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

A

Permit Number HS001184

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 17300 So 35th Pl (no rural route) City Roca, NE Zip

Legal Description Pondaroca Crossing Bk 1 4

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

PID 15-19-401-004-000 SB

B. Owner

Name Matt Field Signature

Address 17300 So 35th Pl City/State/Zip Roca NE

Home Phone Work Phone

C. Certified Installer

Name: Scott Mueller Signature Scott Mueller

Address 1345 N 26th Rd City/State/Zip Syracuse, NE 68446

Work Phone 402-430-2946

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 Whirlpool Bathtub? ☒ Yes ☐ No Total Acres

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 ☐ Municipal Code 24.38 ☐ County Resolution No. 02-30

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

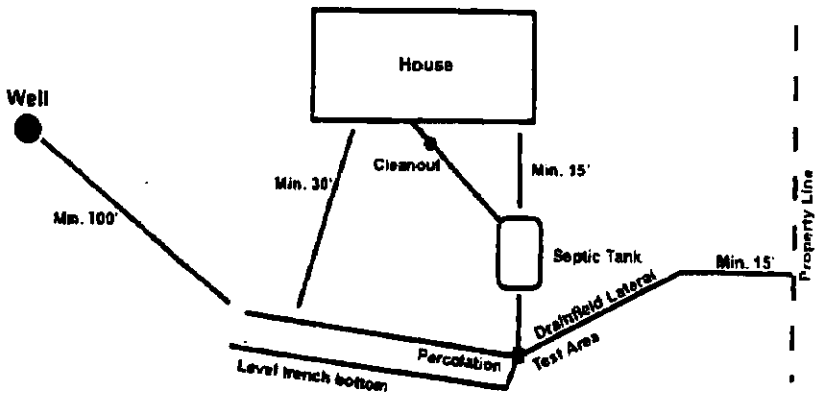
Business Office Use Only
Date Received 12-15-15 Amount Paid $385.
Received By SB Cash/Check No. VISA

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

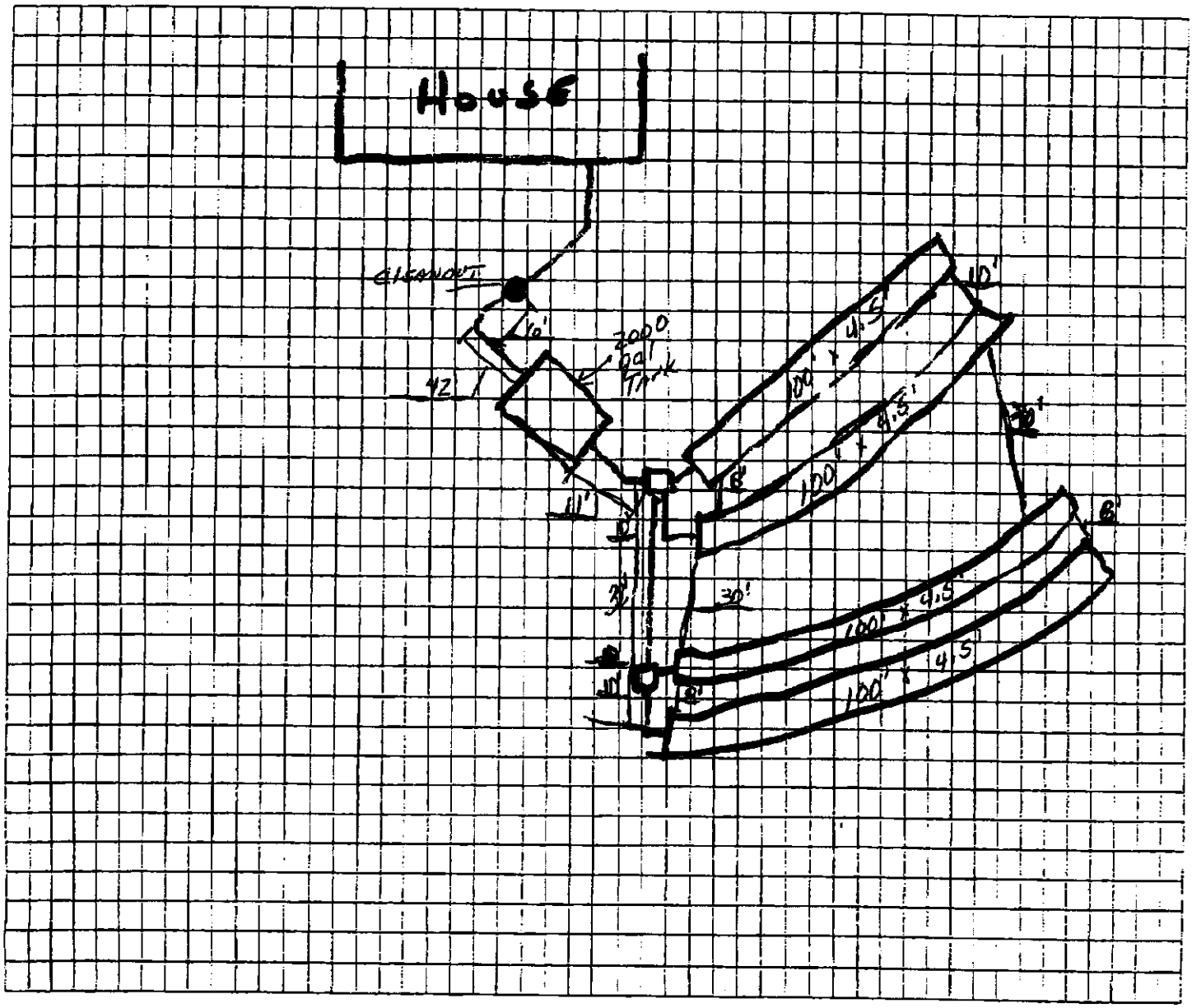
17S001184

Indicate North
w/ Arrow Here:

Onsite Wastewater System Design (Example)



*Note-If Lagoon, show all applicable dimensions



 HS001184

Engineering **Surveying**

[illegible] 691-0654

SOIL ABSORPTION TEST DATA REPORT

Property Where Soil Tested:

Owner: Fowler Homes Address:

Location: Property Dimensions: X Lot Size:
(attach sketch of property showing hole location)

Soil Type:
Silty Clay ☐ Silty Clay Loam ☐ Sandy Loam ☐
Silty Loam ☐ Clay Loam ☐ Sandy Clay ☐

Dates of Test: 11-2-15 Weather: Precipitation Temperature 60's

PERCOLATION TEST DATA TABLE

A	B	C	D	E	F	G	H	I	J	K	L	M	N
		Pre-Saturation Period				Percolation Readings					Results		
		Start		End		Start			End				
Hole #	Hole Depth (ins.)	Date	Time	Date	Time	Date	Time	Water Level	Time	Water Level	Elapsed Time (min.)	Water Level Drop (ins.)	Perc. Rate
1	36	11-2	7 AM	11-2	10:30	11-2	10:30	18"	11 AM	19"	30	1	30
2	36	11-2	7 AM	11-2	10:30	11-2	10:30	18"	11 AM	18 3/4	30	3/4	45
3	36	11-2	7 AM	11-2	10:30	11-2	10:30	17"	11 AM	17 3/4	30	3/4	45
4	36	11-2	7 AM	11-2	10:30	11-2	10:30	16"	11 A	17	30	1	30
5	36	11-2	7 AM	11-2	10:30	11-2	10:30	17"	11 A	17 3/4	30	3/4	45
6	36	11-2	7 AM	11-2	10:30	11-2	10:30	18"	11 A	18 3/4	30	3/4	45

Sum of Percolation Rates 270

Average of Rates

Inches Per Minute 40

Signature of Person Conducting Test

PE/LS, Inc. 6037 Colorado Ave, Lincoln, Ne. 68507

(402) 891-0654

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks:

Approved Perc. Rate:

Signature of Reviewing Offial Date

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: HS001184

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 Pondarosa Crossing Blk 1 Lot 4

Address or Legal Description or Parcel Identification Number (PID): 17300 So 35th Pl

Owner: Matt Field Address 17300 So 35th Pl

A. Wastewater Piping

1. Material: Sch 40 PVC Diameter: 4 in.
2. Distance between dwelling and septic tank: 60 ft.

B. Septic Tank

1. Material Concrete
2. Capacity: 2000 gal
3. Depth to top of tank, below unfinished grade: 18 in.
4. Distance to:
   Well NA ft.
   Pressure line 200 ft.
   Property Line 100 ft.
   Foundation 60 ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: 11 ft. [redacted] SE

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☒ Chamberless ☐ Other
   Material brand and inside width of Chamberless: Quik 4 Standard Plus 29in inside
2. Number of Laterals: 4
3. Length of each lataral (linear): ft. 100 ft. 100 ft. 100 ft. 100
4. Drainfield size: 1440 sq. ft.
5. Distance to:
   Well NA ft.
   Pressure line 200 ft.
   Property line [redacted]6 ft.
   Depth of Groundwater 10'

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

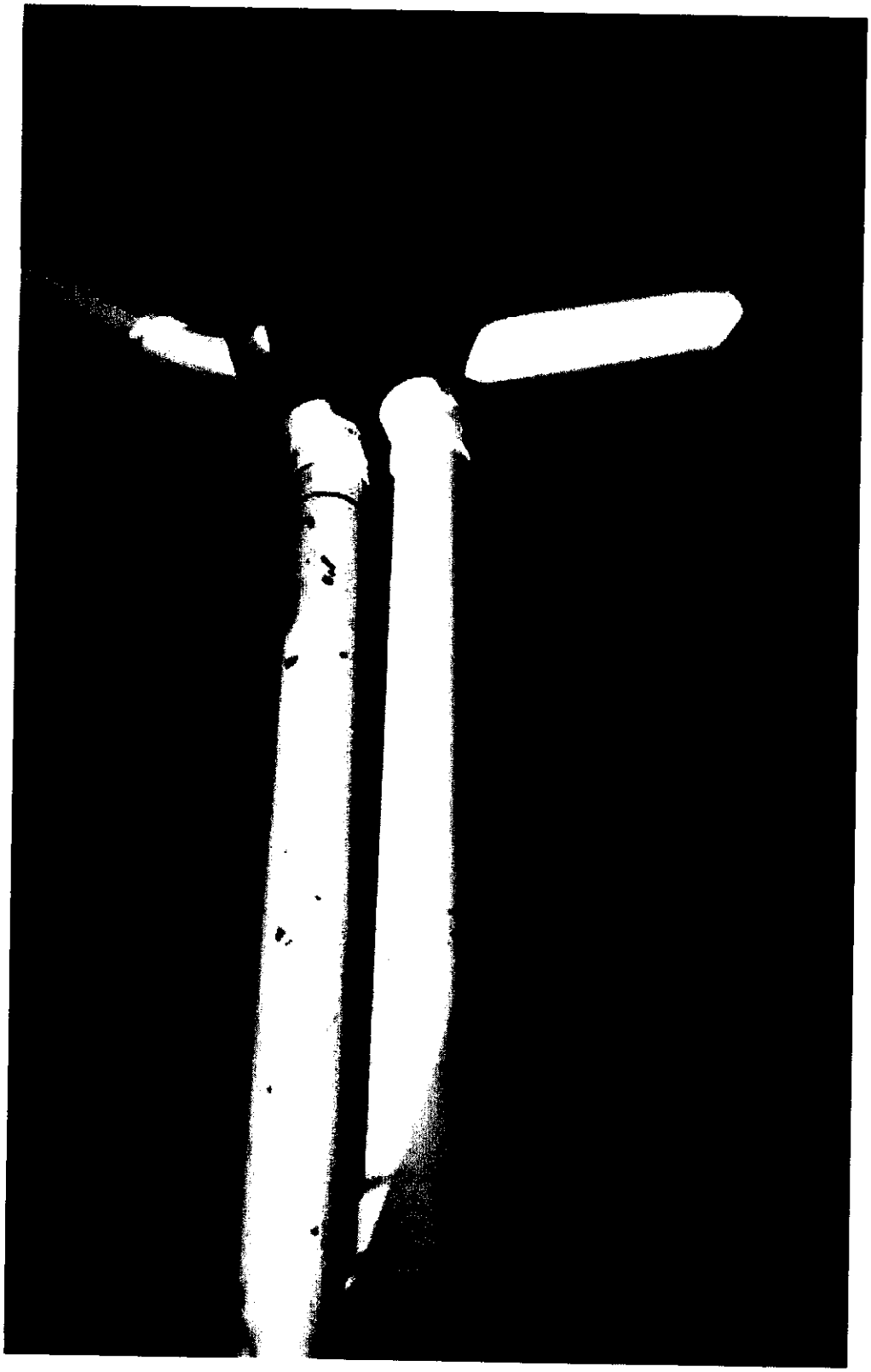
If Yes, the Certified Professional must sign below for final approval:

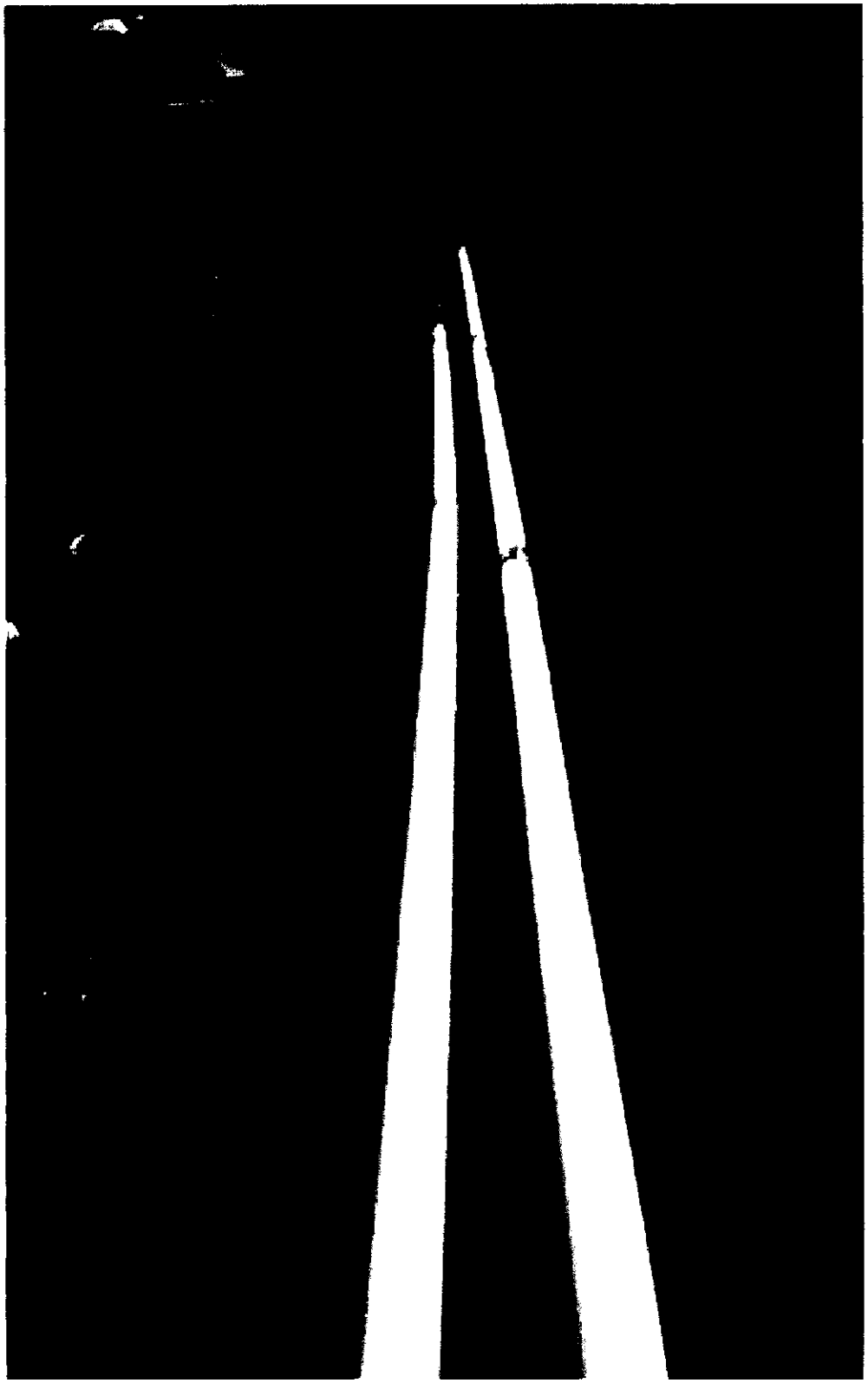
I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

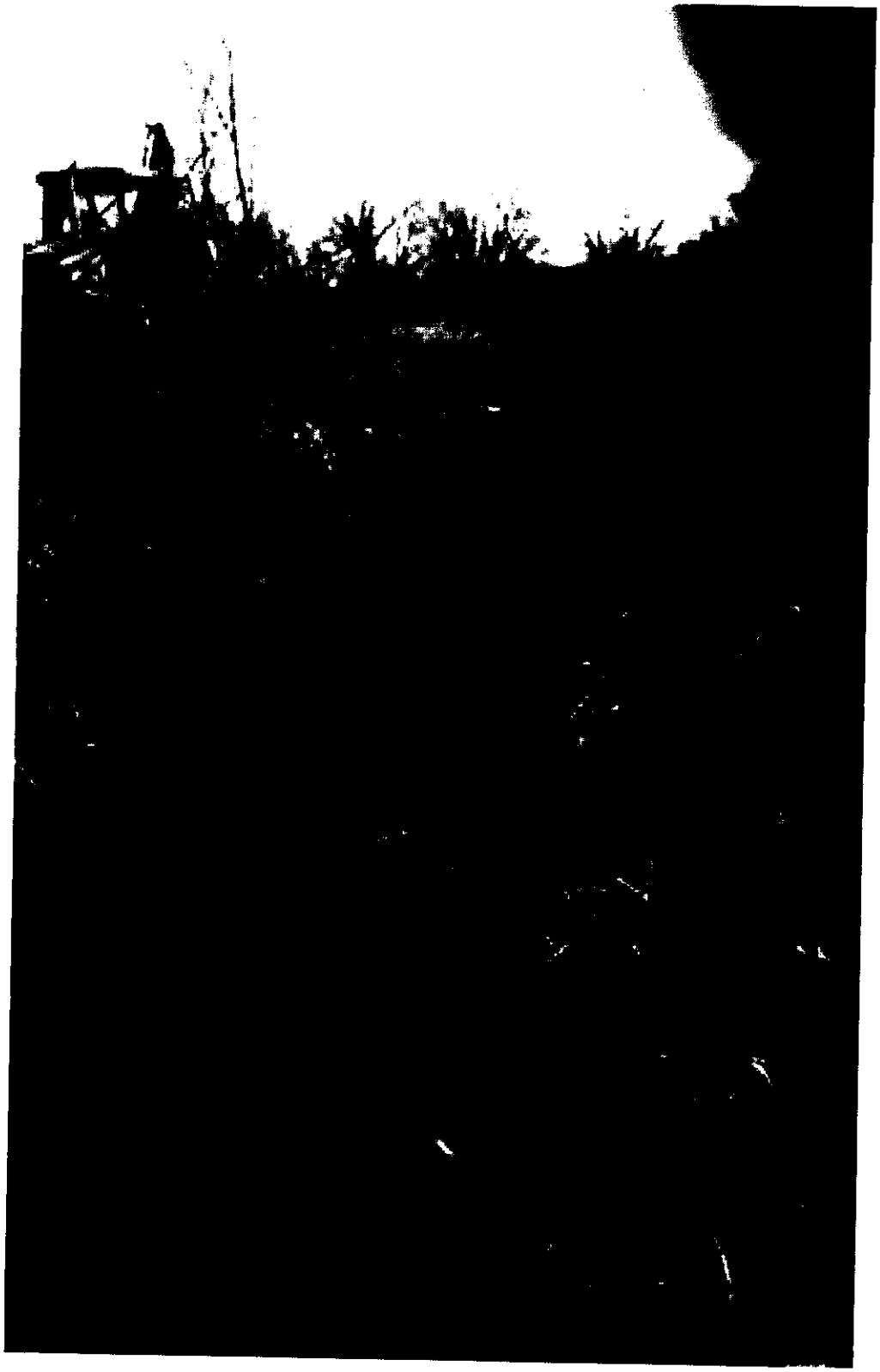
Certified Professional Signature: [signature] Date: 12-15-15

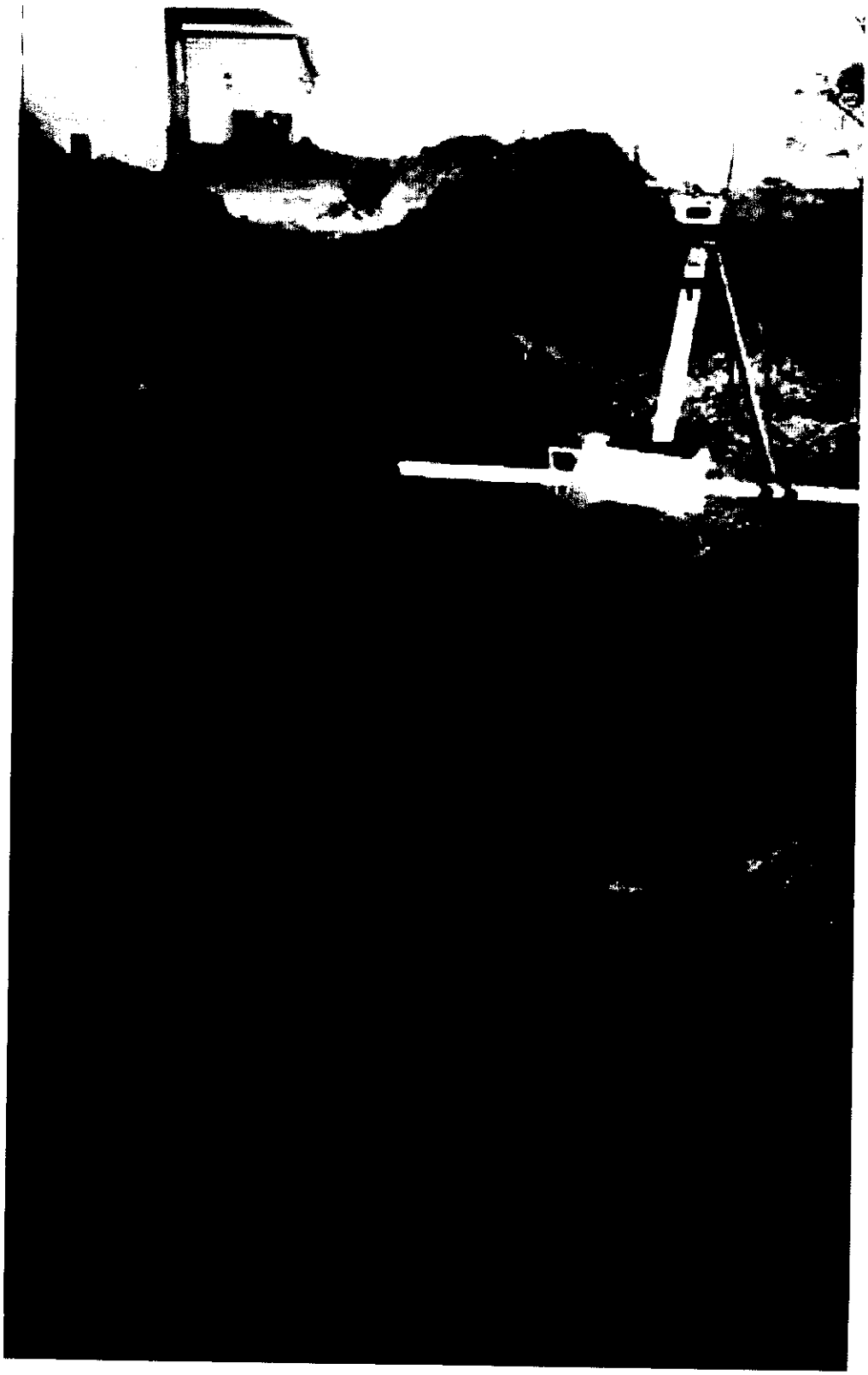
Complete As-Built drawing on the back of this form.















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. HS001184

System Type: Standard

Situs: 17300 S 35 PL, RURAL, NE

Issued: 12/23/2015

Expires: 12/23/2016

Description: PONDEROCA CROSSING ADDITION, BLOCK 1, Lot 4

Owner: FIELD, MATHEW A & CHRISTINA M
17300 S 35 PL
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

SCOTT MUELLER
1345 N 26TH RD
SYRACUSE, NE 68446