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

A

Permit Number HS001435

Onsite Wastewater Treatment System Permit Application

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

☑ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

PLEASE PRINT OR TYPE

A. Onsite System Location

Address* 9505 Rokeby (no rural route) City Lincoln, NE Zip

Legal Description 35 9 7

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

PID 16-35-200-015-000 SB *Approx. Address (If to be determined)

B. Owner

Name Hausman Const. Signature

Address City/State/Zip

Home Phone Work Phone

C. Certified Installer

Name: Signature

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

Work Phone 402-450-2946

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 1 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

1. Health Department

Site visits Date rec'd **ACTION** ☐ Approved ☐ Disapproved

Date frwd Signature

Comments

2. Supt. Bldg. Insp. or Village Clerk

Comments Date rec'd **ACTION** ☐ Approved ☐ Disapproved

Date frwd Signature

3. City or County Engineer

Comments Date rec'd **ACTION** ☐ Approved ☐ Disapproved

Date frwd Signature

Installation Final Written Approval

By

Date

Business Office Use Only
Date Received 4-18-17 Amount Paid 102.76
Received By SB Cash/Check No. 395.02

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

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

B

Permit Number: HS001435

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 9505 Coleby Rd (no rural route) City Lincoln NE, Zip _____

Owner _____ Address _____

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

Date of Tests ~~9-15~~ 4-15 to ~~9-16~~ 4-16 Weather: Precipitation ~~0~~ N/A Temperature 60'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	40	4-15	9:00	4-16	10:00	4-16	10:00	18	10:30	~~4-16~~	30	1	30
2	40	4-15	9:00	4-16	10:00	4-16	10:00	17	10:30	~~4-16~~	30	1	30
3	40	4-15	9:00	4-16	10:00	4-16	10:00	19	10:30	~~4-16~~	30	1	30

rson Conducting Percolation Tests

ne: _____

ne: 402-430-2946

ess Syracuse NE 68446

Sum of Percolation Rates: 90

Average of Rates: 30

Rate Used for Calculation: 60 mpi

DO NOT WRITE BELOW THIS LINE

riewing Action

rks _____

ure of wing Official _____

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. HS001435

System Type: Standard

Situs: 9305 ROKEBY RD, LINCOLN, NE

Issued: 4/18/2017

Expires: 4/18/2018

Description: S35, T9, R7, 6th Principal Meridian, PT LOT 33 IN TD 0055

Owner: CITY OF LINCOLN D/B/A LINCOLN ELECTRIC SYSTEM
PO BOX 80869
LINCOLN, NE 68501-0869

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

MUELLER TRENCHING INC
1345 N 26TH RD
SYRACUSE, NE 68446

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

OK 5-11-17 JK

Exhibit 5

Permit Number: H 5001435

Onsite Wastewater Treatment System

Inspection Sheet

Date 5/9/17 Legal Description ¼ ¼ 35/9/7 Section/Township/Range

Onsite System Location

Address (no rural route) 9505 Rokeby 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 362 Sq. Ft. Tank Size 1,000 gals

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

No. of Absorption Laterals 2 along Width 3.625 factor No. of Drop Boxes Distribution Box 1

Leveling Method Used Laser

System for temporary office building for LES

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 N/A

Lateral #1 Lateral #3

Lateral #2 Lateral #4

Comments:

Inspections prior to Final Approval
Initial DS Date 4/27/17

Follow-Up Date

Follow-Up Date

Installation Final Written Approval
By Doug Ahrens

Date 5/9/17

Field Note Drawing (See Reverse Side):