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

A

Permit Number HS001631

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 Raca, NE Zip 68430
(no rural route)

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

PID 15-16-104-001-000 *Approx. Address (If to be determined) _____

B. Owner

Name Legacy Homes Omaha LLC Signature _____
Address 12040 Mcdermott Plz, Ste 200 City/State/Zip LaVista, NE 68128
Home Phone _____ Work Phone _____

C. Certified Installer

Name: Marcus Hochstein Signature _____
Address 625 S. 4th 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 4 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 _____ 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 3-26-18 Amount Paid $405.00
Received By JAO Cash/Check No. 1739

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 15-16-104-001-000 (no rural route) City Roca NE, Zip 68430

Owner Legacy Homes Omaha LLC Address 12040 Mcdermott Plz Ste 200, LaVista, NE 68128

Date of Tests 3-21-18 to 3-22-18 Weather: Precipitation 0 Temperature 44-66

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	40	3/21	5:00	3/22	9:00	3/22	12:30	6	3/22	1:00	30m	2 1/2	12
2	"	"	"	"	"	"	"	6	"	"	"	1 7/8	16
3	"	"	"	"	"	"	"	6	"	"	"	1/2	60
4	"	"	"	"	"	"	"	6	"	"	"	3/4	40
								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: 128
Average of Rates: 32
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

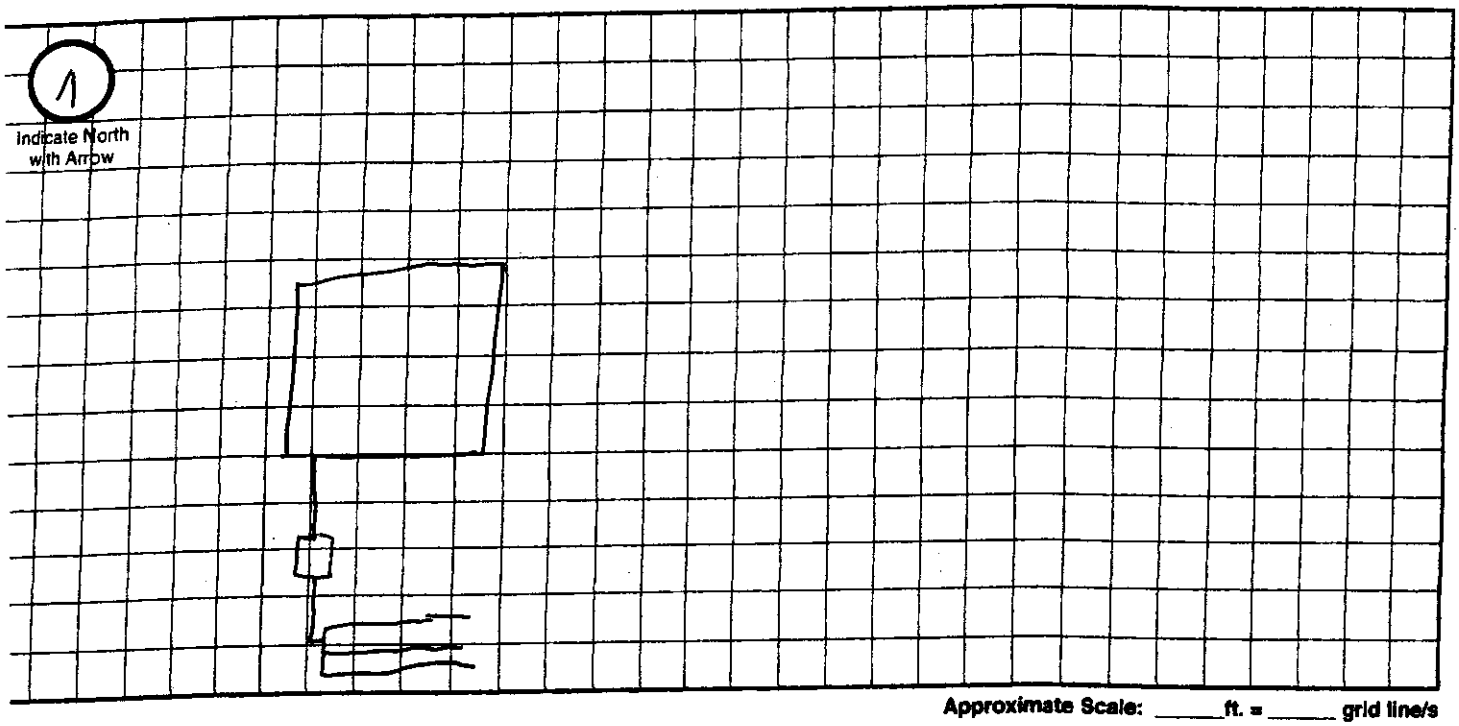
C

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) PID 15-16-104-001-000 City Roca NE, Zip 68430

B. Proposed Septic Tank/s

Septic Tank Cap. 1500 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 4 Soil Type Wymore silty clay loam Land Slope 3-6 %

☑ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 1413.75 sq.ft.

Total length of laterals 390 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 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 ☐	☑

Required Signatures

Line Building Contractor _____ Date 3-25-18

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. HS001631

System Type: Standard

Situs: 5929 SEA EAGLE LN, HICKMAN, NE 68430

Issued: 4/2/2018

Expires: 4/2/2019

Description: SILVERHAWK ESTATES ADDITION, BLOCK 4, Lot 1

Owner: LEGACY HOMES OMAHA LLC
12040 MCDERMOTT PLZ STE 200
LAVISTA, NE 68128

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 4TH ST
EAGLE, NE 68347

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

SCANNED

A

Permit Number HS001631

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* 5929 Sea Eagle (no rural route) City Raca, NE Zip 68430

Legal Description 16 8 7 Silverhawk Estates 4 1
1/4 1/4 Section Township Range ~~JAO~~ Subdivison Addition Block Lot

PID 15-16-104-001-000 *Approx. Address (If to be determined)

B. Owner

Name Legacy Homes Omaha LLC Signature

Address 12040 Mockermott Plz, Ste 200 City/State/Zip LaVista, NE 68128

Home Phone Work Phone

C. Certified Installer

Name: Marcus Hochstein Signature

Address 625 S. 4th 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 4 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 8/1/18
Site visits Covered prior to inspection
Comments
Date rec'd 4/2/18
Date frwd 4/2/18

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 Marcus
Date 8/1/18

Business Office Use Only
Date Received 3-26-18 Amount Paid $405.00
Received By JAO Cash/Check No. 1739

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: HS001631

Onsite Wastewater Treatment System

Inspection Sheet

Date 8/1/18 Legal Description Silvahawk Blk 4, Lot 1

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 5929 Sea Eagle 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 1,440 Sq. Ft. Tank Size 1500 gals

Total length of laterals 320' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☐ Other (describe) E-Z Flow

No. of Absorption Laterals 3 Width 4.5 Factor 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 DS Date 8/1/18
Follow-Up Date Covered prior to inspection
Follow-Up Date
Installation Final Written Approval
By Doug Ahlschwede
Date 8/1/18

Field Note Drawing (See Reverse Side):

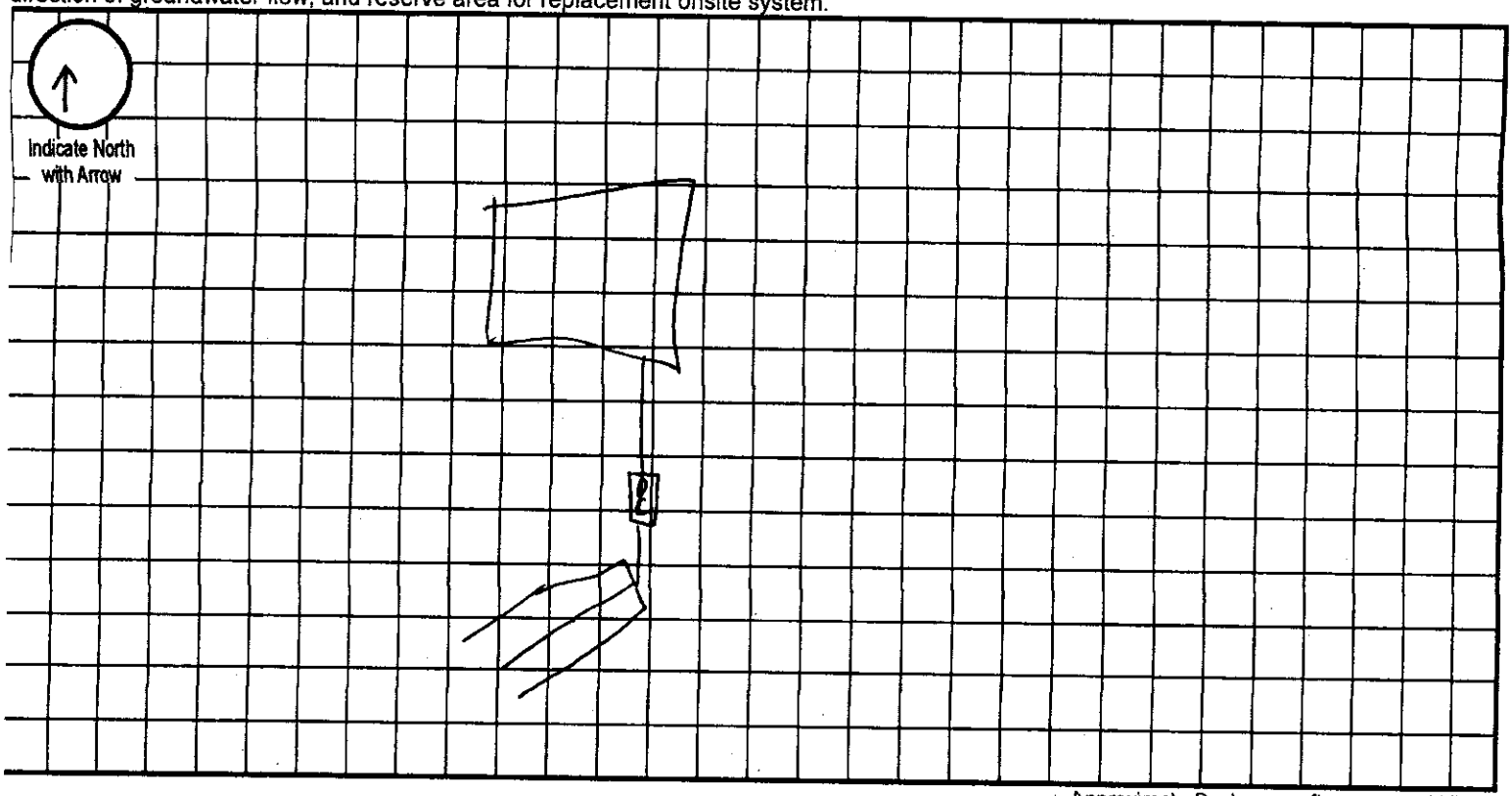
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

Silverhawk – Block 4, Lot 1 C

Permit Number

Onsite Wastewater Treatment System
Preliminary Plan Specification

Draw a plot plan showing onsite system sewer lines, tank, drop or distribution boxes, drainfields, percolation test holes, well, residence, direction of groundwater flow, and reserve area for replacement onsite system.



Approximate Scale: ____ ft. = ____ grid line/s

A. Onsite System Location

Address (no rural route) 5929 See Eagle Ln City Roca NE, Zip 68430

B. Proposed Septic Tank/s

Septic Tank Cap. 1500 gals Tank Material: ☑ Concrete ☐ Plastic ☐ Other _____ ☐ Lagoon (Max. Seepage 1/8"/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 4 Soil Type Aksarben silty clay loam Land Slope 2.6 %

☑ Trench ☐ Bed ☐ Non-standard (engineer-designed and NDEQ approved) Total square feet of drainfield 1440 Sq. Ft.

Total length of laterals 320 Type of Distribution: ☐ Perforated Pipe ☐ Half-Round ☐ Chambers ☑ Other _____

No. of Absorption Trenches 3 Width 36 No. of Drop Boxes 0 Distribution Box 1

No. of Absorption Beds NA Width NA No. of Distribution Lines per Bed NA

Installer _____ Date: 7-15-18

Updated 2/18

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 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) 15-16-104-001-000

Owner: Legacy Homes Omaha, LLC Address 12640 Mudcreek Plz, Ste 200, Bellevue, NE 68138

A. Wastewater Piping

1. Material: PVC Diameter: 4 in.
2. Distance between dwelling and septic tank: 44 ft.

B. Septic Tank

1. Material Concrete
2. Capacity: 1500
3. Depth to top of tank, below unfinished grade: 12 in.
4. Distance to:
   Well NE ft.
   Pressure line 100+ ft
   Property Line 100+ ft.
   Foundation 44 ft.

C Distribution Box or Drop Box

Distance **and** Direction from septic tank: 16 ft. South

D. Drainfield/Absorption Field

☑ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☑ Other
   Material brand and inside width of Chamberless: EZ flow
2. Number of Laterals: 3
3. Length of each lataral (linear): ft. 110 ft. 100 ft. 110 ft.
4. Drainfield size: 1440 sq. ft.
5. Distance to:
   Well NA ft.
   Pressure line 100+ ft.
   Property line 100+ ft.
   Depth of Groundwater 15+

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

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

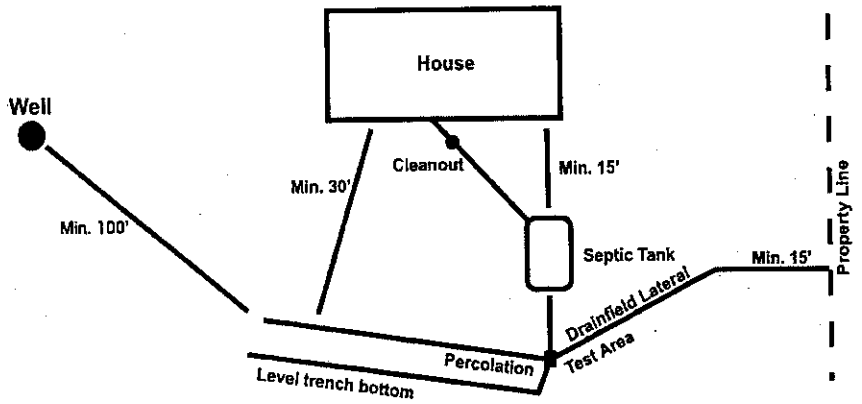
I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: [signature] Date: 7-23-18

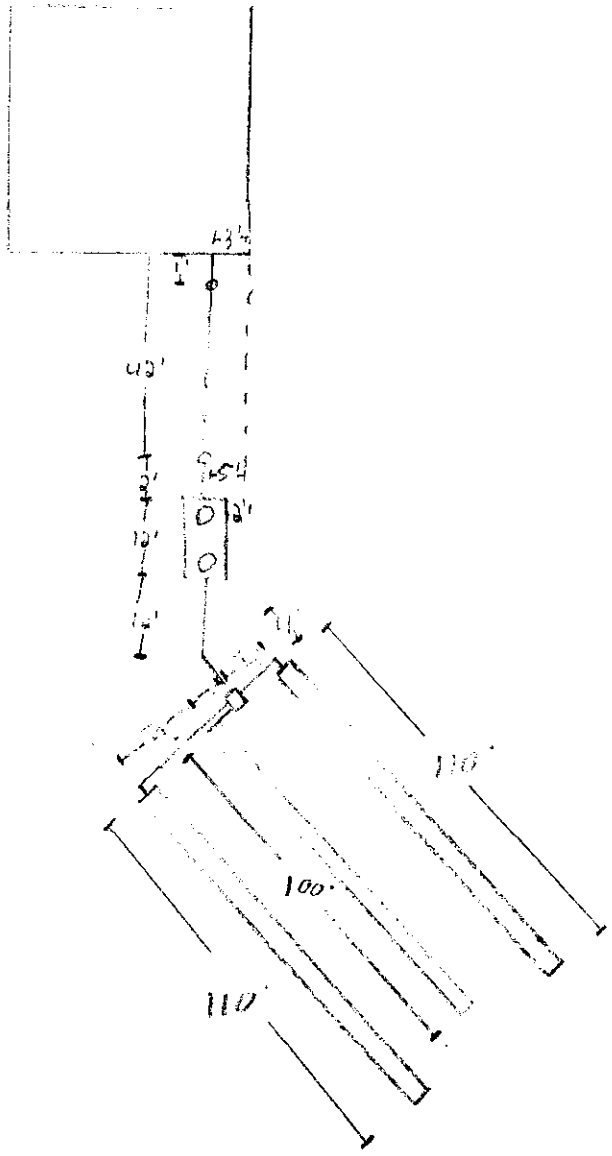
Complete As-Built drawing on the back of this form.

Onsite Wastewater System Design (Example)

Indicate North
w/ Arrow Here:



*Note-If Lagoon, show all applicable dimensions



N

5929 Sea Eagle Ln

Nate C. Hartman

From: Diane Van Deun <villageofroca@gmail.com>
Sent: Monday, April 02, 2018 2:12 PM
To: Nate C. Hartman
Subject: Block 4 Lot 1 Silverhawk

Hi Nate,

I approve Block 4 Lot 1 of Silverhawk Estates. Thanks!

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