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

A

Permit Number
HSD01565

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* 1985 W ROKEBY RD (no rural route) City LINCOLN, NE Zip 68523

Legal Description NE 1/4 NW 1/4 Section 33 Township 9 Range 6 Subdivison ____ Addition ____ Block ____ Lot 44

PID 09-33-100-020-000 *Approx. Address (If to be determined) ____

B. Owner

Name HEATHER BUSS / ROB WATSON Signature ____

Address 7630 SW 17 City/State/Zip LINCOLN, NE 68523

Home Phone 402-202-3741 Work Phone ____

C. Certified Installer

Name: JASON KUBIK Signature ____

Address 105 LOCUST ST City/State/Zip HICKMAN, NE 68372

Work Phone 402-475-2462

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 22.19
Garbage Grinder? ☐ Yes ☐ No

☒ Commercial Establishment/Other Facility Specify Horse Barn 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 11-6-17 Amount Paid 405.00
Received By LC Cash/Check No. cc
D906

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

Form A Updated: 4/15

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

B

Permit Number: HSD01565

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 1985 W ROKEBY RD (no rural route) City LINCOLN NE, Zip 68523

Owner HEATHER BUSS Address

Date of Tests 8/28/17 to 8/29/17 Weather: Precipitation 0 Temperature 80

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	30	8/28	2:20	8/29	8:50	8/29	12:20	6	8/29	12:50	30	0.75	40
2	30	8/28	2:20	8/29	8:50	8/29	12:20	6	8/29	12:50	30	0.75	40
3	30	8/28	2:20	8/29	8:50	8/29	12:20	6	8/29	12:50	30	1.25	24
								6					
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: JASON KUBIK
Phone: 402-475-2462
Address 105 LOCUST ST, P.O. BOX 191
HICKMAN, NE 68372

Sum of Percolation Rates: 104
Average of Rates: 34.6
Rate Used for Calculation: 39

Soil type (NRCS Maps/Other) 7774 NODAWAY, 7231 JUSDON

Groundwater Depth + 12

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 (402) 441-8027
3140 N Street Lincoln, Nebraska 68510-1514

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT
No. HS001565

System Type: Standard

Situs: No Site Address Specified

Issued: 11/8/2017

Expires: 11/8/2018

Description: S33, T9, R6, 6th Principal Meridian, LOT 44 NW

Owner: BUSS, HEATHER
7630 SW 17 ST
LINCOLN, NE 68523


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

SOUTHWICK SEWER
105 LOCUST ST
P O BOX 191
HICKMAN, NE 68372

SCANNED

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

A

Permit Number HSD01565

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* 1985 W ROKEBY RD City LINCOLN, NE Zip 68523
(no rural route)

Legal Description NE NW 33 9 6 44
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 09-33-100-020-000 *Approx. Address (If to be determined)

B. Owner

Name HEATHER BUSS / ROB WATSON Signature

Address 7630 SW 17 City/State/Zip LINCOLN, NE 68523

Home Phone 402-202-3741 Work Phone

C. Certified Installer

Name: JASON KUBIK Signature

Address 105 LOCUST ST City/State/Zip HICKMAN, NE 68372

Work Phone 402-475-2462

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 22.19
Garbage Grinder? ☐ Yes ☐ No

☒ Commercial Establishment/Other Facility Specify Horse Barn 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 11/8/17
Date frwd 11/8/17
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 11/22/17

Business Office Use Only
Date Received 11-6-17 Amount Paid 405.00
Received By LC Cash/Check No. CC
0906

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

Form A Updated: 4/15

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

GK 11/27/17 JK

Exhibit 5

Permit Number: H5001565

Onsite Wastewater Treatment System

Inspection Sheet

Date 11/22/17

Legal Description 33-9-6 Lot 44
¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) _____ 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 _____ Sq. Ft. Tank Size 1500 gals

Total length of laterals _____ Type of Distribution: ❑ Chamber ❑ Perforated Pipe ❑ Other (describe) N/A

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 ❑

N/A

Geographical Coordinates to 6 Decimals:

Tank _____

Lateral #1 _____ Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments: Tank only during inspection (wasn't in ground)

Inspections prior to Final Approval
Initial NA Date 11/27/17

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By _____

Date 11/22/17

Field Note Drawing (See Reverse Side):

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

D

Permit Number:
HS001565

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) 09-33-100-020-000 1985 W ROKEBY RD

Owner: HEATHER BUSS/ ROB WATSON Address 7630 SW 17 ST, LINCOLN NE 68523

A. Wastewater Piping

1. Material: SCH 40 PVC Diameter: 4 in.
2. Distance between dwelling and septic tank: 30 ft.

B. Septic Tank

1. Material INFILTRATOR IM 1530 PLASTIC
2. Capacity: 1500
3. Depth to top of tank, below unfinished grade: 12 in.
4. Distance to:
   Well +100 ft.
   Pressure line 50 ft
   Property Line +50 ft.
   Foundation 30 ft.

C Distribution Box or Drop Box

Distance **and** Direction from septic tank: N ft. 8

D. Drainfield/Absorption Field

☑ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☐ Other
   Material brand and inside width of Chamberless:
   INFILTRATOR QUICK 4 PLUS - 29
2. Number of Laterals: 3
3. Length of each lataral (linear): ft. 72 ft. 76 ft. 80 ft.
4. Drainfield size: 826.5 sq. ft.
5. Distance to:
   Well +100 ft.
   Pressure line 30 ft.
   Property line +100 ft.
   Depth of Groundwater +8

System was flushed upon arrival - 4

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

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

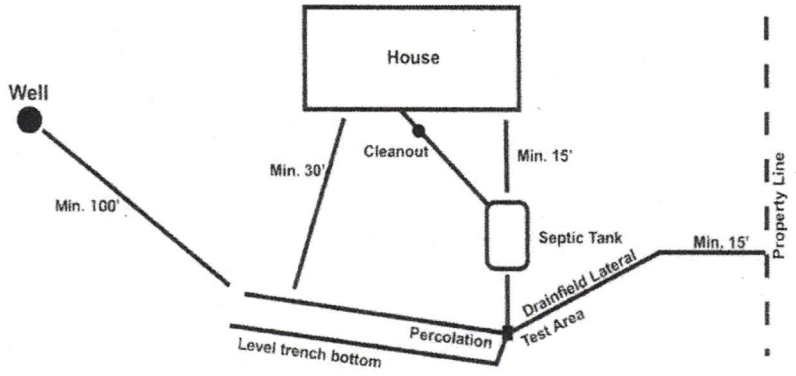
I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: Jason Hunter Date: 11/7/17

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

