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

A

Permit Number HS001605

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

Legal Description Sec 26 T8N R6E Stephanie's Addition 2
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 08-26-401-002-000 *Approx. Address (If to be determined) 18305 S 12 ST

B. Owner

Name Todd + Stephanie Buel Signature _____
Address 18301 S 12 ST City/State/Zip Roca NE 68430
Home Phone _____ Work Phone 614-332-6074

C. Certified Installer

Name: Jason Kubik Signature _____
Address 105 Locust ST City/State/Zip Hickman NE 68372
Work Phone 402-440-7606

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 4 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 25.58
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 2-26-10 Amount Paid $405.00
Received By _____ Cash/Check No. 775

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

SCANNED

A

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

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PLEASE PRINT OR TYPE

A. Onsite System Location

Address* 18305 S 12th (no rural route) City _____, NE Zip _____

Legal Description Sec 26 T8N R6E Stephanie's Addition 2
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 08-26-401-002-000 *Approx. Address (If to be determined) 18305 S 12 ST

B. Owner

Name Todd + Stephanie Buel Signature _____

Address 18301 S 12 ST City/State/Zip Raa NE 68430

Home Phone _____ Work Phone 614-332-6074

C. Certified Installer

Name: Jason Kubik Signature _____

Address 105 Laurel ST City/State/Zip Fickman NE 68372

Work Phone 402-440-7606

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DO NOT WRITE BELOW THIS LINE

Approval Process

1. Health Department
Site visits _____
Comments _____
Date rec'd 3/5/18
Date frwd 3/6/18
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 8/20/18

Business Office Use Only
Date Received 2-26-18 Amount Paid $405.00
Received By 2-26-18 Cash/Check No. 775

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

Form A Updated: 4/15

* Existing buildings

Exhibit 5

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

Permit Number: HS001605

Onsite Wastewater Treatment System

Inspection Sheet

Date 8/20/18 Legal Description ¼ ¼ 26/8/6 Lot 2
Section/Township/Range

Onsite System Location

Address (no rural route) 18305 S. 12th 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 1,334 Sq. Ft. Tank Size 2000 gals

Total length of laterals 368' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☐ Other (describe)

No. of Absorption Laterals Width 3.625 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 NA

Lateral #1 Lateral #3

Lateral #2 Lateral #4

Comments:

Inspections prior to Final Approval
Initial DS. Date 8/7/18

Follow-Up Date

Follow-Up Date

Installation Final Written Approval
By Doug Ahrens

Date 8/20/18

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:

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) 08-26-401-002-000

Owner: TODD & STEPHANIE BUEL Address 18305 S 12th ST ROCA NE 68430

A. Wastewater Piping

1. Material: SCH 40 PVC Diameter: 4 in.
2. Distance between dwelling and septic tank: 90 ft.

B. Septic Tank

1. Material CONCRETE
2. Capacity: 2000
3. Depth to top of tank, below unfinished grade: 12 in.
4. Distance to:
   Well +175 ft.
   Pressure line +50 ft
   Property Line +50 ft.
   Foundation 75 ft.

C Distribution Box or Drop Box

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

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: 6
3. Length of each lataral (linear): ft. 80 ft. 80 ft. 64 ft. 52 ft. 48 ft. 44
4. Drainfield size: 1334 sq. ft.
5. Distance to:
   Well 105 ft.
   Pressure line +50 ft.
   Property line +50 ft.
   Depth of Groundwater +12

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

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

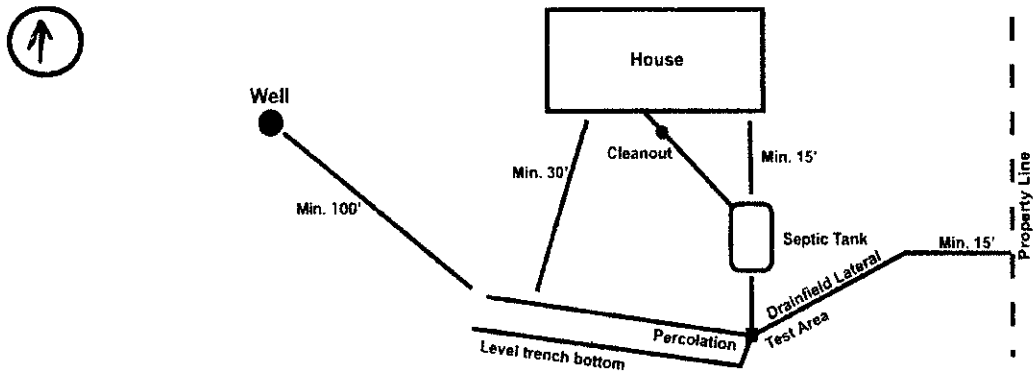
I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: [signature] Date: 8/8/18

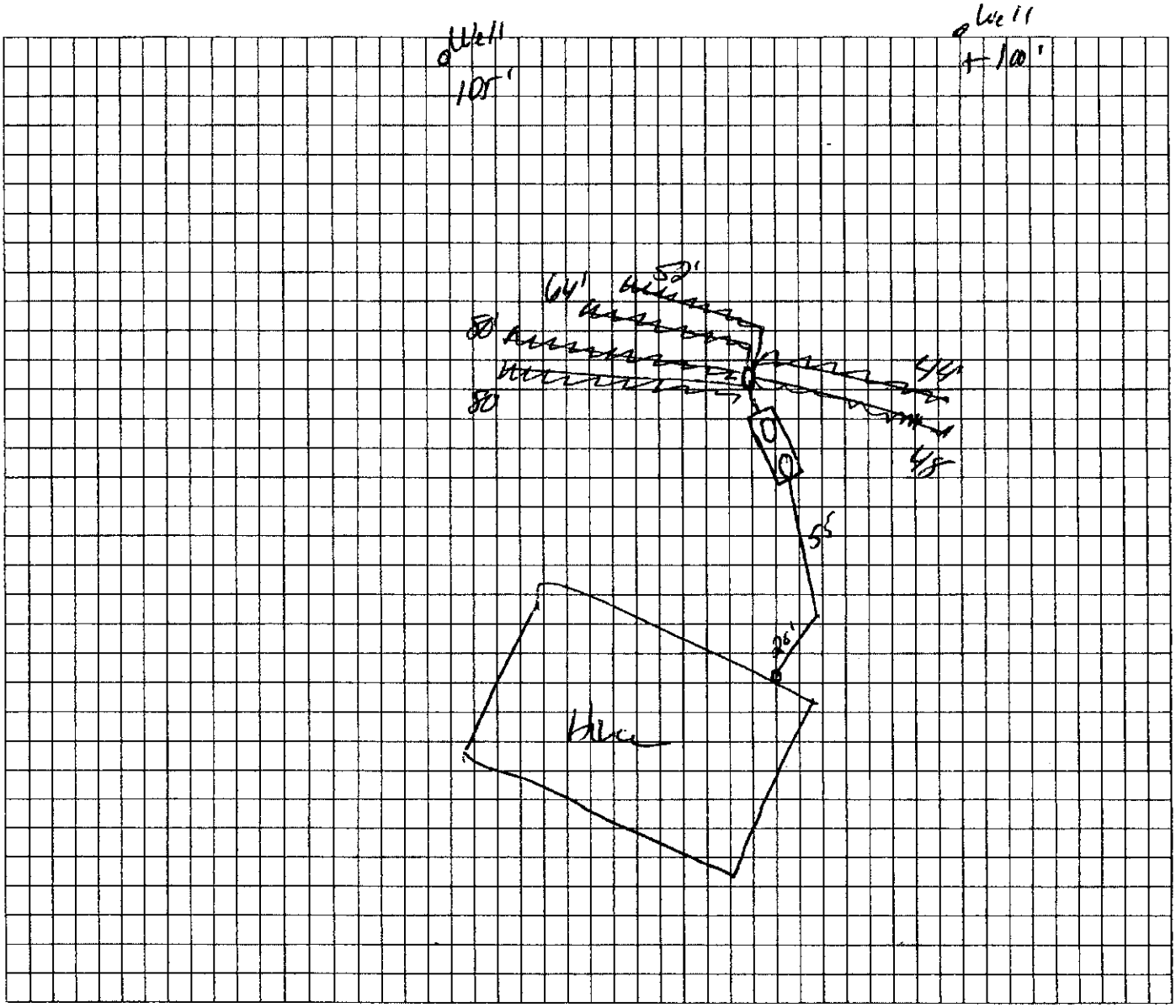
Complete As-Built drawing on the back of this form.

Onsite Wastewater System Design (Example)

Indicate North
w/ Arrow Here:



*Note-If Lagoon, show all applicable dimensions



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

B

Permit Number:

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 18305 S 12th ST (no rural route) City ROCA NE, Zip 68430

Owner TODD & STEPHANIE BUEL Address 18301 S 12th ST ROCA NE 68430

Date of Tests 5/31/18 to 6/1/18 Weather: Precipitation 0 Temperature 78

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		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	30	5/31	5:30	6/1	8:30	6/1	12:30	6	6/1	1:00	30	5/8	48
2	30	5/31	5:30	6/1	8:30	6/1	12:30	6	6/1	1:00	30	3/4	40
3	30	5/31	5:30	6/1	8:30	6/1	12:30	6	6/1	1:00	30	5/8	48
4	30	5/31	5:30	6/1	8:30	6/1	12:30	6	6/1	1:00	30	1	30
5	30	5/31	5:30	6/1	8:30	6/1	12:30	6	6/1	1:00	30	5/8	48
								6					
								6					
								6					

Person Conducting Percolation Test

Name: JASON KUBIK
Phone: 402-475-2462
Address 105 LOCUST ST
HICKMAN NE 68372

Sum of Percolation Rates: 214
Average of Rates: 42.8
Rate Used for Calculation: 43

Soil type (NRCS Maps/Other) 7501 PAWNEE, 7684 WYMORE
Groundwater Depth +12

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official _____ Date _____