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

allow Note

A

Permit Number HS001763

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

Include Form B and C. Submit correct fee with this Application

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 6160 Rock Creek Rd (no rural route) City Cerco, NE Zip _____

Legal Description 16 12 7-E Sabatka Add. 1 Lot

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

PID 19-16-301-001-000

B. Owner

Name Kent Simpson Signature _____

Address 23392 N 84th St City/State/Zip Lincoln

Home Phone 402-217-3098 Work Phone _____

C. Certified Installer

Name: Scott Sabbatt Signature Scott Sabbatt

Address 1012 C. Rd M City/State/Zip Mead NE 68041

Work Phone 402-443-6549

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 _____

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

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

. Health Department
ite visits _____ Date rec'd _____ ACTION ☐ Approved ☐ Disapproved
Date frwd _____ Signature _____
omments _____

. Supt. Bldg. Insp. or Village Clerk
omments _____ Date rec'd _____ ACTION ☐ Approved ☐ Disapproved
Date frwd _____ Signature _____

. City or County Engineer
omments _____ Date rec'd _____ ACTION ☐ Approved ☐ Disapproved
Date frwd _____ Signature _____

Business Office Use Only
Date Received 11-02-18 Amount Paid $420.00
Received By JAO Cash/Check No CC4809

stallation Final Written Approval
y _____
ate _____

Received Time Nov. 1. 2018 3:32PM No. 0618

Yellow - Engineer Pink - Building & Safety

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. HS001763

System Type: Lagoon

Situs: 6160 ROCK CREEK RD, CERESCO, NE 68017

Issued: 11/5/2018

Expires: 11/5/2019

Description: SABATKA ADDITION, Lot 1

Owner: SIMPSON, KENT LEONARD &
AMANDA ADELE
23392 N 84 ST
CERESCO, NE 68017

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

SCOTT SUBBERT
1012 CO RD M
MEAD, NE 68061

SCANNED

allen Nate

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

A

Permit Number HS001763

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Legal Description 16 12 7-E Sabatka Add. 1 Lot

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

PID 19-16-301-001-000

B. Owner

Name Kent Simpson Signature

Address 23392 W 84th St City/State/Zip Lincoln

Home Phone 402-217-3098 Work Phone

C. Certified Installer

Name: Scott Sabbatt Signature Scott Sabbatt

Address 1012 C. Rd M City/State/Zip Mead Ne. 68041

Work Phone 402-483-6549

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 8.64

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

. Health Department

ite visits Date rec'd 11/5/18

Date frwd 11/5/18

ACTION ☒ Approved ☐ Disapproved

Signature

omments *Smell gas flows from - west prop. line. DH

. Supt. Bldg. Insp. or Village Clerk

omments Date rec'd Date frwd

ACTION ☐ Approved ☐ Disapproved

Signature

. City or County Engineer

omments Date rec'd Date frwd

ACTION ☐ Approved ☐ Disapproved

Signature

Installation Final Written Approval

y

ate 12/3/18

Business Office Use Only
Date Received 11-02-18 Amount Paid $420.00
Received By JAO Cash/Check No CC4809

Received Time Nov. 1. 2018 3:32PM No. 0618

Yellow - Engineer Pink - Building & Safety

Form A Updated: 1/13

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

Permit Number: HS00 1763

Onsite Wastewater Treatment System

Inspection Sheet

Date 12/3/18 Legal Description _____

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 6160 Rock Creek 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 1100 Sq. Ft. Tank Size _____ gals

Total length of laterals _____ Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☐ Other (describe) _____

_____

No. of Absorption Laterals _____ Width _____ No. of Drop Boxes _____ Distribution Box _____

Leveling Method Used _____

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:

See D. Sleat Contractors' Drawing

Field Note Drawing (See Reverse Side):

Inspections prior to Final Approval

Initial _____ Date _____

Follow-Up _____ Date _____

Follow-Up _____ Date _____

~~Installation Final Written Approval~~

By _____

Date 12/3/18

after Nato

Nebraska DEQ

System Registration For Onsite Wastewater Treatment System - Septic System

Owner Type

Kent — Owner First Name; Initial; Simpson — Last Name; 402-217-3098 — Owner Phone Number

Business or Legal Entity Name (if applicable)

23392 N 84th — Owner Mailing Address; Lincoln — City; NE — State; Zip

6160 Rock Creek Rd — Physical address of system if different from owner's mailing address; Cosco — City; NE — State; 68017 — Zip

Location — Legal description OR Geographical coordinates in decimal degrees

__ __ 16 — Section; 12 — Township; 7E — Range; Lancaster — County; ____ — Latitude; ____ — Longitude

% % Section Township Range County Latitude Longitude

Facility: ☒ Dwelling ☐ Non-dwelling

Application:

☒ New system ☐ Modification, reconstruction or alteration of existing system ☐ System expansion and

☐ Temporary modification. Describe problem causing discharge and reason for temporary modification): ____

Design flow 400 gal/day — Depth to seasonal high groundwater 10 feet

Septic tank capacity 2000 gallons — Percolation rate 35 minutes

Number of trenches 2 — Width of trenches 60 inches

Total trench length 200 feet — Total effective trench bottom area 1000 sq. ft.

Soil Absorption System Description (Select one of the following):

☐ Gravelless chambers without filter material (inside bottom width of chamber ____ inches)

☒ Gravelless chambers with filter material (describe filter material Gravel)

☐ Pipe with filter material (describe filter material ____)

☐ Gravelless pipe without filter material (diameter of the gravelless pipe ____ inches)

☐ Gravelless pipe with filter material (describe filter material ____)

☐ Bundled expanded polystyrene synthetic aggregate without filter material (cradle diameter ____ in.)

☐ Bundled expanded polystyrene synthetic aggregate with filter material (describe filter material ____)

☐ Other (describe) ____

Previous system registration number (if applicable) is ____

I swear or affirm that the system complies with Title 124 requirements and that the registration information or documentation submitted are true, complete and accurate.

Scott — (Print or Type) First Name; S — Initial; Schubert — Last Name; C1996 — Certificate/License Number

Scott Schubert

Signature of Certified Professional, Professional Engineer, or Registered Environmental Health Specialist — Date of Inspection or completion of construction

Attachment C

Soil Absorption Test Data Report

Owner Information:

Owner Kent Simpson Phone 402-217-3698

Address: 23392 N 84th Lincoln NE

Location:

Township 12 Range 7E Sec. 16 1/4 Sec. ____ 1/4 Sec. ____

County Name Lancaster Area: ____ acres

Attach a sketch of the property showing the hole location.

Soil Type: (Check one)

Sand ____ Silt ____ Clay ____ Sandy Clay ____ Loamy Sand ____

Silty Clay V Silty Clay Loam ____ Sandy Loam ____ Silt Loam ____

Dates of Te: 6/6/18 to 6/7/18 Weather: Precipitation ____ Temp 80

Percolation Test Data

a	b	c	d	e	f	g	h	i	j	k	l	m	n
		Presaturation Period				Percolation Readings						Results	
		Start		End		Start			End		Elapsed	Water	
Hole No.	Hole Depth (in.)	Date (Mo. Day)	Time (Hr. Min.)	Date (Mo. Day)	Time (Hr. Min.)	Data (Mo. Day)	Time (Hr. Min.)	Water Level (in.)	Time (Hr. Min.)	Water Level (in.)	Time (min.)	Level Drop (in.)	Percolation Rate (Min./Inch)
1	30	6/6	4:00	6/7	4:30	6/7	1300	12	1030	11	30	1	30
2	32							14		13		1	20
3	26							10		4½		3½	40
4	27							20		14½		3½	40

Sum of Percolation Rates = 140

Signature of Person Conducting Test

Address: 1012 C Road Mead NE 68041

Phone: 402-443-6544

*Average of Rates in Minutes per Inch = 35

* If rates vary more than 20 minutes/inch, do not average but use the slowest rate for design purposes.

Attention: Nate

