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

A

Permit Number
HS001601

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

Legal Description 15 T8N R7E South Ridge Acres 3 7
1/4 | 1/4 | Section | Township | Range | Subdivison | Addition | Block | Lot

PID 15-15-403-007-000

B. Owner

Name Isaiah & Carrie Dell Signature _____

Address _____ City/State/Zip _____

Home Phone _____ Work Phone _____

C. Certified Installer

Name: Steven C Lewis Signature [signature]

Address 4810 W. Claire Ave City/State/Zip Lincoln NE, 68523

Work Phone 402 310 9160

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 _____
Garbage Grinder? ☒ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify _____ Design flow in gallons per day 600

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 _____ 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 1-24-18 Amount Paid $405.00
Received By [signature] Cash/Check No. 8412

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

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 SouthRidge Acres Block 3 lot 7 (no rural route) City Roca NE, Zip

Owner Isaiah and Carrie Doll Address

Date of Tests 24 Jan 2018 to 25 Jan 2018 Weather: Precipitation None Temperature 36° 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"	1-24	1:00	1-25	11:00	1-25	11:00	6	1-25	11:30	30	½	60
2	"	"	"	"	"	"	"	6	"	"	"	½	60
3	"	"	"	"	"	"	"	6	"	"	"	5/8	48
								6					
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Steven C Lewis
Phone: 402 310 9160
Address 4810 W. Claire Ave.
Lincoln NE. 68523

Sum of Percolation Rates: 168
Average of Rates: 56
Rate Used for Calculation: 60

Soil type (NRCS Maps/Other) 7684 Wymore silty clay loam 3-6% slope

Groundwater Depth

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
3131 O Street Lincoln, Nebraska 68510-1514

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT
No. HS001601

System Type: Standard

Situs: 15565 S 78 CIR, HICKMAN, NE 68430

Issued: 2/7/2018

Expires: 2/7/2019

Description: SOUTH RIDGE ACRES ADDITION, BLOCK 3, Lot 7

Owner: DELL, ISAIAH & CARRIE
8921 S 29 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

STEVEN LEWIS
4810 W CLAIRE AV
LINCOLN, NE 68523

5-16-18

From: Gagner Construction

RE: 15565 S 78th Cir Hickman Ne 68372

ATT: NATE

Received Time May. 16. 2018 1:55PM No. 0266

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) 15-15-403-007-000

Owner: Isaiah Dell Address 15565 S 78th Cir Hickman NE

A. Wastewater Piping

1. Material: PVC sch. 40 Diameter: 4 in.
2. Distance between dwelling and septic tank: 120' ft.

B. Septic Tank

1. Material Plastic
2. Capacity: 2x 1000 gal
3. Depth to top of tank, below unfinished grade: 8 in.
4. Distance to:
   Well NA ft.
   Pressure line NA ft
   Property Line over 100 ft.
   Foundation 120 ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: 6 ft. SW

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☒ Other
   Material brand and inside width of Chamberless: Infiltrator Polystyrene 4.5 Bundles
2. Number of Laterals: 3
3. Length of each lateral (linear): ft. 140 ft. 150 ft. 100 ft.
4. Drainfield size: 1755 sq. ft.
5. Distance to:
   Well NA ft.
   Pressure line NA ft.
   Property line over 100 ft.
   Depth of Groundwater 7'

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.

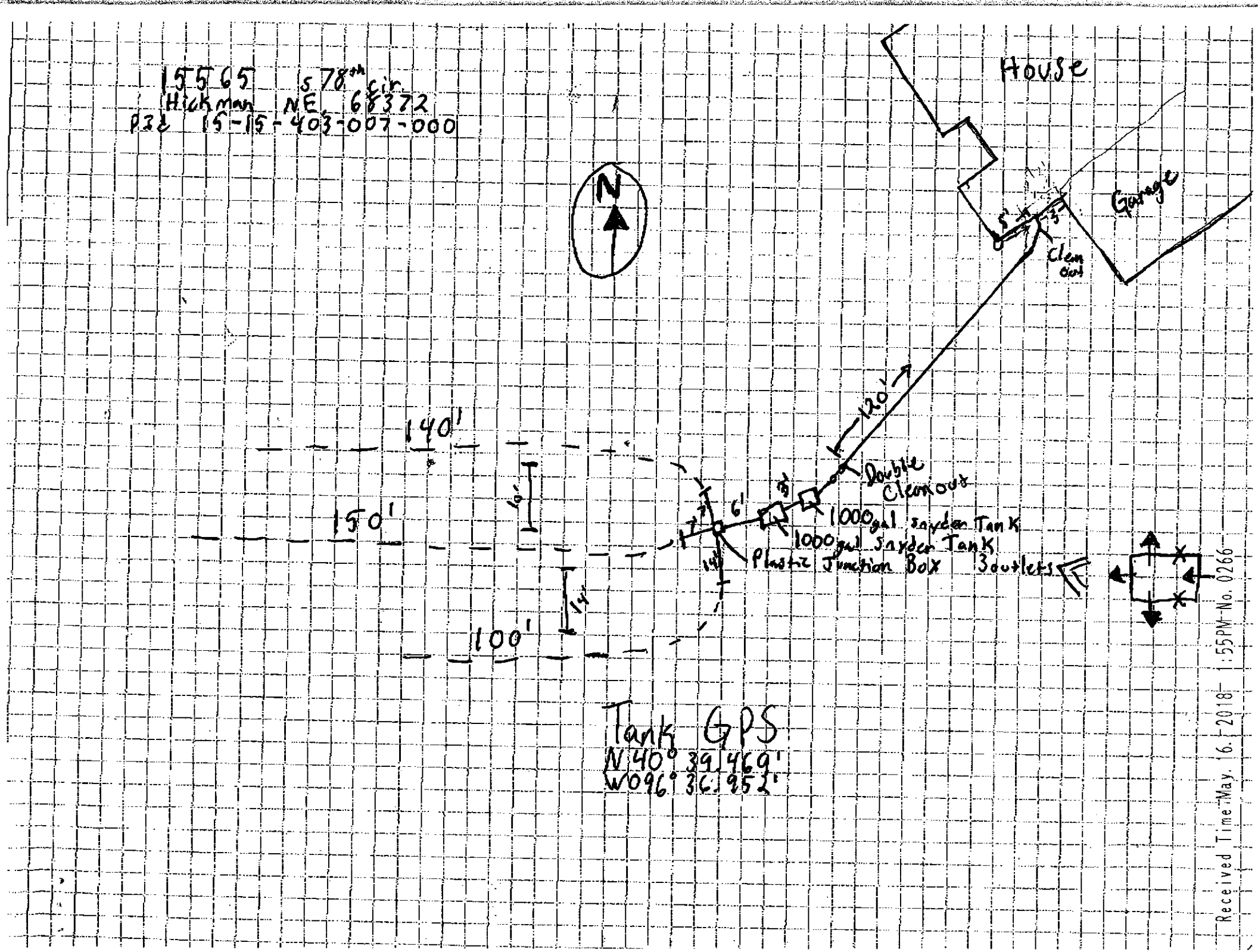
Certified Professional Signature: _____ Date: _____

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

Updated 4/15

Received Time May. 16. 2018 1:55PM No. 0266

15565 S 78th Cir.
Hickman NE 68372
P32 15-15-403-007-000



Tank GPS
N40° 39' 46.9'
W096° 36' 95.2'

Received Time May. 16. 2018 1:55PM No. 0266

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

SCANNED

A

Permit Number
HS001601

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

Legal Description 15 T8N R7E South Ridge Acres 3 7
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 15-15-403-007-000

B. Owner

Name Isaiah & Carrie Dell Signature _____

Address _____ City/State/Zip _____

Home Phone _____ Work Phone _____

C. Certified Installer

Name: Steven C Lewis Signature _____

Address 4810 W. Claire Ave City/State/Zip Lincoln NE, 68523

Work Phone 402 310 9160

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 3.71
Garbage Grinder? ☒ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify _____ Design flow in gallons per day 600

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 5/8/19 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 Doug Smith
Date 5/21/19

Business Office Use Only
Date Received 1-24-19 Amount Paid $405.00
Received By MD Cash/Check No. 8412

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

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

Exhibit 5

Permit Number: HS001601

Onsite Wastewater Treatment System

Inspection Sheet

Date 5/8/18 Legal Description South Ridge Acres Blk 3, Lot 7
¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 15565 S 78th Cir. 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 1,755 Sq. Ft. Tank Size 2,000 gals 2-1,000 in Series

Total length of laterals 390' 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 1

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 _____ Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments:

Inspections prior to Final Approval
Initial _____ Date 5/8/18

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By Doug Finn
Date 5/21/18

Field Note Drawing (See Reverse Side):