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

A

Permit Number A500 1968

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 15 08 07 SOUTH RIDGE ACRES 1 3
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 1515401003000 *Approx. Address (if to be determined) 157XX S. 76TH CIRCLE

B. Owner

Name BRADLEY + ASHLEY KENNEDY Signature _____

Address 7501 SONATTA CT City/State/Zip LINCOLN, NE 68526

Home Phone _____ Work Phone _____

C. Certified Installer

Name: TAYLOR BUSS Signature _____

Address 8770 WAVERLY RD City/State/Zip LINCOLN, NE 68517

Work Phone 402-430-8380

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 2.99
Garbage Grinder? ☒ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify _____ Design flow in gallons per day 600

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 3-16-20 Amount Paid $430
Received By JAO Cash/Check No. 4837 CC

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

Form A Updated: 4/15

Nebraska DEQ

Onsite Wastewater Treatment System
Soil Percolation Test Data Sheet

Owner Name BRADLEY & ASHLEY KENNEDY Phone _____

Address 7501 SONATTA CT LINCOLN NE 68526
City State Zip

Location (Attach a sketch of the property showing test hole locations)

__ __ 15 08 07 LANCASTER
¼ ¼ Section Township Range County

Lot # 3 Subdivision SOUTH RIDGE ACRES BLOCK 1

Soil Type (Check one)

Sand ___ Silt ___ Clay ___ Sandy Clay ✓ Loamy Sand ___ Silty Clay ___

Silty Clay Loam ___ Sandy Loam ___ Silt Loam ___

Dates of Test

Start Date 3/8 to End Date 3/8, 2020

Weather Conditions

Precipitation N/A Avg. Temp 60 °F

Percolation Test Measurements and Data

Hole No.	Hole Depth (in.)	Pre-saturation Period: Start Date (Mo./Day)	Pre-saturation Period: Start Time (Hr./Min)	Pre-saturation Period: End Date (Mo./Day)	Pre-saturation Period: End Time (Hr./Min)	Percolation Readings (last period): Start Date (Mo./Day)	Percolation Readings (last period): Start Time (Hr./Min)	Percolation Readings (last period): Start Water Level (inch)	Percolation Readings (last period): End Time (Hr./Min)	Percolation Readings (last period): End Water Level Drop (inch)	Results: Elapsed Time (minutes)	Results: Drop in Water Level (inches)	Results: Percolation Rate (m ÷ l) (Minutes per inch)
1	35"	3/8	8:00a	3/8	12:30p	3/8	12:30	12"	1:00p	11"	30	1"	30
2	34"	3/8	"	"	"	"	12:31	11 5/4"	1:01p	10 3/4"	30	1"	30
3	35"	3/8	"	"	"	"	12:33	12"	1:03p	11 1/4"	30	7/8"	34.3

Tests must be performed by a certified professional, a professional engineer or a registered environmental health specialist.

Signature Tyler Rus

Certificate or License # 2655

Address 8770 WAVERLY RD

City LINCOLN St. NE Zip 68517

Phone 402-430-8380

Sum of Percolation Rates = 94.3

Avg. of Percolation Rates* = (sum of rates ÷ number of tests) (minutes per inch) 31.43

* If rates vary by more than 20 min/in., do not average. Use slowest rate measured for sizing soil absorption area.

Version 9-2014

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

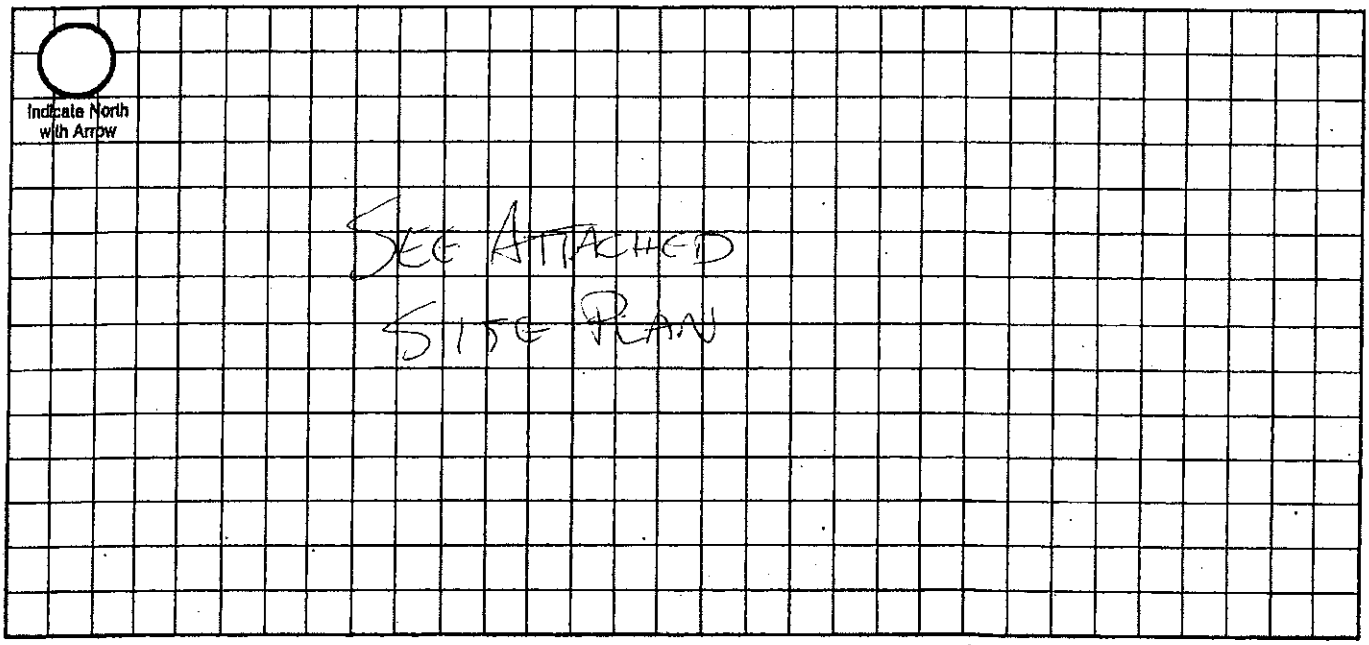
C

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) MVG 467 PID 1515401003000 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" per day)

C. Reserve Area for Replacement Onsite System

☒ Drainfield Absorption Area (percolation test required) ☐ Lagoon

D. Drainfield Absorption System

Percolation Rate 31 43 (min/inch = mpi) No. of Bedrooms 5 Soil Type SANDY CLAY Land Slope ~10 %

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved . Total Square feet of drainfield_____sq.ft.

Total length of laterals 275' Type of distribution: ☐ Perforated pipe ☐ Half-Round ☒ Chamber ☐ Other

No. of absorption trenches 3 Width 5' No. of drop boxes 1 Distrubtion Box D W/ FILTER MATERIAL

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

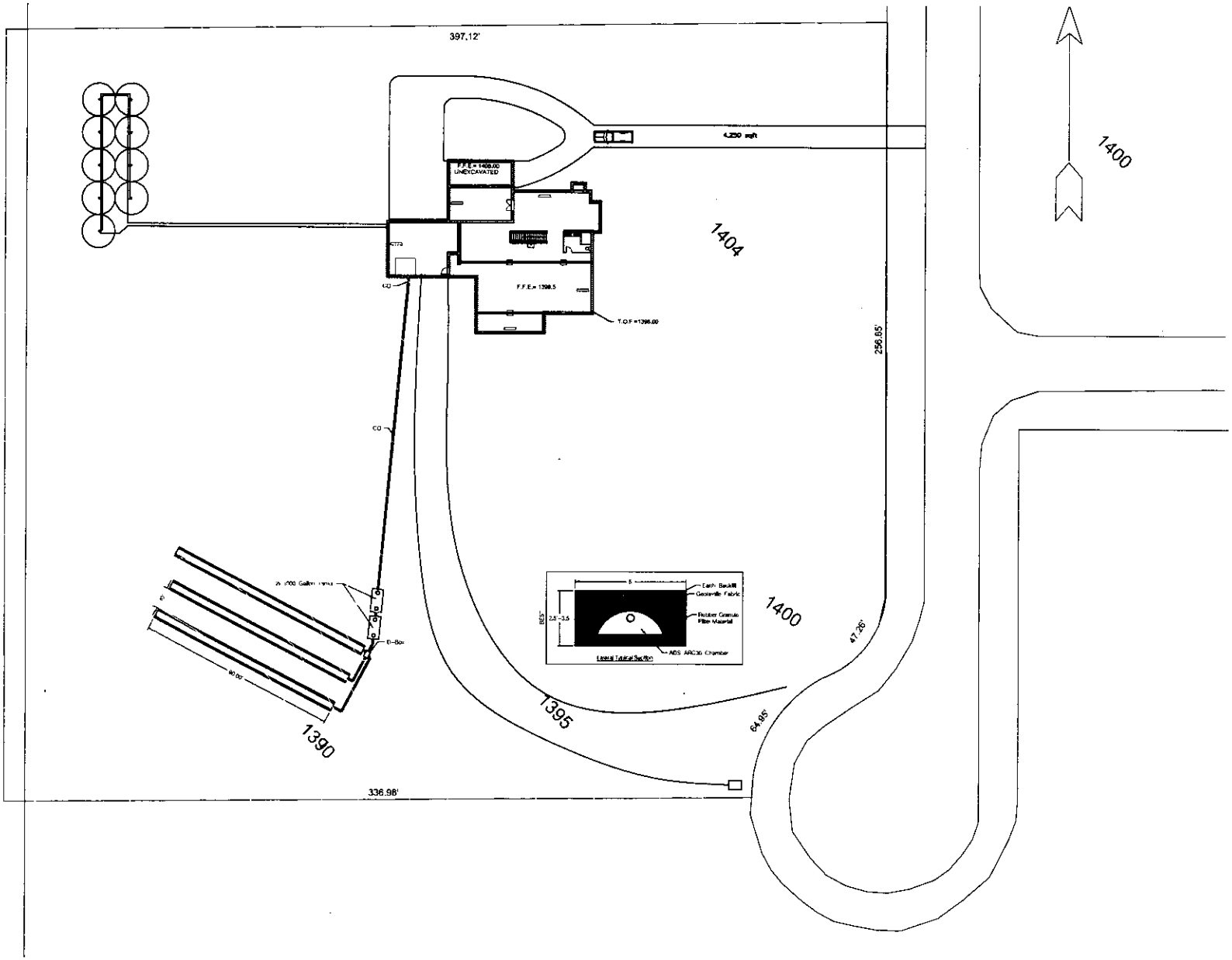
E. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

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_____

Installer_____ Date_____


397.12'
4,250 sqft
F.F.E.= 1408.00
UNEXCAVATED
1404
F.F.E.= 1398.5
T.O.F.=1396.00
256.85'
CO
1400
47.26'
64.85'
1395
1390
336.98'
Earth Backfill
Geotextile Fabric
Rubber Granule Filter Material
ADS ARC36 Chamber
Lateral Typical Section

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. HS001968

System Type: Standard

Situs: No Site Address Specified

Issued: 3/17/2020

Expires: 3/17/2021

Description: SOUTH RIDGE ACRES ADDITION, BLOCK 1, Lot 3

Owner: KENNEDY, BRADLEY J & ASHLEY E
7501 SONATTA CT
LINCOLN, NE 68526

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

TAYLOR BUSS
8770 WAVERLY RD
LINCOLN, NE 68517

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

SCANNED

A

Permit Number A5001968

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)

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Home Phone _____ Work Phone _____

C. Certified Installer

Name: TAYLOR BUSS Signature _____
Address 8770 WAVERLY RD City/State/Zip LINCOLN, NE 68517
Work Phone 402-430-8380

D. Engineer

☐ Check and complete if engineer designed system P.E. License Number: see plat map

Designer Name _____ Firm _____ Work Phone _____

E. This system will serve a

☒ Residential Dwelling Number of Bedrooms 5 Whirlpool Bathtub? ☒ Yes ☐ No Total Acres 2.99
Garbage Grinder? ☒ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify _____ Design flow in gallons per day 600
Type of Wastewater ☐ Domestic ☐ Non-Domestic

DO NOT WRITE BELOW THIS LINE

Approval Process

1. Health Department
Site visits _____
Comments _____
Date rec'd 3/17/20
Date frwd 3/17/20
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 6/17/20

Business Office Use Only
Date Received 3-16-20 Amount Paid $430
Received By JAO Cash/Check No. 4837
CC

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

Form A Updated: 4/15

Nate C. Hartman

From: Taylor Buss <taylor.l.buss@gmail.com>
Sent: Tuesday, June 16, 2020 9:00 PM
To: Nate C. Hartman
Subject: Re: Product Check - Septics
Attachments: Form D.pdf; Kennedy As-Built.pdf

[CAUTION] This email comes from a sender outside your organization.

Nate,

The as-built and form D for 15787 S. 76th St, Roca NE are attached.

Thanks,
Taylor Buss
Nebraska Rural Septic

On Sun, Jun 14, 2020 at 7:52 PM Taylor Buss <taylor.l.buss@gmail.com> wrote:
Nate,

We're ready for an inspection on the septic system at 15787 S 76th Street, in Roca. Give me a shout when you've had a chance to take a look.

Thanks,

Taylor Buss
Nebraska Rural Septic
402-430-8380

On Tue, Mar 10, 2020 at 10:38 AM Taylor Buss <taylor.l.buss@gmail.com> wrote:
Nate,

Allowed a 5' trench width for calcs, correct? Absorption area required/5' = LF of chambers needed?

Attached is form A, C, and the percolation test for the job we'll be using the filter material on. I'll call to get a permit.

Thanks,

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402-430-8380
Taylor.L.Buss@gmail.com

On Mon, Mar 9, 2020 at 8:07 AM Nate C. Hartman <nhartman@lincoln.ne.gov> wrote:

No issues here...Just remember the difference in sizing your square footage will make a difference if you add filter material.

Let me know if you have any questions.

Thanks!

Nate Hartman REHS, QCIS, QPSWPPP

Senior Environmental Health Specialist

3131 'O' Street, Lincoln, NE 68510

O: 402-441-8643 F: 402-441-3890

From: Taylor Buss [mailto:taylor.l.buss@gmail.com]
Sent: Friday, March 6, 2020 3:10 PM
To: Nate C. Hartman <nhartman@lincoln.ne.gov>
Subject: Product Check - Septics

Nate,

Just checking ahead of time to make sure the recycled rubber that we've used before in other counties for lateral filter material is allowed in Lancaster County. We get it from River City Recycling in Omaha. I'm sure you've seen it before but if not it looks like the attached photos.

Thanks,

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Nebraska Rural Septic

402-430-8380

Taylor.L.Buss@gmail.com

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

D Exhibit 4

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) 15787 S 76th Road, NE

Owner Beaty & Ashley Kennedy Address

A. Wastewater Piping

1. Material: SDR26 PVC Diameter 4 in.
2. Distance between dwelling and septic tank: _____ ft.

B. Septic Tank

1. Material Plastic
2. Capacity: 2 x 1000 Gal
3. Depth to top of tank, below unfinished grade: 15 in.
4. Distance to:
   Well N/A ft.
   Pressure line 45 ft
   Property Line 43 ft.
   Foundation 113 ft.

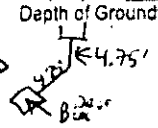
C Distribution Box or Drop Box

Distance and Direction from septic tank: ____ ft. ____

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☒ Other Chambers w/ Granular Rubber
   Material brand and inside width of Chamberless: ADS ARC 36
2. Number of Laterals: 3
3. Length of each lateral (linear): ft. 95 ft. 90 ft. 90 ft. ____
4. Drainfield size: 1375 sq. ft.
5. Distance to:
   Well N/A ft.
   Pressure line 45 ft.
   Property line 10 ft.
   Depth of Groundwater >10'



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

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-13-0082 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: _____ Date: 6/16/2020

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

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4.75'

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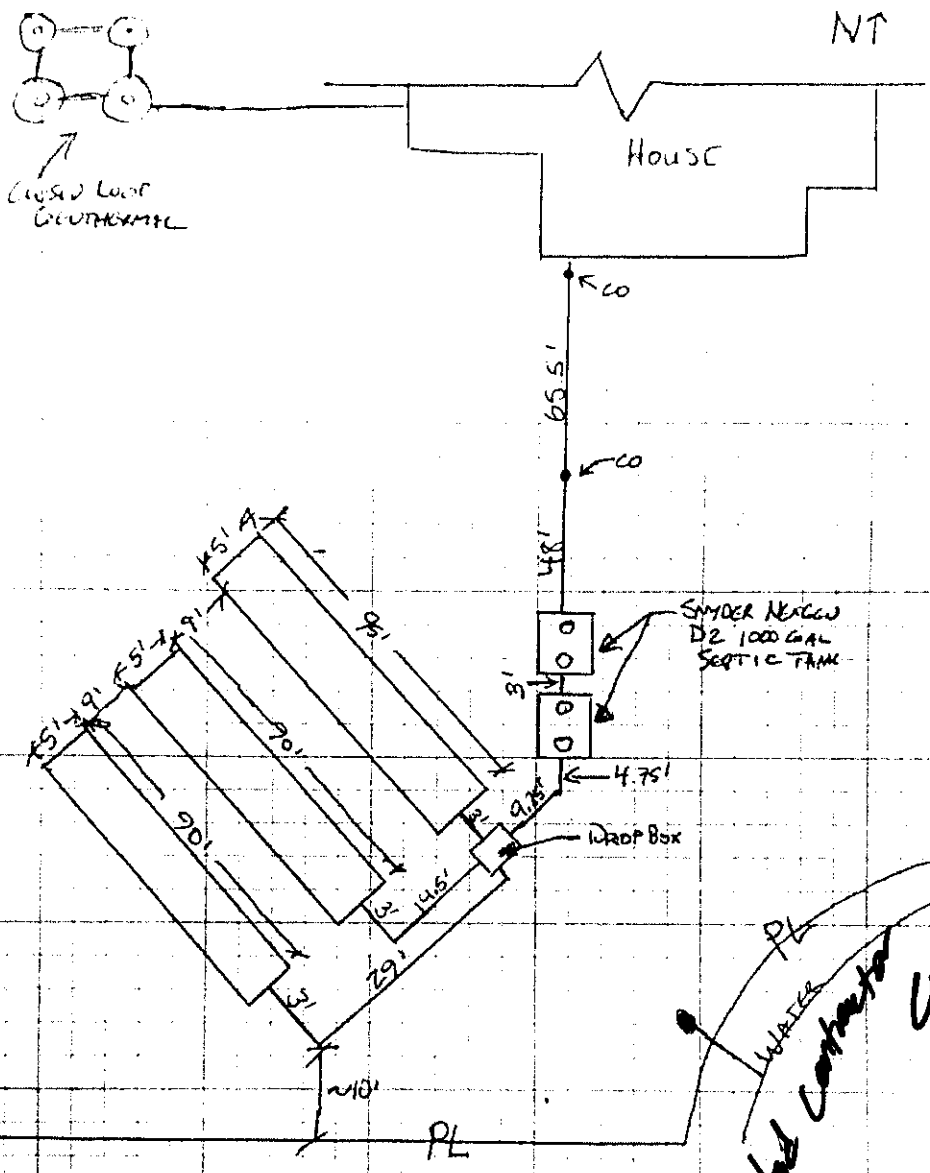
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RECORDS DRAWING 6/16/2020 TAYLOR BASS
INSTALLER BASS



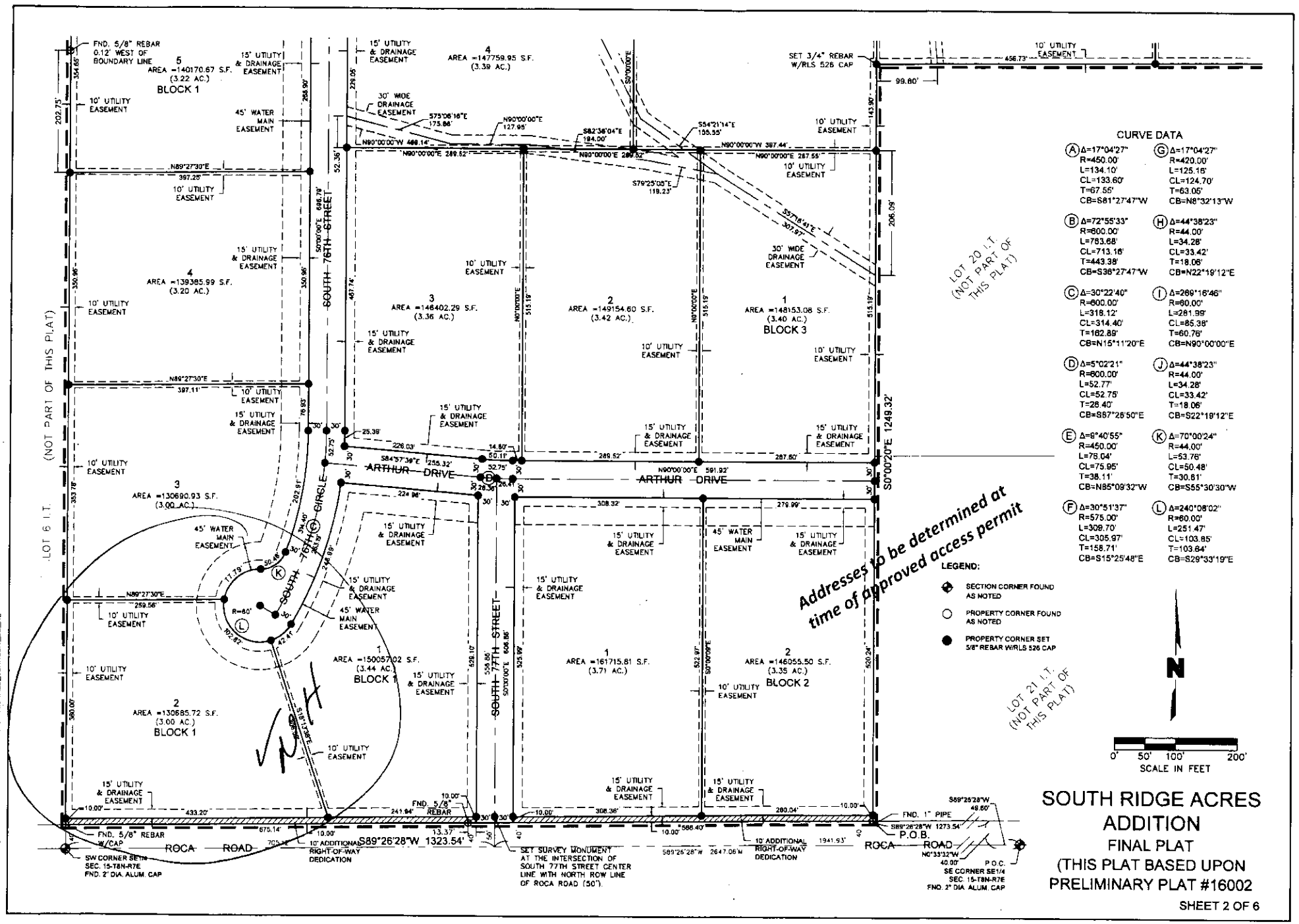
No well 24

Will

Haul contractor called

Haul water to

15787 S. 76TH, ROCA, NE 68430
DESIGN FLOW - 600 GAL/DAY
PERC RATE - 31.43 MPI
LATERALS - ADS ARC 36 W/ RUBBER FILTER MATERIAL
TRENCH BED - 1375 SF
SEWER PIPE - 4" SDR 26 GASKET PIPE



DWG: F:\Projects\015-3412\40-Design\Survey\SRVY\Final Plat\Drawings\015-3412_BAFP.dwg USER: mjohnson
DATE: Aug 09, 2017 9:44am XREFS: MICHAEL_JOHNSON_15_NE