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

MAY 14 2018

A

Permit Number HS001662

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* 6045 Sea Eagle Ln (no rural route) City Hickman, NE Zip 68372

Legal Description Silverhawk Estates 4 2

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

PID 15-16-104-002-000 *Approx. Address (If to be determined)

B. Owner

Name SNB Construction II Inc Signature

Address 3800 Old Cheney Rd, Ste A City/State/Zip Lincoln, NE 68516

Home Phone Work Phone

C. Certified Installer

Name: Marcus Hochstein 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 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
Comments
Date rec'd
Date frwd
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

Business Office Use Only
Date Received 5-14-18 Amount Paid $405.00
Received By JAO Cash/Check No. 1749

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 6045 Sea Eagle Ln (no rural route) City Hickman NE, Zip 68430

Owner SNB Construction II Inc Address 3800 Old Cheney Rd, Lincoln, NE 68516

Date of Tests 5-9-18 to 5-10-18 Weather: Precipitation 0 Temperature 83

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	40	5-9	5:00	5-10	1:50	5-10	5:20	6	5-10	5:50	30m	4	7.5
2	40	5-9	"	"	"	"	5:20	6	"	"	"	4 1/8	6.15
3	40	5-9	"	"	"	"	5:20	6	"	"	"	4 3/8	6.86
4	40	5-9	"	"	"	"	5:20	6	"	"	"	5 3/4	5.22
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: _____

Phone: _____

Address _____

_____

Sum of Percolation Rates: 25.73

Average of Rates: 6.43

Rate Used for Calculation: 55

Soil type (NRCS Maps/Other) _____

Groundwater Depth _____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

_____

_____

_____

_____

Signature of Reviewing Official _____ Date _____

READ THOROUGHLY

DIAGRAM OF PERCOLATION TEST PROCEDURE

Finished Grade or Natural Ground Level

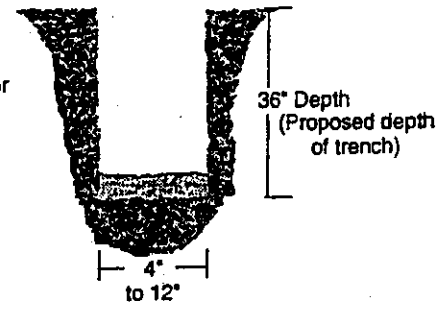
I. Size, Number, and Location or Test Holes

A. Dig six or more holes spaced uniformly over proposed lateral field site.

B. Scratch smeared spots on sides of hole.

C. Remove loose material from hole.

D. Add 2" of gravel to hole.

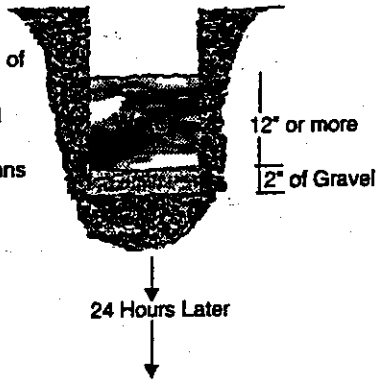


II. Saturation of Soil (Pre-soak)

A. Fill hole with 12" or more of water.

B. MAINTAIN THIS WATER LEVEL FOR 4 HOURS.

C. Record on Form B columns a thru f.



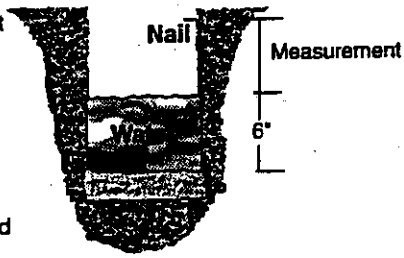
24 Hours Later

III. Percolation-rate Measurement **(refer to instructions 5a, 5b, or 5c.)**

A. Add 6" of water.

B. Measure from fixed reference point (nail) to water.

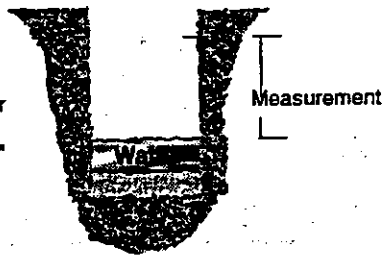
C. Record measurement and time on front of Form B.



½ hour later (30 minutes)

D. 30 minutes later remeasure and record time.

E. If water will be too low for another reading 30 minutes later, adjust to 6" of water and remeasure and record time.



F. Continue for 3½ hours taking readings every 30 minutes.

G. Last 30 minute reading is used in filling out Form B. Record date, time, intervals and water level drops in column g thru m.

Instructions

1. **Number and location of tests.** Percolation tests shall be made in 6 or more separate test holes which shall be spaced uniformly over the proposed lateral field site.
2. **Type of test hole.** Dig or bore a hole 3 feet deep with a diameter of 4 to 12 inches. (To save time, labor and the volume of water required per test, a 4-inch auger hole is recommended).
3. **Preparation of the test hole.** Scratch or roughen any smeared spots on the sides of the hole with a knife blade or sharp pointed instrument to provide a natural soil interface into which water may percolate. Remove all loose material from the hole. Add 2 inches of gravel to protect the bottom from scouring when water is poured into the hole.
4. **Saturation and swelling of the soil.** Fill the hole with clear water to a depth of 12 inches or more above the gravel and maintain this water level at least 4 hours and preferably overnight. The accuracy and true value of the percolation data depends on thorough saturation and swelling of the soil.
5. **Percolation-rate measurement.** Percolation-rate measurements shall be made 24 hours after starting the saturation and swelling procedure described above. Record results on the front of this form and complete all calculations.
   a. If water remains in the test hole after the overnight swelling period, adjust the depth to approximately 6 inches over the gravel. From a fixed reference point, measure the drop in water level over a 30 minute period to the nearest 1/8 of an inch. This drop is used to calculate the percolation rate.
   b. If no water remains in the test hole after the overnight swelling period, add clear water to bring the depth to approximately 6 inches over the gravel. From a fixed point, measure the drop in water level to the nearest 1/8 of an inch at 30-minute intervals for 4 hours. Refill to the 6 inch level over the gravel as often as necessary. The drop that occurs during the final 30 minutes is used to calculate the percolation rate.
   c. In sandy soils (or other soils in which the first 6 inches of water seeps away in less than 30 minutes after the overnight swelling period) the time interval between measurements shall be 10 minutes instead of 30 minutes and the test run for 1 hour instead of 4 hours. The drop that occurs during the final 10 minutes is used to calculate the percolation rate.
6. **Record the test results and complete all calculations on the front of this form.** The average of the percolation rates calculated for all holes in the last 30 (10) minutes will normally be the rate used for calculations to size the system. ***Exceptions are the use of the greatest percolation rate when rates vary more than 20 min/in between holes or when other soil analysis indicates potential percolation problems.***

LLCHD reserves the right to require additional testing based on knowledge of soil types, percolation tests results on nearby properties, or due to concerns with procedures followed. In some situations, LLCHD staff will require and perform on-site observation of percolation tests.

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

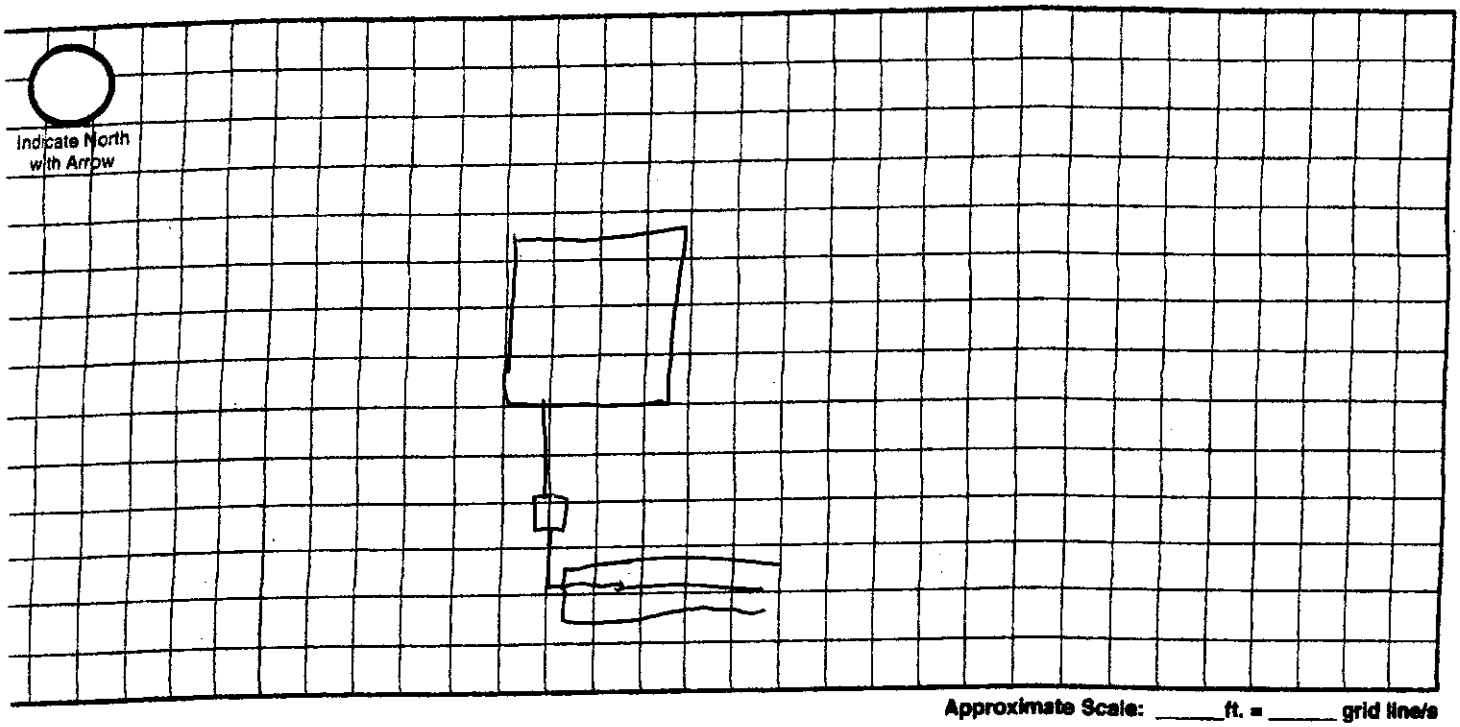
C

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

4. Onsite System Location

Address (no rural route) 6045 Sea Eagle Ln City Hickman NE, Zip 68430

3. Proposed Septic Tank/s

Septic Tank Cap. 2000 gals Tank Material: ☑ Concrete ☐ Plastic ☐ Other_____ ☐ Lagoon (Max. seepage 1/8" per day)

2. Reserve Area for Replacement Onsite System

☑ Drainfield Absorption Area (percolation test required) ☐ Lagoon

1. Drainfield Absorption System

Percolation Rate 55 (min/inch = mpi) No. of Bedrooms 4 Soil Type Aksarben silty clay loam Land Slope 26 %

☑ 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 ☐ 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_____

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 5-11-18

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. HS001662

System Type: Standard

Situs: 6045 SEA EAGLE LN, ROCA, NE 68430

Issued: 5/23/2018

Expires: 5/23/2019

Description: SILVERHAWK ESTATES ADDITION, BLOCK 4, Lot 2

Owner: SNB CONSTRUCTION II INC
3800 OLD CHENEY RD STE A
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

MARCUS HOCHSTEIN
625 S 4TH PO BOX 142
EAGLE, NE 68347

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

MAY 14 2018

SCANNED

A

Permit Number #5001662

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* 6045 Sea Eagle Ln (no rural route) City Hickman, NE Zip 68372

Legal Description Silverhawk Estates 4 2

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

PID 15-16-104-002-000 *Approx. Address (If to be determined)

B. Owner

Name SNB Construction II Inc Signature

Address 3800 Old Cheney Rd, Ste A City/State/Zip Lincoln, NE 68516

Home Phone Work Phone

C. Certified Installer

Name: Marcus Headrick Signature

Address 625 S. 4th ~~Rough~~ 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 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 7/27/18
Comments
Date rec'd
Date frwd
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 7/31/18

Business Office Use Only
Date Received 5-14-18 Amount Paid $405.00
Received By JA Cash/Check No. 1749

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: HS001662

Onsite Wastewater Treatment System

Inspection Sheet

Date 7/31/18 Legal Description Silverhawk Plat 4 Lot 2

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 6045 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 1400 required 1440 Sq. Ft. installed Tank Size 2,000 gals

Total length of laterals 320 Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☐ Other (describe) EZ Flow

No. of Absorption Laterals 3 Width 4.5 Factor EZ Flow 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 D.L. Date 7/27/18

Follow-Up _____ Date _____

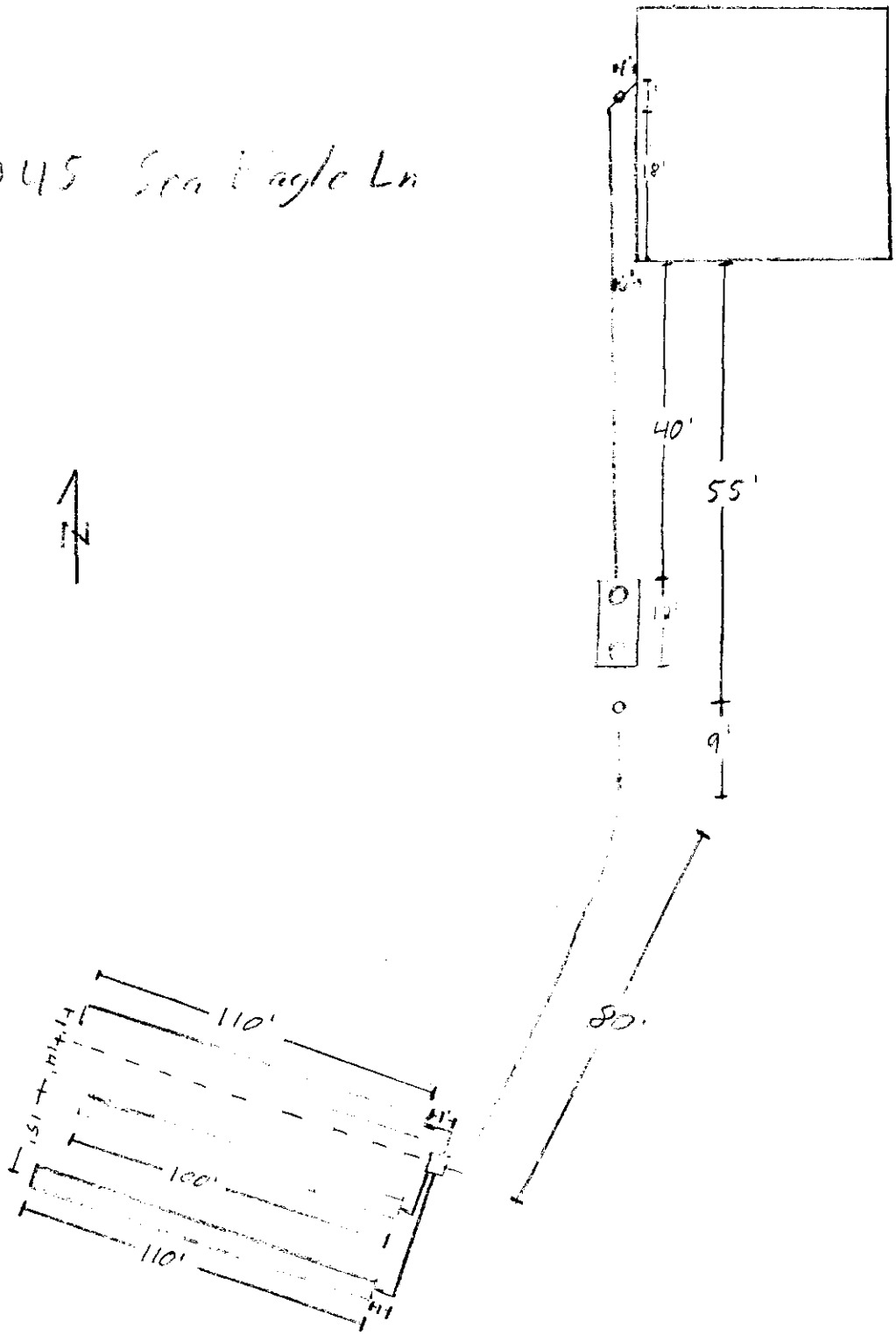
Follow-Up _____ Date _____

Installation Final Written Approval
By Doug Thiele
Date 7/31/18

Field Note Drawing (See Reverse Side):

JUL 30 2018

6045 Sea Eagle Ln



Nate C. Hartman

From: Diane Van Deun <villageofroca@gmail.com>
Sent: Tuesday, May 22, 2018 5:36 PM
To: Nate C. Hartman
Subject: Re: Silverhawk Estates Block 4, Lot 2
Attachments: image001.jpg

Hi Nate, this one is approved on our end. Thank you!

On Mon, May 14, 2018, 3:05 PM Nate C. Hartman <nhartman@lincoln.ne.gov> wrote:

Diane:

Please review and let me know if we are OK to proceed with issuance of the onsite wastewater permit.

Thanks!

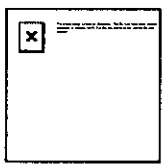
(6045 Sea Eagle Ln.)

Nate Hartman REHS, QCIS, QPSWPPP

Senior Environmental Health Specialist

3131 'O' Street, Lincoln, NE 68510

O: 402-441-8643 F: 402-441-3890





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