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

**A**

Permit Number HS001564

# 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 1086 Saltillo Rd (no rural route) City Roca, NE Zip

Legal Description 35 TN9 R6E

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

PID

## B. Owner

Name Las Brisas Land Signature

Address 6000 S 56th St City/State/Zip Lincoln NE 68516

Home Phone 421 3417 Work Phone 402 730 6000

## C. Certified Installer

Name: H.L. Mahlbach Const. Signature Harry T. Mahlbach

Address 5701 Vine St. City/State/Zip Lincoln, Ne 68505

Work Phone

## 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 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 7

Garbage Grinder? ☐ Yes ☒ No

☒ Commercial Establishment/Other Facility Specify Warehouse storage 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 Date rec'd
Date frwd
Comments
**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 Amount Paid
Received By Cash/Check No.

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

Form A Updated: 1/13

**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

Address 1086 Saltillo Rd (no rural route) City Roca NE, Zip

Owner Steve Meyer Address

Date of Tests 6-2-17 to 6-2-17 Weather: Precipitation Damp Temperature 75

## 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 | 48 | 6-2 | 11:00 | 6-2 | 5:00 | 6-2 | 1:00 | 6 | 6-2 | 5:00 | 30 min | 3/4 | 40 |
| 2 | 48 | 6-2 | 1:05 | " | 5:05 | " | 1:05 | 6 | 6-2 | 5:05 | 30 min | 7/8 | 34 |
| 3 | 48 | " | 1:10 | " | 5:10 | " | 1:10 | 6 | 6-2 | 5:10 | 30 min | 1:0 | 30 |
| 4 | 48 | " | 1:15 | " | 5:15 | " | 1:15 | 6 | 6-2 | 5:16 | 30 min | 3/4 | 40 |
| | | | | | | | | 6 | | | | | |
| | | | | | | | | 6 | | | | | |
| | | | | | | | | 6 | | | | | |
| | | | | | | | | 6 | | | | | |

### Person Conducting Percolation Test

Name: Harry Muhlbach
Phone: 402-430-7304
Address 5701 Vine St, Lincoln NE 68505

Soil type (NRCS Maps/Other) Wymore - Pawnee

Groundwater Depth

Sum of Percolation Rates: 144
Average of Rates: 36
Rate Used for Calculation: 36

***DO NOT WRITE BELOW THIS LINE***

### Reviewing Action

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

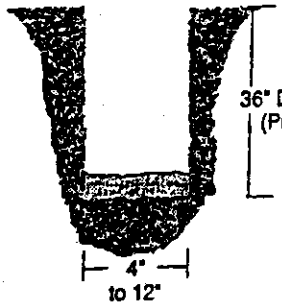
Signature of Reviewing Official Date

## READ THOROUGHLY

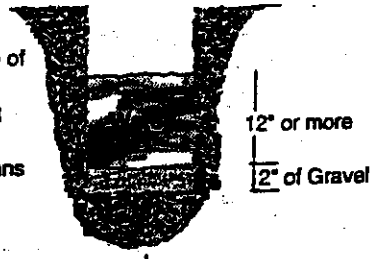
### DIAGRAM OF PERCOLATION TEST PROCEDURE

Finished Grade or Natural Ground Level

I. Size, Number, and Location or Test Holes
   - A. Dig six or more holes spaced uniformly over proposed lateral field site.
   - B. Scratch smeared spots on sides of hole.
   - C. Remove loose material from hole.
   - D. Add 2" of gravel to hole.

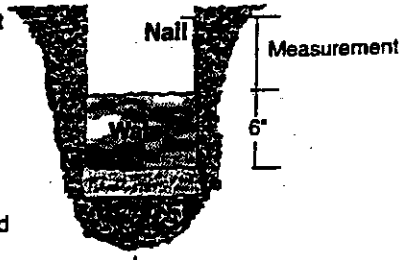



II. Saturation of Soil (Pre-soak)
   - A. Fill hole with 12" or more of water.
   - B. MAINTAIN THIS WATER LEVEL FOR 4 HOURS.
   - C. Record on Form B columns a thru f.



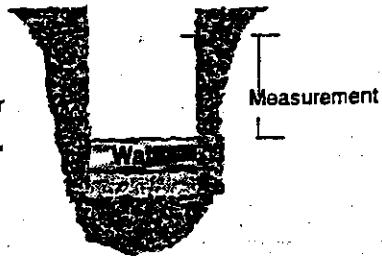

24 Hours Later

III. Percolation-rate Measurement **(refer to instructions 5a, 5b, or 5c.)**
   - A. Add 6" of water.
   - B. Measure from fixed reference point (nail) to water.
   - C. Record measurement and time on front of Form B.




½ hour later (30 minutes)

   - D. 30 minutes later remeasure and record time.
   - E. If water will be too low for another reading 30 minutes later, adjust to 6" of water and remeasure and record time.




   - F. Continue for 3½ hours taking readings every 30 minutes.
   - G. Last 30 minute reading is used in filling out Form B. Record date, time, intervals and water level drops in column g thru m.

## Instructions

1. **Number and location of tests.** Percolation tests shall be made in 6 or more separate test holes which shall be spaced uniformly over the proposed lateral field site.
2. **Type of test hole.** Dig or bore a hole 3 feet deep with a diameter of 4 to 12 inches. (To save time, labor and the volume of water required per test, a 4-inch auger hole is recommended).
3. **Preparation of the test hole.** Scratch or roughen any smeared spots on the sides of the hole with a knife blade or sharp pointed instrument to provide a natural soil interface into which water may percolate. Remove all loose material from the hole. Add 2 inches of gravel to protect the bottom from scouring when water is poured into the hole.
4. **Saturation and swelling of the soil.** Fill the hole with clear water to a depth of 12 inches or more above the gravel and maintain this water level at least 4 hours and preferably overnight. The accuracy and true value of the percolation data depends on thorough saturation and swelling of the soil.
5. **Percolation-rate measurement.** Percolation-rate measurements shall be made 24 hours after starting the saturation and swelling procedure described above. Record results on the front of this form and complete all calculations.
   a. If water remains in the test hole after the overnight swelling period, adjust the depth to approximately 6 inches over the gravel. From a fixed reference point, measure the drop in water level over a 30 minute period to the nearest 1/8 of an inch. This drop is used to calculate the percolation rate.
   b. If no water remains in the test hole after the overnight swelling period, add clear water to bring the depth to approximately 6 inches over the gravel. From a fixed point, measure the drop in water level to the nearest 1/8 of an inch at 30-minute intervals for 4 hours. Refill to the 6 inch level over the gravel as often as necessary. The drop that occurs during the final 30 minutes is used to calculate the percolation rate.
   c. In sandy soils (or other soils in which the first 6 inches of water seeps away in less than 30 minutes after the overnight swelling period) the time interval between measurements shall be 10 minutes instead of 30 minutes and the test run for 1 hour instead of 4 hours. The drop that occurs during the final 10 minutes is used to calculate the percolation rate.
6. **Record the test results and complete all calculations on the front of this form.** The average of the percolation rates calculated for all holes in the last 30 (10) minutes will normally be the rate used for calculations to size the system. ***Exceptions are the use of the greatest percolation rate when rates vary more than 20 min/in between holes or when other soil analysis indicates potential percolation problems.***

LLCHD reserves the right to require additional testing based on knowledge of soil types, percolation tests results on nearby properties, or due to concerns with procedures followed. In some situations, LLCHD staff will require and perform on-site observation of percolation tests.

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

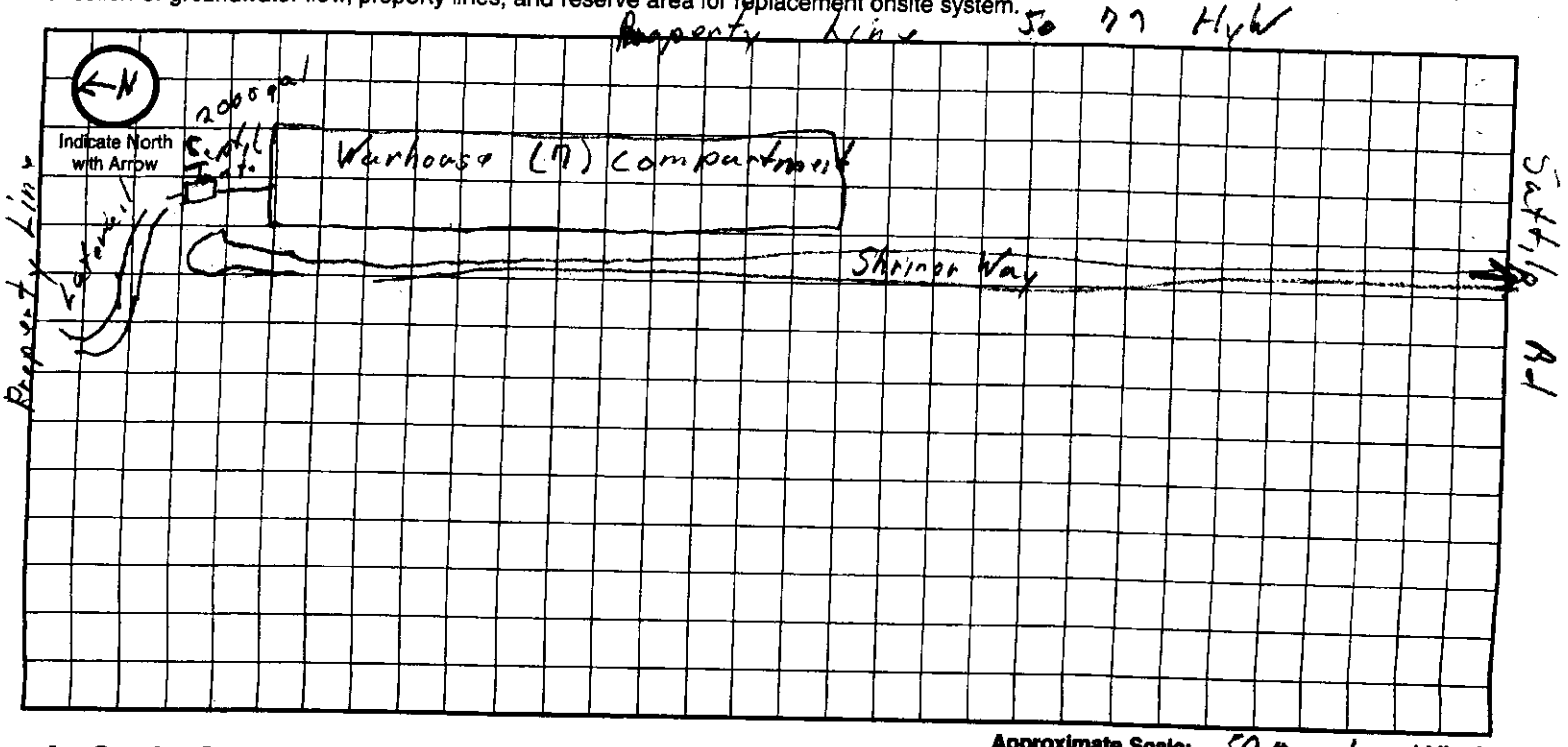
**C**

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: 50 ft. = 1 grid line/s

## A. Onsite System Location

Address (no rural route) 1084 Saltillo Rd City Roca 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 36 (min/inch = mpi) No. of Bedrooms X Soil Type Silty Clay Loam Land Slope 2 %

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

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

No. of absorption trenches Width No. of drop boxes 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 Hilltop Concrete Date 11-6-17

Installer Harry T. Mullikin Date 11-6-17

Watervsose - noone intended to be the consumer Basis, except,
Toilets = [illegible]

76 days

Not intended for office

1

2.8 gallons per day - 74 in 6 x 100 — 1%

1372

Flow not to exceed 100 per day

**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. HS001564**

**System Type:** Standard

**Situs:** 1086 SALTILLO RD, RURAL, NE

Issued: 12/1/2017

Expires: 12/1/2018

**Description:** PARK VISTA COMMERCE CENTER CONDOMINIUM, AMENDED, UNIT 13 (7.14% ALLOCATED INTEREST)

**Owner:** LAS BRISAS LAND DEVELOPMENT CO
6000 S 56 ST
LINCOLN, NE 68516

Shavonna M. Lausterer, MPH, CPH, 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.

Shavonna M. Lausterer, MPH, CPH
Health Director

SEA BREEZE LAND DEVELOPMENT CO
6000 S 56 ST
LINCOLN, NE 68516

SCANNED

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

**A**

Permit Number HS001564

# 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 1086 Saltillo Rd (no rural route) City Roca, NE Zip

Legal Description: 1/4 1/4 Section 35 Township TN9 Range R6E Subdivison Addition Block Lot

PID

## B. Owner

Name Las Brisas Land Signature

Address 6000 S 56th St City/State/Zip Lincoln NE 68516

Home Phone 421 3417 Work Phone 402 730 6000

## C. Certified Installer

Name: H.L. Mahlbach Const. Signature Harry T. Mahlbach

Address 5701 Vine St. City/State/Zip Lincoln, Ne 68505

Work Phone

## 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 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 7

Garbage Grinder? ☐ Yes ☒ No

☒ Commercial Establishment/Other Facility Specify Warehouse storage 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 12/1/17

Date frwd 12/1/17

**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 1/11/18

***Business Office Use Only***

Date Received Amount Paid

Received By Cash/Check No.

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

Form A Updated: 1/13

**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:

# 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: Steve Meyer Address 1086 Saltillo Rd

### A. Wastewater Piping

1. Material: PVC shedule 40 Diameter: 4 in.
2. Distance between dwelling and septic tank: 70 ft.

### B. Septic Tank

1. Material Concrete
2. Capacity: 2000 gal
3. Depth to top of tank, below unfinished grade: 18 in.
4. Distance to:
   Well 240 ft.
   Pressure line — ft
   Property Line 165 ft.
   Foundation 80 ft.

### C Distribution Box or Drop Box

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

### D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☐ Other
   Material brand and inside width of Chamberless: 32" x 11"tall Prinsco Mod 1100BD
2. Number of Laterals: 5
3. Length of each lataral (linear): ft. _____ ft. _____ ft. _____ ft. _____
4. Drainfield size: 1488,44 sq. ft.
5. Distance to:
   Well 260 ft.
   Pressure line — ft.
   Property line 125 ft.
   Depth of Groundwater 4+ ft

Partially (mostly) covered upon arrival - MH

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

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

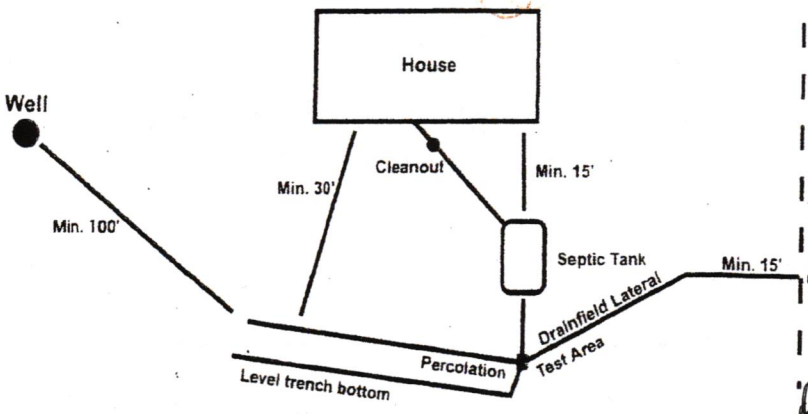
I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: _____ Date: _____

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

Indicate North
w/ Arrow Here:

## Onsite Wastewater System Design (Example)




*Note-If Lagoon, show all applicable dimensions

all part observed cuts added - Length not left - Width

Laterals

#4 68.75' #5 Drop Box

68.25' #3

75' #2

81.25' #1

To 2000 gal Tank

Collector Ditch

Driveway

Building

Well

Property Line

Skinner Rd

Hwy 77

Saltillo Rd

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

JS 1-16-18

Exhibit 5

Permit Number: 11500154

# Onsite Wastewater Treatment System

## Inspection Sheet

Date 1/11/18 Legal Description ____ ¼ ¼ Section/Township/Range

**Onsite System Location**

Address (no rural route) 1086 Saltillo 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 2 @ 1250 Sq. Ft. (2 @ 700 per LF) Tank Size ____ Gals

Total length of laterals ____ Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☐ Other (describe) 910

No. of Absorption Laterals ____ Width ____ No. of Drop Boxes ____ Distribution Box ____

Leveling Method Used ____

**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 ____

Lateral #1 ____ Lateral #3 ____

Lateral #2 ____ Lateral #4 ____

**Comments:**

Inspections prior to Final Approval
Initial ____ Date 12/14/17

Follow-Up ____ Date ____

Follow-Up ____ Date ____

Installation Final Written Approval
By ____

Date 1/11/18

**Field Note Drawing (See Reverse Side):**