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

A

Permit Number
HS001582

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* Sea Eagle Ln (no rural route) City Roca, NE Zip 68430

Legal Description 16 8 7 Silverhawk estates 5 4

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

PID 15-16-105-004-000 *Approx. Address (If to be determined) 5930 Sea Eagle Ln

B. Owner

Name Cody Hessheimer Signature

Address 6415 Ashbrook Dr City/State/Zip Lincoln, NE 68516

Home Phone 402-560-4720 Work Phone

C. Certified Installer

Name: Marcus Hackstein Signature

Address 605 S. 47th 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 3.02

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 12-11-17 Amount Paid $405.00
Received By JAO Cash/Check No. 1722

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 PID 15-16-105-004-000

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

Owner Cody Hershheimer Address 6415 Ashbrook Dr.

Date of Tests 12-9-17 to 12-10-17 Weather: Precipitation 0 Temperature 50-56°F

Percolation Test Data Table

A.	B.	C.	D.	E.	F.	Water Level Drop G.	H.	I.	J.	K.	L.	M.	N.
		Saturation/Swelling Time				Last 30 mins of 4 hr or last 10 mins of 1 hr					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	36	12-9	6:00	12-10	9:55	12-10	9:55	6	12-10	1:55	30	5 1/2	5.45
2	36	12-9	6:00	12-10	9:55	12-10	9:55	6	12-10	1:55	30	5 7/8	5.11
3	36	12-9	6:00	12-10	9:55	12-10	9:55	6	12-10	1:55	30	5 1/2	5.45
4	36	12-9	6:00	12-10	9:55	12-10	9:55	6	12-10	1:55	30	5 7/8	10.43
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Marcus Hochstein
Phone: 402-730-7749
Address 625 S. 4th St
Eagle, NE 68347

Sum of Percolation Rates: 26.45
Average of Rates: 6.61
Rate Used for Calculation: 6.61

Soil type (NRCS Maps/Other) Aksarben silt clay loam 2 to 6 % slope
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

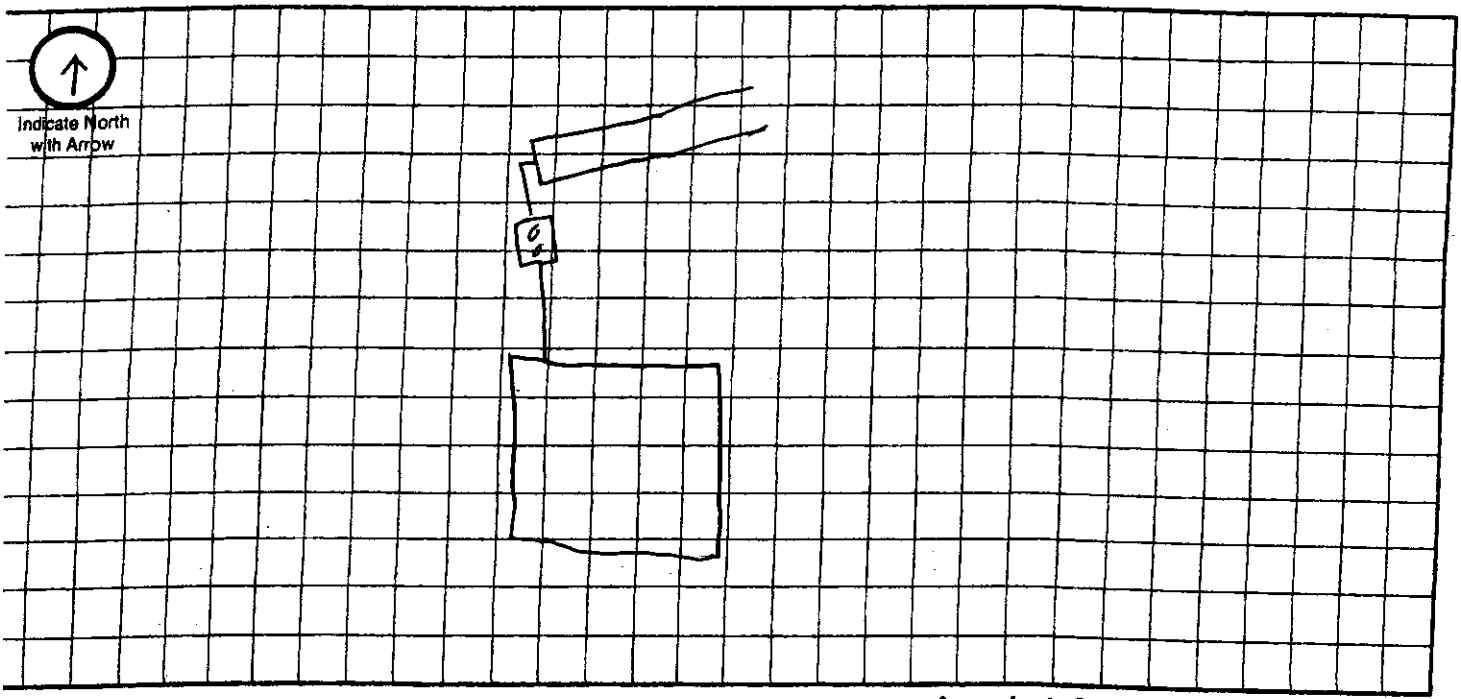
C

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) PID 15-16-105-004-000 City Roca NE, Zip 68430

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 (percoloation test required) ☐ Lagoon

D. Drainfield Absorption System

Percolation Rate 6.61 (min/inch = mpi) No. of Bedrooms 5 Soil Type Aksarben silty clay loam Land Slope 2-6 %

☑ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 833.75 sq.ft.

Total length of laterals 230 Type of distribution: ☐ Perforated pipe ☐ Half-Round ☑ Chamber ☐ Other

No. of absorption trenches 2 Width 36 No. of drop boxes 0 Distrubtion Box 1

No. of absorption beds NA Width NA No of Distribution lines per bed NA

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 ☐	☐

Required Signatures

Home Building Contractor _____ Date _____

Date

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

SCANNED

A

Permit Number
HS001582

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* 6060 Sea Eagle Ln (no rural route) City Roca, NE Zip 68430

Legal Description 16 8 7 Silverhawk estates 5 4
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 15-16-105-004-000 *Approx. Address (If to be determined) 5930 Sea Eagle Ln

B. Owner

Name Cody Hessheimer Signature

Address 6415 Ashbrook Dr City/State/Zip Lincoln, NE 68516

Home Phone 402-560-4720 Work Phone

C. Certified Installer

Name: Marcus Hackstein Signature

Address 605 S. 42nd 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 3.02
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 10/31/18
Comments
Date rec'd 12/18/17
Date frwd 12/18/17
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 Doug Mus
Date 10/31/18

Business Office Use Only
Date Received 12-11-17 Amount Paid $465.00
Received By JHO Cash/Check No. 1722

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

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

Exhibit 5

Permit Number: 14S001582

Onsite Wastewater Treatment System

Inspection Sheet

Date 10/31/18 Legal Description Silverhawk Estates ¼ ¼ Section/Township/Range B145 Lot 4

Onsite System Location

Address (no rural route) 6660 Sea Eagle Ln. 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 1,665 Sq. Ft. Tank Size 2,000 gals

Total length of laterals 370' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ~~☒~~ Other (describe) E-Z Flow

No. of Absorption Laterals 3 Width 4.5 Feet No. of Drop Boxes _____ Distribution Box _____

Leveling Method Used Laser

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 NA Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments:

Inspections prior to Final Approval
Initial _____ Date 10/31/18

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By _____

Date 10/31/18

Field Note Drawing (See Reverse Side):

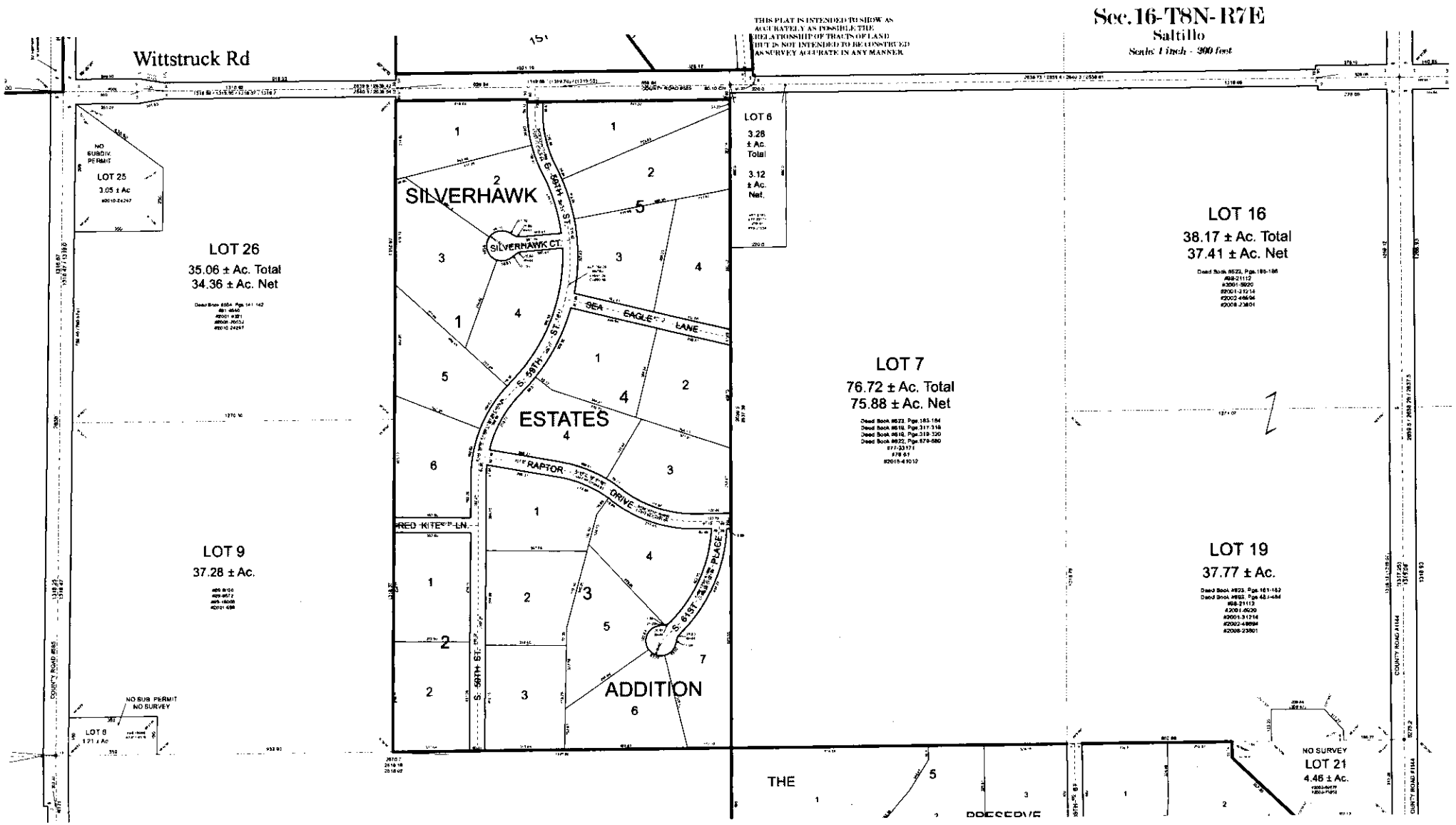
Updated 4/15

Nate C. Hartman

From: Ken D. Schroeder
Sent: Wednesday, December 13, 2017 10:13 AM
To: Nate C. Hartman
Cc: Pamela L. Dingman
Subject: sewage disposal for PID #15 16 105 004 000
Attachments: part of section 16-8-7.pdf

Nate,
Lancaster County Engineering Department indicates approval for a sewage disposal system for lot 4, Block 5,"SILVERHAWK ESTATES ADDITION" located in the NW ¼ of Section 16, T8N, R7E of the 6th P.M., Lancaster County, Nebraska. *(see attached part of section 16-8-7.pdf)*
As always, subject to confirmation of and compliance with any floodplain elevation requirements prior to construction.
Ken

Kenneth D. Schroeder, RLS
Lancaster County Surveyor
444 Cherrycreek Road, Bldg. "C"
Lincoln, Nebraska 68528
kschroeder@lancaster.ne.gov
Phone (402) 441-7681
Fax (402) 441-8692


Sec. 16-T8N-R7E
Saltillo
Scale 1 Inch = 900 feet
THIS PLAT IS INTENDED TO SHOW AS ACCURATELY AS POSSIBLE THE RELATIONSHIP OF TRACTS OF LAND BUT IS NOT INTENDED TO BE CONSTRUED AS SURVEY ACCURATE IN ANY MANNER.
Wittstruck Rd
NO SUBDIV. PERMIT
LOT 25
3.05 ± Ac
LOT 26
35.06 ± Ac. Total
34.36 ± Ac. Net
SILVERHAWK
SILVERHAWK CT.
S. 58TH ST.
SEA EAGLE LANE
ESTATES
RAPTOR DRIVE
RED KITE PLACE
S. 61ST PLACE
ADDITION
LOT 6
3.28 ± Ac. Total
3.12 ± Ac. Net
LOT 7
76.72 ± Ac. Total
75.88 ± Ac. Net
LOT 16
38.17 ± Ac. Total
37.41 ± Ac. Net
LOT 9
37.28 ± Ac.
LOT 19
37.77 ± Ac.
NO SUB. PERMIT
NO SURVEY
LOT 8
1.21 ± Ac
NO SURVEY
LOT 21
4.46 ± Ac.
COUNTY ROAD #165
COUNTY ROAD #1144
THE

Nate C. Hartman

From: Todd A. Stutzman
Sent: Wednesday, December 13, 2017 11:56 AM
To: Nate C. Hartman
Subject: Silverhawk Estates

Nate,

Silverhawk Estates Block 5 Lot 4 is buildable.

Todd Stutzman
Plan Examiner II
402-441-7097
555 S 10th Street, Room 203
Lincoln, NE 69508

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 15-16-105-004-000

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

Owner Cody Hessheimer Address 6415 Ashbrook Dr.

Date of Tests 12-9-17 to 12-10-17 Weather: Precipitation 0 Temperature 50-56°F

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			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	36	12-9	6:00	12-10	9:55	12-10	9:55	6	12-10	1:55	30	5 1/2	5.45
2	36	12-9	6:00	12-10	9:55	12-10	9:55	6	12-10	1:55	30	5 7/8	5.11
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4	36	12-9	6:00	12-10	9:55	12-10	9:55	6	12-10	1:55	30	5 7/8	10.43
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Marcus Hechtela

Phone: 402-730-7749

Address 625 S. 4th St Eagle, NE 68347

Sum of Percolation Rates: 26.45

Average of Rates: 6.61

Rate Used for Calculation: 6.61

Soil type (NRCS Maps/Other): Aksarben silt clay loam 2 to 6 % slope

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

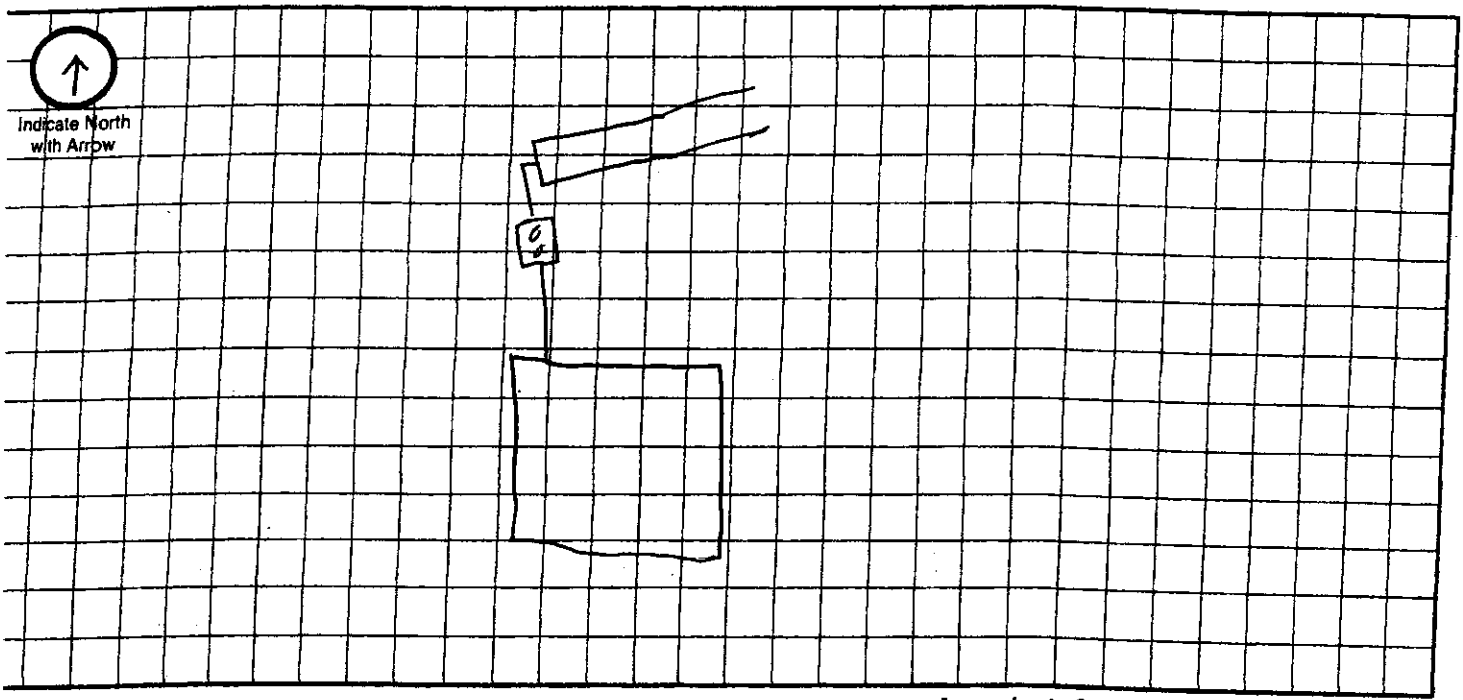
C

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

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Address (no rural route) PID 15-16-105-004-000 City Roca NE, Zip 68430

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 6.61 (min/inch = mpi) No. of Bedrooms 5 Soil Type Aksarban silty clay loam Land Slope 2-6 %

☑ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 833.75 sq.ft.

Total length of laterals 230 Type of distribution: ☐ Perforated pipe ☐ Half-Round ☑ Chamber ☐ Other

No. of absorption trenches 2 Width 36 No. of drop boxes 0 Distrubtion Box 1

No. of absorption beds NA Width NA No of Distribution lines per bed 0 NA

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 ☐	☐

Required Signatures

Home Building Contractor _____ Date _____

Date

NOV 0 2 2018

