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

A

Permit Number #5001847

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* 6700 BENNET RD (no rural route) City ROCA, NE Zip 68430

Legal Description: SE (1/4) SE (1/4) 4 (Section) 8 (Township) 7 (Range) ____ (Subdivison) ____ (Addition) ____ (Block) 21 (Lot)

PID 15-04-400-003-000 *Approx. Address (If to be determined) ____

B. Owner

Name MICHAEL & LYNN PRICE Signature ____

Address 6700 BENNET RD City/State/Zip ROCA, NE 68430

Home Phone ____ Work Phone ____

C. Certified Installer

Name: JASON KUBIK Signature [signature]

Address 105 LOCUST ST City/State/Zip HICKMAN, NE 68372

Work Phone 402-475-2462

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 Garbage Grinder? ☐ Yes ☐ No Total Acres 9.63

☒ Commercial Establishment/Other Facility Specify SHOP BUILDING TO BE BUILT Design flow in gallons per day 200

Type of Wastewater ☐ Domestic ☐ Non-Domestic

DO NOT WRITE BELOW THIS LINE

Approval Process

1. Health Department
Site visits ____ Date rec'd ____ Date frwd ____
Comments ____
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 6-25-14 Amount Paid $120.00
Received By ____ Cash/Check No 6643

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

Form A Updated: 4/15

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

Address 6700 BENNET RD (no rural route) City ROCA NE, Zip 68430

Owner MIKE & LYNN PRICE Address 6700 BENNET RD

Date of Tests 6/9/16 to 6/10/16 Weather: Precipitation Ø Temperature 95°

Percolation Test Data Table

A.	B.	C. Saturation/Swelling Time		D.	E.	F.	G. Water Level Drop Last 30 mins of 4 hr or last 10 mins of 1 hr	H.	I.	J.	K.	L.	M. Results	N.
		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	30	6/9	9:30	6/10	9:30		6/9	1 pm	6	6/9	1:30	30	7/8	35
2	30	6/9	9:30	6/10	9:30		6/9	1 pm	6	6/9	1:30	30	5/8	48
3	30	6/9	9:30	6/10	9:30		6/9	1 pm	6	6/9	1:30	30	1 1/8	27
4	30	6/9	9:30	6/10	9:30		6/9	1 pm	6	6/9	1:30	30	1 1/8	27
									6					
									6					
									6					
									6					

Person Conducting Percolation Test

Name: JASON KUBIK

Phone: 402-475-2412

Address 105 LOCUST BOX 191
HICKMAN, NE 68372

Soil type (NRCS Maps/Other) 7684 WIGHORE SILTY CLAY

Groundwater Depth

Sum of Percolation Rates: 137
Average of Rates: 34.25
Rate Used for Calculation: 59

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 (402) 441-8027
3131 O Street Lincoln, Nebraska 68510-1514

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT
No. HS001847

System Type: Standard

Situs: 6700 BENNET RD, HICKMAN, NE 68430

Issued: 7/1/2019

Expires: 7/1/2020

Description: S4, T8, R7, 6th Principal Meridian, LOT 21 SE

Owner: PRICE, MICHAEL D & LYNN R
6700 BENNET RD
ROCA, NE 68430

Patricia D. Lopez

Patricia D. Lopez, RN, MSN, Interim 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.

Patricia D. Lopez

Patricia D. Lopez, RN, MSN
Interim Health Director

TRI-POINT TREE & LANDSCAPING LLC
6700 BENNET RD
ROCA, NE 68430

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

SCANNED

A

Permit Number #5001847

Holding Tank

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

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Legal Description: SE (1/4) SE (1/4) 4 (Section) 8 (Township) 7 (Range) ____ (Subdivison) ____ (Addition) ____ (Block) 21 (Lot)

PID 15-04-400-003-000 *Approx. Address (If to be determined) ____

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Name MICHAEL & LYNN PRICE Signature ____

Address 6700 BENNET RD City/State/Zip ROCA, NE 68430

Home Phone ____ Work Phone ____

C. Certified Installer

Name: JASON KUBIK Signature ____

Address 105 LOCUST ST City/State/Zip HICKMAN, NE 68372

Work Phone 402-475-2462

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 Garbage Grinder? ☐ Yes ☐ No Total Acres 9.63

☒ Commercial Establishment/Other Facility Specify SHOP BUILDING TO BE BUILT Design flow in gallons per day 200

Type of Wastewater ☐ Domestic ☐ Non-Domestic

DO NOT WRITE BELOW THIS LINE

Approval Process

1. Health Department
Site visits ____
Comments ____
Date rec'd 7/1/19
Date frwd 7/1/19
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 8/13/20

Business Office Use Only
Date Received 6-25-19 Amount Paid $120.00
Received By ____ Cash/Check No. 6643

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

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) 15 - 04 - 400 - 003 - 006

Owner: MIKE PRICE Address 6700 BENNET RD HICKMAN, NE 68372

A. Wastewater Piping

1. Material: SCH 40 Diameter: 4 in.
2. Distance between dwelling and septic tank: 70 ft.

B. Septic Tank

1. Material 1M 1530 INFILTRATOR
2. Capacity: 1500 GALLONS
3. Depth to top of tank, below unfinished grade: 12 in.
4. Distance to:
   Well _____ ft.
   Pressure line _____ ft
   Property Line _____ ft.
   Foundation 10 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: _____
2. Number of Laterals: _____
3. Length of each lateral (linear): ft. _____ ft. _____ ft. _____ ft. _____
4. Drainfield size: _____ sq. ft.
5. Distance to:
   Well _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.
   Depth of Groundwater _____

✓ approved cover

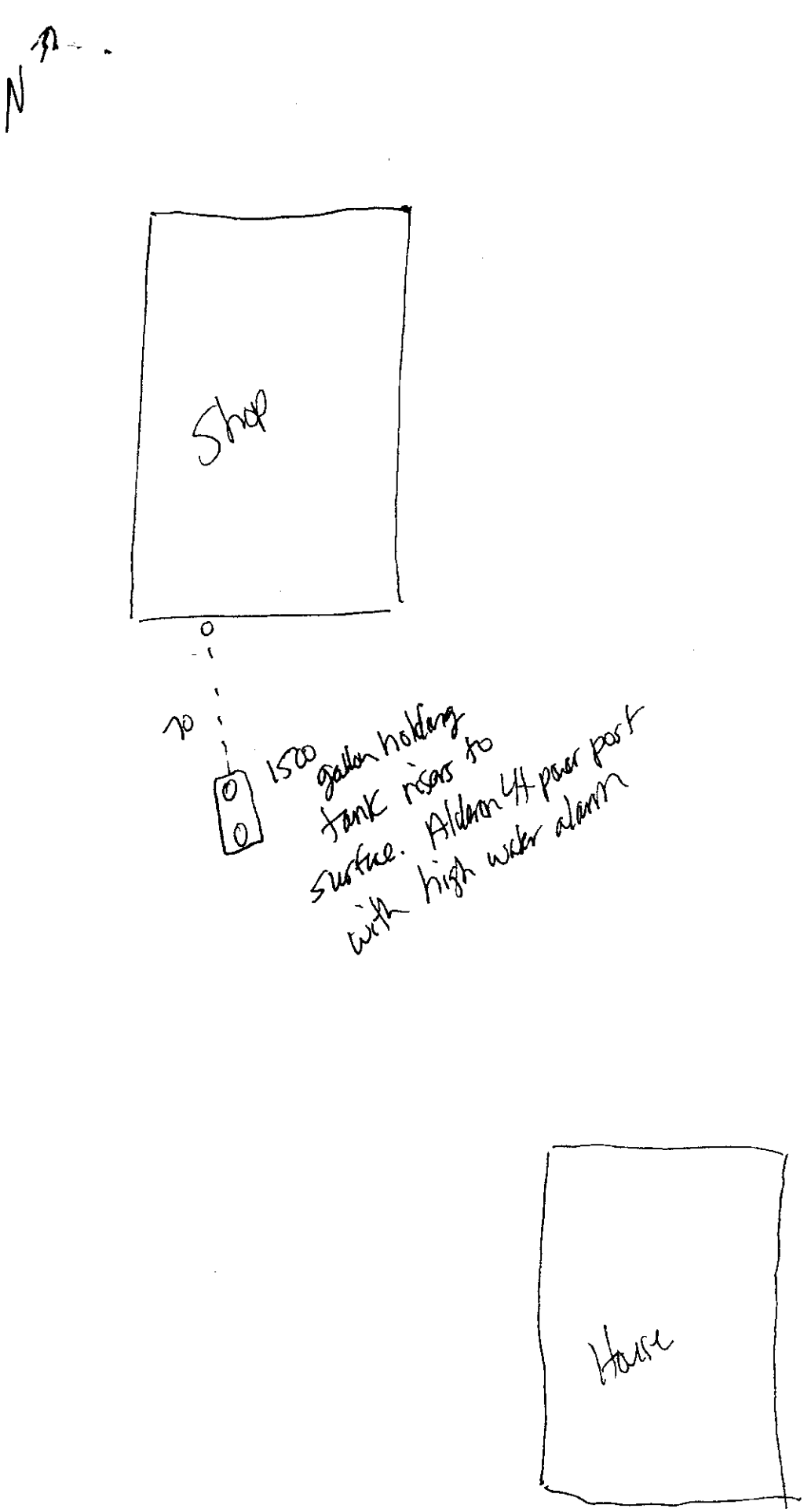
Was the Onsite Wastewater System covered prior to LLCHD inspection? ☒ Yes ☐ No

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: Aug 13, 2020

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


N
Shop
1500 gallon holding tank rises to surface. Alderon 4H power pack with high water alarm
House