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

A

Permit Number HS001474

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* 14220 S. 68th St. City Roca, NE Zip 68430
(no rural route)

Legal Description _____

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

PID 15-10-301-002-000 SB *Approx. Address (If to be determined) _____

B. Owner

Name Delney Walker Signature _____
Address 3272 Clifton Ct. City/State/Zip Palo Alto, CA 94303
Home Phone _____ Work Phone _____

C. Certified Installer

Name: Matt Taylor Signature _____
Address 2610 S. 11th St City/State/Zip Lincoln, NE 68502
Work Phone 402-450-6599

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 3 Whirlpool Bathtub? ☐ Yes ☐ No Total Acres 1 2
Garbage Grinder? ☐ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify _____ Design flow in gallons per day 400
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 6-14-17 Amount Paid $395.00
Received By SB Cash/Check No. 14468

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: HS0014724

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 14220 S. 68th St (no rural route) City Roca NE, Zip 68430

Owner Delney Walker Address 3272 Clifton Ct. Palo Alto, CA 94303

Date of Tests 6/9/17 to 6/12/17 Weather: Precipitation SN 6/12 Got 1" Rain Temperature 90°

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	42	6/8	1:30	6/9	9 AM	6/9	2 PM	6	6/9	5 PM	36	1"	36/1"
2	40	6/8	1:30	6/9	9 AM	6/9	2 PM	6	6/9	5 PM	32	1"	32min/1"
3	45	6/8	1:30	6/9	9 AM	6/9	2 PM	6	6/9	5 PM	38	1"	38min/1"
4	43	6/8	1:30	6/9	9 AM	6/9	2 PM	6	6/9	5 PM	41	1"	41min/1"
5	48	6/8	1:30	6/9	9 AM	6/9	2 PM	6	6/9	5 PM	30	1"	30 min/1"
6	45	6/8	1:30	6/9	9 am	6/9	2 PM	6	6/9	5 PM	42	1"	42min/1"
7	40	6/8	1:30	6/9	9 am	6/9	2 PM	6	6/9	5 PM	31	1"	31 min/1"
								6					

Person Conducting Percolation Test

Name: Matt Taylor
Phone: 402-450-6599
Address 2610 S. 11th St.
Lincoln, NE 68502
Soil type (NRCS Maps/Other) Loamy
Groundwater Depth ~~4'~~ > 4'

Sum of Percolation Rates:
Average of Rates: 36 min/1"
Rate Used for Calculation: 30 - 40 min per Inch

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official Date

Form B 12_06

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. HS001474

System Type: Standard

Situs: 14220 S 68 ST, RURAL, NE

Issued: 6/15/2017

Expires: 6/15/2018

Description: FOX & DOWNING ADDITION, Lot 2

Owner: WALKER, JAMES N & DELNEY M
3272 CLIFTON CT
PALO ALTO, CA 94303

Charlotte Burke, MS, RD, Interim 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.

Charlotte Burke, MS, RD
Interim Health Director

TAYLOR CONSTRUCTION INC
2610 S 11TH ST
LINCOLN, NE 68502

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: HS001474

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) _____

Owner: Delney Walker Address 14220 S. 68th Street

A. Wastewater Piping

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

B. Septic Tank

1. Material Concrete
2. Capacity: 1500 Gal.
3. Depth to top of tank, below unfinished grade: 56 in.
4. Distance to:
   Well 100 ft.
   Pressure line 70 ft
   Property Line 300 ft.
   Foundation 40 ft.

C Distribution Box or Drop Box

Distance **and** Direction from septic tank: 140 ft. South

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☒ Chamberless ☐ Other
   Material brand and inside width of Chamberless: Infiltrator Standard Quick 4
2. Number of Laterals: 3
3. Length of each lataral (linear): ft. 114 ft. 68 ft. 40 ft. _____
4. Drainfield size: 825 sq. ft.
5. Distance to:
   Well 250 ft.
   Pressure line 150 ft.
   Property line 20 ft.
   Depth of Groundwater 30 ft.

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

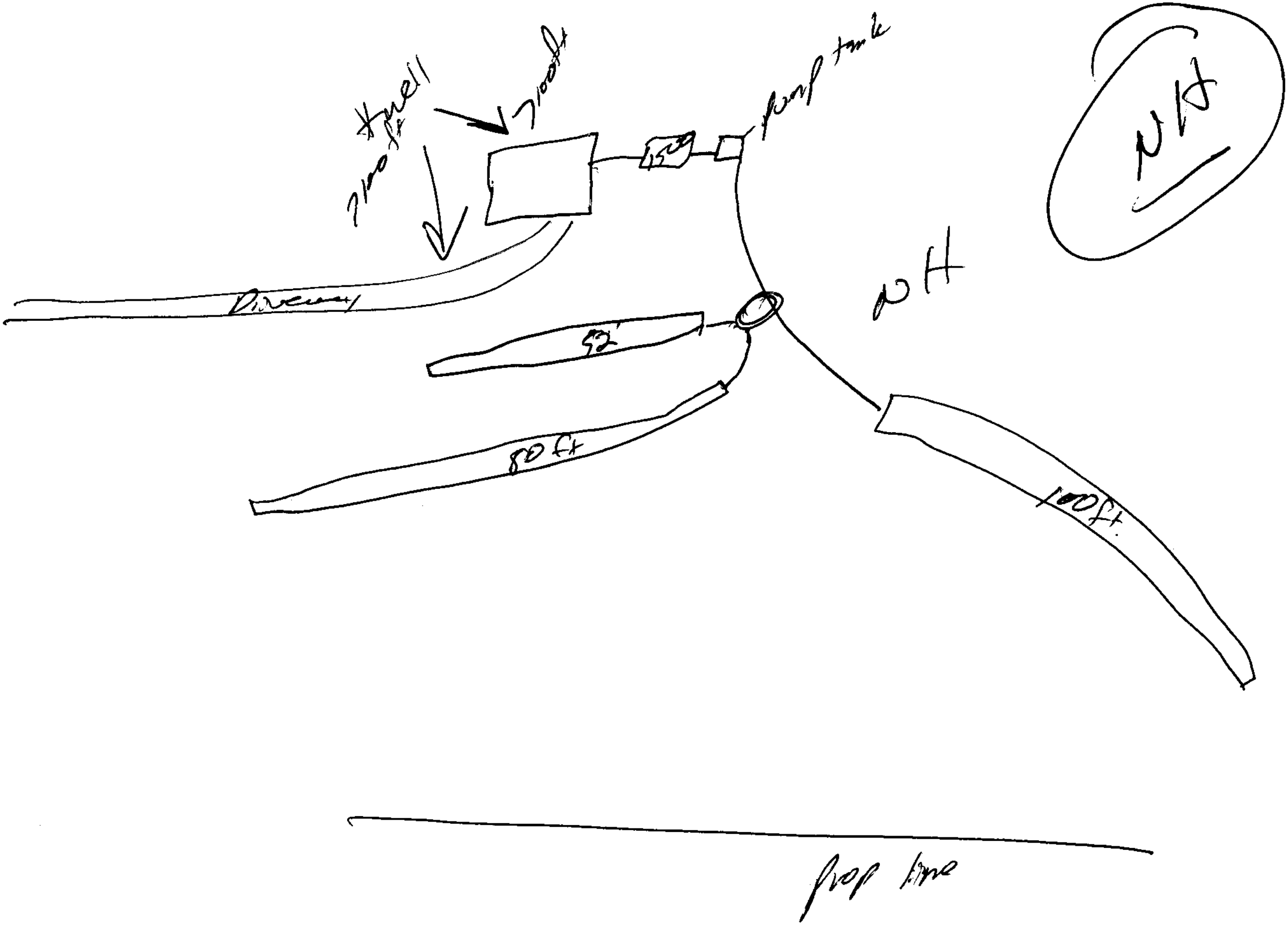
If Yes, the Certified Professional must sign below for final approval:

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.

Nate

Certified Professional Signature: _____ Date: 7-14-17

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


well
Driveway
pump tank
52'
80 ft
100ft.
prop line

~~146~~ ~~246~~ Total

232'

246
-232
14
6
8
-4
4

52

52'

100'

100

4'

20L

80'

8

40

232
-8
224

58 4ft Pines

As built D C

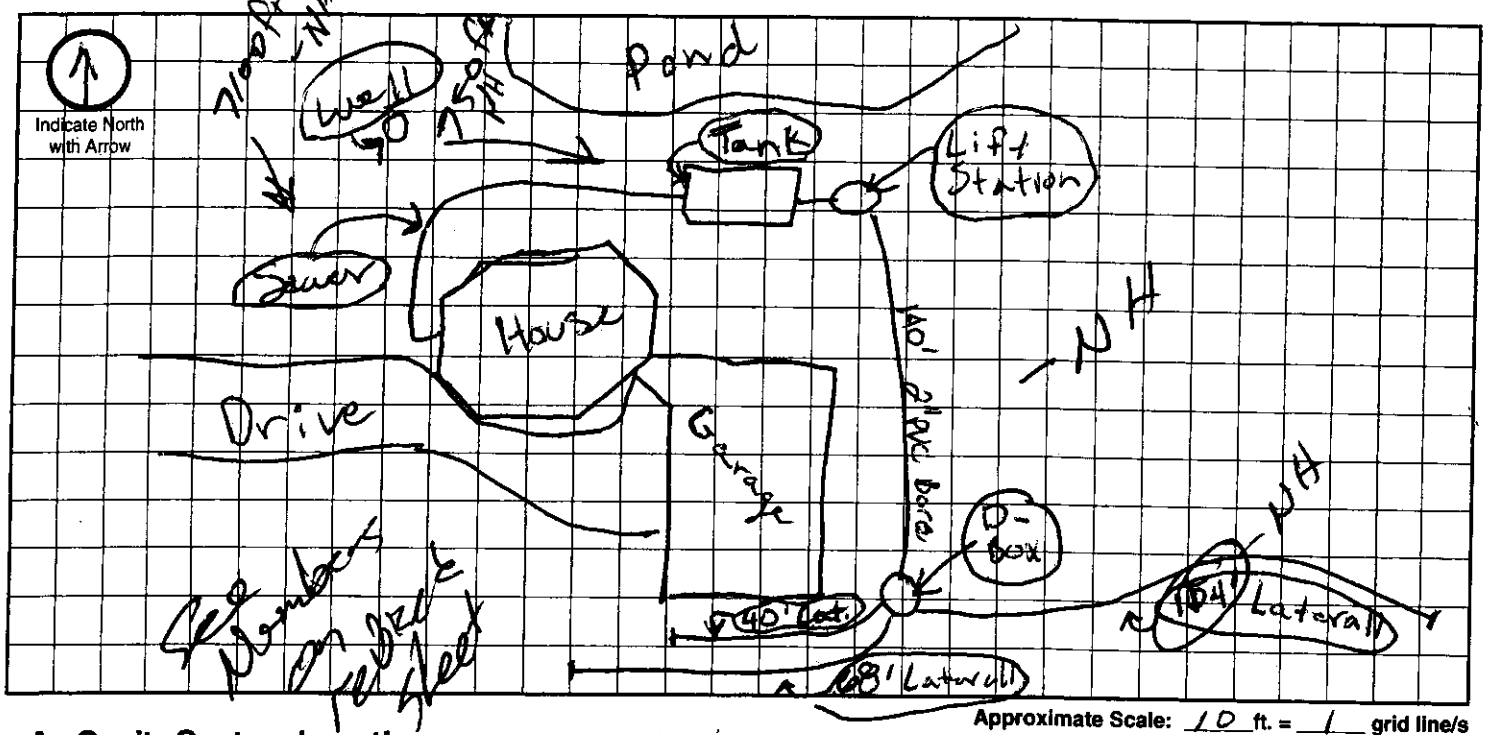
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

Permit Number:

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.



A. Onsite System Location

Address (no rural route) 14220 S. 68th St City Roca NE, Zip 68430

B. Proposed Septic Tank/s

Septic Tank Cap. 1500 gals Tank Material: ☒ Concrete ☐ Plastic ☐ Other_____ ☐ Lagoon(Max. seepage 1/8" per day)

C. Reserve Area for Replacement Onsite System

☐ Drainfield Absorption Area (percoloation test required) ☐ Lagoon

D. Drainfield Absorption System

Percolation Rate 36 (min/inch = mpi) No. of Bedrooms 3 Soil Type_____ Land Slope 10 %

☐ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 825 sq.ft.

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

No. of absorption trenches 3 Width 5'11" No. of drop boxes_____ Distrubtion Box 1

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 Matt Taylor Date 6-30-17

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

OK 7/18/17

Exhibit 5

Permit Number: HS001474

Onsite Wastewater Treatment System

Inspection Sheet

Date 7/17/17 Legal Description 8-7-sec 10 Lot 2

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 14220 S. 68th 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 841 Sq. Ft. Tank Size gals

Total length of laterals 232' Type of Distribution: ☒ Chamber ☐ Perforated Pipe ☐ Other (describe)

No. of Absorption Laterals 3 Width 3' 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 ☐	28 ☐	5 ☒

Geographical Coordinates to 6 Decimals:

Tank

Lateral #1 N/D Lateral #3

Lateral #2 Lateral #4

Comments: See Rsheet (back)

Inspections prior to Final Approval
Initial DH Date 7/18/17
Follow-Up Date
Follow-Up Date
Installation Final Written Approval
By
Date 7/17/17

Field Note Drawing (See Reverse Side):