REC'D APR 08 2019

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

A

Permit Number #5001804

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 1 S. 59TH STREET City ROCA, NE Zip 68430
(no rural route)

Legal Description 15 16 S16 T8 R7 SILVERHAWK ESTATES ADDITION 1 5
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID

B. Owner

Name REECE + SARAH SUKOVATY / ASPEN Signature

Address 8250 KATRINA LN City/State/Zip LINCOLN, NE, 68512

Home Phone 402.730.4800 Work Phone

C. Certified Installer

Name: BOB BENES Signature

Address 1640 NORMANDY COURT, SUITE A City/State/Zip LINCOLN, NE 68512

Work Phone 402.416.9660

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 5 Whirlpool Bathtub? ☐ Yes ☑ No Total Acres 3
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
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 4-08-19 Amount Paid $420.00
Received By JAE Cash/Check No. 26321

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

B

Permit Number:

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address S. 59TH STREET (no rural route) City ROCA NE, Zip 68430

Owner REECE & SARAH SUKOVATY Address 8250 KATRINA LN, LINCOLN, NE, 68512

Soil Type (SCS): 7684 Wymore S.Cl Percolation Rate: _____ min./inch

Date of Tests 4-1 to 4-2 Weather: Precipitation clear Temperature 60°

Percolation Test Data Table

A.	B.	C. D. E. F. Pre-Saturation Period				G. H. I. J. K. Percolation Readings					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)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time (Min)	Water Level Drop (in)	Percolation Rates (Min/in)
1	36	4-1	12p	4-2	10:50	4-2	:50	22	4-2	:20	30	.5	60
2							:51	24		:21		.625	48
3							:52	20		:22		.5	60
4							:53	24		:23		.75	40
5							:54	27		:24		.625	48
6							:55	25		:25		.5	60

Person Conducting Percolation Tests

Name: BOB BENES

Phone: 402.416.9660

Address 1640 NORMANDY COURT, SUITE A

Sum of Percolation Rates: 316

Average of Rates: 53

Rate Used for Calculation: 60

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-93

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

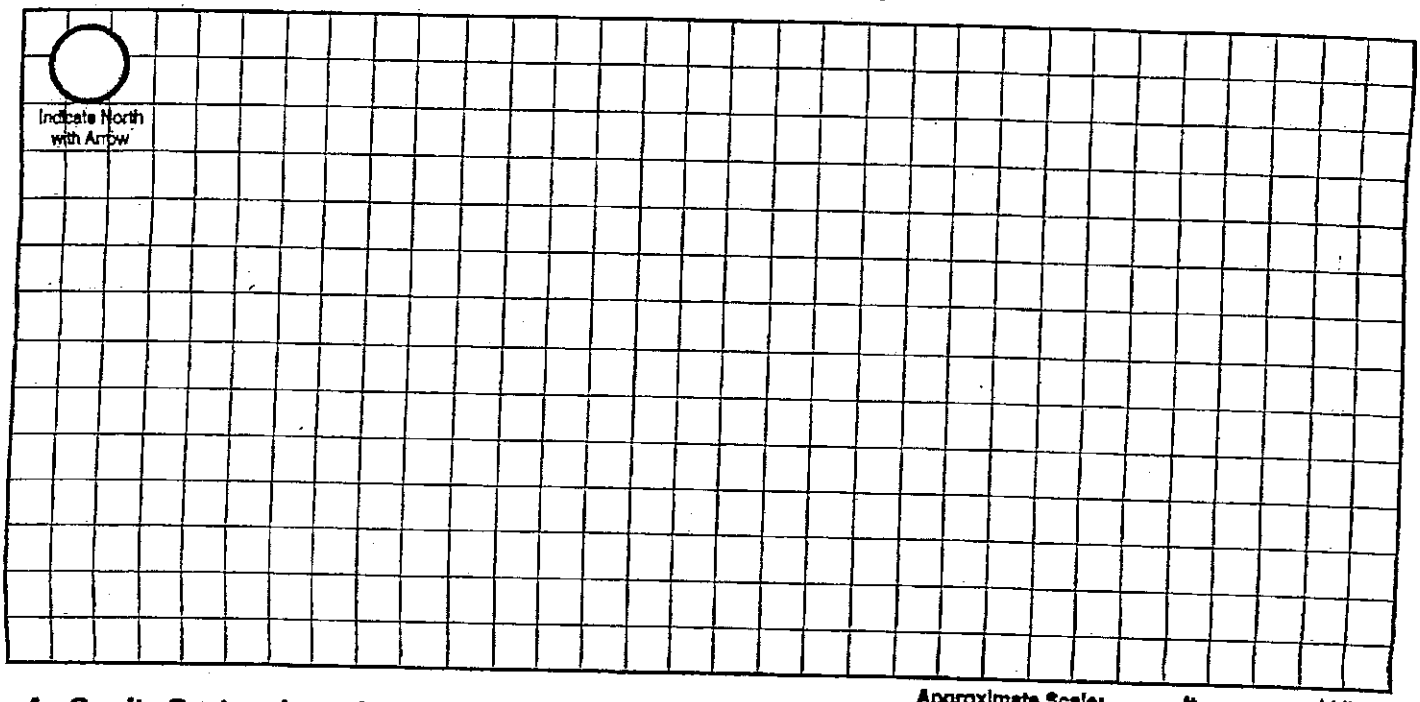
C

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) S. 59TH STREET City ROCA NE, Zip 68430

B. Proposed Septic Tank/s

Septic Tank Cap. 1750 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 5 Soil Type Wymore Land Slope 1-2%

☑ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 1750 sq.ft.

Total length of laterals 483 Type of distribution: ☐ Perforated pipe ☐ Half-Round ☑ Chamber ☐ Other

No. of absorption trenches 4 Width 3' No. of drop boxes 0 Distrubtion Box 1

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

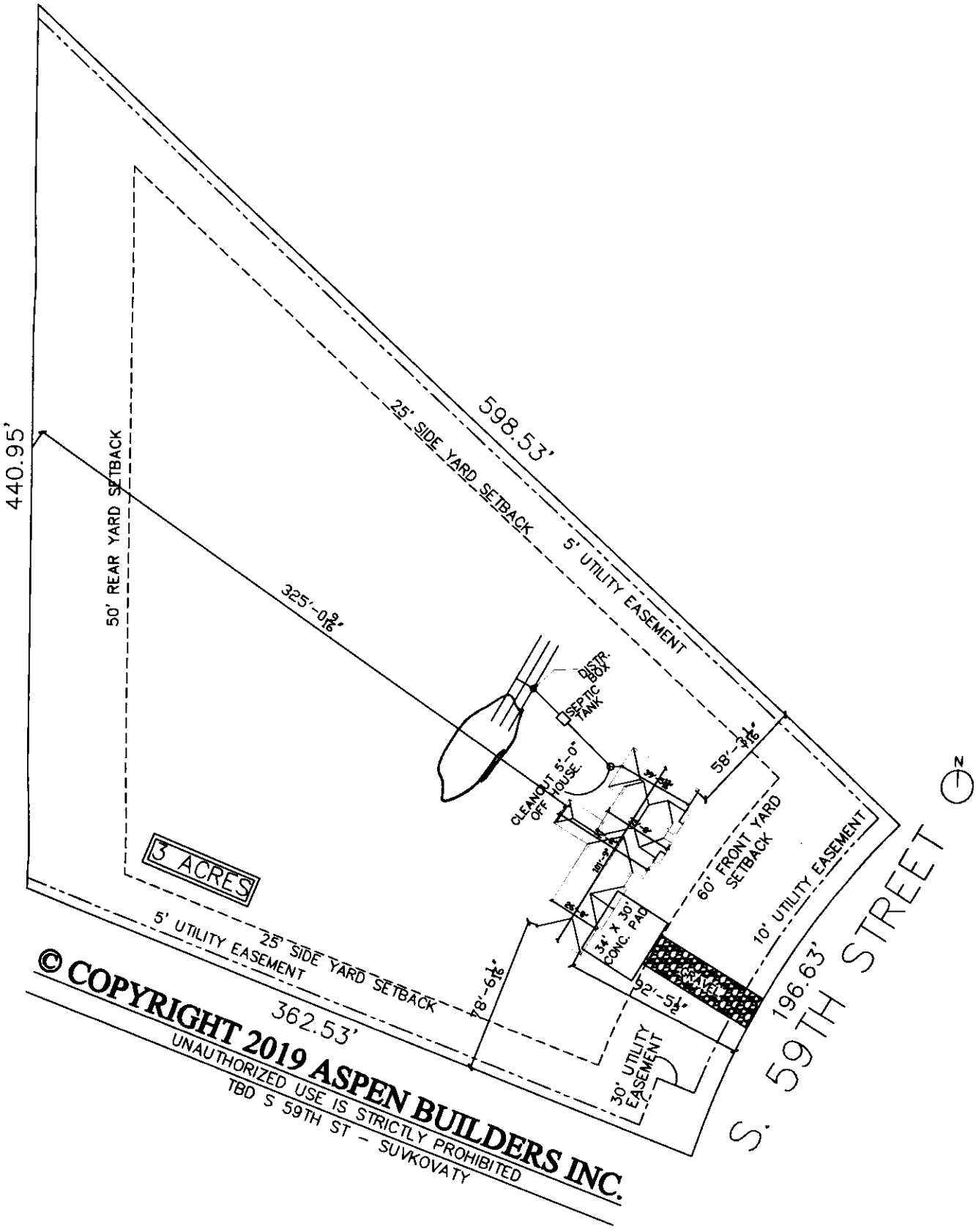
E. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

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 4-5-19

Installer_____ Date 4-5-19



© COPYRIGHT 2019 ASPEN BUILDERS INC.
UNAUTHORIZED USE IS STRICTLY PROHIBITED

TBD S 59TH ST – SUVKOVATY

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. HS001804

System Type: Standard

Situs: No Site Address Specified

Issued: 4/10/2019

Expires: 4/10/2020

Description: SILVERHAWK ESTATES ADDITION, BLOCK 1, Lot 5

Owner: SUKOVATY, REECE & SARAH
8250 KATRINA LN
LINCOLN, NE 68512

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

ASPEN BUILDERS
1640 NORMANDY CT STE A
LINCOLN, NE 68512

SCANNED

REC'D APR 08 2019

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

A

Permit Number HSC01804

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 1 S. 59TH STREET City ROCA, NE Zip 68430
(no rural route)

Legal Description S16 T8 R7

1/4	1/4	Section	Township	Range	Subdivison	Addition	Block	Lot
15	16	101	005	000	SILVERHAWK ESTATES	ADDITION	1	5

PID

B. Owner

Name REECE + SARAH SUKOVATY / ASPEN Signature

Address 8250 KATRINA LN City/State/Zip LINCOLN, NE, 68512

Home Phone 402.730.4800 Work Phone

C. Certified Installer

Name: BOB BENES Signature

Address 1640 NORMANDY COURT, SUITE A City/State/Zip LINCOLN, NE 68512

Work Phone 402.416.9660

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 5 Whirlpool Bathtub? ☐ Yes ☑ No Garbage Grinder? ☑ Yes ☐ No Total Acres 3.01

☐ 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 ~9/11/19 Date rec'd 4/10/19 Date frwd 4/10/19
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 Tony Lane
Date 9/23/19

Business Office Use Only
Date Received 4-08-19 Amount Paid $420.00
Received By JKC Cash/Check No. 26321

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

Exhibit 5

Permit Number: HS001804

Onsite Wastewater Treatment System

Inspection Sheet

Date 9/23/19

Legal Description Silverhawk Estates Blk 1, Lot 5 16 / 8 / 7
¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 14865 S. 59th 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 1,750 Sq. Ft. Tank Size 2 – 1,060 gals – 2,000+ gallon total

Total length of laterals 483' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☐ Other (describe)

No. of Absorption Laterals 3 Width 3,6250 Laterals 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 DS Date 9/24/19

Follow-Up Date

Follow-Up Date

Installation Final Written Approval
By Doug Zinn
Date 9/23/19

Field Note Drawing (See Reverse Side):

Nate C. Hartman

From: Diane Van Deun <villageofroca@gmail.com>
Sent: Monday, April 08, 2019 4:45 PM
To: Nate C. Hartman
Subject: Silverhawk Estates Block 1, Lot 5

Hi Nate,

Sorry I didn't get back to you sooner - I had several phone calls. :)
In regards to the above referenced permit - all is approved with us.

Thanks,

Diane Van Deun
Village of Roca Clerk/Treasurer
Equal Opportunity Provider and Employer
villageofroca@gmail.com
http://villageofroca.com/
402-421-9577