JUN 2 8 2017

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

A

Permit Number HS001488

New Construction

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 _____ City Roca, NE Zip 68430
(no rural route)

Legal Description: SE (1/4) NW (1/4) 16 (Section) 8N (Township) 7E (Range) Silverhawk Estates (Subdivison) 3 (Block) 5 (Lot) Addition

PID _____

B. Owner

Name Jeffrey + Vicki Pursley

Address 1214 Van Dorn St

Home Phone 402-430-0887

Signature ☒ Jeffrey Pursley Vicki Pursley

City/State/Zip Lincoln ne 68502

Work Phone —

C. Certified Installer

Name: Lloyd Jakoubek, Raymond Contracting Inc

Address 13800 NW 70th St

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

Signature _____

City/State/Zip Raymond, NE 68428

D. Engineer

☐ Check and complete if engineer designed system

Designer Name _____ Firm _____ P.E. License Number _____ Work Phone _____

E. This system will serve a

☐ Residential Dwelling Number of Bedrooms 5 Whirlpool Bathtub? ☒ Yes ☐ No Total Acres 3.01
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 6-28-17 Amount Paid $395
Received By SB Cash/Check No 9187

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

B

Permit Number: HS00 1488

Onsite Wastewater Treatment System
Soil Evaluation Report

Silverhawk Estates
Block 3, Lot 5

PLEASE PRINT OR TYPE

Onsite System Location

Address _____ (no rural route) City Roca NE, Zip 68430

Owner Pursley Address _____

Date of Tests 6/20/17 to 6/21/17 Weather: Precipitation 0 Temperature 87°

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	34	6/20	1:00p	6/20	5:00p	6/21	11:30a	6	6/21	12:00p	30	1/2	60
2	24	"	"	"	"	"	"	6	"	"	"	1-1/2	20
3	20	"	"	"	"	"	"	6	"	"	"	2	15
4	24	"	"	"	"	"	"	6	"	"	"	1-7/16	21
								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
Soil type (NRCS Maps/Other) Wymore SCL
Groundwater Depth >8'

Sum of Percolation Rates: 116
Average of Rates: 29
Rate Used for Calculation: 60 (20 mpi variance)

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

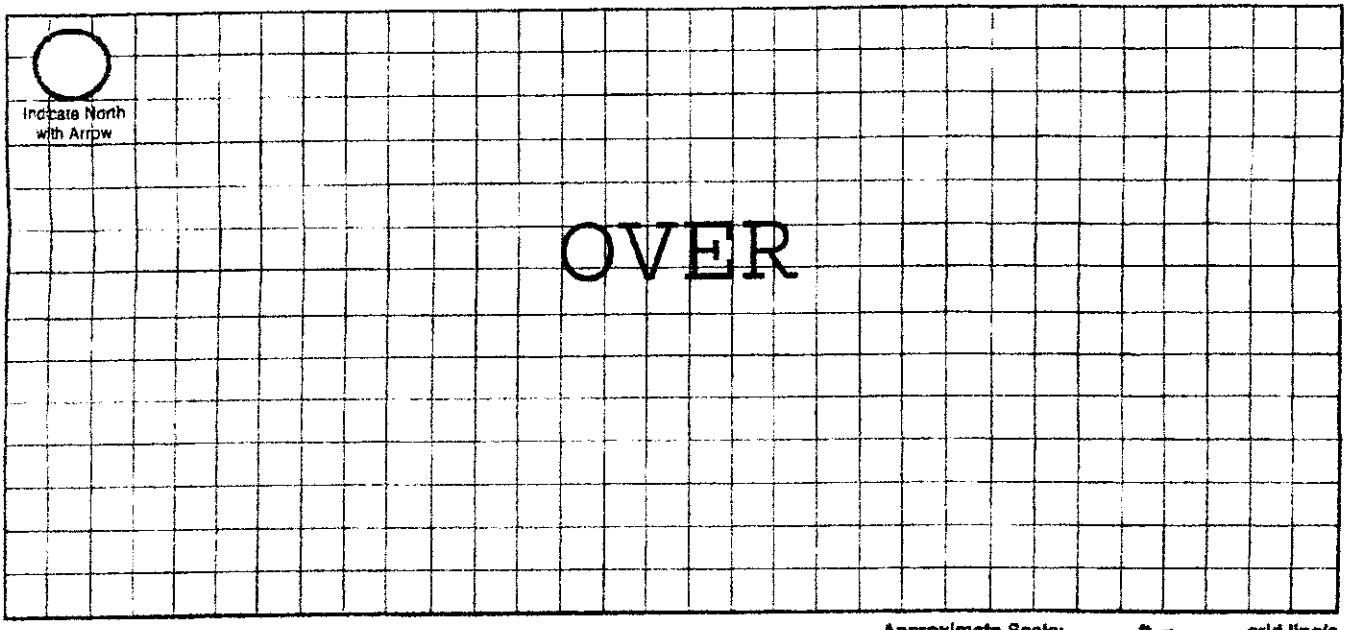
C

Permit Number: HS001488

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

Silverhawk Estates Block 3,Lot 5

Address (no rural route) _____ City Roca NE, Zip 68430

B. Proposed Septic Tank/s

Septic Tank Cap._____ 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 60 (min/inch = mpi) No. of Bedrooms 5 Soil Type Wymore SCL Land Slope _____%

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 1,755 sq.ft.

Total length of laterals 390' Type of distribution: ☐ Perforated pipe ☐ Half-Round ☐ Chamber ☒ Other EZFlow

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 ☐	☐

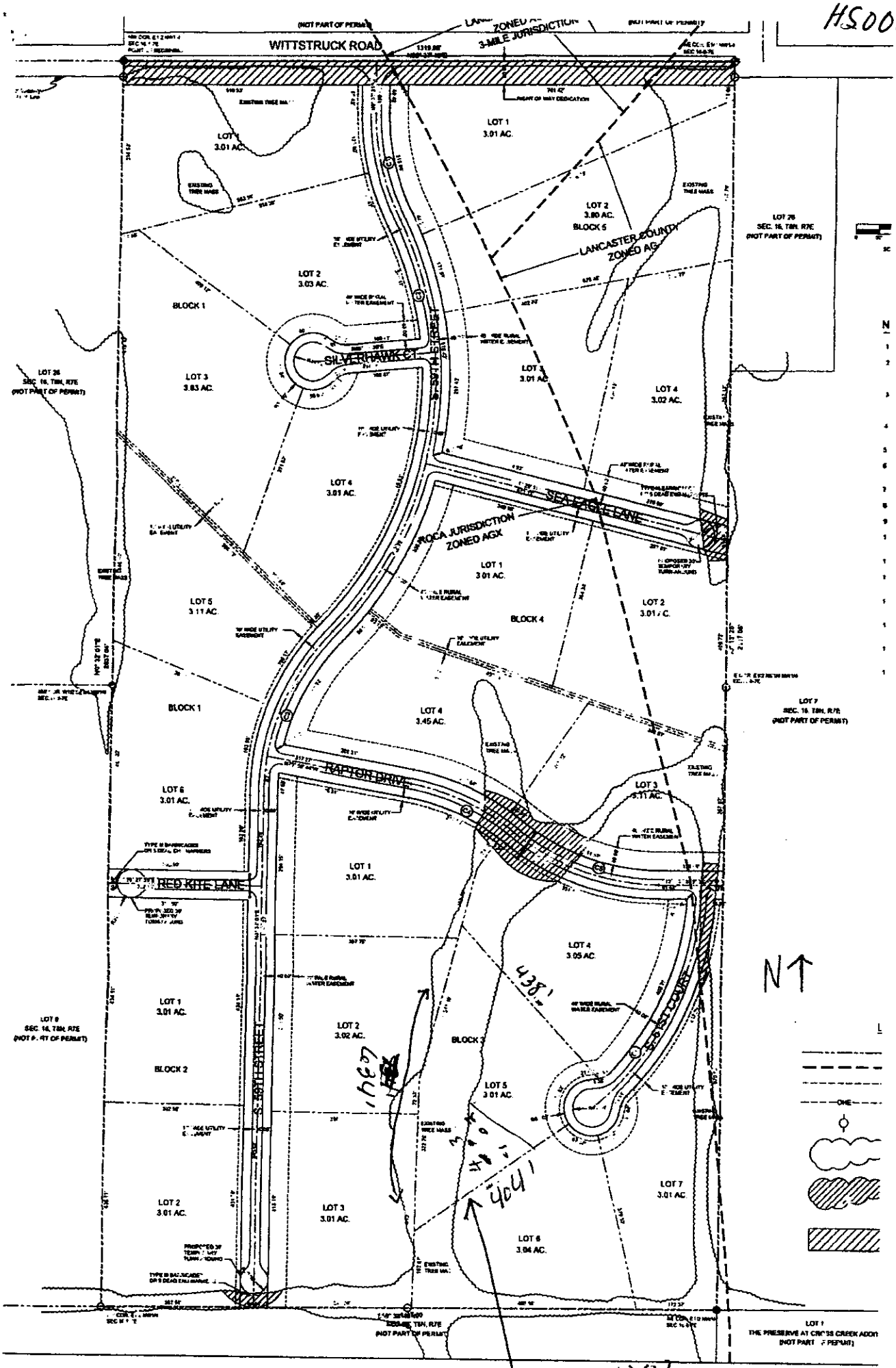
F. Required Signatures

Home Building Contractor _____ Date 6-27-17

Installer _____ Date _____

Onsite Form C 12-06

HS001488



percolation Test location

RESIDENTIAL DRAFTING SERVICES, INC.

A HOUSE DESIGNING & PLAN DEVELOPMENT COMPANY

GENERAL NOTES

BUILDER'S NOTES

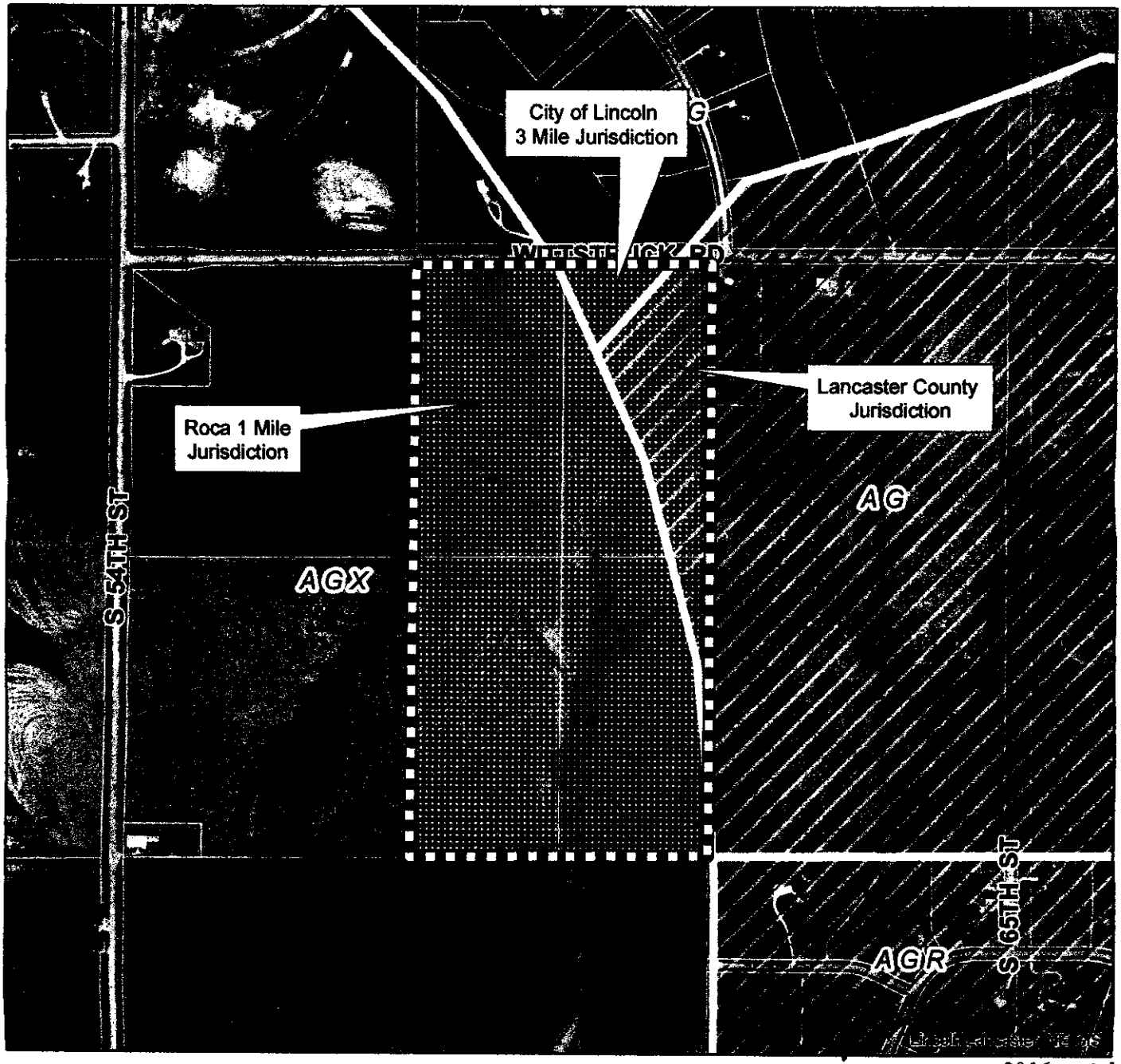
BUILDER APPROVAL _____ DATE _____

SITE PLAN
SCALE 1/32" = 1'-0"

IRONWOOD BUILDERS, LLC.

TYNDALE RESIDENCE
L-5 B-3 SILVERWARE ESTATES ADDITION

A.B.S. SHEET PLAN SHEET
S1 - 1 of 3



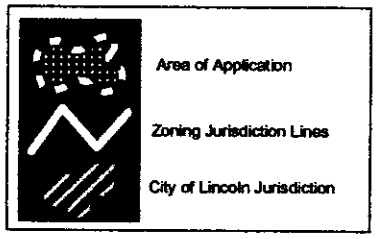
2016 aerial

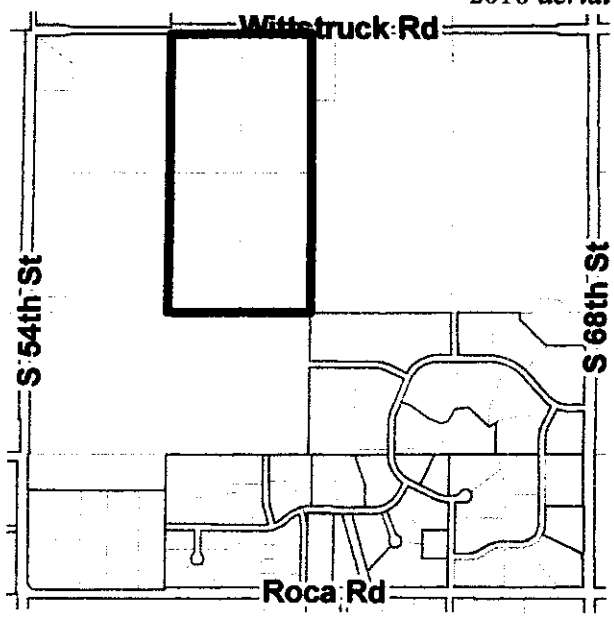
Preliminary Plat #: PP16004
Silverhawk Estates
S 60th St & Wittstruck Rd

Zoning:

R-1 to R-8	Residential District
AG	Agricultural District
AGR	Agricultural Residential District
O-1	Office District
O-2	Suburban Office District
O-3	Office Park District
R-T	Residential Transition District
B-1	Local Business District
B-2	Planned Neighborhood Business District
B-3	Commercial District
B-4	Lincoln Center Business District
B-5	Planned Regional Business District
H-1	Interstate Commercial District
H-2	Highway Business District
H-3	Highway Commercial District
H-4	General Commercial District
I-1	Industrial District
I-2	Industrial Park District
I-3	Employment Center District
P	Public Use District

One Square Mile:
Sec.16 T08N R07E





PDF: F:\Boards\PC\Internet\out\

File: F:\DevReview\PlannerPacket\MXD\Agendadrawings.mxd (PP16004)

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. HS001488

System Type: Standard

Situs: No Site Address Specified

Issued: 7/31/2017

Expires: 7/31/2018

Description: undefined

Owner: PURSLEY, JEFFREY & VICKI
1216 VAN DORN ST
LINCOLN, NE 68502

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

RAYMOND CONTRACTING
13800 NW 70TH ST
RAYMOND, NE 68428