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

A

Permit Number #500 1925

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* 15300 A STREET City ROCA, NE Zip 68430
(no rural route)

Legal Description 17 8 7 6TH PRINCIPAL MERIDIAN 1255
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID _____ *Approx. Address (If to be determined) _____

B. Owner

Name DOUG & KARLA MALONE Signature _____
Address 15300 A STREET City/State/Zip ROCA, NE 68430
Home Phone 402-310-2229 Work Phone _____

C. Certified Installer

Name: JAIME KUBIK Signature Jaime Kubik
Address 105 LOCUST STREET 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 3 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 11.45
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 10-31-19 Amount Paid $430.00
Received By JAO Cash/Check No CC-0214

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

Lincoln-Lancaster County Health Department (LLCHD)
Environmental Public Health Division
3140 "N" 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 15300 A Street (no rural route) City Roca NE, Zip 68430

Owner Doug Malone Address

Date of Tests 10/24/19 to 10/25/19 Weather: Precipitation none Temperature 60 degrees

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		Initial	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 Interval	Water Level Drop(in)	Percolation Rates (Min/in = mpi)
1	30	10/24	3 pm	10/25	8:55	10/25	12:25	6	10/25	12:55	30 min	1/2	60
2	30	10/24	3 pm	10/25	8:55	10/25	12:25	6	10/25	12:55	30 min	5/8	48
3	30	10/24	3 pm	10/25	8:55	10/25	12:25	6	10/25	12:55	30 min	1/2	60
4	30	10/24	3 pm	10/25	8:55	10/25	12:25	6	10/25	12:55	30 min	3/4	40
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Jason Kubik
Phone: 402-475-2462
Address 105 Locust Street P.O. Box 191
Hickman, NE 68372

Sum of Percolation Rates: 208
Average of Rates: 52
Rate Used for Calculation: 52

Soil type (NRCS Maps/Other) 7418 Morrill Clay Loam
Groundwater Depth +12

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. HS001925

System Type: Standard

Situs: 15300 A ST, ROCA, NE

Issued: 11/6/2019

Expires: 11/6/2020

Description: S17, T8, R7, 6th Principal Meridian, LOT 125 SW

Owner: MALONE, DOUG & KARLA
PO BOX 25
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

JAIME KUBIK
105 LOCUST ST
HICKMAN, NE 68372

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

SCANNED

A

Permit Number #5001925

Onsite Wastewater Treatment System Permit Application

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

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(no rural route)

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Date frwd _____ Signature _____

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

Installation Final Written Approval
By _____
Date 10/12/20

Business Office Use Only
Date Received 10-31-19 Amount Paid $430.00
Received By JAO Cash/Check No CC 0214

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) 15-17-300-028-006

Owner DOUG & KARLA MALONE Address 15300 A STREET ROCA, NE 68430

A. Wastewater Piping

1. Material: SCH 40 Diameter: 4 in.
2. Distance between dwelling and septic tank: 145 ft.

B. Septic Tank 1M

1. Material 1060 INFILTRATOR TANK
2. Capacity: 1000 GALLONS
3. Depth to top of tank, below unfinished grade: 12 in.
4. Distance to:
   Well NA ft.
   Pressure line 50+ ft
   Property Line 50+ ft.
   Foundation 145 ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: 112 ft. W

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☒ Other
   Material brand and inside width of Chamberless: EZ FLOW
2. Number of Laterals: 3
3. Length of each lateral (linear): ft. 80 ft. 80 ft. 80 ft.
4. Drainfield size: 1080 sq. ft. 1050 Req'd
5. Distance to:
   Well NA ft.
   Pressure line 50+ ft.
   Property line 50+ ft.
   Depth of Groundwater +12

N

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

If Yes, the Certified Professional must sign below for final approval:

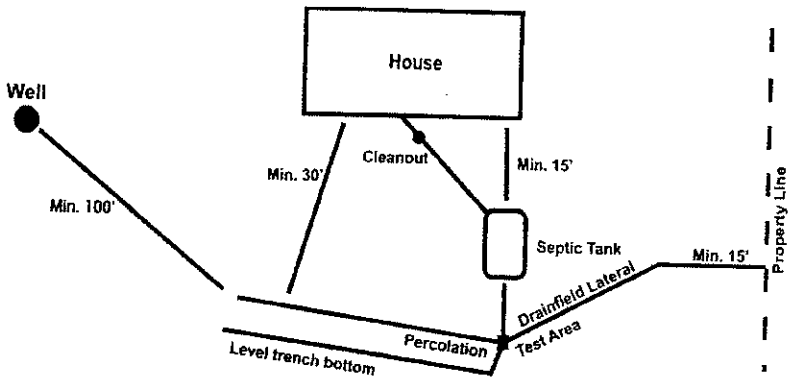
I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: Jamie Kuiz Date: 12/19/19

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

Indicate North
w/ Arrow Here:

Onsite Wastewater System Design (Example)



*Note-If Lagoon, show all applicable dimensions

