# Onsite Wastewater Treatment System Permit Application

HS001158

Submit correct fee with this Application

OCT 27 2015

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

**PLEASE PRINT OR TYPE**

**A. Onsite System Location**

Address* 13231 S. 8th Street (no rural route) City Roca NE Zip 68430

Legal Description ____ ____ Rambling Rose Acres 3 2

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

PID 08-11-206-002-000 Approx. Address (if to be determined) ____

**B. Owner**

Name Nathan Pickerill Signature

Address 2400 Vavrina Lane City/State/Zip Lincoln, NE 68512

Home Phone (402) 770-6867 Work Phone (402) 261-6505

**C. Certified Installer**

Name Earnest Well Drilling Inc. Signature

Address P.O. Box 11 City/State/Zip Milford, NE 68405

Work Phone 402-761-2281

**D. Engineer** ☐ Check and complete if engineer designed system PE 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 4.04

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**

**1. Health Department**

Site visits ____ Date rec'd ____ ACTION ☐ Approved ☐ Disapproved

Date fwd ____ Signature ____

Comments ____

**2. Supt. Bldg. Insp. or Village Clerk**

Comments ____ Date rec'd ____ ACTION ☐ Approved ☐ Disapproved

Date fwd ____ Signature ____

**3. City or County Engineer**

Comments ____ Date rec'd ____ ACTION ☐ Approved ☐ Disapproved

Date fwd ____ Signature ____

**Installation Final Written Approval**

By ____

Date ____

*Business Office Use Only*
Date Received 10-27-15 Amount Paid $385.00
Received By SB Cash/Check No. 2086

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

Form A Updated 4/15

1/4 Section _____ 1/4 Mile Rd

HS 001158

**Property Dimensions:** _____ Acres

**Soil Type:** Silt _____ Silty Clay _____ Clay Loam X Sandy Clay _____

**Dates of Tests:** 10-24-15 to 10-25-15 **Weather:** Sun Ø Temp. 60s

| a. | b. | c. | d. | e. | f. | g. | h. | i. | j. | k. | l. | m. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Pre Saturation Period | | | | Percolation Readings | | | | | Results | |
| | | Start | | End | | Start | | End | | | | Final |
| Hole No. | Hole Depth (in.) | Date (Mo. Day) | Time (Hr. Min.) | Date (Mo. Day) | Time (Hr. Min.) | Date (Mo. Day) | Time (Hr. Min.) | Water Level (in.) | Time (Hr. Min.) | Water Level (in.) | Elapsed Time (Min.) | Level Drop (in.) |
| 1 | 36 | 10/24 | 9:30am | 10/24 | 1:30pm | 10/25 | 9:00am | 6 | 9:30am | 5¼ | 30 | ¾ |
| 2 | 36 | 10/24 | 9:30am | 10/24 | 1:30pm | 10/25 | 9:00am | 6 | 9:30am | 5¼ | 30 | ¾ |
| 3 | 36 | 10/24 | 9:30am | 10/24 | 1:30pm | 10/25 | 9:00am | 6 | 9:30am | 5 | 30 | 1 |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

Sum of Water Level Drops (in.) [Column m]: 2.5

Average of Water Level Drops (in.) [Column m]: .83

~~Inches per Minute~~: 36.14 MPI

**PERSON CONDUCTING TEST:**

Name: Jaclyn Peterson

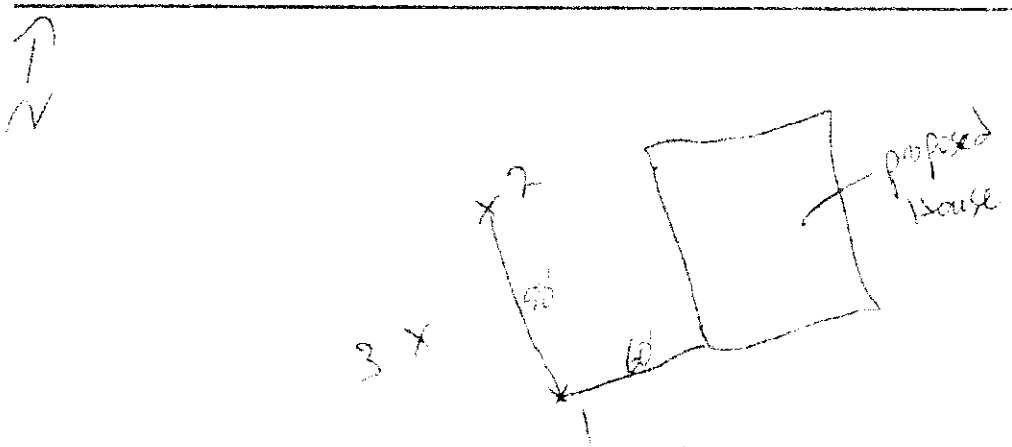
Address: 322 238th Rd
Milford, NE 68405

Phone: 402-641-6174

Signature: Jaclyn

Square Foot of Lateral per Bedroom: 225

**SKETCH SHOWING HOLE LOCATION:**




Officials Signature

## Preliminary Plan Specifications



A. Onsite System Location

B. Proposed Septic Tank/s

C. Reserve Area for Replacement Onsite System

D. Drainfield/ Absorption System

E. Setbacks Check the Boxes Below if the Required Setback has been met

| Distance From | Private Well | Public Well | Surface Water | Ground Water | Pressure Water Line | Property Lines | Foundations Yards | Foundations Neighbors | All Other Buildings |
|---|---|---|---|---|---|---|---|---|---|
| Tank (S) | 50 ☐ | 500 ☐ | 50 ☐ | 50 ☐ | 10 ☐ | 5 ☐ | 5 ☐ | 5 ☐ | ☐ |
| Field (S) | 100 ☐ | 500 ☐ | 50 ☐ | 4 ☐ | 10 ☐ | 20 ☐ | 10 ☐ | 5 ☐ | ☐ |
| Septum (S) | 100 ☐ | 500 ☐ | 50 ☐ | N/A ☐ | 10 ☐ | 8 ☐ | 10 ☐ | 5 ☐ | ☐ |

F. Required Signatures

10/27/2015

**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. HS001158**

**System Type:** Standard

**Situs:** No Site Address Specified

Issued: 10/28/2015

Expires: 10/28/2016

**Description:** RAMBLING ROSE ACRES, BLOCK 3, Lot 2

**Owner:** PICKERILL, NATHAN & EVELAND, RENEE
2400 VAVRINA LN
LINCOLN, NE 68512

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, MS
Health Director

NATHAN PICKERILL
2400 VAVRINA LANE
LINCOLN, NE 68512

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

OLQ
3/28/16

Exhibit 5

Permit Number: H5001158

# Onsite Wastewater Treatment System

## Inspection Sheet

Date 3/24/16 Legal Description Rambling Rose Acres Blk 3, Lot 2

¼ ¼ Section/Township/Range

**Onsite System Location**

Address (no rural route) 13231 S. 8th 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 N/O Sq. Ft. Tank Size 1250 gals

Total length of laterals N/O Type of Distribution: ☒ Chamber ☐ Perforated Pipe ☐ Other (describe) Quick 4 Standard

No. of Absorption Laterals 2 Width 27' No. of Drop Boxes 0 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 ☒ | 50 ☐ | 50 ☐ | NA ☒ | 10 ☒ | 5 ☐ |
| Field (ft) | 100 ☒ | 500 ☒ | 50 ☒ | 4 ☐ | 25 ☒ | 5 ☒ |

**Geographical Coordinates to 6 Decimals:**

Tank

Lateral #1 N/O Lateral #3

Lateral #2 Lateral #4

Inspections prior to Final Approval
Initial NH Date 3/28/16

Follow-Up Date

Follow-Up Date

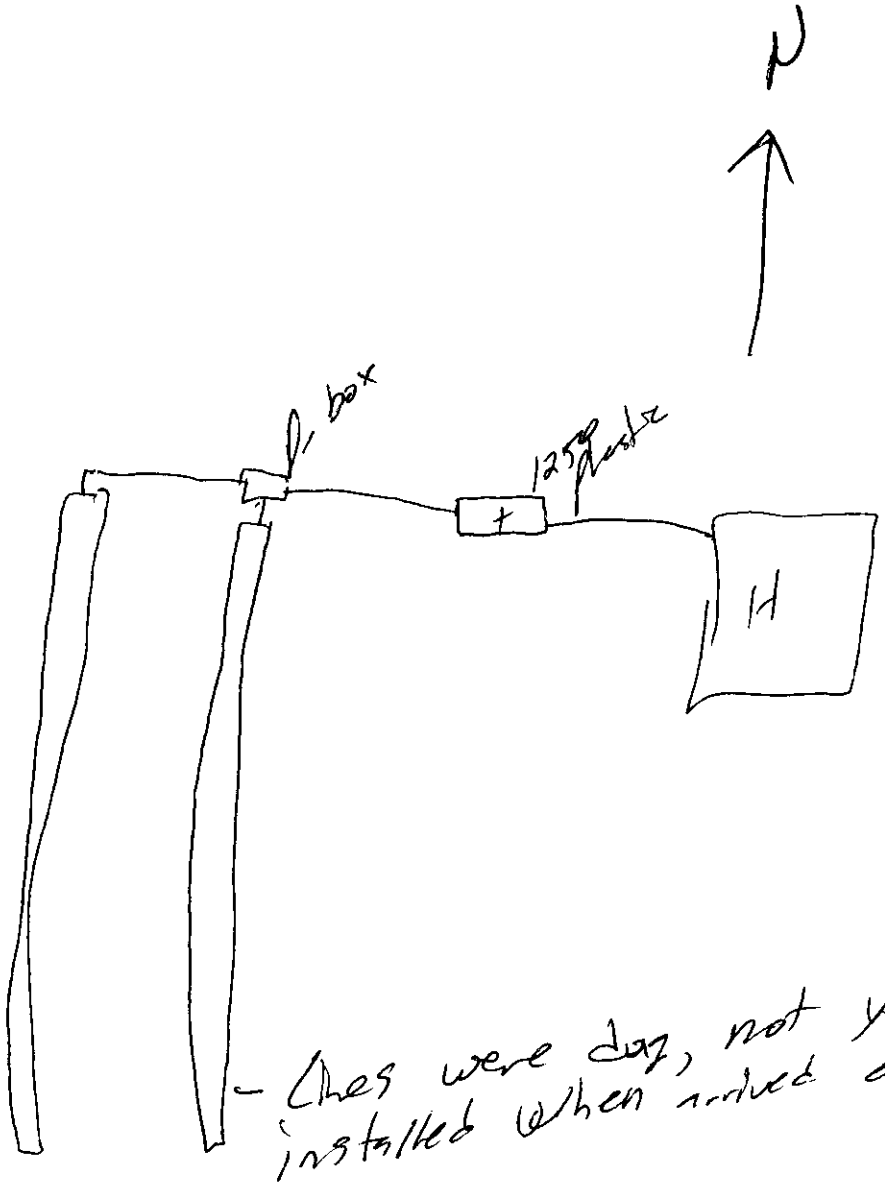
Installation Final Written Approval By

Date 3/24/16

Comments:
Wells were both over 120 ft away. Neighbors & their own well was being drilled while onsite. NH

Field Note Drawing (See Reverse Side):
* Drawing represents what was observed.

Updated 4/15




- Lines were dug, not yet installed when arrived onsite

## Nate C. Hartman

**From:** Ken D. Schroeder
**Sent:** Wednesday, October 28, 2015 9:43 AM
**To:** Nate C. Hartman
**Cc:** Pamela L. Dingman
**Subject:** Sewage disposal system for PID #08 11 206 002 000
**Attachments:** part of sec 11-8-6.pdf

Nate,
Lancaster County Engineering Department indicates approval for a sewage disposal system for Lot 2, Block 3, "RAMBLING ROSE ACRES" located in the NE 1/4 of Section 11, T8N, R6E of the 6th P.M., Lancaster County, Nebraska. *(see attached part of sec 11-8-6.pdf)*
As always, subject to confirmation of and compliance with any floodplain elevation requirements prior to construction.
Ken

Kenneth D. Schroeder, RLS
Lancaster County Surveyor
444 Cherrycreek Road, Bldg. "C"
Lincoln, Nebraska 68528
kschroeder@lancaster.ne.gov
Phone (402) 441-7681
Fax (402) 441-8692

## Nate C. Hartman

**From:** Todd A. Stutzman
**Sent:** Wednesday, October 28, 2015 9:11 AM
**To:** Nate C. Hartman
**Subject:** 13321 S 8th St

Nate

13321 S 8th St in Rambling Rose Acres Block 3 Lot 2 is a buildable lot.

Todd

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

**D** Exhibit 4

Permit Number:

# 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

Address or Legal Description or Parcel Identification Number (PID) 13231 S. 8th

Owner: Nathan Pickerill Address 2400 Vavrina Lane

### A. Wastewater Piping

1. Material: PVC Diameter: ____ in.
2. Distance between dwelling and septic tank: 64 ft.

### B. Septic Tank

1. Material Plastic
2. Capacity: 1250gal.
3. Depth to top of tank, below unfinished grade: 24 in.
4. Distance to:
   Well 125+ ft.
   Pressure line 100+ ft.
   Property Line 50+ ft.
   Foundation 50+ ft.

### C Distribution Box or Drop Box

Distance and Direction from septic tank: 10 ft. NW

### D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☒ Chamberless ☐ Other
   Material brand and inside width of Chamberless: Infiltrator Quick 4 Standard 27"
2. Number of Laterals: 2
3. Length of each lateral (linear): ft. 124' ft. 124' ft. ____ ft. ____
4. Drainfield size: 837 sq. ft.
5. Distance to:
   Well 125+ ft.
   Pressure line 100+ ft.
   Property line 50+ ft.
   Depth of Groundwater ____

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

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.

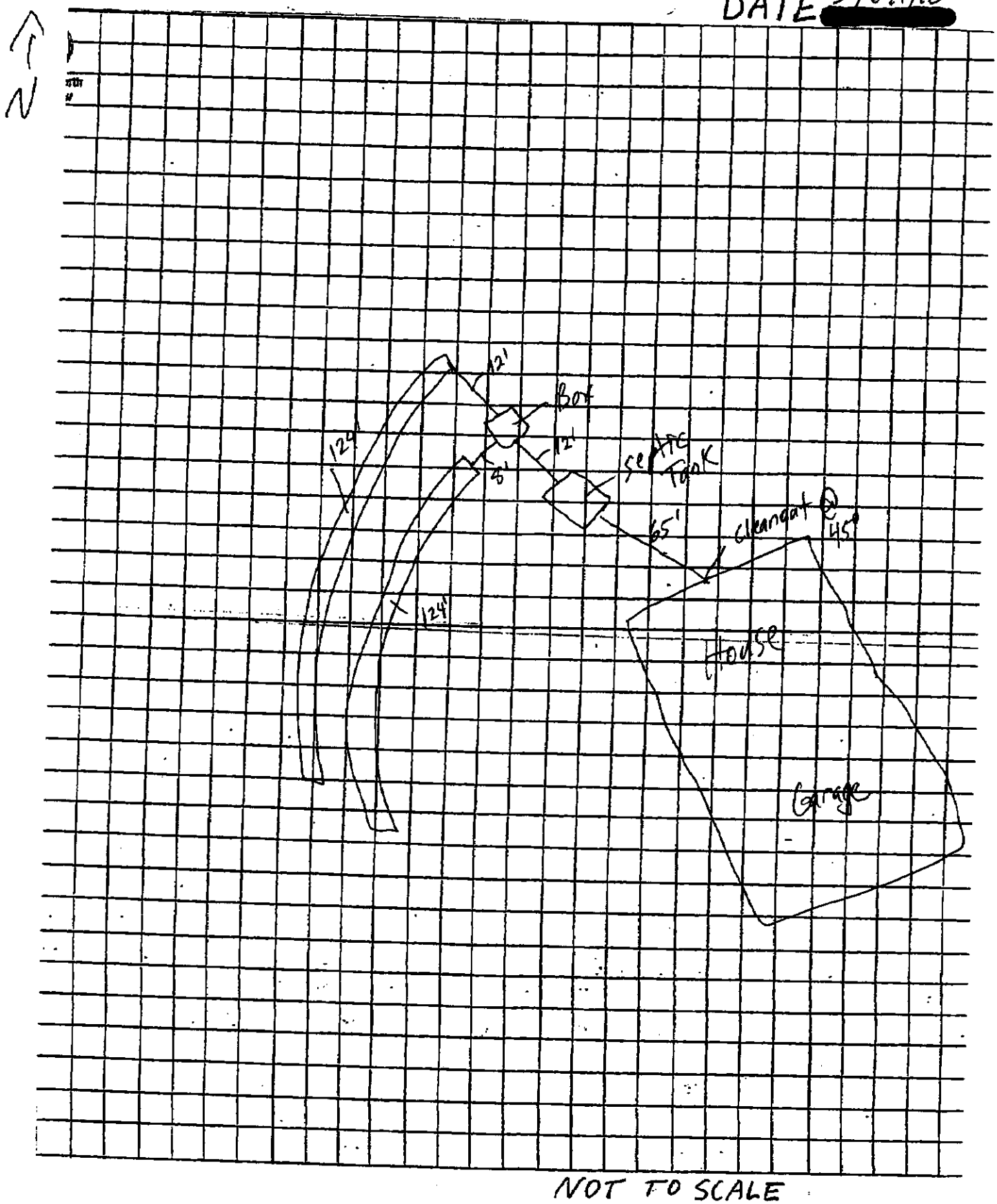
Certified Professional Signature: _____ Date: 3/19/16

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

Owner
Nathan Pickerill

**EARNEST WELL DRILLING INC.**
P.O. Box H
MILFORD, NE 68405
761-2281 475-3276

DATE 3/[redacted]/16



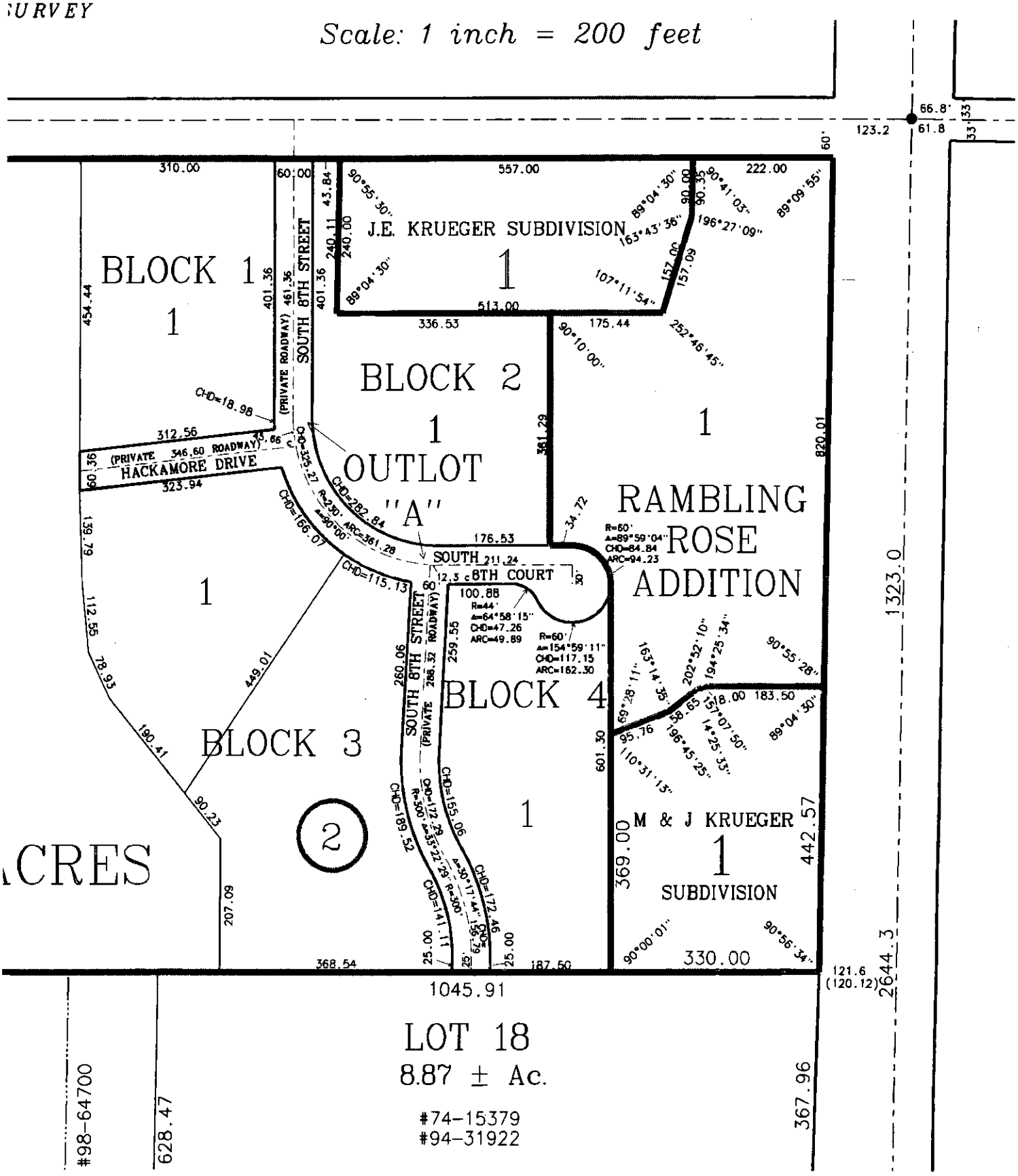

NOT TO SCALE

AS
LA-
'T IS NOT
URVEY

# SEC.11–T8N–R6E

## Centerville

Scale: 1 inch = 200 feet



# Onsite Wastewater Treatment System Permit Application

HS001158

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

OCT 27 2015

SCANNED

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

**PLEASE PRINT OR TYPE**

**A. Onsite System Location**

Address* 13231 S. 8th Street (no rural route) City Roca, NE Zip 68430

Legal Description 11 8 6 SB Rambling Rose Acres 3 2

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

PID 08-11-206-002-000 (Approx. Address (if to be determined))

**B. Owner**

Name Nathan Pickerill Signature

Address 2400 Vavrina Lane City/State/Zip Lincoln, NE 68512

Home Phone (402) 770-6867 Work Phone (402) 261-6505

**C. Certified Installer**

Name: Earnest Well Drilling Inc. Signature

Address P.O. Box 11 City/State/Zip Milford, NE 68405

Work Phone 402-761-2281

**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 4.04

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**

**1. Health Department**

Site visits

Comments

Date rec'd 10/28/15 Date frwd 10/28/15

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 3/24/16

***Business Office Use Only***

Date Received 10-27-15 Amount Paid $385.00

Received By SB Cash/Check No. 2086

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

Form A Updated: 4/15

1/4 Section _____ SCANNED 7/4 Bonnet Rd

HS 001158

**Property Dimensions:** _____ acres

**Soil Type:** Silty Clay ____ Silty Clay Loam ____ Sandy Loam ____ Silty Loam ____ Clay Loam X Sandy Clay ____

**Dates of Tests:** 10-24-15 to 10-25-15 **Weather:** Precip. Ø Temp. 60's

| a. | b. | c. | d. | e. | f. | g. | h. | i. | j. | k. | l. | m. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Pre-Saturation Period | | | | Percolation Readings | | | | | Results | |
| | | Start | | End | | Start | | | End | | | Water |
| | Hole | Date | Time | Date | Time | Date | Time | Water | Time | Water | Elapsed | Level |
| Hole | Depth | (Mo. | (Hr. | (Mo. | (Hr. | (Mo. | (Hr. | Level | (Hr. | Level | Time | Drop |
| No. | (in.) | Day) | Min.) | Day) | Min.) | Day) | Min.) | (in.) | Min.) | (in.) | (Min.) | (in.) |
| 1 | 36 | 10/24 | 9:30am | 10/24 | 1:30pm | 10/25 | 9:00am | 6 | 9:30am | 5¼ | 30 | ¾ |
| 2 | 36 | 10/24 | 9:30am | 10/24 | 1:30pm | 10/25 | 9:00am | 6 | 9:30am | 5¼ | 30 | ¾ |
| 3 | 36 | 10/24 | 9:30am | 10/24 | 1:30pm | 10/25 | 9:00am | 6 | 9:30am | 5 | 30 | 1 |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

Sum of Water Level Drops (in.) [Column m]: 25

Average of Water Level Drops (in.) [Column m]: .83

~~Inches per Minute:~~ 36.14 MPI

**PERSON CONDUCTING TEST:**

Name: Justyn Peterson

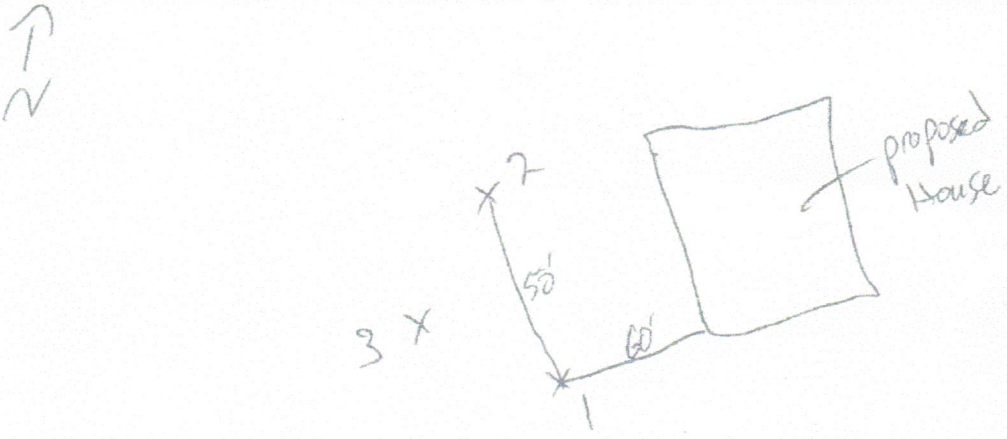
Address: 322 238th Rd
Milford, NE 68405

Phone: 402-641-6174

Signature: Justyn

Square Feet of Lateral per Bedroom: 275

**SKETCH SHOWING HOLE LOCATION:**

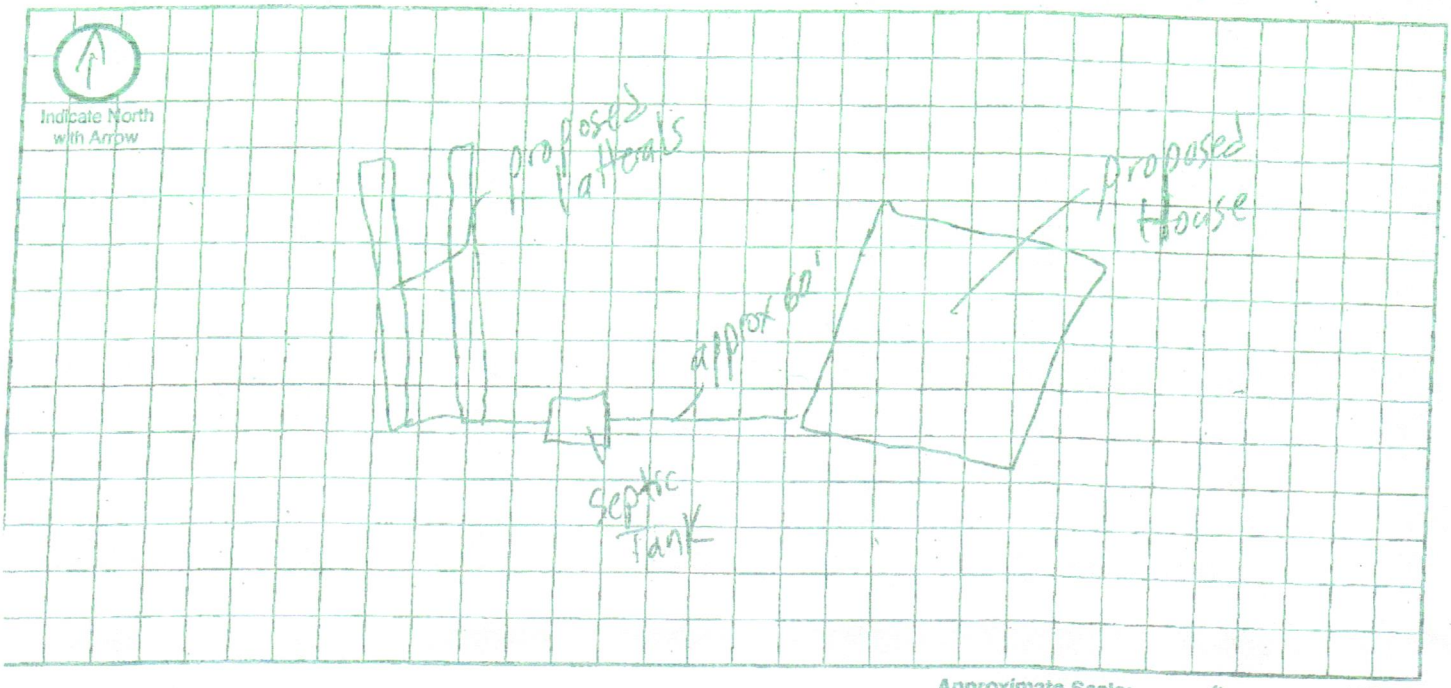



Official's Signature

## Preliminary Plan Specifications

Draw a plot plan showing onsite system sewer lines, drop of distribution boxes, tank, drainfields, percolation test [illegible] residence, direction of groundwater flow, property lines, and reserve area for replacement onsite system.

SCANNED




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

### A. Onsite System Location

Address (no rural route) 13231 S. 8th City Roca NE, Zip 68430

### B. Proposed Septic Tank/s

Septic Tank Cap. 1250 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 36/4 (min/inch = mpi) No. of Bedrooms 3 Soil Type Clay Loam Land Slope 1.5 %

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 825 sq.ft.

Total length of laterals 245' Type of distribution: ☐ Perforated pipe ☒ Half-Round ☐ Chamber ☐ Other

No. of absorption trenches 2 Width 36" No. of drop boxes 0 Distrubtion Box 1

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 ☐ | ☐ |
| agoon (ft) | 100 ☐ | 500 ☐ | 50 ☐ | N/A ☐ | 30 ☐ | 50 ☐ | 100 ☐ | 200 ☐ | ☐ |

### . Required Signatures

ome Building Contractor _____ Date 10/27/2015

staller _____ Date 10/27/15

SCANNED

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

D Exhibit 4

Permit Number: HS001158

# Onsite Wastewater Treatment System
## As-Built Description and Drawing

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

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Address or Legal Description or Parcel Identification Number (PID): 13231 S. 8th

Owner: Nathan Pickerill Address: 2400 Vavrina Lane

### A. Wastewater Piping

1. Material: PVC Diameter: ____ in.
2. Distance between dwelling and septic tank: 64 ft.

### B. Septic Tank

1. Material: Plastic
2. Capacity: 1250gal.
3. Depth to top of tank, below unfinished grade: 24 in.
4. Distance to:
   Well 125+ ft.
   Pressure line 100+ ft.
   Property Line 50+ ft.
   Foundation 50+ ft.

### C Distribution Box or Drop Box

Distance and Direction from septic tank: 10 ft. NW

### D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☒ Chamberless ☐ Other
   Material brand and inside width of Chamberless: Infiltrator Quick 4 Standard 27"
2. Number of Laterals: 2
3. Length of each lataral (linear): ft. 124' ft. 124' ft. ____ ft. ____
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5. Distance to:
   Well 125+ ft.
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   Property line 50+ ft.
   Depth of Groundwater ____

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

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: _____ Date: 3/19/16

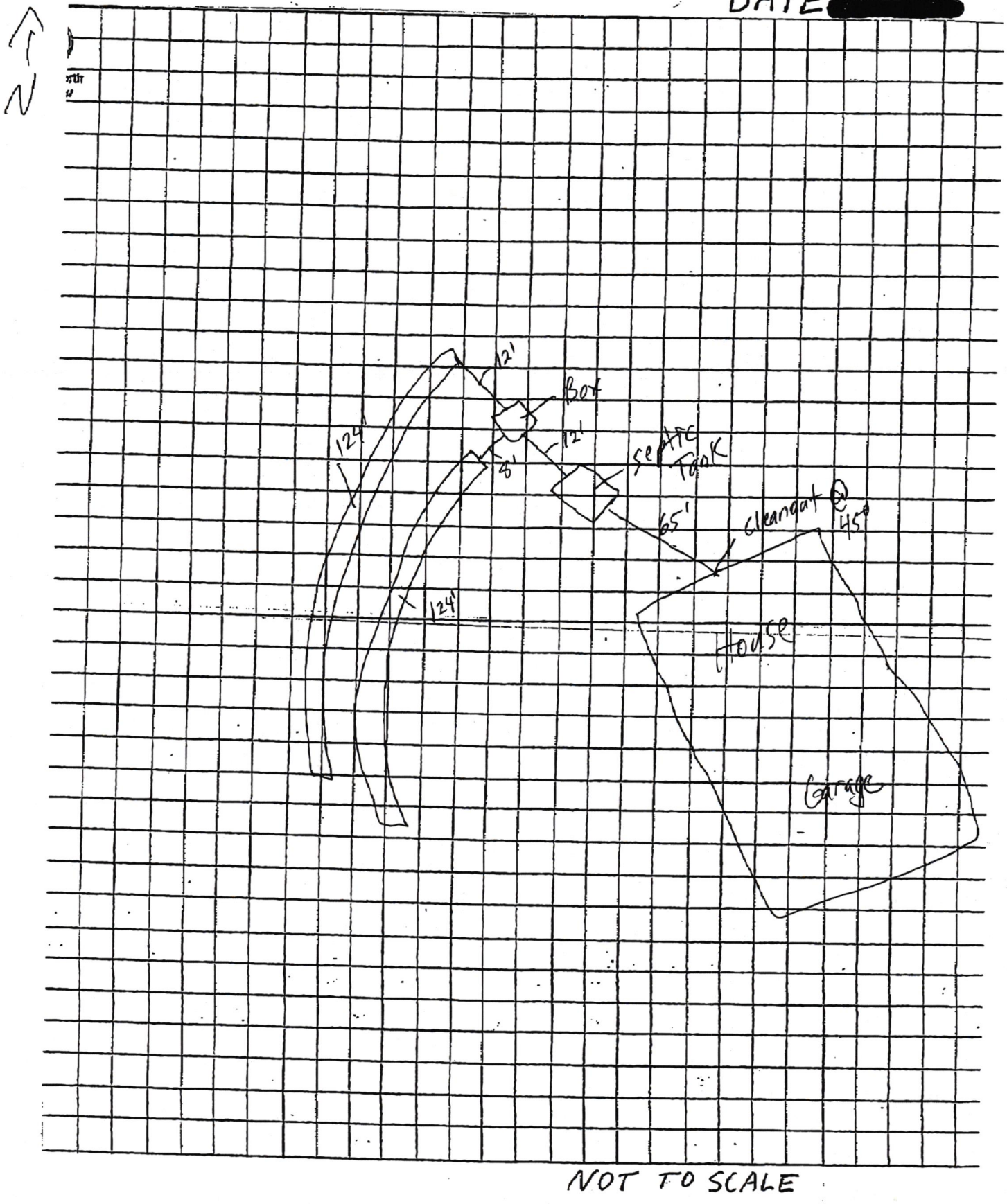
**Complete As-Built drawing on the back of this form.**

Updated 4/15

Owner
Nathan Pickerill

**EARNEST WELL DRILLING INC.**
P.O. Box H
MILFORD, NE 68405
761-2281 475-3276

DATE 3/19/16




NOT TO SCALE

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

SCANNED

OK per 3/28/16

Exhibit 5

Permit Number: H5001158

# Onsite Wastewater Treatment System

## Inspection Sheet

Date 3/24/16

Legal Description Rambling Rose Acres Blk 3, Lot 2
¼ ¼ Section/Township/Range

**Onsite System Location**

Address (no rural route) 13231 S. 8th 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 N/O Sq. Ft. Tank Size 1250 gals

Total length of laterals N/O Type of Distribution: ☒ Chamber ☐ Perforated Pipe ☐ Other (describe) Quick 4 Standard

No. of Absorption Laterals 2 Width 27' No. of Drop Boxes 0 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 _____

Lateral #1 N/O

Lateral #2 _____

Lateral #3 _____

Lateral #4 _____

Inspections prior to Final Approval
Initial _____ Date 3/18/16

Follow-Up _____ Date _____

Follow-Up _____ Date _____

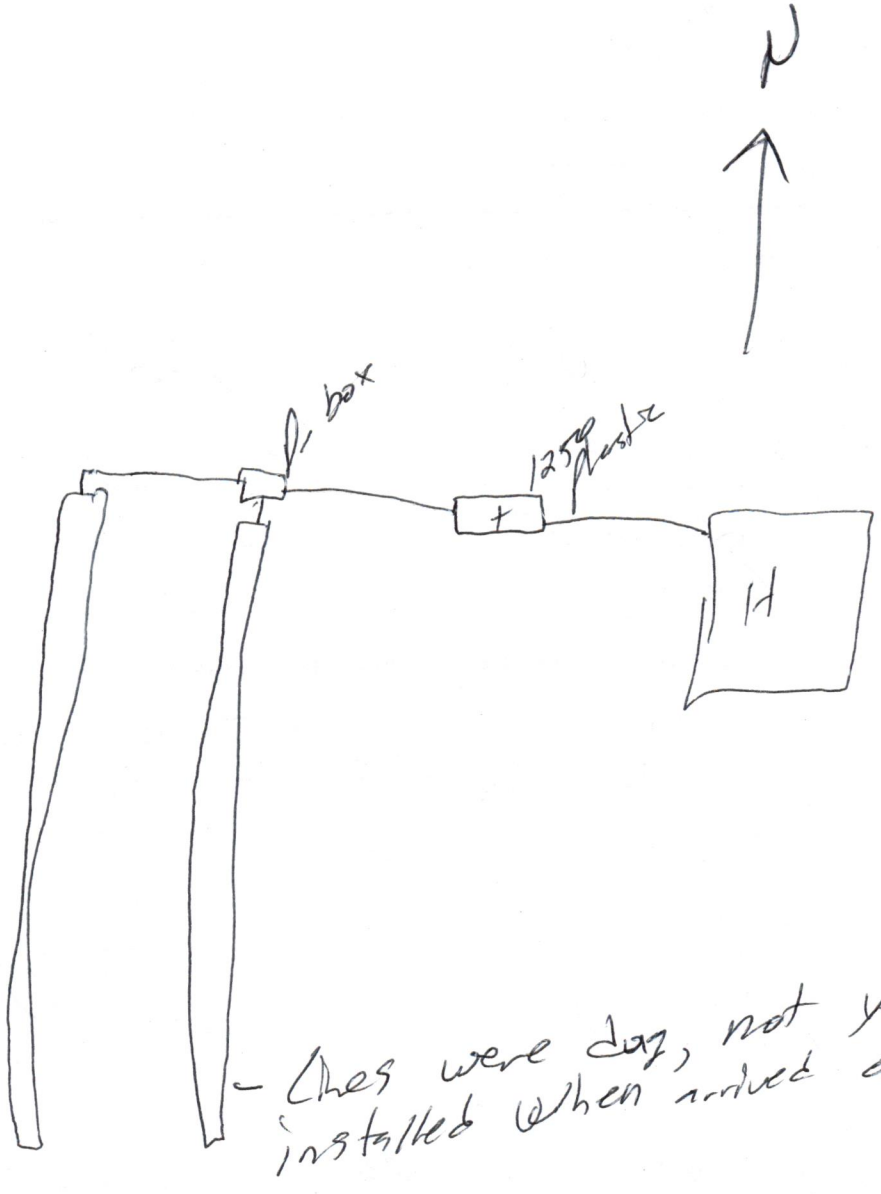
Installation Final Written Approval
By _____

Date 3/24/16

**Comments:**
Wells were both over 120 ft away. Neighbors & their own. Well was being drilled while onsite. N/T

**Field Note Drawing (See Reverse Side):**
* Drawing represents what was observed.

Updated 4/15




- Ones were dug, not yet installed when visited onsite

AS
LA-
T IS NOT
URVEY

# SEC.11–T8N–R6E

## Centerville

*Scale: 1 inch = 200 feet*

