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

A

Permit Number
HS001506

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

Legal Description Silverhawk Estates L 3

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

PID 15-16-101-003-000 *Approx. Address (If to be determined)_____

B. Owner

Name Blake, Avery Meyers Signature_____
Address 3410 S 75th City/State/Zip Lincoln, NE 68506
Home Phone_____ Work Phone_____

C. Certified Installer

Name: Marcus Hochstein Signature Marcus Hochstein
Address 625 S 4th St City/State/Zip Eagle, NE 68347
Work Phone 402-730-7749

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 5 Whirlpool Bathtub? ☐ Yes ☑ No Total Acres 4
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 7-28-17 Amount Paid 395.00
Received By LC Cash/Check No. 1698

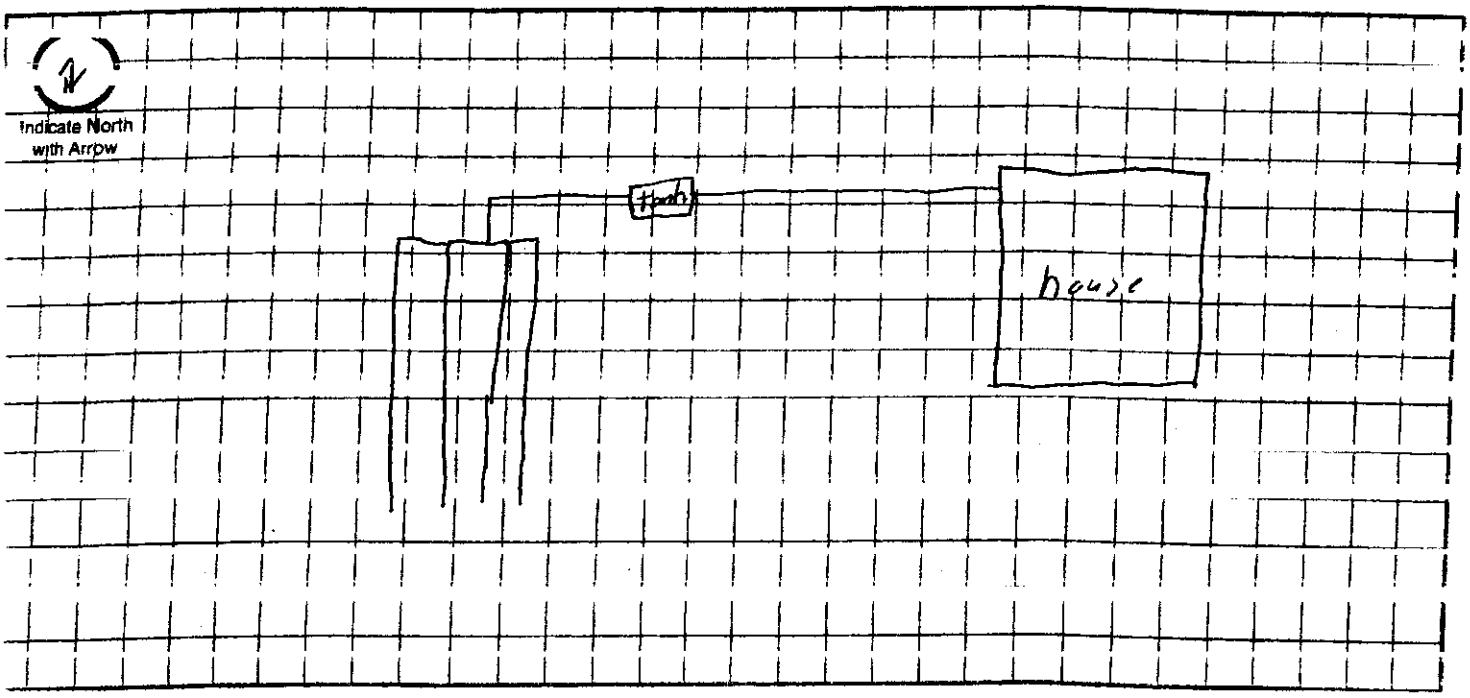
White - Health Department Yellow - Engineer Pink - Building & Safety

Lincoln-Lancaster County Health Department
Environmental Public Health Division
Phone: 402-441-8022

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,



Approximate Scale: _____ ft. = _____ grid line/s

A. Onsite System Location

PID 15-16-101-003-000

Address (no rural route) _____ City _____ NE. Zip

B. Proposed Septic Tank/s

Septic Tank Cap 2000 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 5 Soil Type Otoe Silty clay Land Slope 6-11 %

☑ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 1667.5 sq.ft.

Total length of trench 460 Type of construction: ☐ Gravelless pipe ☐ Infiltrator ☑ Chamber ☐ Other

No. of absorption trenches 4 Width 36 No. of drop boxes _____ Distribution 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 ☐	NA ☐	30 ☐	30 ☐	100 ☐	200 ☐	☐

Required Signatures

The Building Contractor _____ Date _____

Installer _____ Date _____

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

B

Permit Number:

Onsite Wastewater Treatment System

Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location PID 15-16-101-003-000

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

Owner Blake & Avery Meyer Address 3410 S. 75th Lincoln, NE 68506

Date of Tests 7-14-17 to 7-15-17 Weather: Precipitation 0 Temperature 90°

Percolation Test Data Table

A.	B.	C. D. E. F. Saturation/Swelling Time				G. H. I. J. K. Water Level Drop Last 30 mins of 4 hr or last 10 mins of 1 hr					L. M. N. 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	38	7-14	2:00	7/15	2:00	7/15	5:30	6	7/15	6:00	30 min	3/4	40
2	38	7-14	2:00	7/15	2:00	7/15	5:30	6	7/15	6:00	30 min	5/8	48
3	38	7-14	2:00	7/15	2:00	7/15	5:30	6	7/15	6:00	30 min	11/16	43.636364
4	38	7-14	2:00	7/15	2:00	7/15	5:30	6	7/15	6:00	30 min	1/2	60
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Marcus Hochstein
Phone: 402-730-7749
Address 625 S. 4th, Eagle, NE 68347
Soil type (NRCS Maps/Other: Otoe Silty Clay
Groundwater Depth _____

Sum of Percolation Rates: _____
Average of Rates: 47.90909
Rate Used for Calculation: _____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official _____ Date _____

miller

Percolation test results in inches

Time	1:00	1:30	2:00	2:30	3:00	3:30	4:00	4:30	5:00
Hole #	Start	30 min	30 min	30 min	30 min	30 min	30 min	30 min	30 min
1	8	6 1/2	4 3/8	2 3/4	2 1/4	"8 1/16"	7 1/4	6 1/2	5 3/4
2	9 1/2	8 15/16	8 3/16	7 9/16	7 1/16	6 3/8	5 3/4	5 1/8	4 1/2
3	10 3/8	9 1/8	8 1/8	7 1/4	6 5/16	5 3/16	4 1/2	3 13/16	3 1/8
4	12 3/16	11 1/16	10 1/16	9 3/16	8 5/16	7 9/16	7 1/16	6 9/16	

Time	2:00	2:30	3:00	3:30	4:00	4:30	5:00	5:30	6:00
Hole #	Start	30 min	30 min	30 min	30 min	30 min	30 min	30 min	30 min
1	0	1 1/2	2 1/8	1 5/8	1/2		13/16	3/4	3/4
2	0	9/16	3/4	5/8	1/2	11/16	5/8	5/8	5/8
3	0	1 1/4	1	7/8	15/16	1 1/8	11/16	11/16	11/16
4	0	1 1/8	1	7/8	7/8	3/4	1/2	1/2	1/2

Hole #			
1	40		
2	48		
3	43.636364		
4	60		
	191.63636	47.90909	min/in

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. HS001506

System Type: Standard

Situs: No Site Address Specified

Issued: 7/31/2017

Expires: 7/31/2018

Description: SILVERHAWK ESTATES ADDITION, BLOCK 1, Lot 3

Owner: MEYERS, BLAKE A & AVERY A
3410 S 75
LINCOLN, NE 68506

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

MEYERS, BLAKE A & AVERY A
3410 S 75
LINCOLN, NE 68506