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

**A**

Permit Number HS001698

Existing Home

# 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 10201 Roca Rd (no rural route) City Roca, NE Zip 68430

Legal Description NW (1/4) 24 (1/4) 8N (Section) 7E (Township) (Range) (Subdivison) (Addition) 11 (Block) (Lot)

PID 15-24-100-004-000

## B. Owner

Name Jeff & Amy Payne Signature Amy D Payne

Address 10201 Roca Rd City/State/Zip Roca, NE 68430

Home Phone 402-840-0712 (Jeff) Work Phone 402-840-3065 (Amy)

## C. Certified Installer

Name: Lloyd Jakoubek, Raymond Contracting Inc Signature Lloyd Jakoubek

Address 13800 NW 70th St City/State/Zip Raymond, NE 68428

Work Phone 402-890-6009 or 402-783-2663

## 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 5.67

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** ☐ Municipal Code 24.38 ☐ County Resolution No. 02-30

**1. Health Department** ACTION ☐ Approved ☐ Disapproved

Site visits Date rec'd Signature

Date frwd

Comments

**2. Supt. Bldg. Insp. or Village Clerk** ACTION ☐ Approved ☐ Disapproved

Comments Date rec'd Signature

Date frwd

**3. City or County Engineer** ACTION ☐ Approved ☐ Disapproved

Comments Date rec'd Signature

Date frwd

**Installation Final Written Approval**

By

Date

***Business Office Use Only***

Date Received 6-29-18 Amount Paid $405.00

Received By SAC Cash/Check No. 9413

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

11201 Roca Permit # 26 29 c

FORM 20105-0477
SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

**B**

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township _____; Range _____; Section & ¼ Section _____.
Property Dimensions: _____ ft. x _____ ft. Area: _____ acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 3-22-88 to 3-23. Weather: Precip. — Temp. 65°.

OWNER: Brester Const
Address: 10201 Roca Rd

PERCOLATION TEST DATA TABLE

| a. | b. | c. | d. | e. | f. | g. | h. | i. | j. | k. | l. | m. | n. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Pre-Saturation Period | | | | Percolation Readings | | | | | | Results | |
| | | Start | | End | | Start | | | End | | | | |
| Hold No. | Hole Depth (in.) | Date (Mo./Day) | Time (Hr./Min.) | Date (Mo./Day) | Time (Hr./Min.) | Date (Mo./Day) | Time (Hr./Min.) | Water Level (in.) | Time (Hr./Min.) | Water Level (in.) | Elapsed Time (Min.) | Water Level Drop (in.) | Percolation Rates (Min./in.) |
| 1 | 48" | 3-22 | 8:30 Am | 3-23 | 10:15 Am | 3-23 | 12:15 | 6 1/2 | 12:45 pm | 7 | | 1/2 | |
| 2 | 48" | | | | | | | 10 1/8 | | 11 | | 7/8 | |
| 3 | 48" | | | | | | | 11 3/4 | | 12 7/8 | | 1 1/8 | |
| 4 | 48" | | | | | | | 3 3/8 | | 3 3/4 | | 3/8 | |
| 5 | 48" | | | | | | | 2 1/4 | | 2 3/4 | | 1/2 | |
| 6 | 36" | | | | | | | 2 5/8 | | 3 | | 3/8 | |
| 7 | 36" | | | | | | | 2 3/4 | | 2 3/4 | 30 | — | |
| 8 | 36" | | | | | | | 3 3/8 | | 3 1/2 | | 5/8 | |
| 9 | 36" | | | | | | | 6 5/8 | | 6 7/8 | | 2/8 | |
| 10 | 36" | | | | | | | 15 3/8 | | 16 1/8 | | 3/4 | |
| 11 | 36" | | | | | | | 7 | | 7 3/8 | | 3/8 | |
| 12 | 36" | | | | | | | 5 1/2 | | 6 | | 1/2 | |

Sum of Percolation Rates: _____
Average of Rates: _____
Mean of Rates: _____

Schwanke Trenching
Signature of Person Conducting Test

Address 8200 old Cheney Phone 489-7294

5 6/8" 287'

(Do not write below this line)

REVIEWING ACTION

Remarks: Holes 1, 2, 3, 10, 12 ok
Soil Type (SCS): _____
Date: _____

Approved Percolation Rate (a)
A. 40 min./inch
B. _____ min./inch
C. _____ min./inch

_____
Signature of Reviewing Official

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

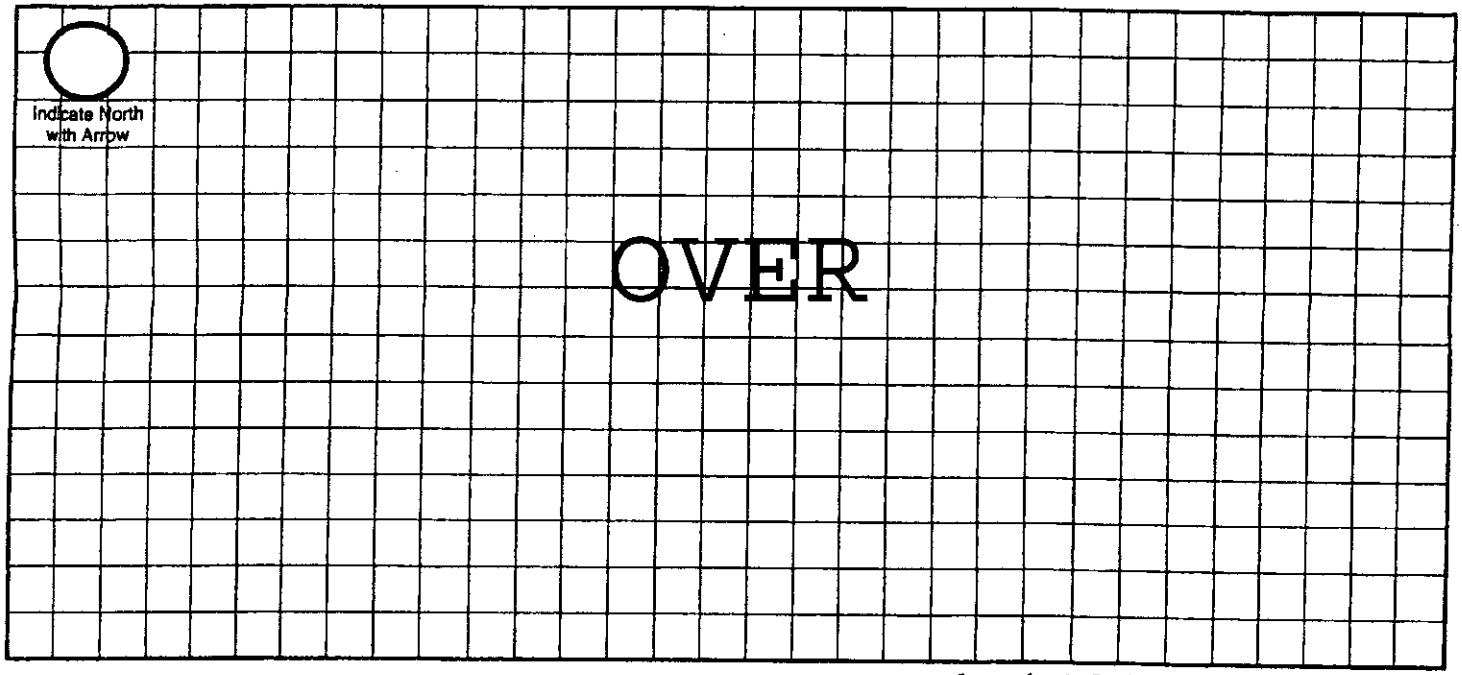
C

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) 10201 Roca Rd City Roca NE, Zip 68430

## B. Proposed Septic Tank/s

Septic Tank Cap. 1,500 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 SCL Land Slope_____%

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 1,440 sq.ft.

Total length of laterals 320 Type of distribution: ☐ Perforated pipe ☐ Half-Round ☐ Chamber ☒ Other EZFlow 1203H

No. of absorption trenches_____ Width 40" No. of drop boxes 1 Distrubtion Box_____

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

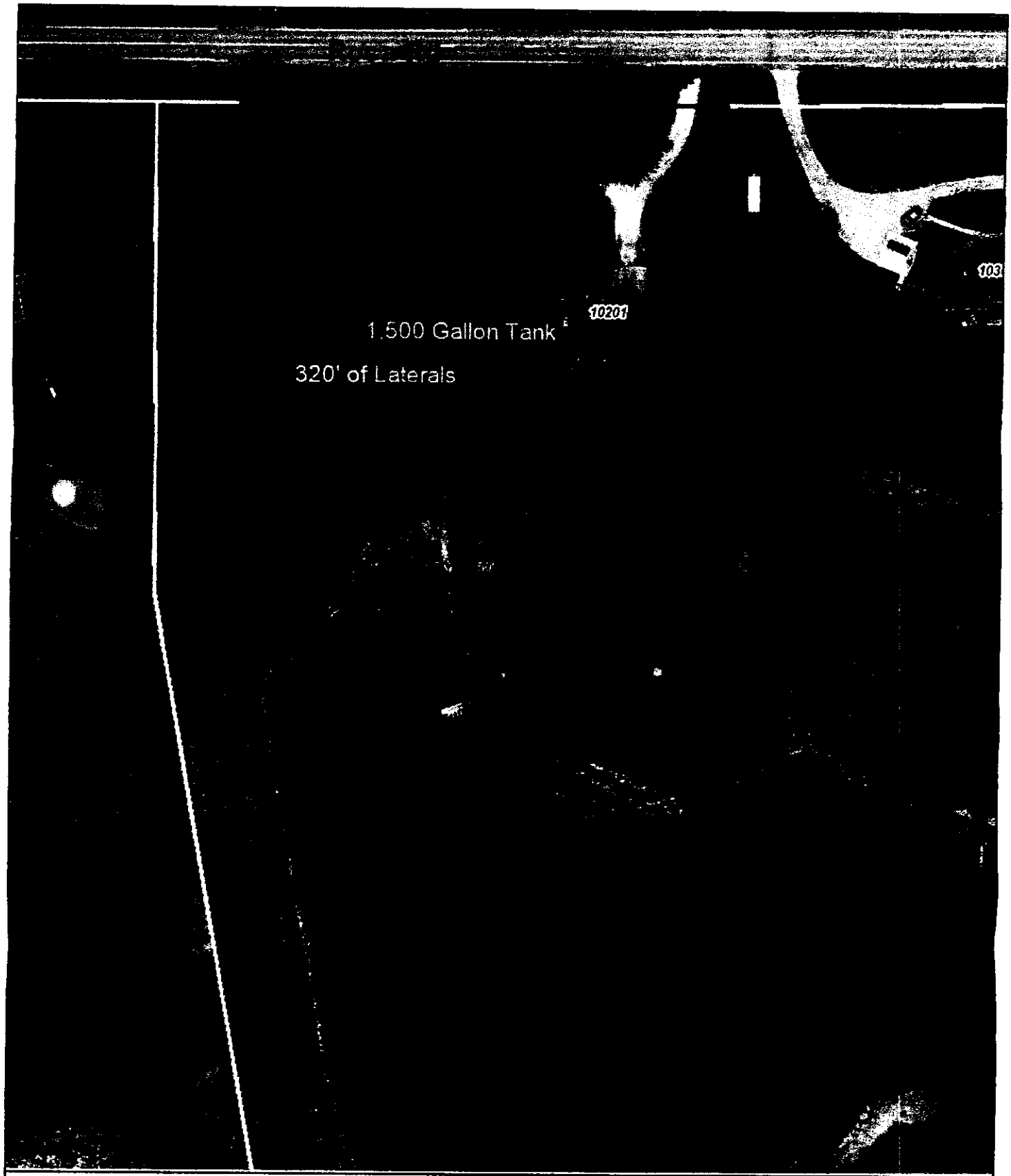
## E. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

| 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 ☐ | ☐ |

## F. Required Signatures

Home Building Contractor Existing Home Date _____

Installer [signature] Date 6/27/18




N
W E
S

# Lancaster County/City of Lincoln GIS Map

**Jeff Payne 10201 Roca Rd, Roca, NE 68430**

Printed: Jun 27, 2018

DISCLAIMER: The information is presented on a best-efforts basis, and should not be relied upon for making financial, survey, legal or other commitments. If you have questions or comments regarding the data displayed on this map, please email ags@lincoln.ne.gov and you will be directed to the appropriate department.

**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. HS001698**

**System Type:** Standard

**Situs:** 10201 ROCA RD, HICKMAN, NE 68430

Issued: 7/2/2018

Expires: 7/2/2019

**Description:** S24, T8, R7, 6th Principal Meridian, LOT 11 NW

**Owner:** PAYNE, JEFF M & AMY D
10201 ROCA RD
ROCA, NE 68430

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

RAYMOND CONTRACTING
13800 NW 70TH ST
RAYMOND, NE 68428

SCANNED

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

**A**

Permit Number HS001698

Existing Home

# 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 10201 Roca Rd (no rural route) City Roca, NE Zip 68430

Legal Description NW 24 8N 7E 11
(1/4 | 1/4 | Section | Township | Range | Subdivison | Addition | Block | Lot)

PID 15-24-100-004-000

## B. Owner

Name Jeff & Amy Payne Signature Amy D Payne

Address 10201 Roca Rd City/State/Zip Roca, NE 68430

Home Phone 402-840-0712 (Jeff) Work Phone 402-840-3065 (Amy)

## C. Certified Installer

Name: Lloyd Jakoubek, Raymond Contracting Inc Signature Lloyd Jakoubek

Address 13800 NW 70th St City/State/Zip Raymond, NE 68428

Work Phone 402-890-6009 or 402-783-2663

## 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 5.67
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** ☐ Municipal Code 24.38 ☒ County Resolution No. 02-30

**1. Health Department**
Site visits 7/30/18 Date rec'd 7/2/18 Date frwd 7/2/18
ACTION ☒ Approved ☐ Disapproved
Signature
Comments

**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 Thiele
Date 7/31/18

***Business Office Use Only***
Date Received 6-29-18 Amount Paid $405.00
Received By AC Cash/Check No. 9413

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

* System Replacement

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

Exhibit 5

Permit Number: HS00 1698

# Onsite Wastewater Treatment System

## Inspection Sheet

Date 7/31/18 Legal Description ¼ ¼ 24/8/2 Lot 11 Section/Township/Range

**Onsite System Location**

Address (no rural route) 10201 Boca Rd. 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 gals

Total length of laterals 320' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☐ Other (describe) ←2 Rock

No. of Absorption Laterals 4 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 N/A Lateral #3

Lateral #2 Lateral #4

**Comments:**

Inspections prior to Final Approval
Initial DL Date 7/30/18

Follow-Up Date

Follow-Up Date

Installation Final Written Approval
By
Date 7/31/18

**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 Exhibit 4

Permit Number: HS001698

# 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** PID = 15-24-100-004-000

Address or Legal Description or Parcel Identification Number (PID) 10201 Roca Rd, Roca, NE 68430

Owner: Jeff & Amy Payne Address Same

### A. Wastewater Piping

1. Material: SDR26 Diameter: 4 in.
2. Distance between dwelling and septic tank: 27 ft.

### B. Septic Tank

1. Material Concrete
2. Capacity: 1,500
3. Depth to top of tank, below unfinished grade: 30 in.
4. Distance to:
   Well N/A ft.+
   Pressure line N/A ft
   Property Line 100 ft.+
   Foundation 27 ft.+

### C Distribution Box or Drop Box

Distance and Direction from septic tank: 3 ft. S

Includes Drainfield Control Valve

### D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☒ Other
   Material brand and inside width of Chamberless: EZFlow 1203H Bundles
2. Number of Laterals: 4
3. Length of each lateral (linear): ft. 80 ft. 80 ft. 80 ft. 80
4. Drainfield size: 1,440 sq. ft.
5. Distance to:
   Well N/A ft.+
   Pressure line N/A ft.
   Property line 50 ft.+
   Depth of Groundwater >9'

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

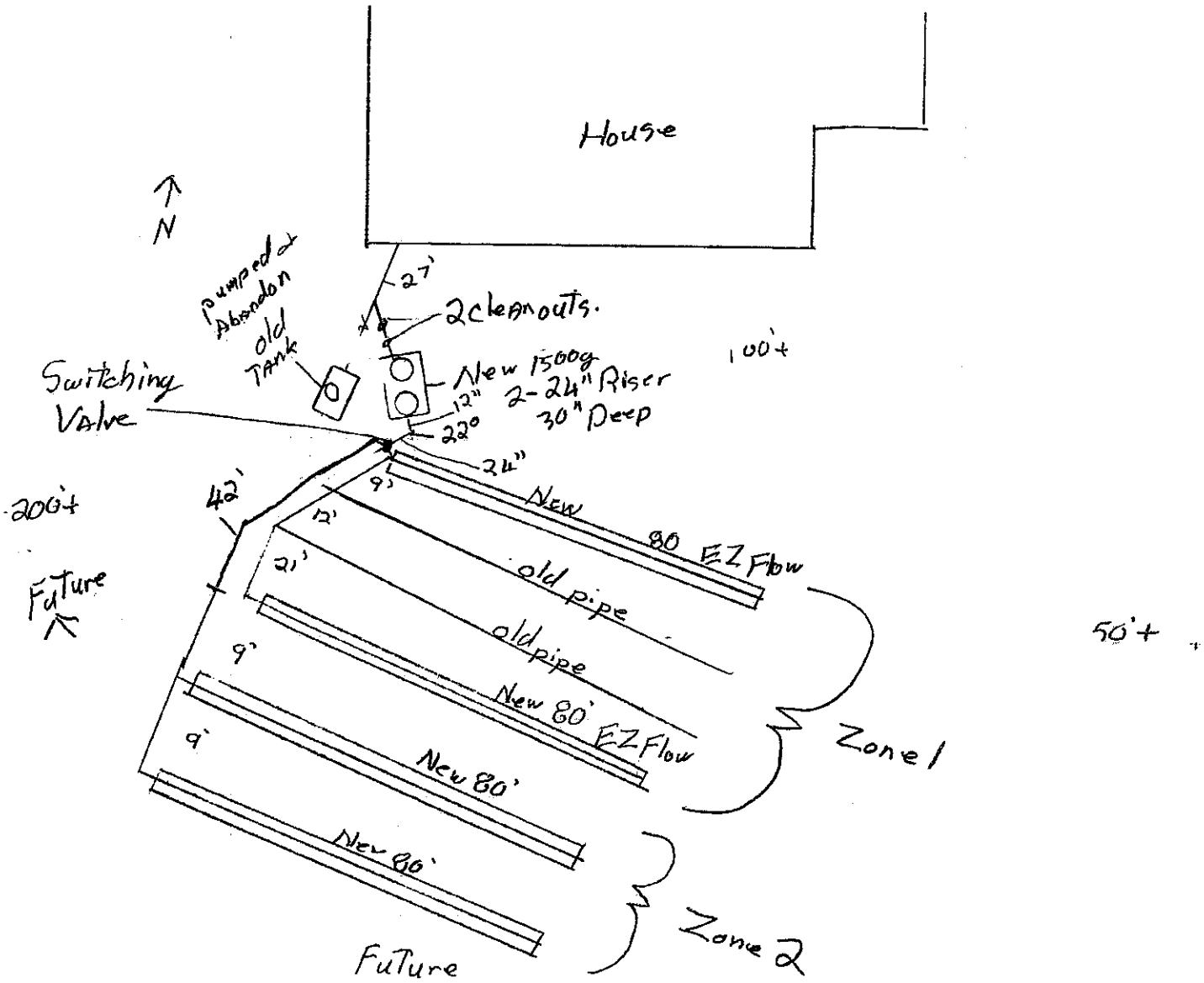
If Yes, the Certified Professional must sign below for final approval: (Partially)

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: July 30, 2018

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

Updated 4/15




7/30/2018

**Raymond Contracting, Inc.**
Lloyd J Jakoubek
13800 NW 70th St
Raymond, NE 68428
402-783-2663

Lake