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

A

Permit Number HS001171

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 28353 Post ~~Road~~ Rock Circle City Firth, NE Zip 68358
(no rural route)

Legal Description 32 7N 8E
1/4 1/4 Section Township Range Subdivison Addition Block Lot

Geographical Location (if known): Lat/Long: ? PID 20-32-103-001-000 SB

B. Owner

Name Carl Siperko Signature Carl Siperko

Address 5745 Aylesworth Av. City/State/Zip Lincoln Ne 68505

Home Phone 402-239-5759 Work Phone 417-844-4133

C. Certified Installer

Name: Paul Weber Weber-Well Signature Paul Weber

Address 10133 Willow Creek Lane City/State/Zip Firth 68358

Work Phone (402) 580-8311

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 3.3

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day 375

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 11-16-15 Amount Paid $385.00
Received By SB Cash/Check No. VISA 2606

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. HS001171

System Type: Lagoon

Situs: No Site Address Specified

Issued: 11/18/2015

Expires: 11/18/2016

Description: POST ROCK PINES 1ST ADDITION, Lot 1

Owner: SIPERKO, CARL K JR
5745 AYLESWORTH AVE
LINCOLN, NE 68505

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

WEBER WELL
10133 WILLOW COVE LANE
FIRTH, NE 68358

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

11/9/16

Exhibit 5

Permit Number: H5001171

Onsite Wastewater Treatment System

Inspection Sheet

Date 11/4/16 Legal Description ____ ¼ ¼ 32/7/8 Section/Township/Range

Onsite System Location

Address (no rural route) 28333 Pect Rock Circle 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 906' Sq. Ft. Tank Size 1,500 gals

Total length of laterals 250' Type of Distribution: ☒ Chamber ☐ Perforated Pipe ☐ Other (describe) ____

No. of Absorption Laterals 2 Width 3.625 face 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 ____

Lateral #1 N/A Lateral #3 ____

Lateral #2 ____ Lateral #4 ____

Comments:

Inspections prior to Final Approval
Initial DS Date 11/2/16

Follow-Up ____ Date ____

Follow-Up ____ Date ____

Installation Final Written Approval
By Doug Thun

Date 11/4/16

Field Note Drawing (See Reverse Side):

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

B

Permit Number:

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 28333 (no rural route) City Firth NE, Zip

Owner Carl & Spenko Addresss

Soil Type (SCS): Percolation Rate: min./inch

Date of Tests 10-1 to 10-2 Weather: Precipitation Nil Temperature 80's

Percolation Test Data Table

A.	B.	C. D. E. F. Pre-Saturation Period				G. H. I. J. K. Percolation Readings					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)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time (Min)	Water Level Drop (in)	Percolation Rates (Min/in)
	1	10-1	9AM	10-2	9AM	10-2	9AM	18	[illegible]	1m	30	1 1/2	25 20
	2	10-1	"	"	"	"	"	18	"	"	"	1 1/2	25 20
	3	10-1	"	"	"	"	"	19	"	"	"	2	20 15
	4	10-1	"	"	"	"	"	18	"	"	"	1 1/2	25 20

erson Conducting Percolation Tests

me: Lance Mundt

one: 402-430-2946

dress Syracuse, NE 68446

Sum of Percolation Rates:

Average of Rates:

Rate Used for Calculation: 20

DO NOT WRITE BELOW THIS LINE

viewing Action

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ewing Official

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) _____

Owner: Cau Sipecko Address 28333 Post Oak Cir.

A. Wastewater Piping

1. Material: PVC Diameter: 4 in.
2. Distance between dwelling and septic tank: 55 ft.

B. Septic Tank

1. Material Concrete
2. Capacity: 1500
3. Depth to top of tank, below unfinished grade: 16 in.
4. Distance to:
   Well NA ft.
   Pressure line NA ft
   Property Line 50 ft.
   Foundation 45 ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: South ft. 12

D. Drainfield/Absorption Field

☐ Trench ☒ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☒ Other
   Material brand and inside width of Chamberless: Quick 4 High Capacity
2. Number of Laterals: 2
3. Length of each lateral (linear): ft. 125 ft. 125 ft. _____ ft. _____
4. Drainfield size: 900 sq. ft.
5. Distance to:
   Well NA ft.
   Pressure line NA ft.
   Property line 60 ft.
   Depth of Groundwater 75

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

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

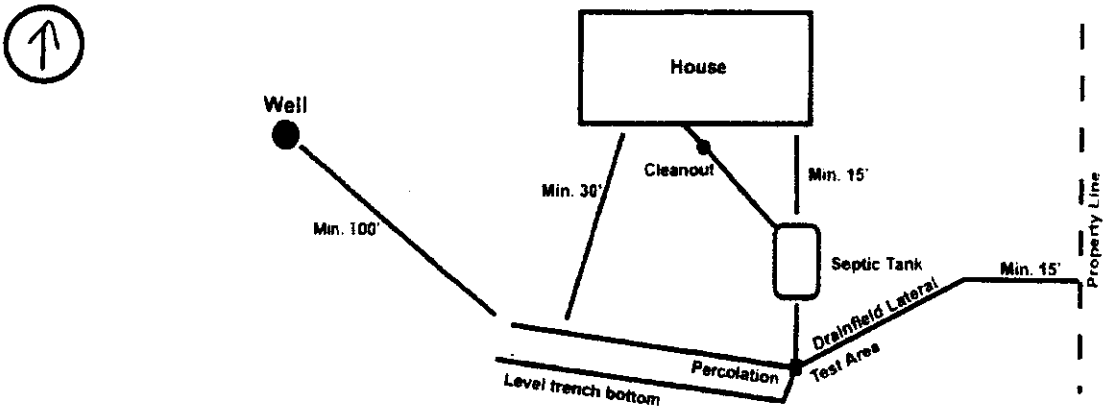
I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: _____ Date: _____

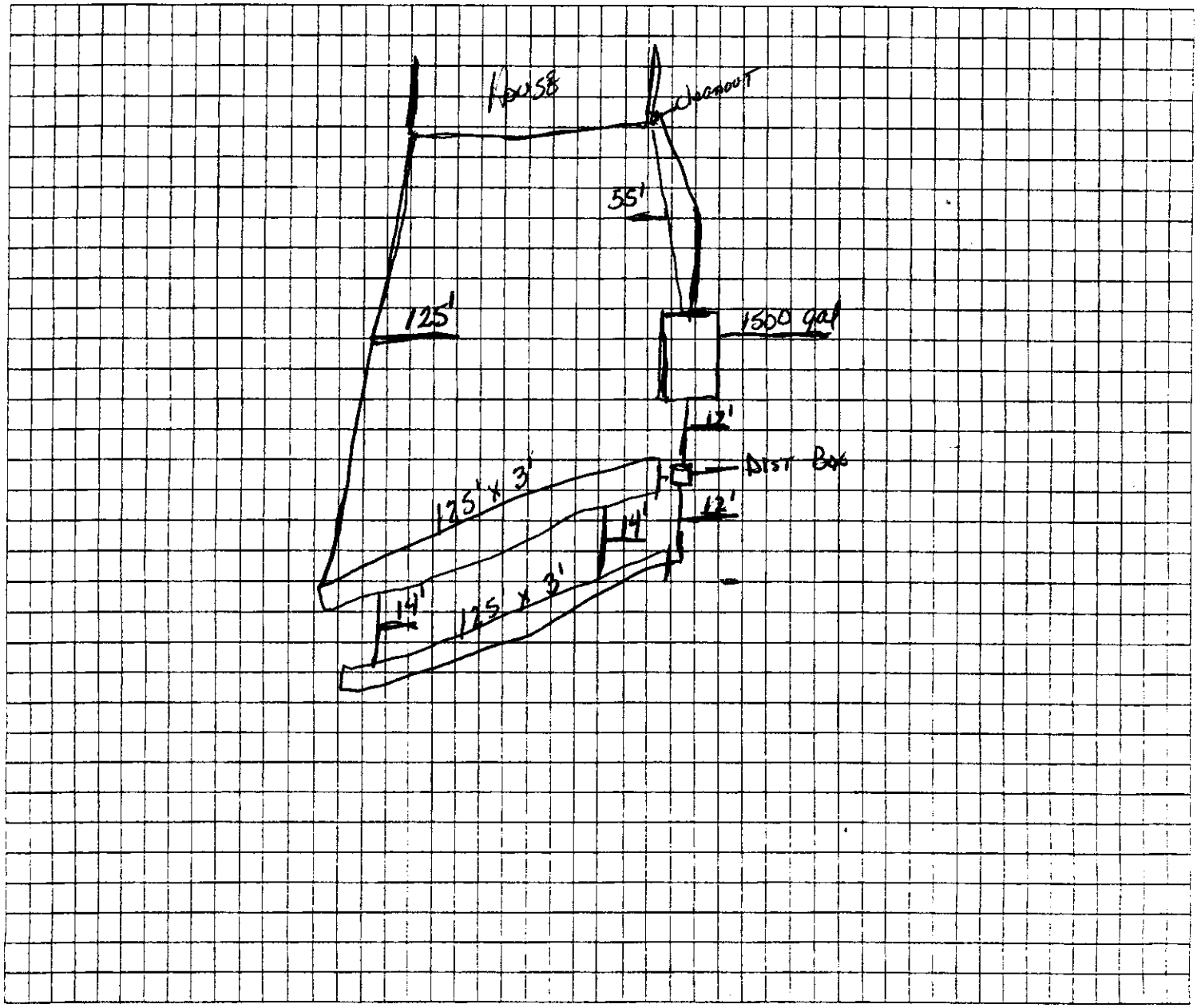
Complete As-Built drawing on the back of this form.

Onsite Wastewater System Design (Example)

Indicate North
w/ Arrow Here:



*Note-If Lagoon, show all applicable dimensions



Nate C. Hartman

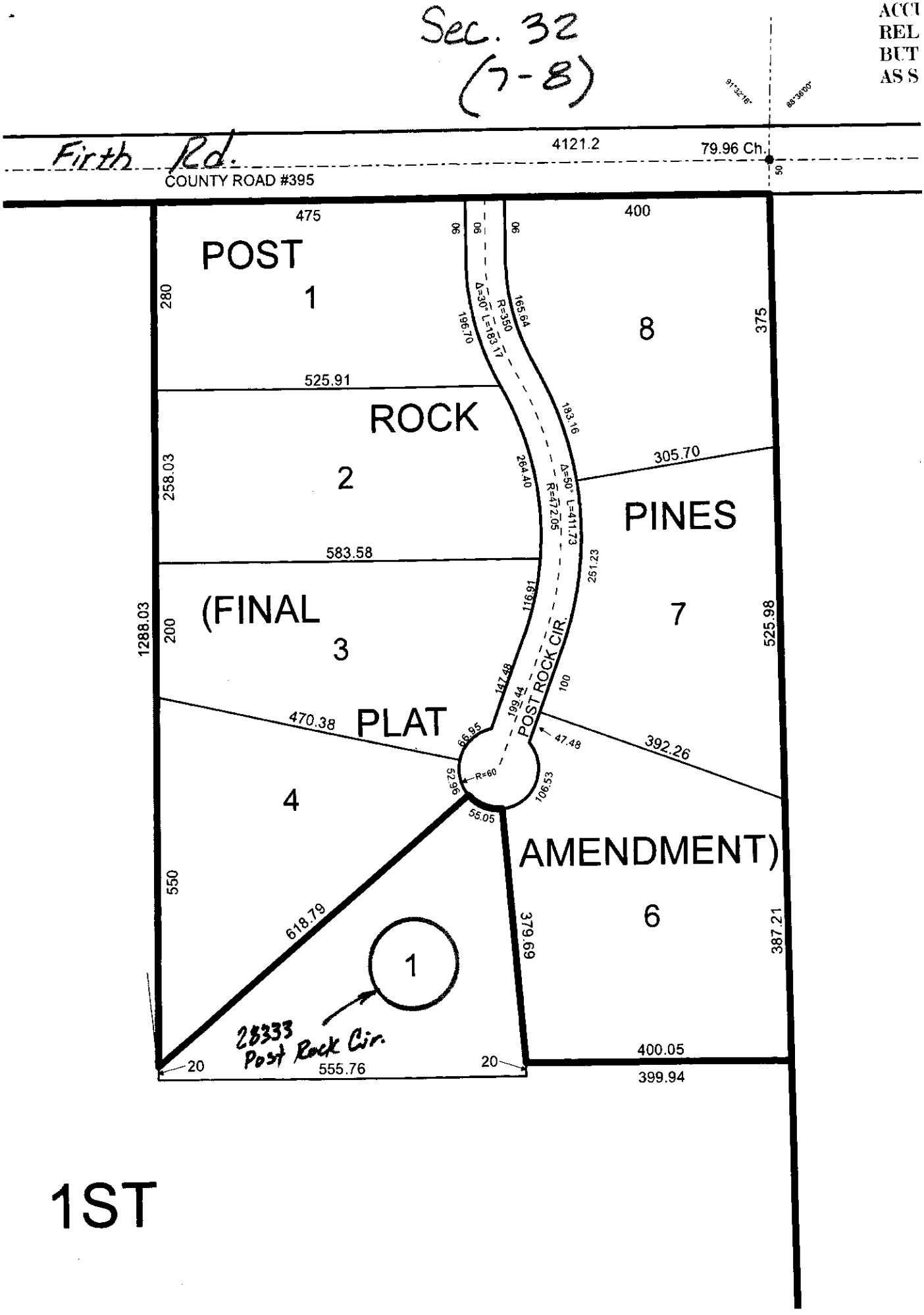
From: Ken D. Schroeder
Sent: Tuesday, November 17, 2015 4:25 PM
To: Nate C. Hartman
Cc: Pamela L. Dingman
Subject: sewage disposal system for PID #20 32 103 001 000 (28333 Post Rock Cir.)
Attachments: part of sec 32-7-8.pdf

Nate,
Lancaster County Engineering Department indicates approval for a sewage disposal system for lot 1, "POST ROCK PINES 1ST ADDITION" located in the NW 1/4 of Section 32, T7N, R8E of the 6th P.M., Lancaster County, Nebraska. *(see attached part of sec 32-7-8.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

ACCU
REL
BUT
AS S

Sec. 32
(7-8)



1ST

Nate C. Hartman

From: Todd A. Stutzman
Sent: Wednesday, November 18, 2015 8:52 AM
To: Nate C. Hartman
Subject: 28333 Post Rock Cir

Nate,

28333 Post Rock Cir located in Post Rock Pines 1st addition lot 1 is a buildable lot

Todd Stutzman
Plan Examiner II
402-441-7097
555 S 10th Street, Room 203
Lincoln, NE 69508

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

SCANNED

A

Permit Number HS001171

Onsite Wastewater Treatment System
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Name Carl Siperko Signature Carl Siperko

Address 5745 Aylesworth Av. City/State/Zip Lincoln Ne 68505

Home Phone 402-239-5759 Work Phone 417-844-4133

C. Certified Installer

Name: Paul Weber Weber-Well Signature Paul Weber

Address 10133 Willow Cove Lane City/State/Zip Firth 68358

Work Phone (402) 580-8311

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☐ **Check and complete if engineer designed system** P.E. License Number:

Designer Name Firm Work Phone

E. This system will serve a

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1. Health Department
Site visits
Date rec'd 11/15/16 Date frwd 11/18/16
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 11/4/16

Business Office Use Only
Date Received 11-16-16 Amount Paid $385.00
Received By SB Cash/Check No. VISA 2666

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

Form A Updated: 5/10