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

A

Permit Number
HS001226

Existing Home

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

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

2 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 5433 Whiterock Ln (no rural route) City Roca NE Zip 68430

Legal Description NW (1/4) 4 (1/4) 8N (Section) 7E (Township) Whiterock Estates (Range) 2 (Subdivison) 2 (Addition) (Block) (Lot)

PID 15-04-102-002-000

B. Owner

Name Scott & Lori Meyer Signature

Address 5433 Whiterock Ln City/State/Zip Roca, NE 68430

Home Phone Work Phone

C. Certified Installer

Name Lloyd Jakoubek, Raymond Contracting Inc Signature

Address 13800 NW 70th St City/State/Zip Raymond, NE 68428

Work Phone 402-890-6009 or 402-783-2663

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 Whirlpool Bathtub? ☐ Yes ☐ No Total Acres 3.02
Garbage Grinder? ☐ Yes ☐ No

☒ Commercial Establishment/Other Facility Specify Pool House with Bathroom Design flow in gallons per day <200

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 Date rec'd Date fwd ACTION ☐ Approved ☐ Disapproved Signature
Comments

2. **Supt. Bldg. Insp. or Village Clerk**
Comments Date rec'd Date fwd ACTION ☐ Approved ☐ Disapproved Signature

3. **City or County Engineer**
Comments Date rec'd Date fwd ACTION ☐ Approved ☐ Disapproved Signature

Installation Final Written Approval
By
Date

Business Office Use Only
Date Received 4-12-16 Amount Paid $385.00
Received By SB Cash/Check No. VISA

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

B

Permit Number: HS001226

Onsite Wastewater Treatment System

Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 5433 Whiterock Ln (no rural route) City Roca NE, Zip 68430

Owner Scott Meyer Address Same

Date of Tests 3/31/16 to 4/1/16 Weather: Precipitation Trace Temperature 41°

Percolation Test Data Table

A.	B.	C. D. E. F. Saturation/Swelling Time				G. H. I. J. K. Water Level Drop Last 30 mins of 4 hr or last 10 mins of 1 hr					L. M. N. Results		
		Start		End		Start		Initial	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 Interval	Water Level Drop (in)	Percolation Rates (Min/in = mpi)
1	38	3/31	10:00a	3/31	2:00p	4/1	4:00p	6	4/1	4:30p	30	1/2	60
2	41	"	"	"	"	"	"	6	"	"	"	9/16	53
3	40	"	"	"	"	"	"	6	"	"	"	9/16	53
4	38	"	"	"	"	"	"	6	"	"	"	5/8	48
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Terri L Jakoubek, Raymond Contracting, Inc.

Phone: 402-783-2663 or 402-890-6009

Address 13800 NW 70th St

Raymond, NE 68428 Cert #1198

Sum of Percolation Rates: 214

Average of Rates: 52

Rate Used for Calculation: 52

Soil type (NRCS Maps/Other) Wymore Silty Clay Loam

Groundwater Depth >7'

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Comments (Soil type, groundwater, floodplain, etc.)

Signature of Reviewing Official Date

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

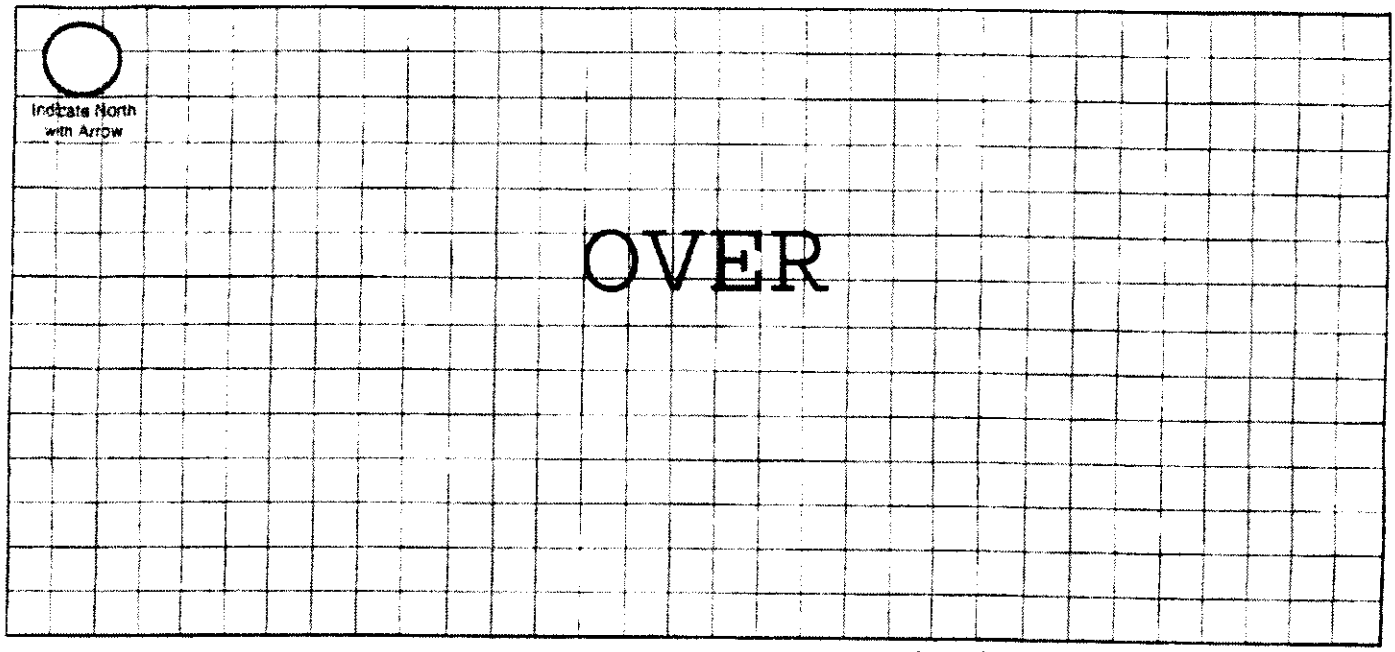
C

Permit Number: HS001326

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) 5433 Whiterock Ln City Roca NE, Zip 68430

B. Proposed Septic Tank/s

Septic Tank Cap. 1,000 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 52 (min/inch = mpi) No. of Bedrooms N/A Soil Type Wymore Silty Clay Loam Land Slope 3-6 %

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved) Total Square feet of drainfield 363 sq ft

Total length of laterals 100 Type of distribution: ☐ Perforated pipe ☐ Half-Round ☒ Chamber ☐ Other

No. of absorption trenches 2 Width 40" No. of drop boxes 1 Distrubtion Box _____

No. of absorption beds _____ Width _____ No of Distribution lines per bed _____

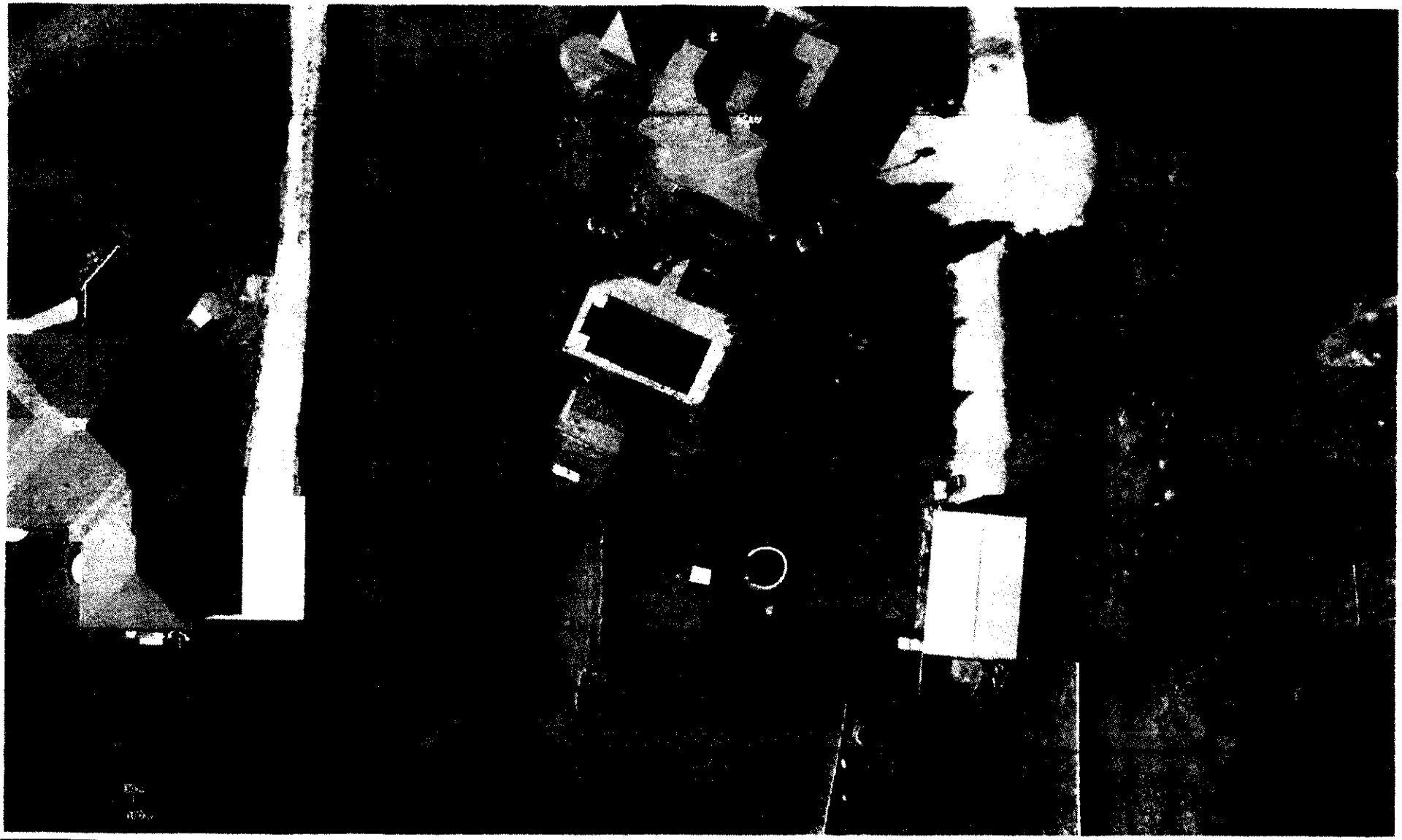
E. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

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 Jason L Johnson Date 4/12/11



Lancaster County/City of Lincoln GIS Map

Scott Meyer 5433 Whiterock Ln, Roca, NE 68430

N
W E
S

Printed: Apr 07, 2016

DISCLAIMER: The information is presented on a best-efforts basis, and should not be relied upon for making financial, survey, legal or other commitments. If you have questions or comments regarding the data displayed on this map, please email ags@lincoln.ne.gov and you will be directed to the appropriate department.

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. HS001226

System Type: Standard

Situs: 5433 WHITEROCK LN, RURAL, NE

Issued: 4/12/2016

Expires: 4/12/2017

Description: WHITEROCK ESTATES, BLOCK 2, Lot 2

Owner: MEYER, SCOTT A & LORI M
5433 WHITEROCK LN
LINCOLN, 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

RAYMOND CONTRACTING INC
13800 NW 70TH ST
RAYMOND, NE 68428

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
HS001226

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 15-04-102-003-000

Address or Legal Description or Parcel Identification Number (PID): 5433 Whiterock Cir, Rcla, NE 68520

Owner: Scott Meyer Address: Same

A. Wastewater Piping

1. Material: SDR 26 Diameter: 4 in.
2. Distance between dwelling and septic tank: 36 ft. pool, pond

B. Septic Tank

1. Material: concrete 2 Riser
2. Capacity: 1000
3. Depth to top of tank, below unfinished grade: 12 in.
4. Distance to
   Well: N/O ft
   Pressure line: 100 ft
   Property Line: 20'+ ft
   Foundation: 36 ft

C Distribution Box or Drop Box

Distance **and** Direction from septic tank: 7 ft South

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☒ Chamberless ☐ Other
   Material brand and inside width of Chamberless: ADS 29" = 3.62'
2. Number of Laterals: 2
3. Length of each lateral (linear) ft. 50 ft. 50 ft. ____ ft. ____
4. Drainfield size: 350 sq. ft
5. Distance to:
   Well: No ft.
   Pressure line: 100 ft.
   Property line: 20 ft.
   Depth of Groundwater: 8'+

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

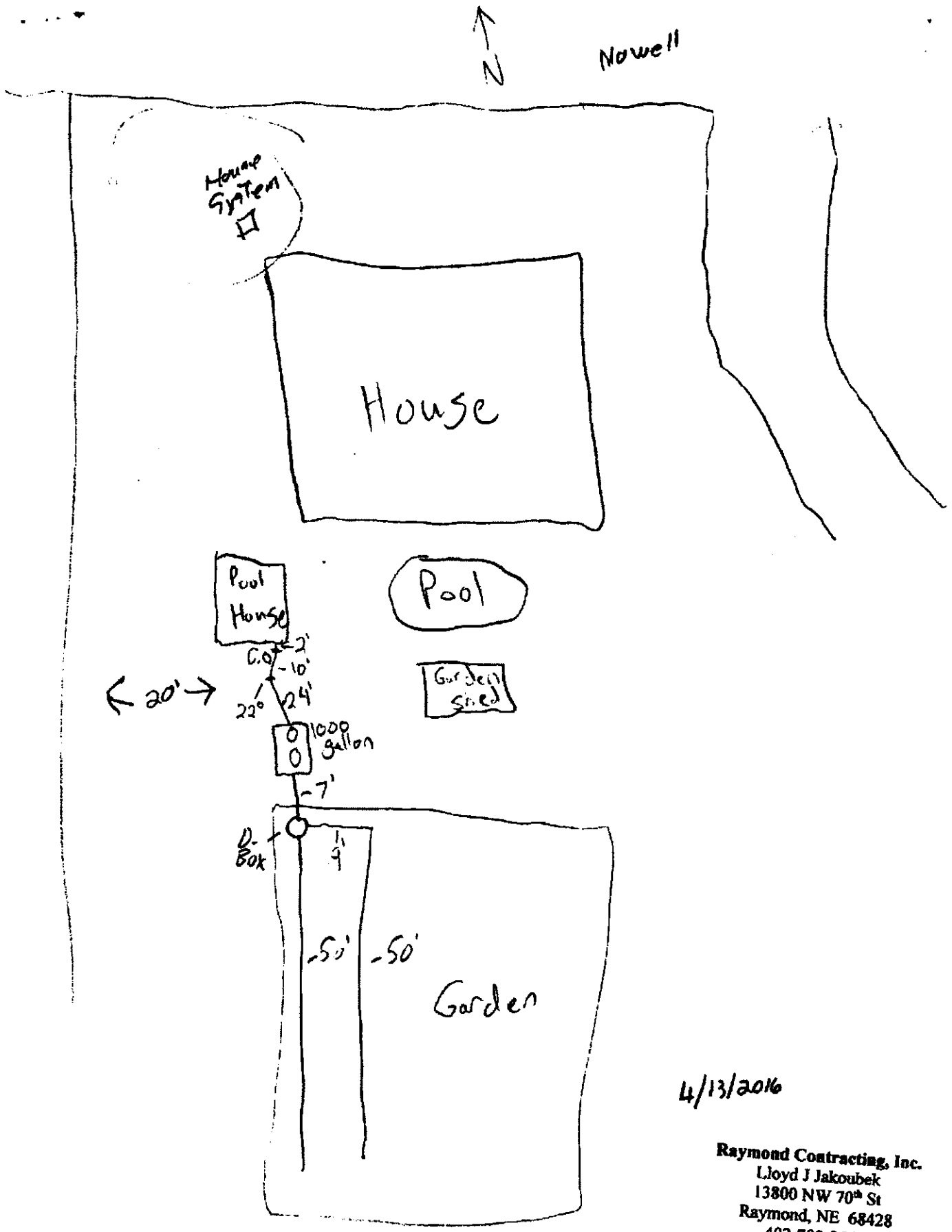
If Yes the Certified Professional must sign below for final approval

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: Kevin Jaworek Date: 4/13/16

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

Updated 4-15



4/13/2016

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

System For pool house.

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

05/1/16

Exhibit 5

Permit Number: HS001226

Onsite Wastewater Treatment System

Inspection Sheet

Date 4/14/16 Legal Description NW ¼ 4 ¼ 8N Section/Township/Range 7E

Onsite System Location

Address (no rural route) 5433 Whitehawk 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 362.5 Sq. Ft. Tank Size 1000 gals

Total length of laterals 100 Type of Distribution: ☒ Chamber ☐ Perforated Pipe ☐ Other (describe) _____

No. of Absorption Laterals 1 Width _____ 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 #3 _____

Lateral #2 _____ Lateral #4 _____

Comments:

Small system for bathhouse & No well on property

Inspections prior to Final Approval
Initial DH Date 4/13/16

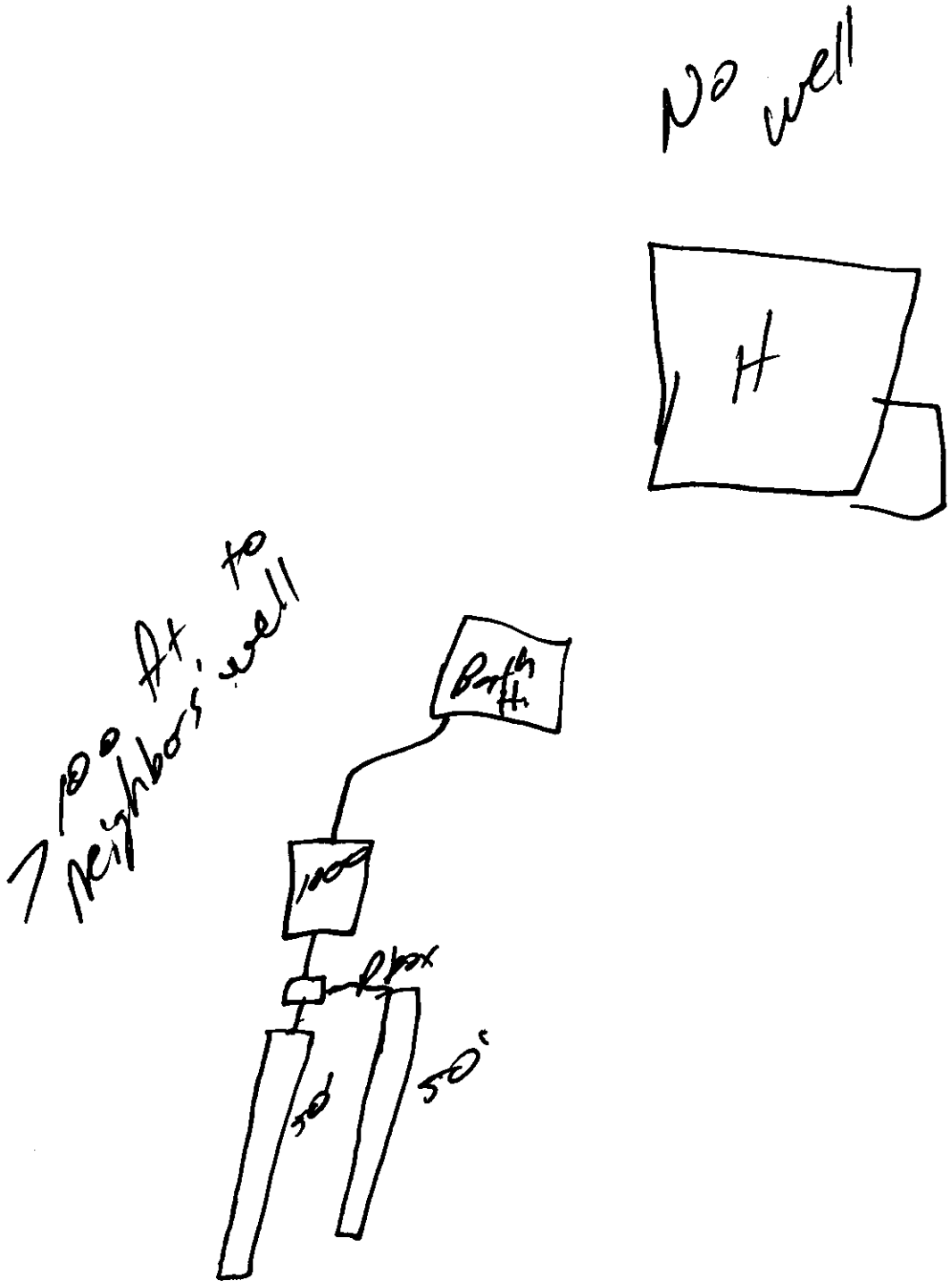
Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By _____

Date 4/19/16

Field Note Drawing (See Reverse Side):


No well
H
100 ft to neighbor's well
Bath
100
50'
50'