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. HS001245

System Type: Standard

Situs: 17801 PRAIRIE VISTA DR, RURAL, NE

Issued: 5/6/2016

Expires: 5/6/2017

Description: MEADOWLARK HILLS ADDITION, BLOCK 1, Lot 9

Owner: MEYER, LESLIE R & PATRICIA A
17801 PRAIRIE VISTA DR
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

RAYMOND CONTRACTING
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

6/13/16 olqv

Exhibit 5

Permit Number: H 5001245

Onsite Wastewater Treatment System

Inspection Sheet

Date 6/3/16 Legal Description Meadow Lark Hills Blk 1, Lot 9
¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 17801 Prairie Vista City _____

Owner _____ Address _____

Mark One: ❑ Dwelling ❑ Non-dwelling Replace lagoon

~~☒ 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 1,321 Sq. Ft. Tank Size 2,000 gals

Total length of laterals 365' (90, 90, 90, 95) Type of Distribution: ☒ Chamber ❑ Perforated Pipe ❑ Other (describe) _____

No. of Absorption Laterals 4 Width 3.625 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 DC Date 6/2/16

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By Doug Hunt
Date 6/13/16

Field Note Drawing (See Reverse Side):

MAY 02 2016

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

A

Permit Number
HS001245

Existing Home

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 17801 Prairie Vista Dr (no rural route) City Roca, NE Zip 68430

Legal Description: NE (1/4) 25 (1/4 Section) 8N (Township) 6E (Range) Meadow Lark Hills (Subdivison) 1 (Addition) 9 (Block) Lot

PID 08-25-201-009-000

B. Owner

Name Leslie Meyer Signature [signature]

Address 17801 Prairie Vista Dr City/State/Zip Roca, NE 68430

Home Phone 402-450-4383 Work Phone 402-450-4383

C. Certified Installer

Name: Lloyd Jakoubek, Raymond Contracting Inc Signature [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 4 Whirlpool Bathtub? ☒ Yes ☐ No Total Acres 3.56

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 5/6/16
Date frwd 5/6/16
ACTION ☒ Approved ☐ Disapproved
Signature [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 [signature]
Date 6/13/16

Business Office Use Only
Date Received 5-2-16 Amount Paid $385
Received By SB Cash/Check No. 8883

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

Form A Updated. 1/13

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

B

Permit Number: HS 001245

Onsite Wastewater Treatment System

Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 17801 Prairie Vista Dr (no rural route) City Roca NE, Zip 68430

Owner Leslie Meyer Address Same

Date of Tests 4/7/16 to 4/8/16 Weather: Precipitation 0 Temperature 55°

Percolation Test Data Table

A.	B.	C.	D.	E.	F.	G.	H.	I.	J.	K.	L.	M.	N.
		Saturation/Swelling Time				Water Level Drop Last 30 mins of 4 hr or last 10 mins of 1 hr					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	24	4/7	11:00a	4/7	3:00p	4/8	2:00p	6	4/8	2:30p	30	1-1/4	24
2	32	"	"	"	"	"	"	6	"	"	"	5/8	48
3	36	"	"	"	"	"	"	6	"	"	"	5/8	48
4	41	"	"	"	"	"	"	6	"	"	"	1-5/16	23
								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: 143

Average of Rates: 36

Rate Used for Calculation: 48

Soil type (NRCS Maps/Other) Pawnee Clay Loam (sandy)

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
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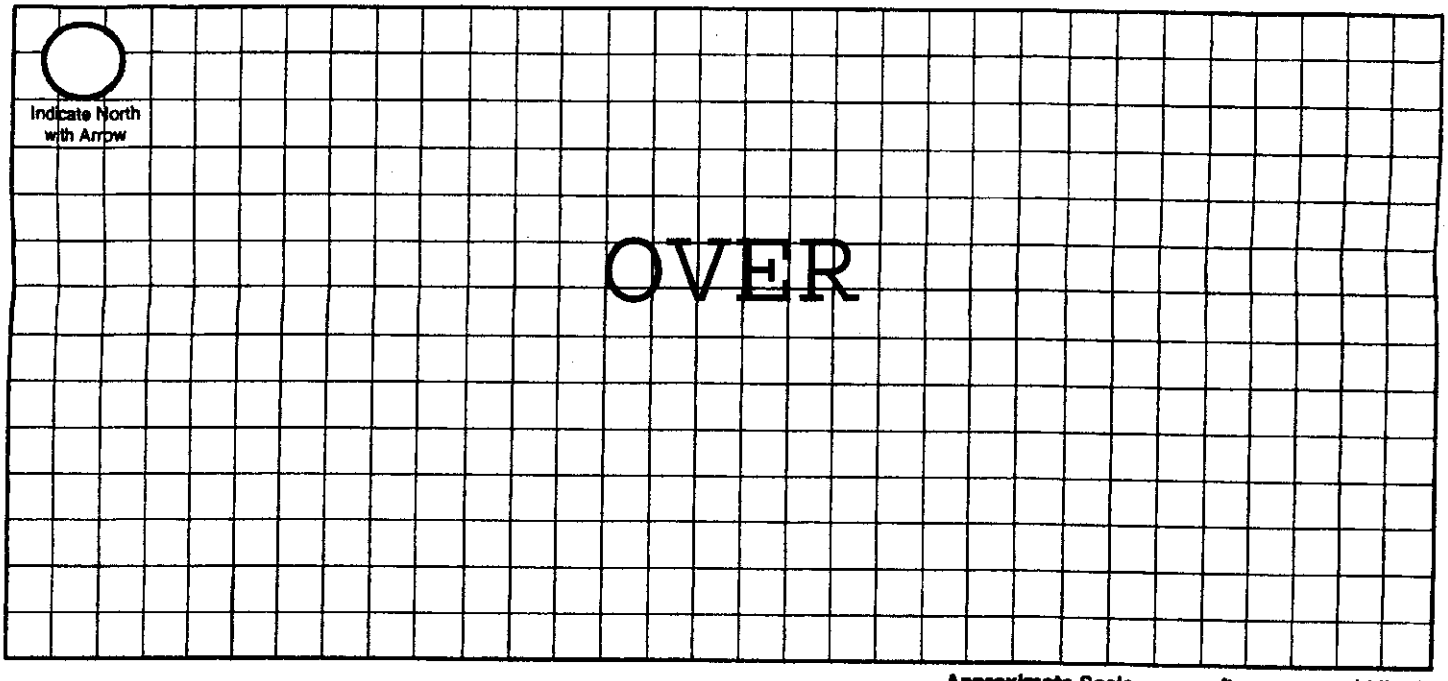
C

Permit Number: HS001245

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) 17801 Prairie Vista Dr City Roca NE, Zip 68430

B. Proposed Septic Tank/s

Septic Tank Cap. 2,000 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 48 (min/inch = mpi) No. of Bedrooms 4 Soil Type Pawnee Clay Loam/Sandy Land Slope 6-11 %

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 1,323 sq.ft.

Total length of laterals 365' Type of distribution: ☐ Perforated pipe ☐ Half-Round ☒ Chamber ☐ Other

No. of absorption trenches 4 Width 40" No. of drop boxes 1 Distrubtion Box _____

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

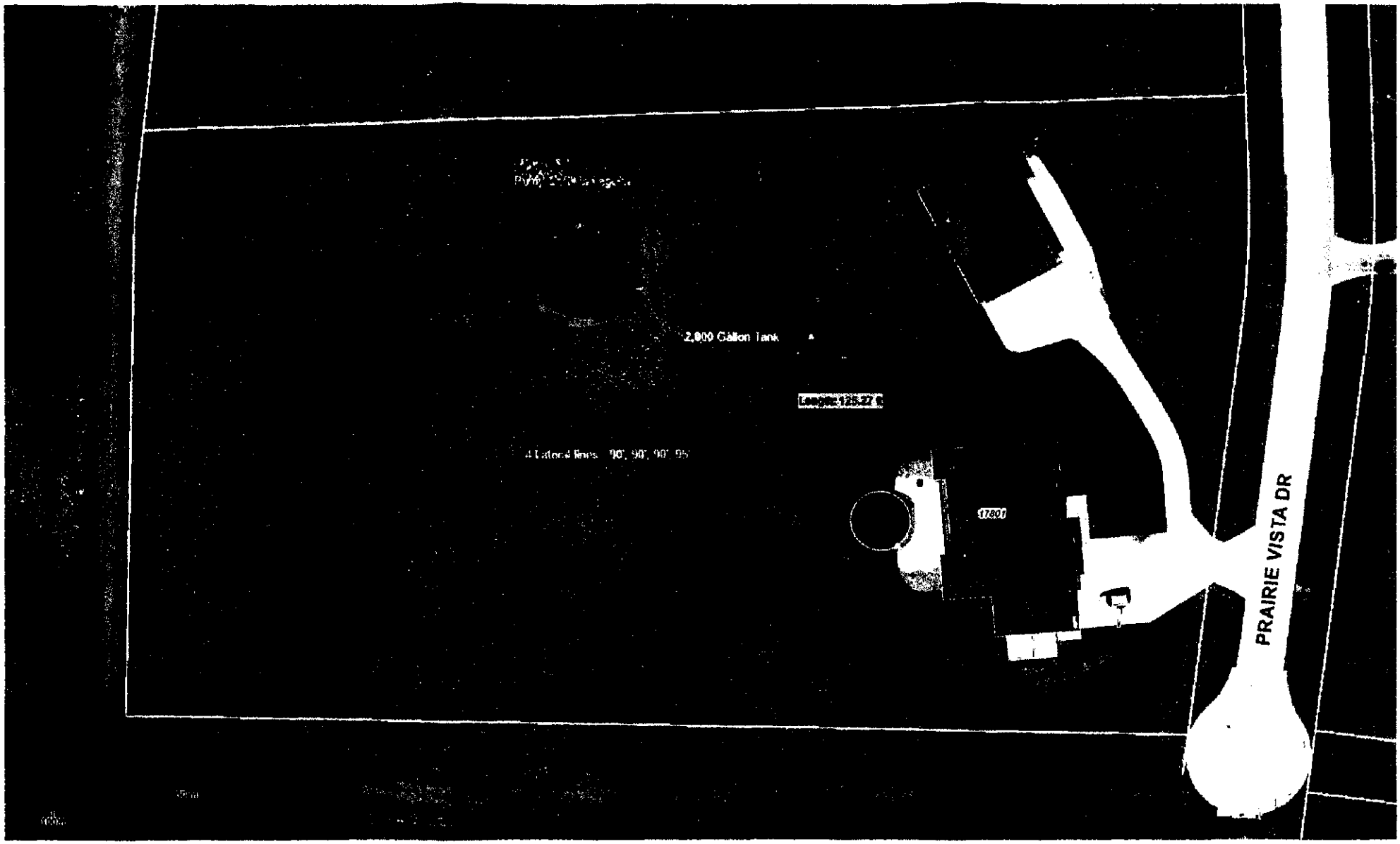
E. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

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 Existing Home Date _____

Installer Louis H. Jahnbeck Date 4/29/14



N
W E
S

Lancaster County/City of Lincoln GIS Map

17801 Prairie Vista Dr, Roca, NE 68430 Les Meyer 402-450-4383

Printed: Apr 28, 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
3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

D Exhibit 4

Permit Number: H5001245

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 PID = 08-25-201-009-000

Address or Legal Description or Parcel Identification Number (PID) 17801 Prairie Vista Dr, Roca 68430

Owner: Leslie Meyer Address Same

A. Wastewater Piping

1. Material: SDR26 Diameter: 4 in.
2. Distance between dwelling and septic tank: _____ ft.

B. Septic Tank

1. Material Concrete
2. Capacity: 2,000
3. Depth to top of tank, below unfinished grade: 18 in.
4. Distance to:
   Well 100 ft.
   Pressure line 100 ft
   Property Line 90 ft.
   Foundation 100 ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: 3 ft. W-S.

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☒ Chamberless ☐ Other
   Material brand and inside width of Chamberless: ADS. 29"
2. Number of Laterals: 4
3. Length of each lateral (linear): ft. 90 ft. 90 ft. 90 ft. 95
   2 - Zones. 1 - 180. 2 - 185.
4. Drainfield size: ~~1,321~~ sq. ft.
5. Distance to:
   Well _____ ft.
   Pressure line 100+ ft.
   Property line 90+ 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 L. Johnson Date: 12/3/14

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

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

SCANNED

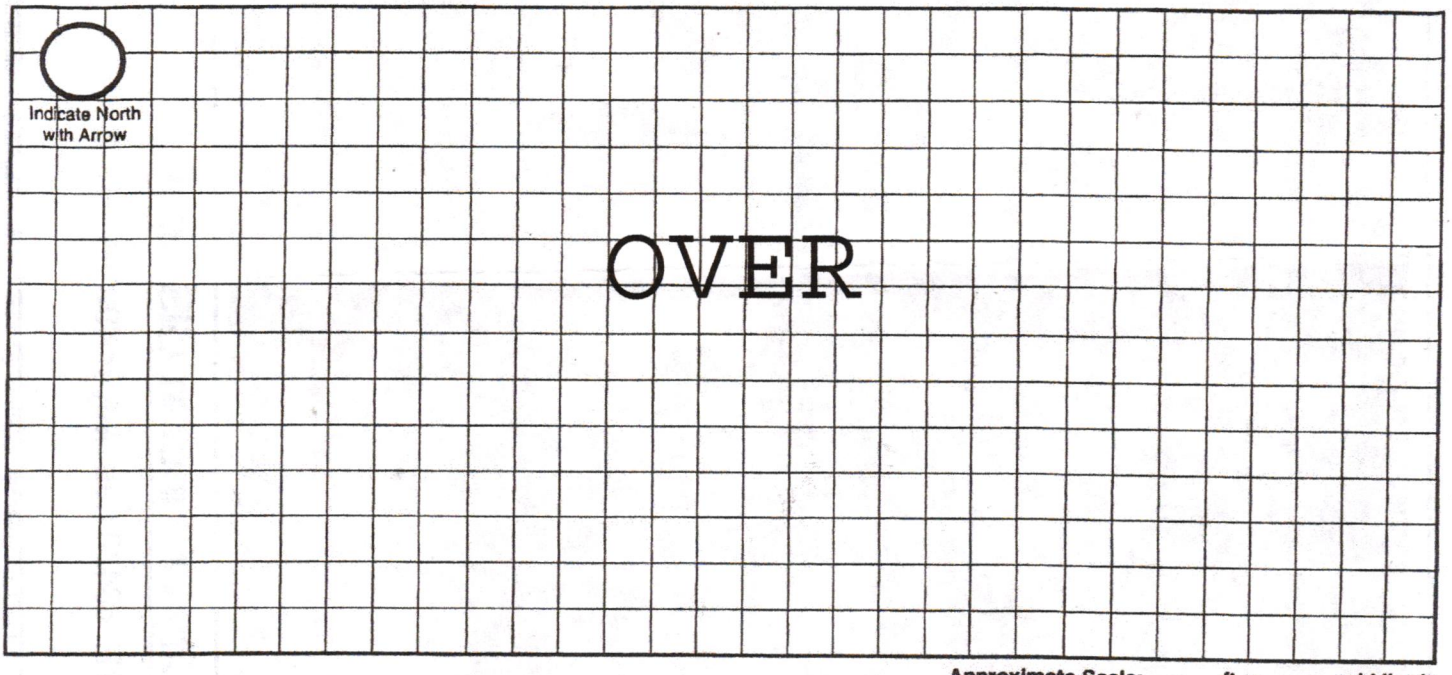
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Permit Number: HS001245

Onsite Wastewater Treatment System

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

F. Required Signatures

Home Building Contractor Existing Home Date _____

Installer Dennis M. Jahnbeck Date 4/29/16



N
W E
S

Lancaster County/City of Lincoln GIS Map

17801 Prairie Vista Dr, Roca, NE 68430 Les Meyer 402-450-4383

Printed: Apr 28, 2016

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