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

A

Permit Number
H5001514

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* 15141 S 59th St City Roca, NE Zip 68430
(no rural route)

Legal Description East ½ NW¼ NE¼ SW¼ 7E Silverhawk Estates
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 15-16-102-002-000 LC *Approx. Address (If to be determined)

B. Owner

Name Rex & Deb Kukin Signature
Address 15141 S 59th Street City/State/Zip Roca NE 68430
Home Phone 402-432-0241 Work Phone 402-437-3777

C. Certified Installer

Name: Earnest Well Drilling Inc. Signature
Address 2796 W. Milford RR 1 P.O. Box H City/State/Zip Milford, NE 68405
Work Phone 402-641-6174

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
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
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 8-11-17 Amount Paid 395.00
Received By LC Cash/Check No. 2562

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

Form A Updated: 4/15

Kevin - 402-430-9956
Salt Valley Const KOswald@neb.rr.com

SOIL ABSORPTION TEST DATA REPORT

Location: Precinct _____ Section _____
Township _____ Range _____
1/4 Section _____

Owner: Kevin - Salt Valley Construction
Address: Block 2 Lot 2 Silverhawk Estates

Property Dimensions: _____ acres

Soil Type: Silty Clay ____ Silty Clay Loam ____ Sandy Loam ____ Silty Loam ____ Clay Loam X Sandy Clay ____

Dates of Tests: 7/5/17 to 7/6/17 **Weather:** Precip. Ø Temp. 90's

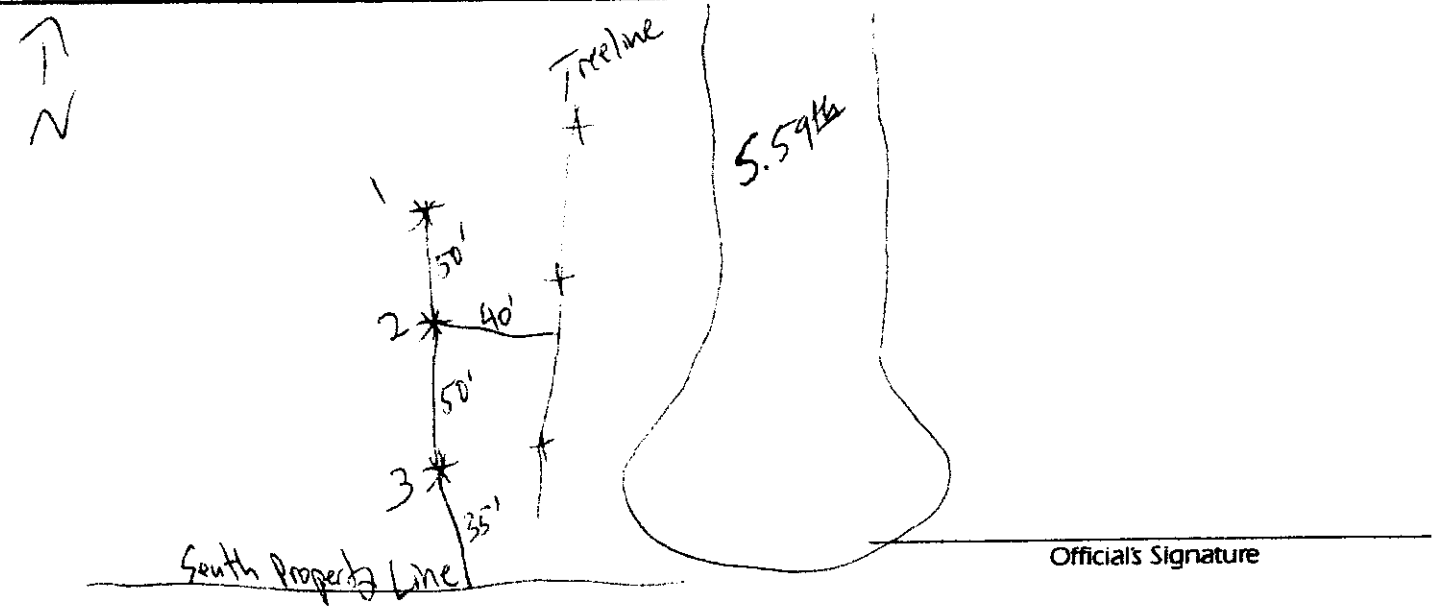
a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.
		Pre-Saturation Period				Percolation Readings					Results	
		Start		End		Start			End			Water
	Hole	Date	Time	Date	Time	Date	Time	Water	Time	Water	Elapsed	Level
Hole	Depth	(Mo.	(Hr.	(Mo.	(Hr.	(Mo.	(Hr.	Level	(Hr.	Level	Time	Drop
No.	(in.)	Day)	Min.)	Day)	Min.)	Day)	Min.)	(in.)	Min.)	(in.)	(Min.)	(in.)
1	36	7/5	6:30pm	7/5	10:30pm	7/6	6:15pm	6	6:45pm	5	30	1
2	36	7/5	6:30pm	7/5	10:30pm	7/6	6:15pm	6	6:45pm	5	30	1
3	36	7/5	6:30pm	7/5	10:30pm	7/6	6:15pm	6	6:45pm	4¾"	30	1¼

Sum of Water Level Drops (in.) [Column m]: 3.25
Average of Water Level Drops (in.) [Column m]: 1.08
~~Inches per Minute:~~ _____
27.78 MPI

PERSON CONDUCTING TEST:
Name: Justin Peterson
Address: 322-238th Rd
Milford, NE 68405
Phone: 402-641-6124
Signature: _____

Square Feet of Lateral per Bedroom: 250

SKETCH SHOWING HOLE LOCATION:



Official's Signature

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

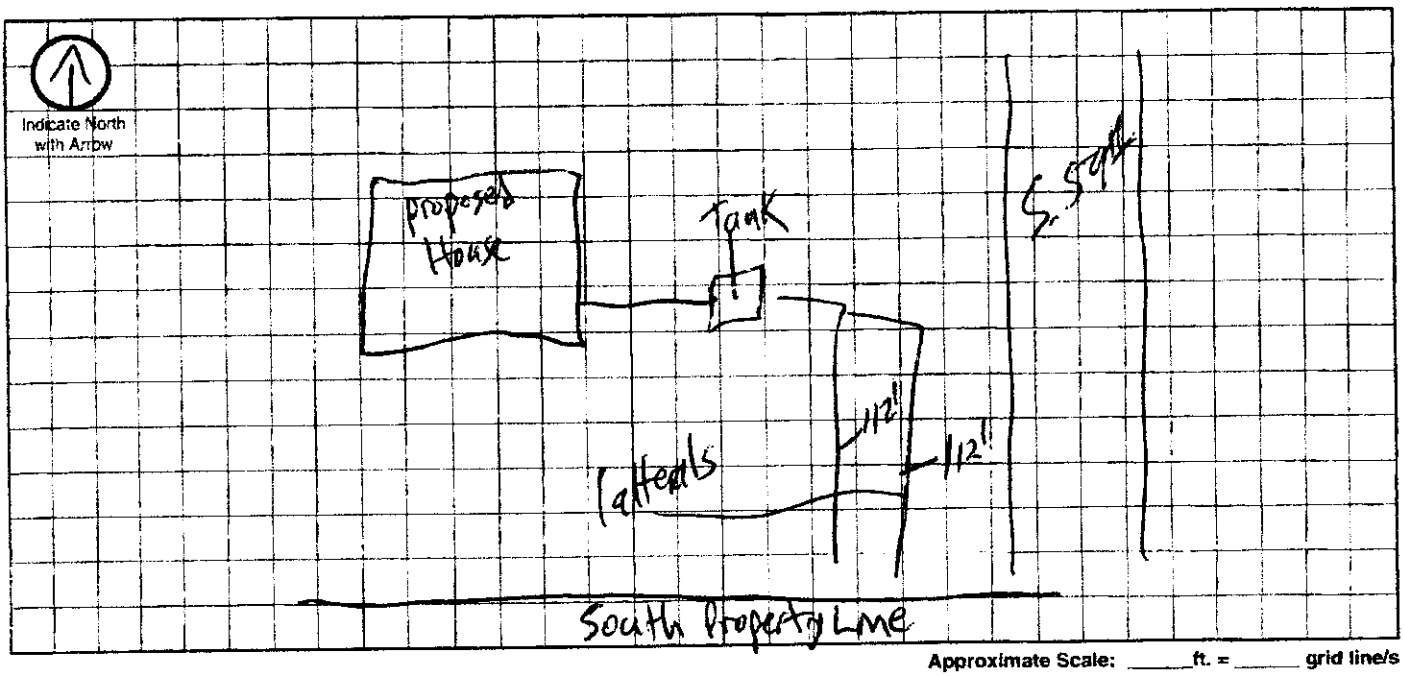
C

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.



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

A. Onsite System Location

Address (no rural route) 15141 S. 59th St. City Roca NE, Zip 68430

B. Proposed Septic Tank/s

Septic Tank Cap 2,000 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 27.8 (min/inch = mpi) No. of Bedrooms 3 Soil Type Clay Loam Land Slope 1 %

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 756 sq.ft.

Total length of laterals 224' Type of distribution: ☐ Perforated pipe ☐ Half-Round ☒ Chamber ☐ Other

No. of absorption trenches 2 Width 36" No. of drop boxes 0 Distrubtion Box 0

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

[redacted] Date _____

Installer _____ Date 5/10/17

Onsite Form C 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. HS001514

System Type: Standard

Situs: No Site Address Specified

Issued: 8/18/2017

Expires: 8/18/2018

Description: SILVERHAWK ESTATES ADDITION, BLOCK 2, Lot 2

Owner: KUHN, REX A & DEBRA J
27907 S 82 ST
FIRTH, NE 68358

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

SALT VALLEY CONSTRUCTION
3841 N 42 ST
LINCOLN, NE 68504