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

A

Permit Number HS001567

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* 5850 Red Kite Ln City Roca, NE Zip 68430
(no rural route)

Legal Description 16 8N 7E Silverhawk Estates 1 6
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 15-16-101-006-000 *Approx. Address (If to be determined)

B. Owner

Name SMB Construction II Inc Signature

Address 3800 Old Cheney Rd, Suite A City/State/Zip Lincoln, NE 68516

Home Phone Work Phone 402-420-2950

C. Certified Installer

Name: Marcus Hochstein Signature

Address 625 S. 4th City/State/Zip Eagle, NE 68347

Work Phone 402-770-7749

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 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

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 11/9/17 Amount Paid $405.00
Received By Cash/Check No. 1712

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: 402-441-8022

B

Permit Number:

Onsite Wastewater Treatment System

Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 5850 Red Kite Ln (no rural route) City Raco NE, Zip 68430

Owner SNB Construction II Inc Address 3800 Old Cheney Rd, Suite A

Date of Tests 11-7-17 to 11-8-17 Weather: Precipitation 0 Temperature 50°

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	40	11-7	3:00	11-8	8:30	11-8	12:00	6	11-8	12:30	30 min	1/2	60
2	40	11-7	3:00	11-8	8:30	11-8	12:00	6	11-8	12:30	30 min	9/16	53.33
3	40	11-7	3:00	11-8	8:30	11-8	12:00	6	11-8	12:30	30 min	1/2	60
4	40	11-7	3:00	11-8	8:30	11-8	12:00	6	11-8	12:30	30 min	15/8	18.46
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Marcus Hochstein

Phone: 402-730-7749

Address 625 S. 4th, Eagle, NE 68347

Sum of Percolation Rates: 171.79

Average of Rates: 42.94

Rate Used for Calculation: 60

Soil type (NRCS Maps/Other) Wymore silty clay loam

Groundwater Depth 14 Feet

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

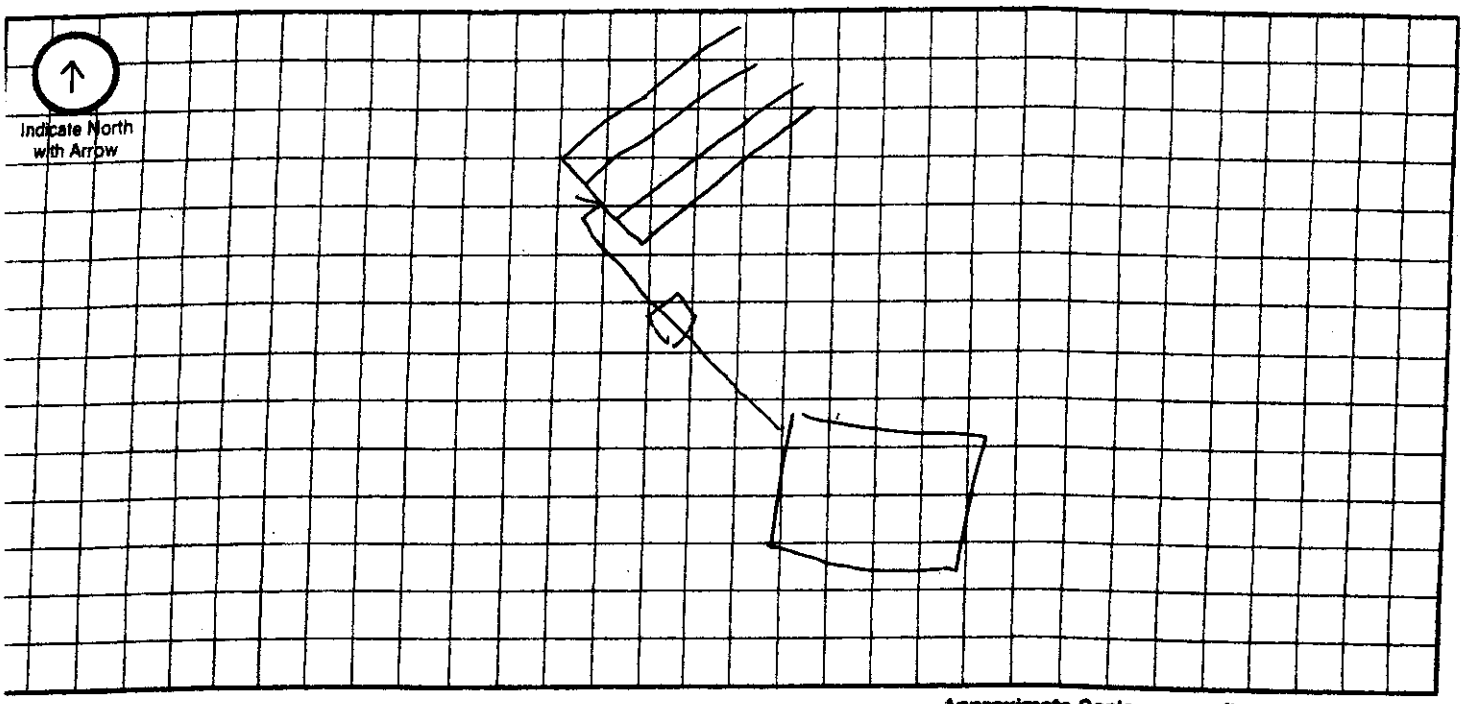
C

Permit Number:

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) 5850 Red Kite Ln City Roca NE. Zip 68430

B. Proposed Septic Tank/s

Septic Tank Cap. 200 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 Silty clay loam Land Slope 3-6 %

☑ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 1758.125 sq.ft.

From	Private well	Public well	Surface water	Ground water	Pressure water Lines	Property Lines	Foundations Tours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☑	500 ☑	50 ☑	NA ☐	25 ☑	20 ☑	15 ☑	25 ☐	☐
Field (ft)	100 ☑	500 ☑	50 ☑	☑	☑	☑	☑	☐	☐
Lagoon (ft)	100 ☐	500 ☐	50 ☐	☐	☐	☐	☐	200 ☐	☐

Required Signatures

Builder/Contractor Title

Seller 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. HS001567

System Type: Standard

Situs: 5850 RED KITE LN, RURAL, NE

Issued: 11/13/2017

Expires: 11/13/2018

Description: SILVERHAWK ESTATES ADDITION, BLOCK 1, Lot 6

Owner: SNB CONSTRUCTION II INC
3800 OLD CHENEY RD STE A
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

MARCUS HOCHSTEIN
625 S 4 ST
EAGLE, NE 68347