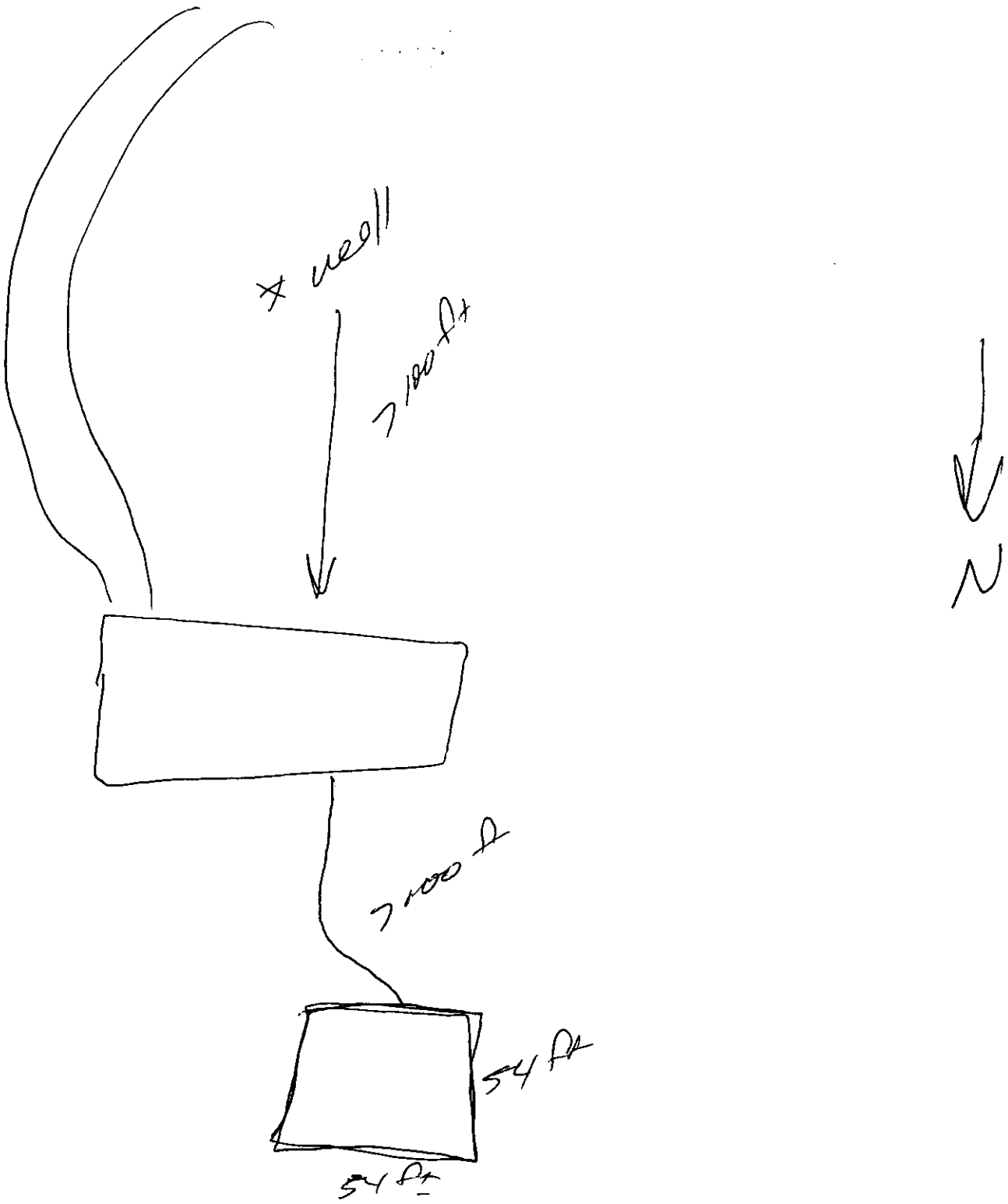
*Evaluated by a professional engineer for potential impact on the well and submitted to Dept. for approval if less than 1000ft.

Geographical Coordinates to 6 Decimals: N/O

Dike North side

Comments:

Inspections prior to Final Approval
Initial _____ Date 5/3/16
Follow-Up _____ Date _____
Follow-Up _____ Date _____
Installation Final Written Approval
By _____
Date 5/3/16


well
100 ft
100 ft
54 ft
54 ft
N

8-6-26

DEC 16 2015

D

Exhibit 4

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

Permit Number: HS001139

Onsite Wastewater Treatment System
As-Built Description and Drawing

Type of Onsite Wastewater System: ☒ Lagoon (Skip to Back Page) ☐ Subsurface Septic ☐ Mound

Onsite Wastewater System Location 08-26-400-008-000

Address or Legal Description or Parcel Identification Number (PID) 1000 Sprague Rd, Roca, NE 68430

Owner: Dennis Smith Address same

A. Wastewater Piping

1. Material: SDR 26 Diameter: 4 in.
2. Distance between dwelling and septic tank: 137 ft.

B. Septic Tank

1. Material _____
2. Capacity: _____
3. Depth to top of tank, below unfinished grade: ____ in.
4. Distance to:
   Well _____ ft.
   Pressure line _____ ft
   Property Line _____ ft.
   Foundation _____ ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: _____ ft. _____

D. Drainfield/Absorption Field

☐ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☐ Other
   Material brand and inside width of Chamberless: _____
2. Number of Laterals: _____
3. Length of each lateral (linear): ft._____ ft._____ ft._____ ft._____
4. Drainfield size: _____ sq. ft.
5. Distance to:
   Well _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.
   Depth of Groundwater _____

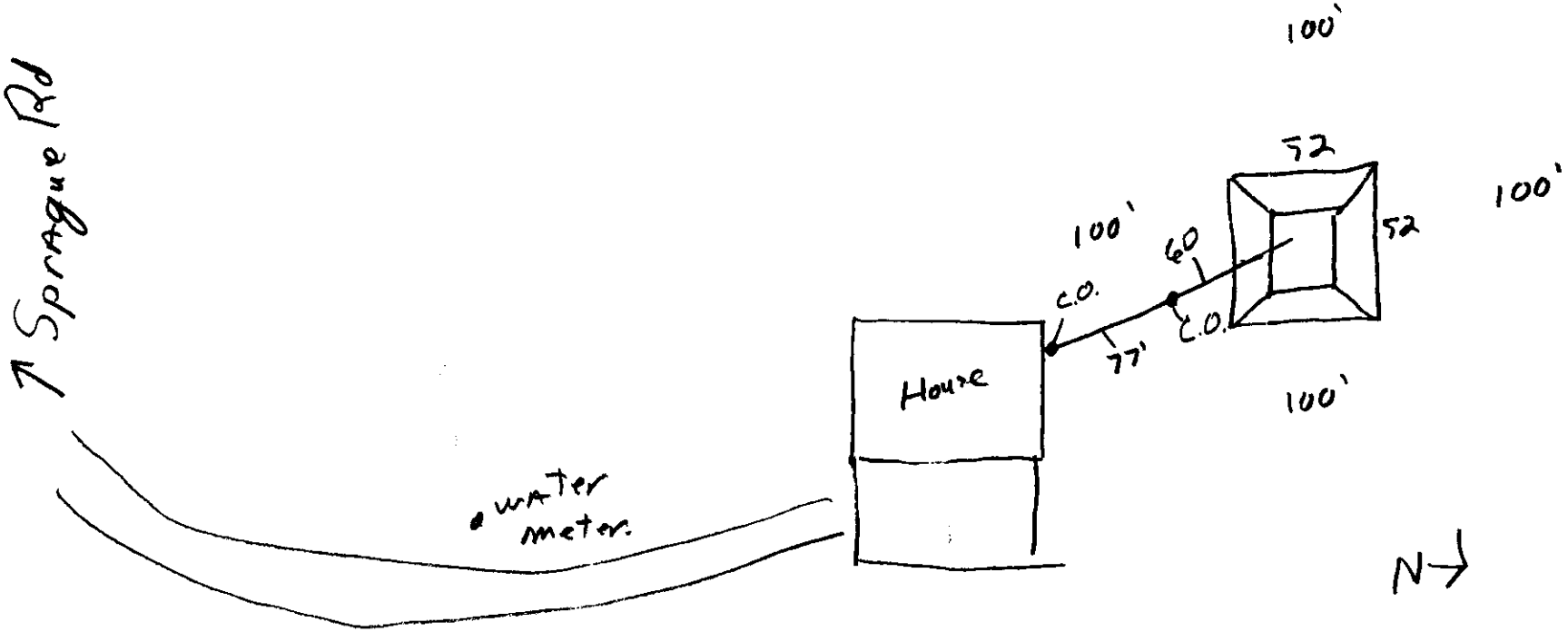
Was the Onsite Wastewater System covered prior to LLCHD inspection? ☐ Yes ☒ No

If Yes, the Certified Professional must sign below for final approval:

I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: Lloyd Jacobsen Date: 12/7/2015

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



12/7/2015

Raymond Contracting, Inc.
Lloyd J Jakoubek
13800 NW 70th St
Raymond, NE 68428
402-783-2663

Hwy 77.

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

SCANNED

A

Permit Number
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Installation Final Written Approval
By
Date 5/3/16

Business Office Use Only
Date Received 9-15-15 Amount Paid $385.00
Received By SB Cash/Check No. 5234

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

Form A Updated: 4/15