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

A

Permit Number HS001938

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* 11701 S 5TH STREET City ROCA, NE Zip 68430
(no rural route)

Legal Description S2 T8N R6E WILDERNESS PARK ESTATES 2 4
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 08-02-100-009-000 *Approx. Address (If to be determined)

B. Owner

Name GARY THOMSEN Signature
Address 11701 S 5TH STREET City/State/Zip ROCA, NE 68430
Home Phone 402-540-3749 Work Phone

C. Certified Installer

Name: JANE KUBIK Signature
Address 105 WEST ST P.O. BOX 191 City/State/Zip HICKMAN, NE 68372
Work Phone 402-475-2442

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 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

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

Form A Updated: 4/15

11701 S. 54th

(73) SOIL ABSORPTION
TEST DATA REPORT
.o Application)
ence: City Ordinance No. 9150
County Resolution No. 2832)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone 474-1541)

FILE NO. 10060-C

PROPERTY WHERE SOIL TESTED:
Location: Township 8 N : Range 6
Section & ¼ Sect. NW 1/4 Sec. 2
Property Dimensions: 348'8" ft. x 375 ft.
Area: 3.01 acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ; (Silty Clay Loam) ; Sandy Loam
Silty Loam ; Clay Loam ; Sandy Clay

Owner: Dennis L. Frey
Address:

Dates of Tests: 2-26-77 to 2-27-77. Weather: Precip. 0 Temp. 40

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
		Pre-Saturation Period				Percolation Readings						Results	
		Start		End		Start			End				
Hold No.	Hole Depth (in.)	Date (Mo. Day)	Time (Hr. Min.)	Date (Mo. Day)	Time (Hr. Min.)	Date (Mo. Day)	Time (Hr. Min.)	Water Level (in.)	Time (Hr. Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./inch)
1	30	2-26	1300	2-27	1200	2-27	1310	6	1340	4.5	30	1.5	
2	30	2-26	1300	2-27	1200	2-27	1315	6	1345	4.5	30	1.5	
3	30	2-26	1300	2-27	1200	2-27	1320	6	1350	4.7	30	1.3	
4	30	2-26	1300	2-27	1200	2-27	1325	6	1355	5	30	1	
5	30	2-26	1300	2-27	1200	2-27	1330	6	1400	4.8	30	1.2	
6	30	2-26	1300	2-27	1200	2-27	1335	6	1405	4.5	30	1.5	

Sum of Percolation Rates:
Average of Rates:
Mean of Rates:

Dennis L Frey
Signature of Person Conducting Test

ddress 5247 Goldenrod Circle
hone 723-7698

(Do not write below this line)

REVIEWING ACTION

EMARKS:

ATE: March 2, 1977

Approved Percolation Rate (a)
A. 22 min./inch
B. min./inch
C. min./inch

Harold C. Hood
Signature of Reviewing Official

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. HS001938

System Type: Standard

Situs: 11701 S 5TH ST, LINCOLN, NE 68430

Issued: 12/2/2019

Expires: 12/2/2020

Description: WILDERNESS PARK ESTATES, BLOCK 2, Lot 4

Owner: THOMSEN, GARY
11701 S 5 ST
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, PO BOX 191
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 HS001938

Onsite Wastewater Treatment System
Permit Application

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Legal Description S2 T8N R6E WILDERNESS PARK ESTATES 2 4

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

PID 08-02-100-009-000 *Approx. Address (If to be determined)

B. Owner

Name GARY THOMSEN Signature

Address 11701 S 5TH STREET City/State/Zip ROCA, NE 68430

Home Phone 402-540-3749 Work Phone

C. Certified Installer

Name: JAIME KUBIK Signature

Address 105 WEST ST P.O. BOX 191 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 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

1. Health Department
Site visits
Comments
Date rec'd 12/2/19
Date frwd 12/2/19
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 11/9/20

Business Office Use Only
Date Received 11-27-19 Amount Paid $430.00
Received By JAN Cash/Check No. 00014

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) 08-02-100-009-000

Owner: GARY THOMSEN Address 11701 S 5TH ST ROCA, NE 68430

A. Wastewater Piping

1. Material: SCH 40 Diameter: 4 in.
2. Distance between dwelling and septic tank: 92 ft.

B. Septic Tank

1. Material 1M 1530 INFILTRATOR
2. Capacity: 1500 GALLON
3. Depth to top of tank, below unfinished grade: 18 in.
4. Distance to:
   Well 100+ ft.
   Pressure line 50+ ft
   Property Line 50+ ft.
   Foundation 92 ft.

C Distribution Box or Drop Box

Distance **and** Direction from septic tank: 8 ft. E

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☒ Other
   Material brand and inside width of Chamberless: EZ FLOW R03
2. Number of Laterals: 2
3. Length of each lateral (linear): ft. 120 ft. 120 ft. ____ ft. ____
4. Drainfield size: 1080 sq. ft. (750 req'd)
5. Distance to:
   Well 100+ ft.
   Pressure line 50+ ft.
   Property line 50+ ft.
   Depth of Groundwater +12

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.

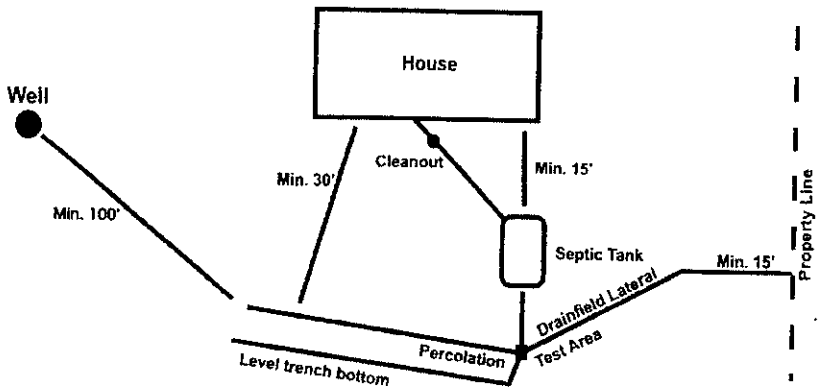
Certified Professional Signature: Jaime Kuri Date: 12/19/19

DH Tank only a weekend upgrade ✓ DH

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

