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

A

Permit Number
#S001723

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 10511 Roca Rd (no rural route) City Roca NE Zip 68340

Legal Description ____ 24 T8 R7 ____ 20
1/4 1/4 Section Township Range Subdivison Addition Block Lot

Geographical Location (if known): Lat/Long: ____ PID 1524200005000

B. Owner

Name Bill White Signature ____

Address 10511 Roca Rd City/State/Zip Roca NE 68340

Home Phone ____ Work Phone ____

C. Certified Installer

Name: Blaine Johnson Signature Blaine Johnson

Address 9533 E State Hwy 41 City/State/Zip Adams NE 68301

Work Phone 402 440 2270

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 ____ Is there a Whirlpool Bathtub? ☐ Yes ☐ No Total Acres ____

☒ Commercial Establishment/Other Facility Specify Portable office Design flow in gallons per day 50

Type of Wastewater ☒ Domestic ☐ Non-Domestic Well Permit Applied for ☐ Yes ☐ No ☐ Not Applicable

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☐ County Resolution No. 02-30

1. Health Department
Site visits ____
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 8-22-18 Amount Paid $405.00
Received By MC Cash/Check No. 02629

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

Form A Updated 5/10

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

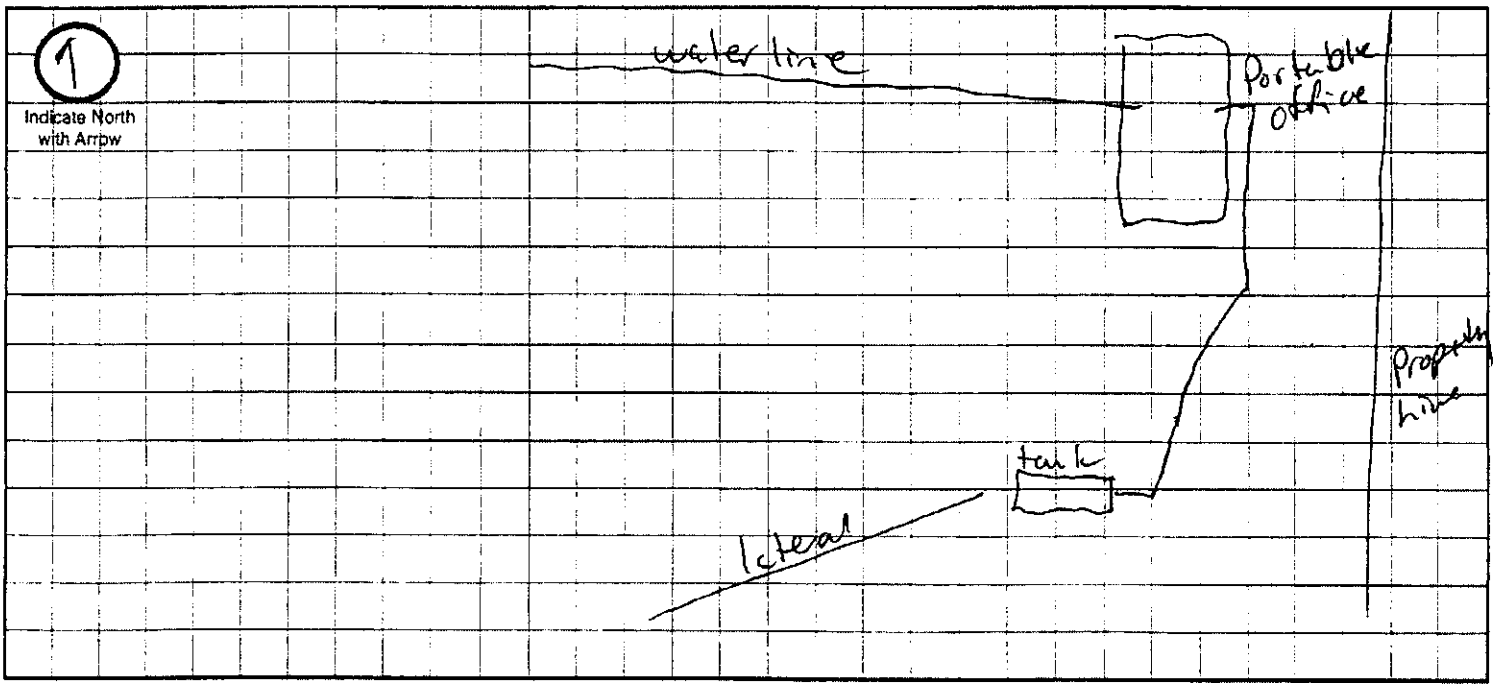
C

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) 10511 Roca Rd City Roca NE. Zip 68340

B. Proposed Septic Tank/s

Septic Tank Cap. 1000 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 59 (min/inch = mpi) No. of Bedrooms 4 Soil Type Wymore silty clay Land Slope _____ %

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 350 sq.ft.

Total length of laterals 76 Type of distribution: ☐ Perforated pipe ☐ Half-Round ☐ Chamber ☒ Other EZflow

No. of absorption trenches 1 Width 36 No. of drop boxes _____ 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 _____ Date _____

Installer Ben Jan Date 8/20/18

Nebraska DEQ

Onsite Wastewater Treatment System
Soil Percolation Test Data Sheet

Owner Name Bill White Phone _____

Address 10511 Roca Rd Roca NE 68340
City State Zip

Location (Attach a sketch of the property showing test hole locations)

_____ ¼ _____ ¼ _____ Section _____ Township _____ Range _____ County

Lot # _____ Subdivision _____

Soil Type (Check one)

Sand ____ Silt ____ Clay ____ Sandy Clay ____ Loamy Sand ____ Silty Clay X

Silty Clay Loam ____ Sandy Loam ____ Silt Loam ____ Wymore

Dates of Test

Start Date 8/14 to End Date 8/15, 2018

Weather Conditions

Precipitation 3/4" Avg. Temp 85 °F

Percolation Test Measurements and Data

Hole No.	Hole Depth (in.)	Pre-saturation Period: Start Date (Mo./Day)	Pre-saturation Period: Start Time (Hr./Min)	Pre-saturation Period: End Date (Mo./Day)	Pre-saturation Period: End Time (Hr./Min)	Percolation Readings (last period): Start Date (Mo./Day)	Percolation Readings (last period): Start Time (Hr./Min)	Percolation Readings (last period): Start Water Level (inch)	Percolation Readings (last period): End Time (Hr./Min)	Percolation Readings (last period): End Water Level Drop (inch)	Results: Elapsed Time (minutes)	Results: Drop in Water Level (inches)	Results: Percolation Rate (m ÷ l) (Minutes per inch)
1	36	8/14	10a	8/15	10a	8/15	1:30p	6	2p	3/4"	30	3/4"	40
2	〃	〃	〃	〃	〃	〃	〃	〃	〃	1"	〃	1"	30
3	〃	〃	〃	〃	〃	〃	〃	〃	〃	1/2	〃	1/2"	60

Tests must be performed by a certified professional, a professional engineer or a registered environmental health specialist.

Signature

Certificate or License # C2287

Address 8533 E St Hwy 41

City Adams St. NE Zip 68301

Phone 402 410 2270

Sum of Percolation Rates = 130

Avg. of Percolation Rates* = (sum of rates ÷ number of tests) (minutes per inch) 43.33

* If rates vary by more than 20 min/in., do not average. Use slowest rate measured for sizing soil absorption area.

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. HS001723

System Type: Standard

Situs: 10511 ROCA RD, HICKMAN, NE 68430

Issued: 8/23/2018

Expires: 8/23/2019

Description: S24, T8, R7, 6th Principal Meridian, LOT 20 NE

Owner: 419 LLC
10511 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

BLAIN JOHNSON
8533 E STATE HWY 41
ADAMS, NE 68301

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

SCANNED

A

Permit Number
#S001723

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

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Submit correct fee
with this Application

3 acres or more required for: ☒ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

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

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B. Owner

Name Bill White Signature _____

Address 10511 Roca Rd City/State/Zip Roca NE 68340

Home Phone _____ Work Phone _____

C. Certified Installer

Name: Blair Johnson Signature _____

Address 9533 E State Hwy 41 City/State/Zip Adams NE 68301

Work Phone 402 610 2270

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 0/9 Is there a Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 27.06

☒ Commercial Establishment/Other Facility Specify Portable office Design flow in gallons per day 50

Type of Wastewater ☒ Domestic ☐ Non-Domestic Well Permit Applied for ☐ Yes ☐ No ☐ Not Applicable

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☒ County Resolution No. 00-30

1. Health Department
Site visits _____
Date rec'd 8/23/18
Date frwd 8/23/18
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 2/15/19

Business Office Use Only
Date Received 8-22-18 Amount Paid $405.00
Received By MO Cash/Check No 2609

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

Form A Updated: 5/10

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) _____

Owner Bill White 419 LLC Address 10511 Roca Rd

A. Wastewater Piping

1. Material: Plastic Diameter: 4 in.
2. Distance between dwelling and septic tank: 120 ft.

B. Septic Tank

1. Material Plastic
2. Capacity: 1000
3. Depth to top of tank, below unfinished grade: 18 in.
4. Distance to:
   Well NA ft.
   Pressure line +100 ft
   Property Line +50 ft.
   Foundation +100 ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: _____ ft. _____

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☒ Other
   Material brand and inside width of Chamberless: EZ Flow 36" width
2. Number of Laterals: 1
3. Length of each lateral (linear): ft. 80 ft. _____ ft. _____ ft. _____
4. Drainfield size: 350 sq. ft.
5. Distance to:
   Well NA ft.
   Pressure line +100 ft.
   Property line +100 ft.
   Depth of Groundwater 59'

called + allowed to pour 4.5 yards

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: _____ Date: 11/28/18

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

10511 Roca Rd
office trailer

N

