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

NOV 0 2 2018

A

Permit Number HS001764

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_____, NE Zip_____
(no rural route)

Legal Description 15 T8 R7 South Ridge Heights 4 1 2

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

15-15-404-001-000

PID 15-15-404-002-000 *Approx. Address (If to be determined)_____

B. Owner

Name Mark T Headrick Signature_____

Address PO Box 21650 City/State/Zip Lincoln, NE 68542

Home Phone_____ Work Phone_____

C. Certified Installer

Name: Marcus Headrick Signature M

Address PO Box 142 City/State/Zip Eagle, NE 68347

Work Phone_____

D. Engineer

☐ **Check and complete if engineer designed system** P.E. License Number:_____

Designer Name_____ Firm_____ Work Phone_____

E. This system will serve a

3.23

☑ Residential Dwelling Number of Bedrooms 4 Whirlpool Bathtub? ☐ Yes ☑ No Total Acres 3.72

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 11-02-18 Amount Paid $420.00
Received By JKO Cash/Check No. 173

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

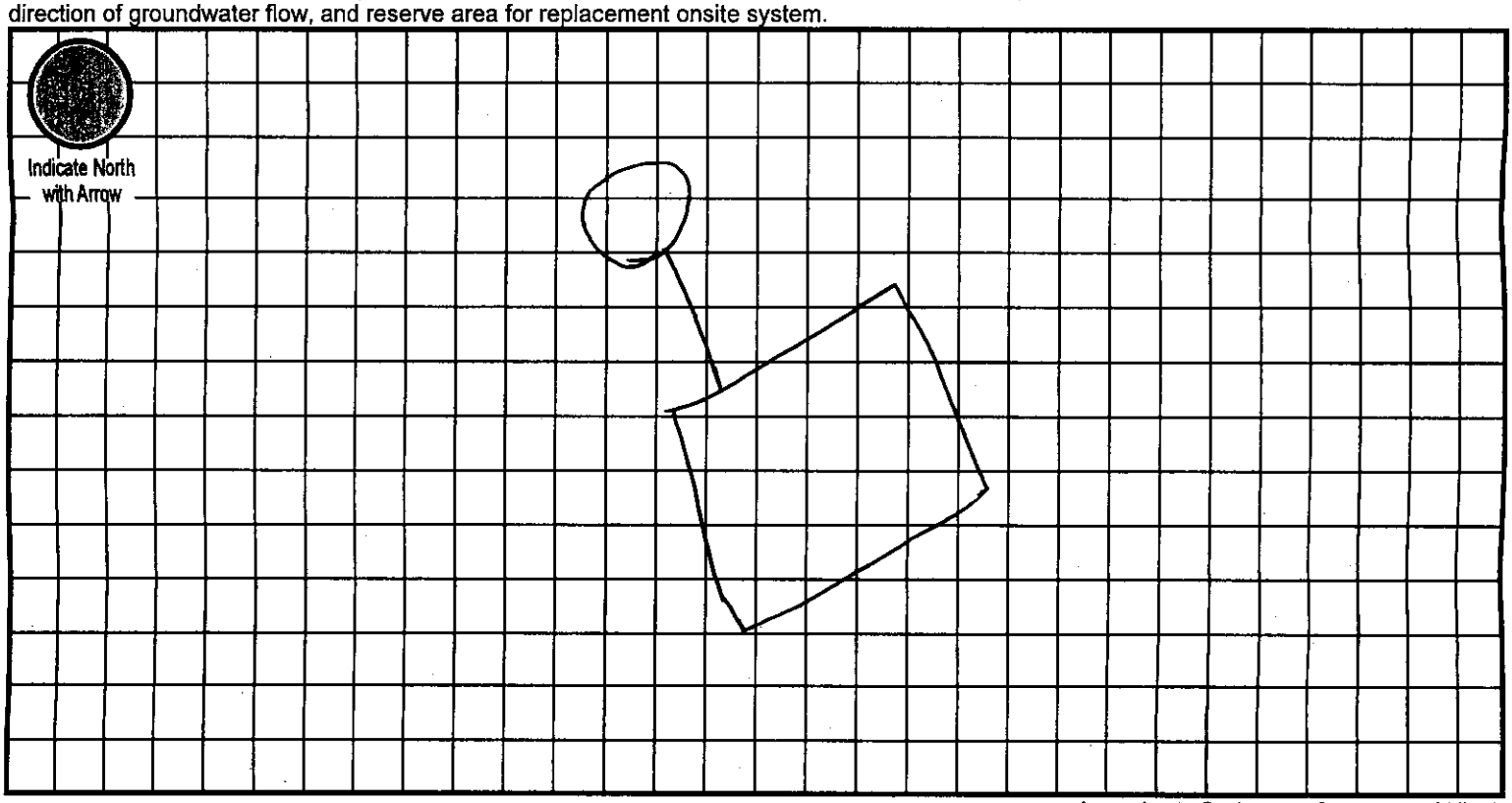
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

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 15-15-404-002-000

Address (no rural route) PID 15-15-404-001-000 City _____ NE, Zip _____

B. Proposed Septic Tank/s

Septic Tank Cap.____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____(min/inch = mpi) No. of Bedrooms____ Soil Type _____ Land Slope ____ %

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

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

No. of Absorption Trenches ____ Width ____ No. of Drop Boxes ____ Distribution Box _____

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

Installer Marcus Hochstein Date: 10-29-18

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. HS001764

System Type: Lagoon

Situs: No Site Address Specified

Issued: 11/5/2018

Expires: 11/5/2019

Description:

Owner: HEADRICK, MARK T & SANDRA A
PO BOX 21650
LINCOLN, NE 68542

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
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

SCANNED

NOV 0 2 2018

A

Permit Number HS001764

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* 7520 Prairie Flower City _____, NE Zip _____
(no rural route)

Legal Description 15 T8 R7 South Ridge Heights 4 2
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 15-15-404-002-000 *Approx. Address (If to be determined) _____

B. Owner

Name Mark T Headrick Signature _____
Address PO Box 21650 City/State/Zip Lincoln, NE 68542
Home Phone _____ Work Phone _____

C. Certified Installer

Name: Marcus Hochstein Signature _____
Address PO Box 142 City/State/Zip Eagle, NE 68347
Work Phone _____

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 3.72
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 5/1/19
Comments _____
Date rec'd 11/5/18
Date frwd 11/5/18
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 5/6/19

Business Office Use Only
Date Received 11-02-18 Amount Paid $420.00
Received By JKO Cash/Check No. 173

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: H 5001764

Onsite Wastewater Treatment System

Inspection Sheet

Date 5/6/19 Legal Description ¼ ¼ 15/8/7 Lot 142 Section/Township/Range

Onsite System Location

Address (no rural route) 7520 Prairie Flower 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 1,395 Sq. Ft. Tank Size 2000 gals

Total length of laterals 310' 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 DL Date 5/1/19

Follow-Up Date

Follow-Up Date

Installation Final Written Approval
By Doug Rauch

Date 5/6/19

Field Note Drawing (See Reverse Side):

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

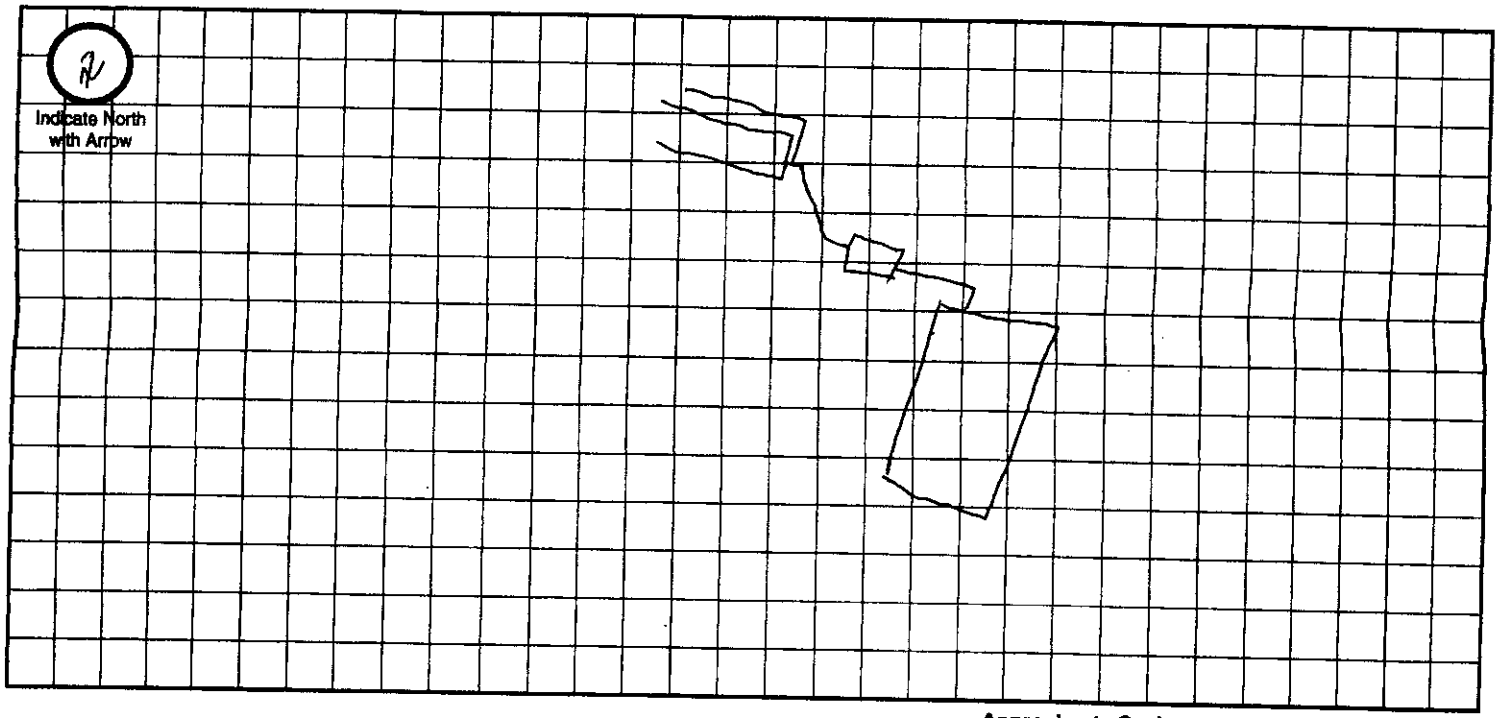
C

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 15-15-404-002-000 City Roca NE, Zip 68430

B. Proposed Septic Tank/s

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

C. Reserve Area for Replacement Onsite System

☑ Drainfield Absorption Area (percoloation test required) ☐ Lagoon

D. Drainfield Absorption System

Percolation Rate 40 (min/inch = mpi) No. of Bedrooms 4 Soil Type Wymore Silty Clay Loam Land Slope 1-3 %

☑ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 1395 sq.ft.

Total length of laterals 310 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 ☐	☐

F. Required Signatures

Home Building Contractor _____ Date _____

Installer [signature] Date 5-6-19

'82
'91
'011
'001
'001
'001
'51
'51
'51

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

PID 15-15-404-002-000

Address _____ (no rural route) City Roca NE, Zip 68430

Owner Mark T. Hendrick Address PO Box 21650

Date of Tests 10-27-19 to 10-28-19 Weather: Precipitation 0 Temperature 46-50°F

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	42	10/27	4:00	10/28	1:20	10/28	4:50	6	10/28	5:20	30m	2 3/4	12.63
2	42	"	"	"	"	"	"	6	"	"	"	1 1/4	24
3	42	"	"	"	"	"	"	6	"	"	"	3/4	40
4	42	"	"	"	"	"	"	6	"	"	"	4 7/8	6.15
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Mercus Hendricks
Phone: 402-730-7749
Address PO Box 142
Eagle, NE 68347

Sum of Percolation Rates: 82.79
Average of Rates: 20.70
Rate Used for Calculation: 40

Soil type (NRCS Maps/Other) Wymore silty clay loam
Groundwater Depth 10+

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
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

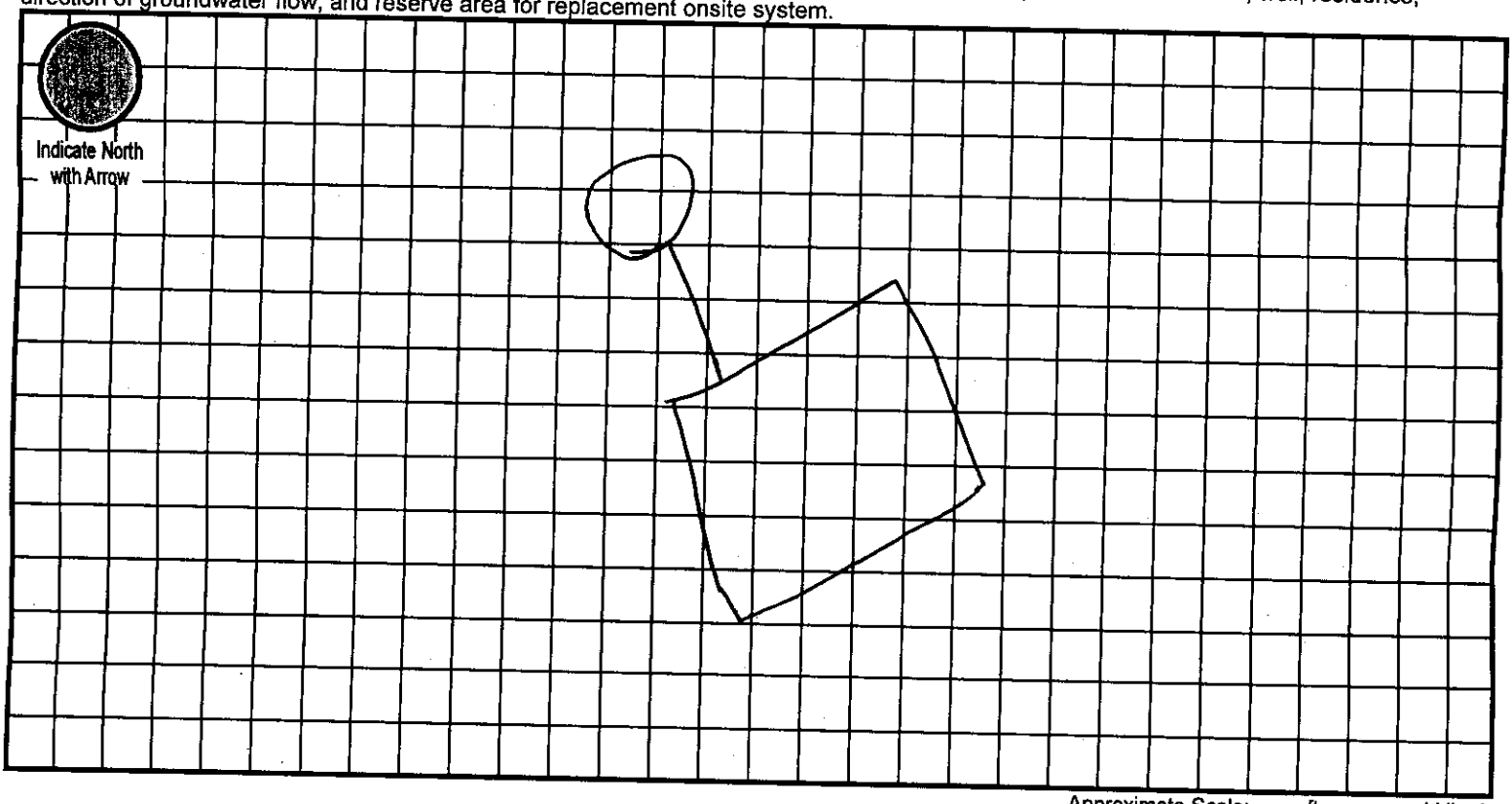
SCANNED

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.



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B. Proposed Septic Tank/s

Septic Tank Cap. _____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 _____(min/inch = mpi) No. of Bedrooms _____ Soil Type _____ Land Slope _____ %

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

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

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

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

Installer Marcus Hochstein Date: 10-29-18