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

NOV 15 2018
A

Permit Number
HS001770

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 Roca, NE Zip 68430
(no rural route)

Legal Description SW SE 5 T8 R7 South Ridge Acres 5 3 ditto
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 15-15-405-003-000 *Approx. Address (If to be determined) _____

B. Owner

Name Jeffrey Butterfield Signature _____
Address 910 E 9th St. City/State/Zip Hickman, NE 68732
Home Phone _____ Work Phone _____

C. Certified Installer

Name: Marcus Hachstein Signature _____
Address 625 S. 42nd St. 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 _____ Whirlpool Bathtub? ❑ Yes ❑ No Total Acres 3.41
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 _____ Amount Paid _____
Received By _____ Cash/Check No. _____

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

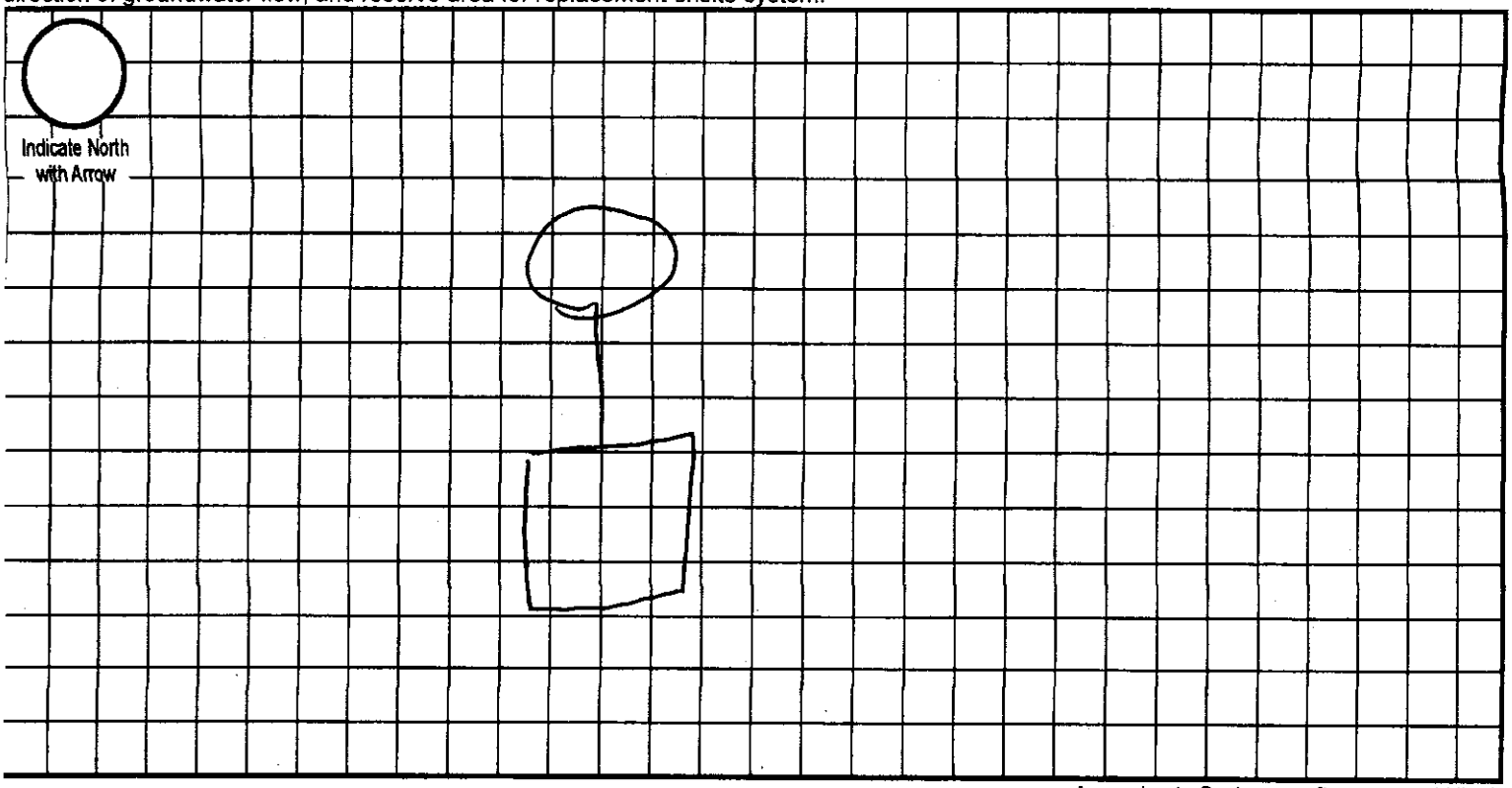
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

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

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

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 4 Soil Type otoe s.i.l.t clay Land Slope 6-11 %

☐ 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 _____ Date: 11-17-18

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. HS001770

System Type: Lagoon

Situs: No Site Address Specified

Issued: 11/16/2018

Expires: 11/16/2019

Description: SOUTH RIDGE ACRES ADDITION, BLOCK 5, Lot 3

Owner: BUTTERFIELD, JEFFREY J &
MAGGIE M
910 E 9 ST
HICKMAN, NE 68732

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 ST
EAGLE, NE 68347

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

AUG 07 2019 **A**

Permit Number HS001770

Onsite Wastewater Treatment System Permit Application

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☑ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

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

PID 15-15-405-003-000 *Approx. Address (If to be determined)

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Name Jeffrey Butterfield Signature

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Home Phone Work Phone

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Name: Marcus Hochstein Signature

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Work Phone 402-730-7749

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

Designer Name Firm Work Phone

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☑ Residential Dwelling Number of Bedrooms 4 Whirlpool Bathtub? ☐ Yes ☑ No Total Acres 3.41

Garbage Grinder? ☑ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day

Type of Wastewater ☐ Domestic ☐ Non-Domestic

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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 Amount Paid

Received By Cash/Check No.

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

Form A Updated: 4/15

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

B

Permit Number:

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 7750 Prairie Flower Dr (no rural route) City Roca NE, Zip 68430

Owner Jeff Butterfield Address 910 E 9th St Hickman, NE 68732

Date of Tests 10-29-18 to 10-28-18 Weather: Precipitation 0 Temperature 46-50°F

Percolation Test Data Table

A.	B.	C.	D.	E.	F.	G.	H.	I.	J.	K.	L.	M.	N.
		Saturation/Swelling Time				Water Level Drop: Last 30 mins of 4 hr or last 10 mins of 1 hr					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	10-28	8:00	10-28	1:00	10-28	4:40	6	10-28	5:10	30m	1	30
2	42	"	"	"	"	"	"	6	"	"	"	5/8	48
3	42	"	"	"	"	"	"	6	"	"	"	3/4	40
4	42	"	"	"	"	"	"	6	"	"	"	3/4	40
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Marcus Hochstein
Phone: 402-770-7749
Address PO Box 142
Eagle, NE 68347

Sum of Percolation Rates: 158
Average of Rates: 39.50
Rate Used for Calculation: 31-60

Soil type (NRCS Maps/Other) Wymore silty clay, 6cem

Groundwater Depth

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official Date

CONDUCTING A PERCOLATION TEST

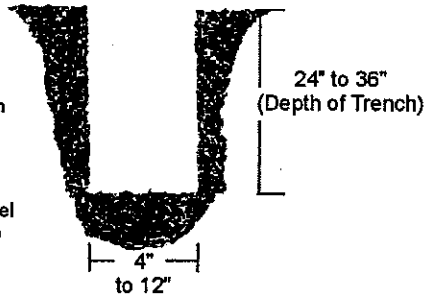
READ THOROUGHLY

DIAGRAM OF PERCOLATION TEST PROCEDURE

Natural Ground Level

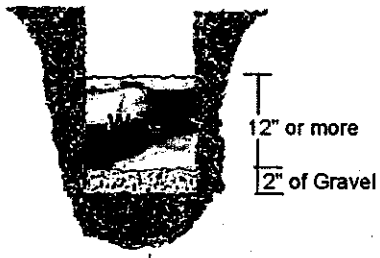
I. Number, Size and Location of Test Holes

- A. Dig six or more holes spaced evenly over proposed drainfield.
- B. Scratch smeared areas on the bottom 12" of hole.
- C. Remove loose material from hole.
- D. Add 2" layer of clean gravel in hole. Gravel (1/4"-3/4") may be placed in a nylon mesh bag so it can be used again.



II. Saturation/Swelling of Soil

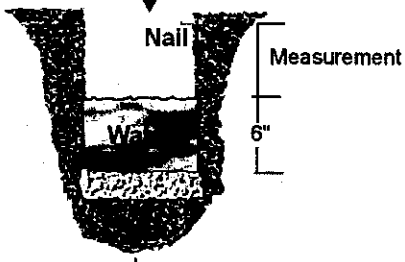
- A. Fill hole with at least 12" of clear water.
- B. **MAINTAIN THIS WATER LEVEL FOR 4 HOURS.**
- C. Record on Form B, Columns A to F
- D. **Must wait 24 hours before beginning Step III.**



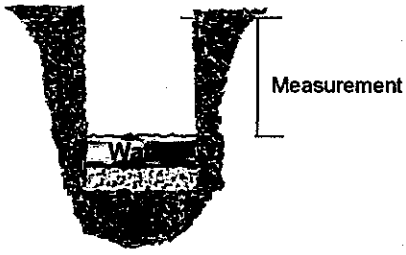
24 Hours Later

III. Water Level Drop Measurement (Refer to instructions 4a, b or c)

- A. Adjust water level to 6".
- B. Measure from fixed reference point (nail) to water, or use a percometer.
- C. Record measurement and time on scratch paper.
- D. 30 min. later re-measure and record time.
- E. After each measurement, refill to 6" above gravel.
- F. Continue for 4 hours taking readings evey 30 min. (Refer to 4b for exception)
- G. Last 30 min. reading is used in filing out Form B. Record in Column G through M.



½ hour later
(30 minutes)



IV. The Department will calculate Percolation Rates.

Instructions

1. Percolation test holes. Percolation tests should be made in 6 or more separate holes spaced uniformly over proposed drainfield. Dig or bore holes 4 to 12" in diameter to the depth of the bottom of drainfield trench. (If sides of hole collapse, a slotted PVC plastic pipe and gravel pack may be needed to support the sides of the hole.) Do not dig holes in soil that is above the plastic limit or where frost is within 12" from the bottom of hole.
2. Preparation of test hole. Scratch any smeared areas on the bottom 12" of hole with nails driven into a 1x2" board to provide a natural soil interface for water to percolate. Remove all loose soil from bottom of hole. Add 2" of clean gravel to protect the bottom from scouring when water is put into hole.
3. Saturation and swelling of the soil. Fill holes with clear water to a depth fo 12" or more above gravel and maintain this water level at least 4 hours (add water as necessary). Do not remove water from holes. Holes should be covered with boards during the 20 hrs. wait before the test begins. Soils with slow permeability or containing greater than 30% clay will require several days saturation for thorough swelling in a dry season. The accuracy of the percolation test depends on thorough saturation and swelling of soil. Sandy soil containing no clay does not swell. The percolation test may proceed immediately if the 12" of water seeps away in 10 min. or less after filling holes twice. Proceed to Step 4c.
4. Measure percolation rate. Measurements must be made 24 hrs after starting saturation/swelling procedure described above. Record results on the front of this form and the Department will complete the calculations.

   a. If water remains in hole after the saturation/ swelling period, adjust depth to 6" above gravel. From a fixed point, measure the drop in water level over a 30 min. period to nearest 1/8". This drop is used to calculate percolation rate.

   b. If no water remains in hole after the saturation/ swelling period, add 6" of clear water above gravel. From a fixed point, measure the drop in water level to nearest 1/8" at 30 min. intervals for 4 hrs. Refill to the 6" level above gravel after each measurement. The drop that occurs during the last 30 min. of the 4 hrs. is used to calculate the percolation rate (when 3 consecutive percolation rates vary by no more than 10%, the test can stop before the end of 4 hr. period).

   c. In sandy soils, or other soils in which t he first 6" of water seeps away in less than 30 min., allow 10 min. between measurements and run the test for 1 hr. The drop that occurs during the last 10 min. of 1 hour is used to calculate the percolation rate. If 6" of water seeps away in less than 10 min., use a stopwatch.
5. Record test results on the front of this form. The average of the percolation rates calculated for all holes in 30 (10) min. will usually be the rate used to size the drainfield. Exceptions are the use of the slowest percolation rate when rates vary more than 20 mpi between holes or when other soil evaluation indicates a problem.

LLCHD reserves the right to witness or perform percolation tests and to required additional soil or groundwater information.

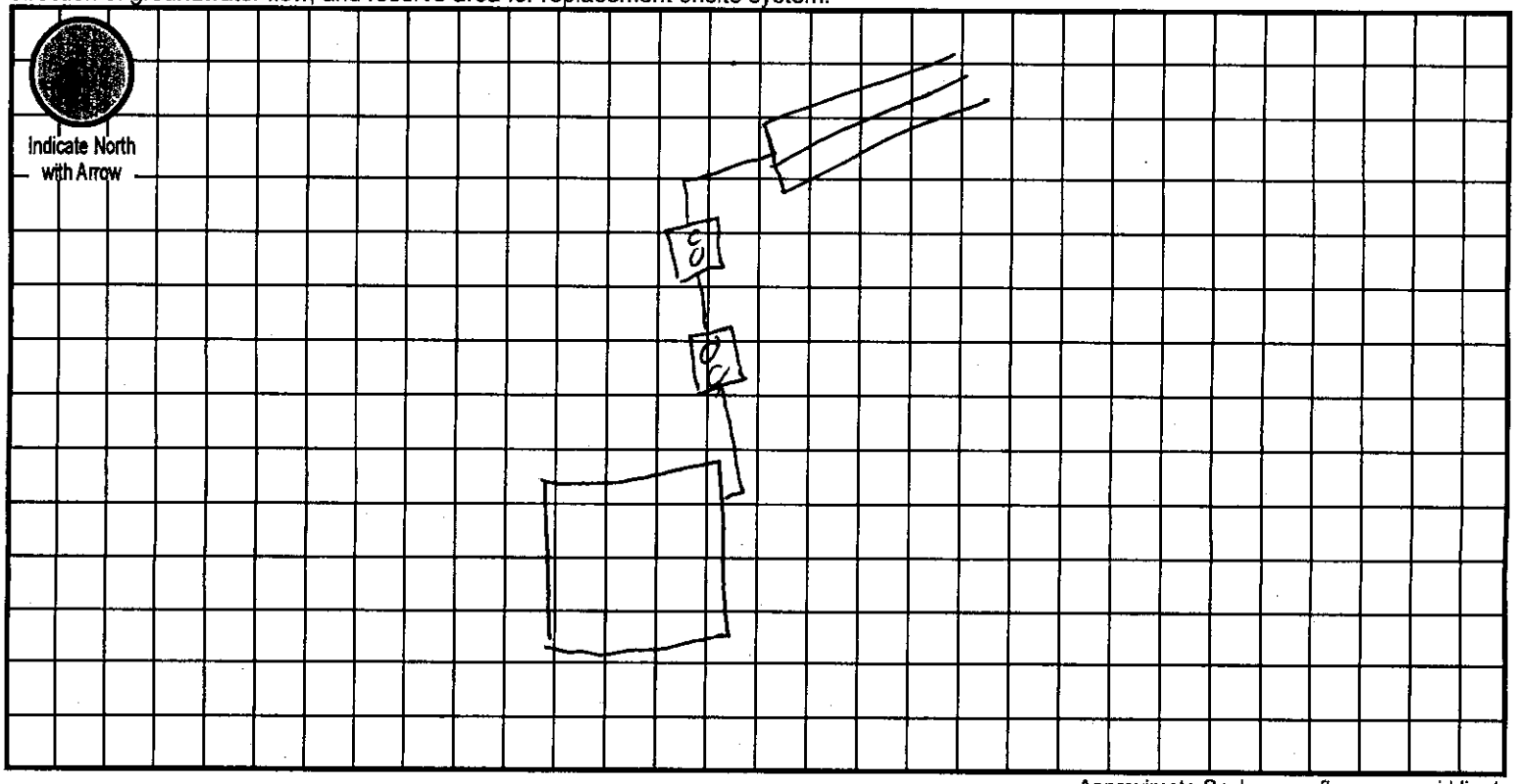
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

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

Address (no rural route) 7750 Prairie Flower Dr 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"/day)

C. Reserve Area for Replacement Onsite System

☑ Drainfield Absorption Area (percolation test required) ☐ Lagoon

D. Drainfield Absorption System

Percolation Rate 31-60 (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 _____ 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 _____

Mound System

Installer Marcus Hochstein Date: 7-25-19

Updated 2/18

Nebraska DEQ

System Registration For Onsite Wastewater Treatment System – Endorsed Mound System

Print or Type

Jeffery | | Butterfield |
Owner First Name | Initial | Last Name | Owner Phone Number

Business or Legal Entity Name (if applicable)

910 E 9th St. | Hickman | NE 68732
Owner Mailing Address | City | State Zip

7750 Prairie Flower Dr | Reca | NE 68430
Physical address of system if different from owner's mailing address

Location PID 15-15-405-003-000 *Legal description* OR *Geographical coordinates to 4 decimal points*

¼ ¼ Section Township Range County / Latitude Longitude

Mark One ☑ Dwelling ☐ Non-dwelling

Mark One
☑ New system ☐ Modification, reconstruction or alteration of existing system

Design flow 500 gal/day

Depth to seasonal high groundwater 2 feet Percolation rate 31-60 min/inch

Septic tank capacity 2000 gallons

(Soil Absorption System Detail) Sand Layer Height 2 feet

Description of Treatment Media in Distribution Bed (Select one of the following):

☐ Rock ☑ Bundled expanded polystyrene synthetic aggregate

Remaining Mound System Detail:

Maximum Ground Slope 0-1 % Pump Tank Capacity 1000 gallons

Pump Control Levels (Measured from Bottom of Pump Tank):

On Level 12 inches Off Level 6 inches High Water Alarm Level 15 inches

Dose Pump: Manufacturer Liberty Pump Pump Make _____ Pump Model FL 51A

Force Main Length 24 feet

Previous system registration number (if applicable) TS_____

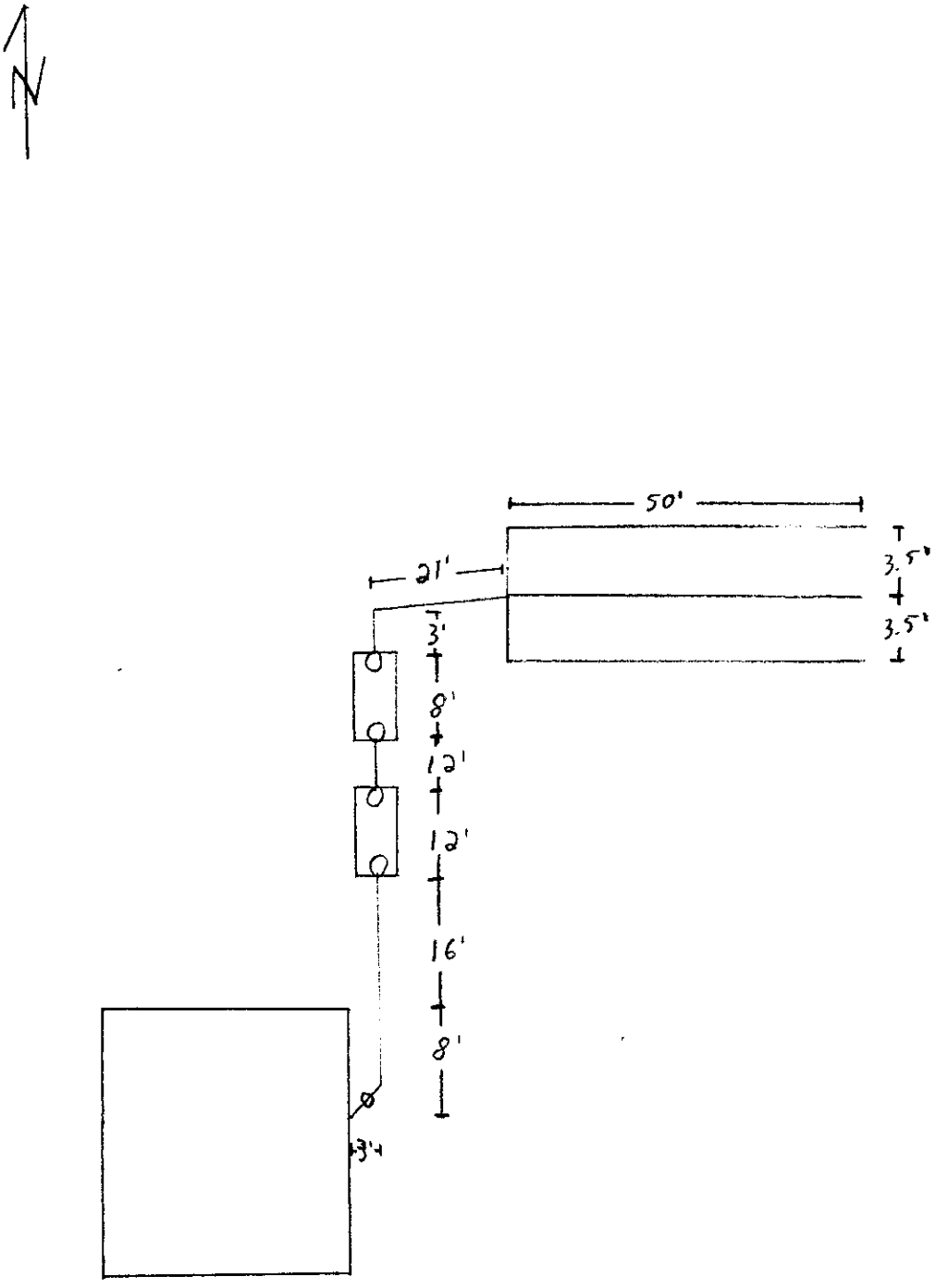
I swear or affirm that the system complies with Title 124 requirements and that the registration information and documentation submitted are true, complete and accurate.

Marcus | J | Hochstein | 2527
(*Print or Type*) First Name | Initial | Last Name | Certificate/License Number

Signature of Certified Professional, Professional Engineer, or Registered Environmental Health Specialist

7-27-19
Date of Inspection or completion of construction

NOTICE: Failure to complete the form or include the appropriate fee(s) will delay the registration.
Nebraska Department of Environmental Quality PO Box 98922 Lincoln NE 68509-8922


N
50'
21'
3'
8'
12'
12'
16'
8'
3.5'
3.5'
3'

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

AUG 07 2019 **A**

Permit Number HS001770

10/23/19 Sent '19 Done 2/1 10/14

Onsite Wastewater Treatment System Permit Application

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☑ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

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Legal Description Sec 15 T8 R7 Southridge Acres Add 5 3

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

PID 15-15-405-003-000 *Approx. Address (If to be determined)

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Name Jeffery Butterfield Signature

Address 916 E 9th st City/State/Zip Hickman, NE 68372

Home Phone Work Phone

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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 3.41
Garbage Grinder? ☑ Yes ☐ No

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Type of Wastewater ☐ Domestic ☐ Non-Domestic

DO NOT WRITE BELOW THIS LINE

Approval Process

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ACTION ☑ Approved ☐ Disapproved
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ACTION ☐ Approved ☐ Disapproved
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3. City or County Engineer
Comments Date rec'd Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature

Installation Final Written Approval
By
Date 11/6/19

Changed to septic from lagoon

Business Office Use Only
Date Received Amount Paid
Received By Cash/Check No.

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

Form A Updated: 4/15

Nate C. Hartman

From: marcus hochstein <midiggers@hotmail.com>
Sent: Wednesday, October 23, 2019 6:45 PM
To: Nate C. Hartman
Subject: butterfield
Attachments: img20191023_18403362.pdf

Sent from Outlook

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

D

Permit Number:

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) 7750 Prairie Flower Dr. Raca, NE 68430

Owner: Jeffrey Butterfield Address 7750 Prairie Flower Dr.

A. Wastewater Piping

1. Material: PVC Diameter: 4 in.
2. Distance between dwelling and septic tank: 16 ft.

B. Septic Tank

1. Material Concrete
2. Capacity: 2000
3. Depth to top of tank, below unfinished grade: 18 in.
4. Distance to:
   Well NA ft.
   Pressure line 50+ ft
   Property Line 50+ ft.
   Foundation 16 ft.

C Distribution Box or Drop Box

Distance **and** Direction from septic tank: NA ft. ____

D. Drainfield/Absorption Field

☐ Trench ☑ Bed Mound system

1. Type: ☐ Perforated Pipe ☐ Chamberless ☑ Other
   Material brand and inside width of Chamberless: EZ Flow
2. Number of Laterals: IV
3. Length of each lateral (linear): ft. ____ ft. ____ ft. ____ ft. ____
4. Drainfield size: ____ sq. ft.
5. Distance to:
   Well 50+ ft.
   Pressure line 50+ ft.
   Property line 50+ ft.
   Depth of Groundwater 3'

NA

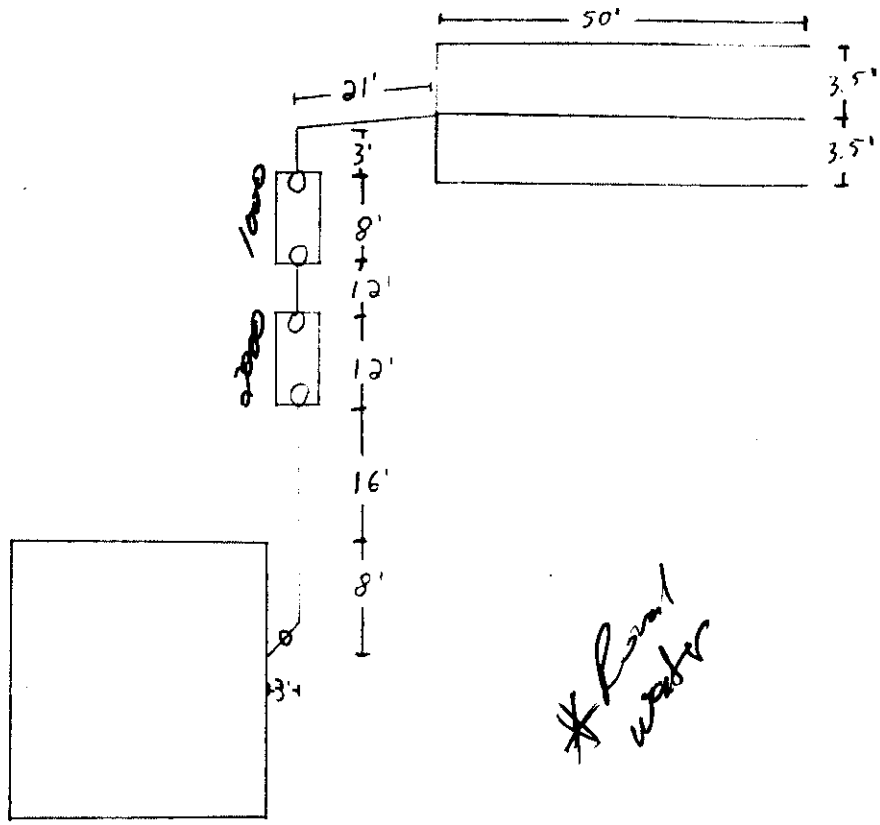
Was the Onsite Wastewater System covered prior to LLCHD inspection? ☑ Yes ☐ No

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: 7-27-19

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


N
50'
21'
3.5'
3.5'
3'
8'
12'
12'
16'
8'
3'
Pond water

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

NOV 15 2018
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☐ Commercial Establishment/Other Facility Specify _____ Design flow in gallons per day _____
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Date rec'd _____
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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 11/16/18 Amount Paid $420.00
Received By 11/15/18 Cash/Check No. 182

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