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

MAR 08 2018

A

Permit Number HS001614

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 Roca, NE Zip 68430
(no rural route)

Legal Description _____ Silverhawk Estates Addition 3 7
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 15-16-103-007-000 *Approx. Address (If to be determined) _____

B. Owner

Name Dustin & Jessica Nelson Signature _____
Address 1845 W Hill St. City/State/Zip Lincoln, NE 68522
Home Phone 402-239-3682 Work Phone _____

C. Certified Installer

Name: Marcus Hochstein Signature _____
Address 625 S. 4th 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 3 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 3-06-18 Amount Paid $405.00
Received By JAS Cash/Check No. 1732

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 PID 15-16-103-007-000 (no rural route) City Roca NE, Zip 68430

Owner Dustin Nelsen Address 1845 W Hill St. Lincoln 68522

Date of Tests 10-26-17 to 10-27-17 Weather: Precipitation 0 Temperature

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	10-26	5:00	10-27	9:30	10-27	12:50	6	10-27	1:20	30m	2 15/16	10.212
2	36	"	"	"	"	"	"	6	"	"	"	2 1/8	14.117
3	36	"	"	"	"	"	"	6	"	"	"	1 5/16	32
4	36	"	"	"	"	"	"	6	"	"	"	1 1/4	24
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Marcus Hochstein
Phone: 402-730-7745
Address 625 S. 47th

Sum of Percolation Rates: 80.33
Average of Rates: 20.08
Rate Used for Calculation: 45

Soil type (NRCS Maps/Other) Wymore silt clay loam
Groundwater Depth 14'

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

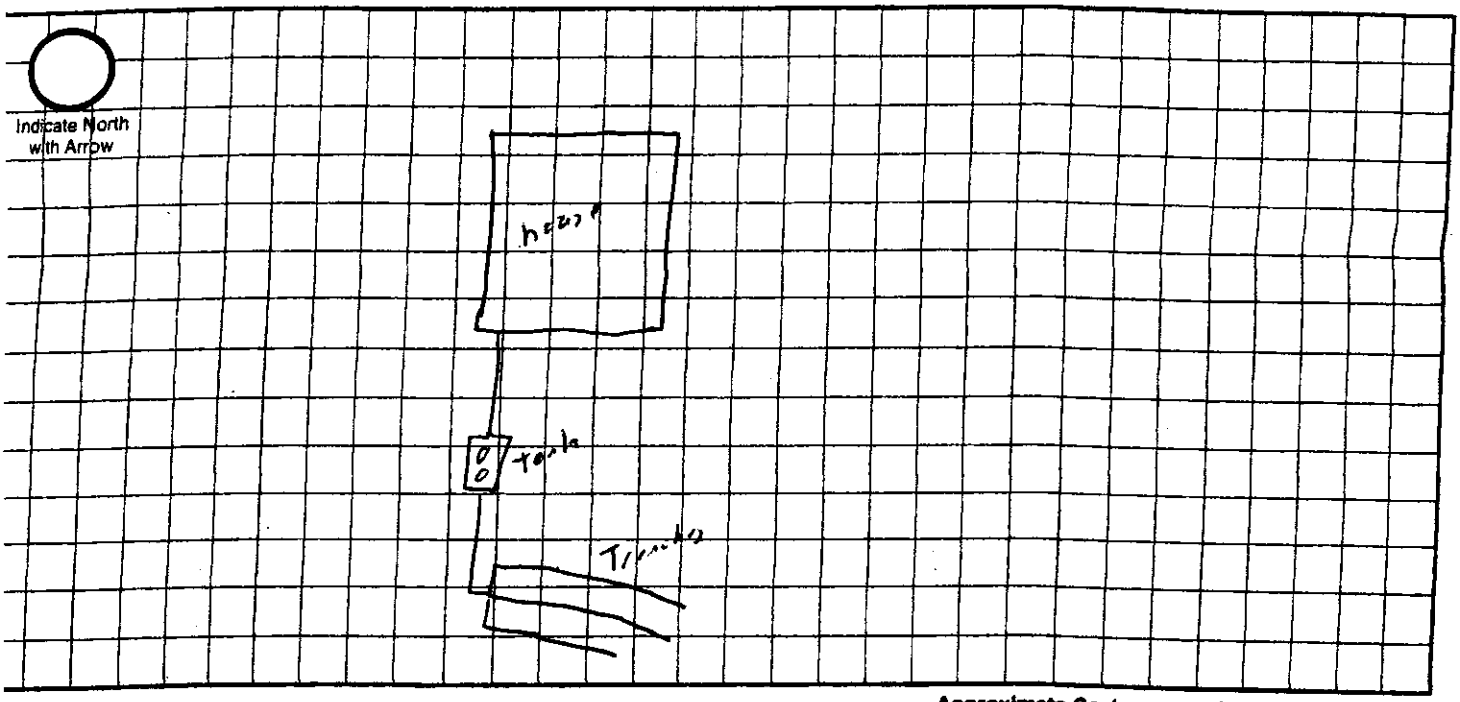
C

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 15-16-103-007-000 City Reese NE, Zip 68430

B. Proposed Septic Tank/s

Septic Tank Cap. 1250 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 45 (min/inch = mpi) No. of Bedrooms 3 Soil Type Wymore silt ~~clay~~ clay loam Land Slope 0-3 %

☑ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 496.875 sq.ft.

Total length of laterals 275 Type of distribution: ☐ Perforated pipe ☐ Half-Round ☑ Chamber ☐ Other

No. of absorption trenches 3 Width 36 No. of drop boxes 0 Distrubtion Box 1

No. of absorption beds_____ Width_____ No of Distribution lines per bed_____

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

Line Building Contractor _____ Date 3-5-18

Date

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

MAR 08 2018

SCANNED

A

Permit Number HS001614

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* 1510 S 61 Place City Roca, NE Zip 68430
(no rural route)

Legal Description Silverhawk Estates Addition 3 7
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 15-16-103-007-000 *Approx. Address (If to be determined)

B. Owner

Name Dustin & Jessica Nelson Signature

Address 1845 W Hill St. City/State/Zip Lincoln, NE 68522

Home Phone 402-239-3682 Work Phone

C. Certified Installer

Name: Marcus Hochstein Signature

Address 625 S 4th 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 3 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
Comments
Date rec'd 3/8/18
Date frwd 3/8/18
ACTION ☒ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd 3/8/18
Date frwd 3/8/18
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 7/25/18

Business Office Use Only
Date Received 3-08-18 Amount Paid $405.00
Received By Cash/Check No. 1732

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

Exhibit 5

Permit Number: HS001614

Onsite Wastewater Treatment System

Inspection Sheet

Date 7/25/18 Legal Description Silverhawk Block 3 Lot 2

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 15110 S 61 Plaza 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 _____ gals

Total length of laterals 370' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ~~☑ Other~~ (describe) E-Z flow E-Z flow - factor 4.5

No. of Absorption Laterals 3 Width _____ 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 NA Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments:

Inspections prior to Final Approval
Initial DG Date 7/25/18

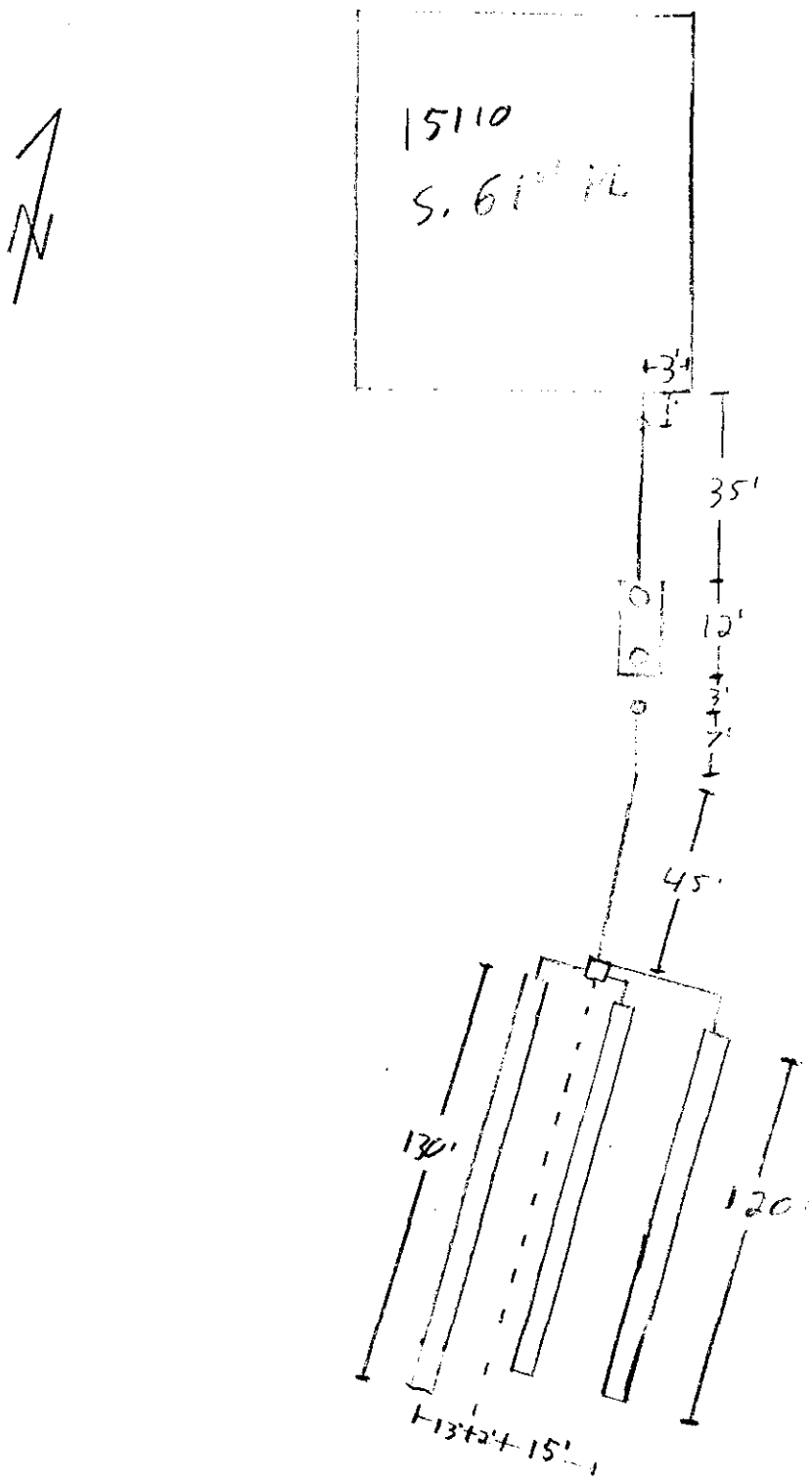
Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By Doug Pruitt

Date 7/25/18

Field Note Drawing (See Reverse Side):


N
15110
S. 61° W
+3'+
35'
12'
3'+7'
45'
130'
120'
+13'+24'+15'+

Nate C. Hartman

From: Diane Van Deun <villageofroca@gmail.com>
Sent: Monday, February 26, 2018 4:23 PM
To: Nate C. Hartman
Subject: Follow Up

Hi Nate,

Just following up on where you are at with Block 3, Lot 6 and Block 3, Lot 7 in Silverhawk Estates? The Village approves both of these.

Thanks,

Diane Van Deun
Village of Roca Clerk/Treasurer
Equal Opportunity Provider and Employer
villageofroca@gmail.com
http://villageofroca.com/
402-421-9577

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

A

Permit Number

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 Roca, NE Zip 68430
(no rural route)

Legal Description _____ Silverhawk Estates Addition 3 7
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 15-16-103-007-000 *Approx. Address (If to be determined) _____

B. Owner

Name Dustin + Jessica Nelsen Signature _____
Address 1845 W Hill St. City/State/Zip Lincoln, NE 68522
Home Phone 402-239-3682 Work Phone _____

C. Certified Installer

Name: Marcus Hechtein Signature _____
Address 625 S. 4th PO Box 142 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 _____ Amount Paid _____
Received By _____ Cash/Check No. _____

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 PID 15-16-103 007 000 (no rural route) City Roca NE, Zip 68430

Owner Dale Nelson Address 1845 W Hill St. Lincoln 68522

Date of Tests 10-26-17 to 10-27-17 Weather: Precipitation 0 Temperature

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	36	10-26	5:00	10-27	9:30	10-27	10:30	6	10-27	1:30	30 m	2 11/16	16.212
2	36	"	"	"	"	"	"	6	"	"	"	2 1/4	14.117
3	36	"	"	"	"	"	"	6	"	"	"	.5/16	32
4	36	"	"	"	"	"	"	6	"	"	"	1 1/4	24
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Marcus Hachtel
Phone: 402-730-7749
Address 621 S 47th

Sum of Percolation Rates: 80.33
Average of Rates: 20.08
Rate Used for Calculation: 45

Soil type (NRCS Maps/Other) Wymore silt clay loam
Groundwater Depth 14'

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

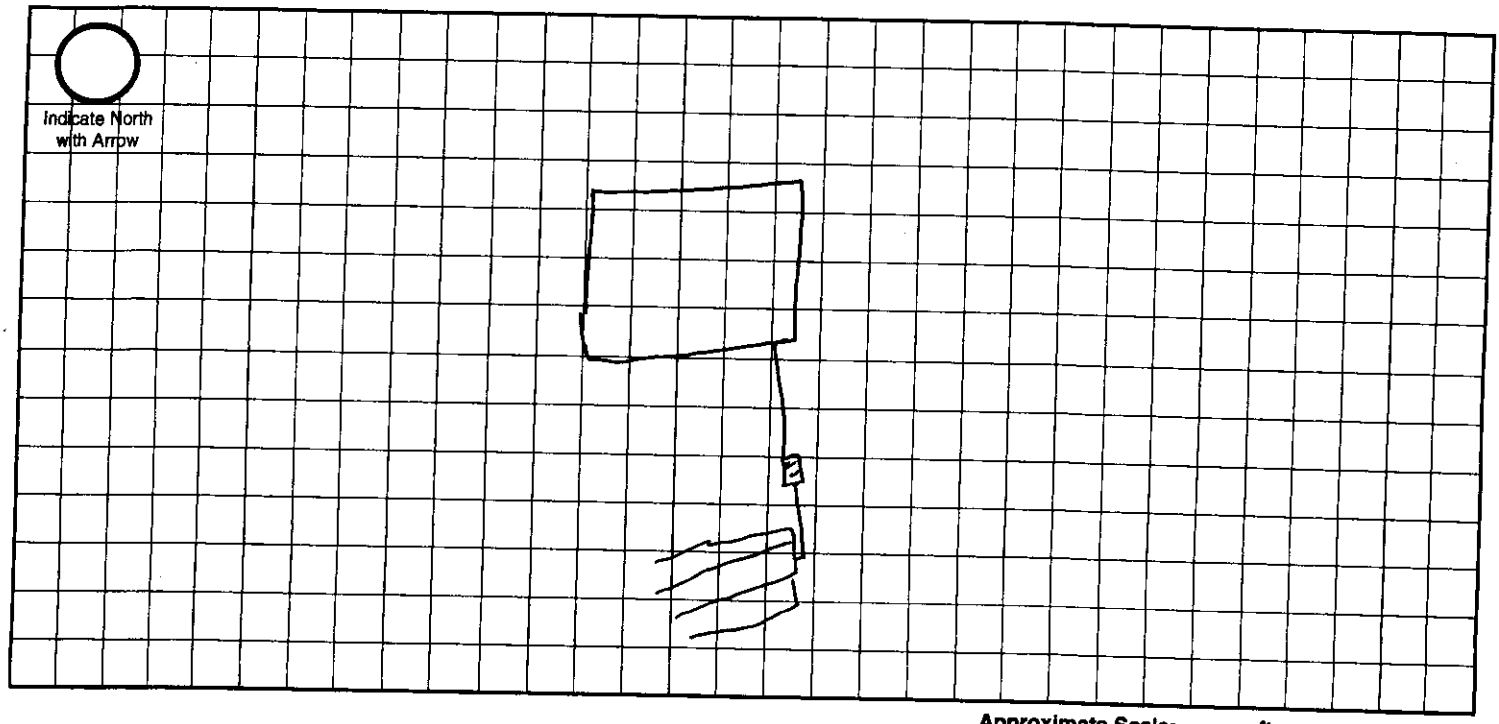
C

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 15-16-103-007-ccc City _____ NE, Zip _____

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 45 (min/inch = mpi) No. of Bedrooms 5 Soil Type Wymore silt clay loam Land Slope 0-3 %

☑ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 1667.5 sq.ft.

Total length of laterals 460 Type of distribution: ☐ Perforated pipe ☐ Half-Round ☑ Chamber ☐ Other

No. of absorption trenches 4 Width 36" No. of drop boxes 0 Distrubtion Box 1

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

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 ☑	☐

F. Required Signatures

Home Building Contractor _____ Date 4-25-18

Installer _____ Date _____