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

A

Permit Number
HS001287

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 6700 Bennet Rd (no rural route) City Roca, NE Zip 68430

Legal Description SE SE 4 8 7 21
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 15-04-400-008-000

B. Owner

Name Michael & Lynn Price Signature

Address 6700 Bennet Rd City/State/Zip Roca NE 68430

Home Phone Work Phone

C. Certified Installer

Name: Jason Kubik Signature

Address 105 Locust City/State/Zip Hickman NE 68372

Work Phone 440-7006

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 2 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 9.63
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 6-17-16 Amount Paid $385
Received By SB Cash/Check No. 2603

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

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

B

Permit Number: HS001287

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 6700 BENNET RD (no rural route) City ROCA NE, Zip 68430

Owner MIKE & LYNN PRICE Address 6700 BENNET RD

Date of Tests 6/9/16 to 6/10/16 Weather: Precipitation 0 Temperature 95°

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			End				
Hole No.	Hole Depth (in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Initial Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time Interval	Water Level Drop (in)	Percolation Rates (Min/in = mpi)
1	30	6/9	9:30	6/10	9:30	6/9	1 pm	6	6/9	1:30	30	7/8	35
2	30	6/9	9:30	6/10	9:30	6/9	1 pm	6	6/9	1:30	30	5/8	48
3	30	6/9	9:30	6/10	9:30	6/9	1 pm	6	6/9	1:30	30	1 1/8	27
4	30	6/9	9:30	6/10	9:30	6/9	1 pm	6	6/9	1:30	30	1 1/8	27
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: JASON KUBIK

Phone: 402-475-2462

Address 105 LOCUST BOX 191

HICKMAN, NE 68372

Soil type (NRCS Maps/Other) 7684 WYMORE SILTY CLAY

Groundwater Depth

Sum of Percolation Rates: 137

Average of Rates: 34.25

Rate Used for Calculation: 59

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 (402) 441-8027
3140 N Street Lincoln, Nebraska 68510-1514

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT
No. HS001287

System Type: Standard

Situs: 6700 BENNET RD, RURAL, NE

Issued: 6/20/2016

Expires: 6/20/2017

Description: S4, T8, R7, 6th Principal Meridian, LOT 21 SE

Owner: PRICE, MICHAEL D & LYNN R
6700 BENNET RD
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

SOUTHWICK LIQUID WASTE INC
105 LOCUST STREET
HICKMAN, NE 68372

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

Exhibit 5

Permit Number: HS001287

Onsite Wastewater Treatment System

Inspection Sheet

Date 8/30/16 Legal Description 4/8/7 Lot 21

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 6700 Benare Rd. 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 700 Sq. Ft. Tank Size 1,000 gals

Total length of laterals 200 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 ☑

Do we need a statement sheet?

Geographical Coordinates to 6 Decimals:

Tank _____

Lateral #1 N/A Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Covered prior to Inspection

Inspections prior to Final Approval
Initial DC Date 6/21/16

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By Doug Rowe
Date 8/30/16

Comments:

Field Note Drawing (See Reverse Side):

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) 15-04-400-003-000

Owner Michael Price Address 6700 Bennet Rd

A. Wastewater Piping

1. Material: SCH 40 Diameter: 4 in.
2. Distance between dwelling and septic tank: 150 ft.

B. Septic Tank

1. Material concrete
2. Capacity: 1500
3. Depth to top of tank, below unfinished grade: 18 in.
4. Distance to:
   Well 110 ft.
   Pressure line ____ ft
   Property Line ____ ft.
   Foundation ____ ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: 6 ft. E

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☒ Chamberless ☐ Other
   Material brand and inside width of Chamberless: Infiltrator Quick 4 Plus 29"
2. Number of Laterals: 4
3. Length of each lateral (linear): ft. 68 ft. 68
   ft. 78 ft. 78
4. Drainfield size: 1058.5 sq. ft.
5. Distance to:
   Well 150 ft.
   Pressure line ____ ft.
   Property line ____ ft.
   Depth of Groundwater +12

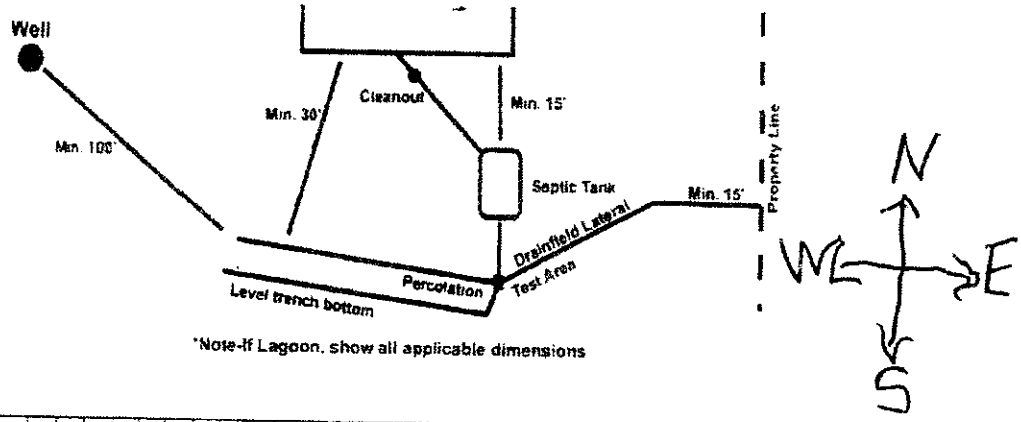
Was the Onsite Wastewater System covered prior to LLCHD inspection? ☒ Yes ☐ No

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: 6/20/16

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



*Note-If Lagoon, show all applicable dimensions

House

15 ft

15 ft

Garage

35 ft

Tank

10 ft

OB

ft

ft

ft

ft

8-7-4
HS061287

Onsite Wastewater Treatment System
As-Built Description and Drawing

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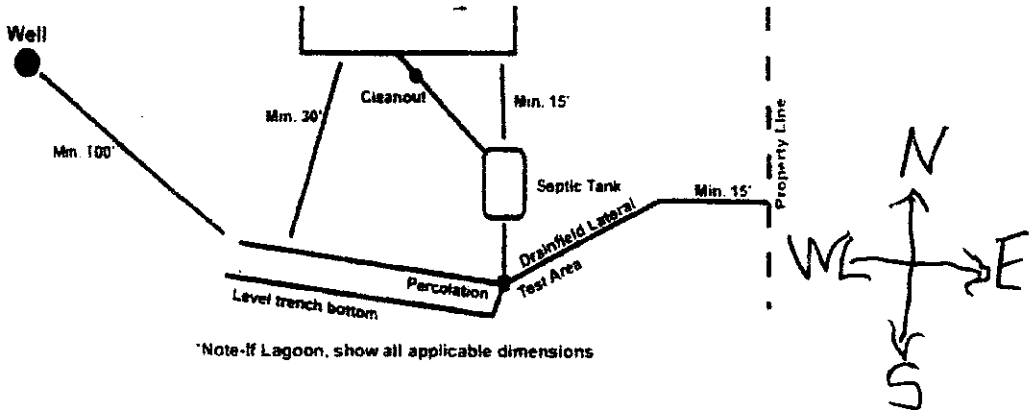
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