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

A

Permit Number HS001990

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* 11600 S 7th (no rural route) Sec 2 T8 R6 City Roca, NE Zip 68430

Legal Description Wilderness Park estates first addition, Block 2, Lot 3

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

PID 08-02-200-013-000 *Approx. Address (If to be determined)

B. Owner

Name Osborn, Mark A & Joni L Signature

Address 11600 S 7th City/State/Zip Roca, NE 68430

Home Phone 402-423-1356 Work Phone

C. Certified Installer

Name: Matt Johnson Signature Matt Johnson

Address 2949 Cornhusker Hwy City/State/Zip Lincoln, NE 68504

Work Phone 402-802-5440

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 2 Whirlpool Bathtub? ☐ Yes ☐ No Total Acres 3.11

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 5-01-20 Amount Paid $430.00
Received By JAD Cash/Check No. CC 3798

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

11600 S 7th Blk 2 Lot 3

FORM HD- 43(73) SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone 475-6221)

FILE NO. 425-C

PROPERTY WHERE SOIL TESTED:
Location: Township 8N; Range 6E
Section & ¼ Sect. _____
Property Dimensions: ____ft. x ____ ft.
Area: _____acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ☐; Silty Clay Loam ☐; Sandy Loam ☐
Silty Loam ☐; Clay Loam ☐; Sandy Clay ☐

Owner: Lincoln Securities
Address 210 Lincoln Benefit Life Bldg.

Dates of Tests: 4/18/74 to 4/19/74. Weather: Precip. wet Temp. 75

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				
Hole 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	36	4/18/74		4/19/74		4/19/74					3 hrs	3	
2												5	
3												4	
4												7	
5												3	
6												4	

Signature of Person Conducting Test

Address 4131 Claridge Rd
Phone: 489-8208

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

(Do not write below this line)

REVIEWING ACTION

REMARKS: _____

Approved Percolation Rate(s)
A. 42 min./inch
B. _____ min./inch
C. _____ min./inch

DATE: April 22, 1974

Signature of Reviewing Official

FORM HD- 45(73) PLANS & SPECIFICATIONS
SEWAGE DISPOSAL SYSTEM
(Annex to Application)
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: 475-6221)

FILE NO. 425-C

SPECIFICATIONS

DATE: 4-22-74

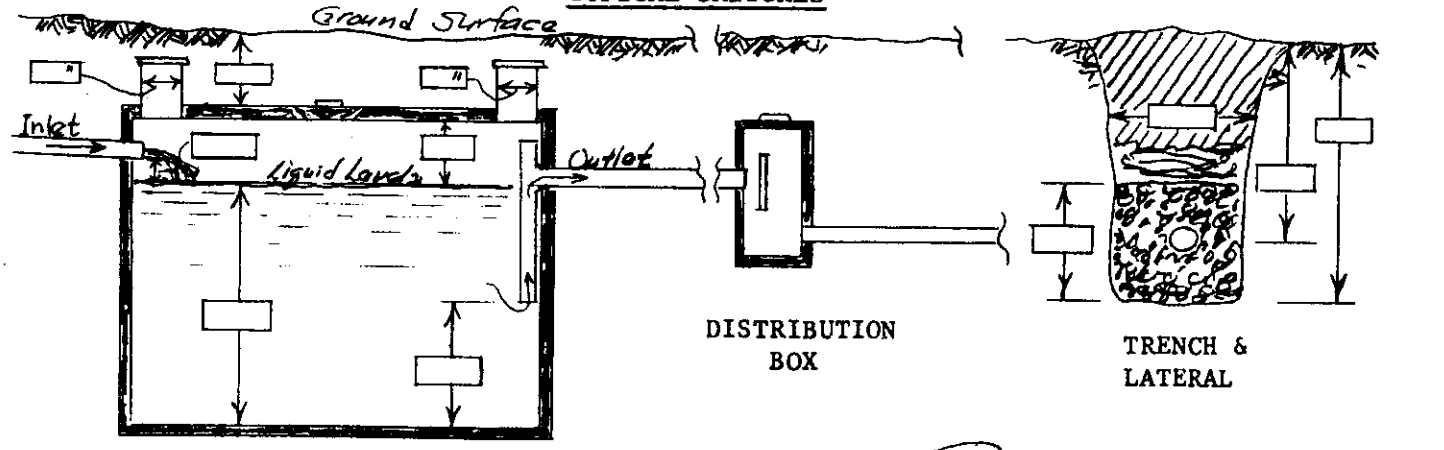
A. BUILDING SEWER:
1. Material PLASTIC; Diameter 4 in.
2. Distance above basement floor ___ in.; or below basement floor ___ in.
3. Distance between dwelling and septic tank 330 ft.
4. Number of clean-outs 6.
5. Distances To:
Well or Suction Line ___ ft.;
Stream — ft.; Pressure Line ___ ft.;
Property Line 40 ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material FIBERGLASS; No. of compartments 1.
2. Capacity 1000 gals.; Liquid depth ___ in.
3. Factory Built: Yes ☒ (Company FIBER-A-GLASS
No ☐
4. Manholes: Over Inlet; diam. 16 in.
Over Outlet; diam. 6 in.
Below Grade ___ in.
5. Inlet: Baffle ☒; or Tee ☐
6. Outlet: Baffle ☒; or Tee ☐
Depth of outlet below inlet ___ in.
7. Depth of top of tank below finished grade ___ in.
8. Distances To:
Well or Suction Line ___ ft.;
Stream — ft.; Pressure Line [redacted] ft.;
Property Line 40 ft.

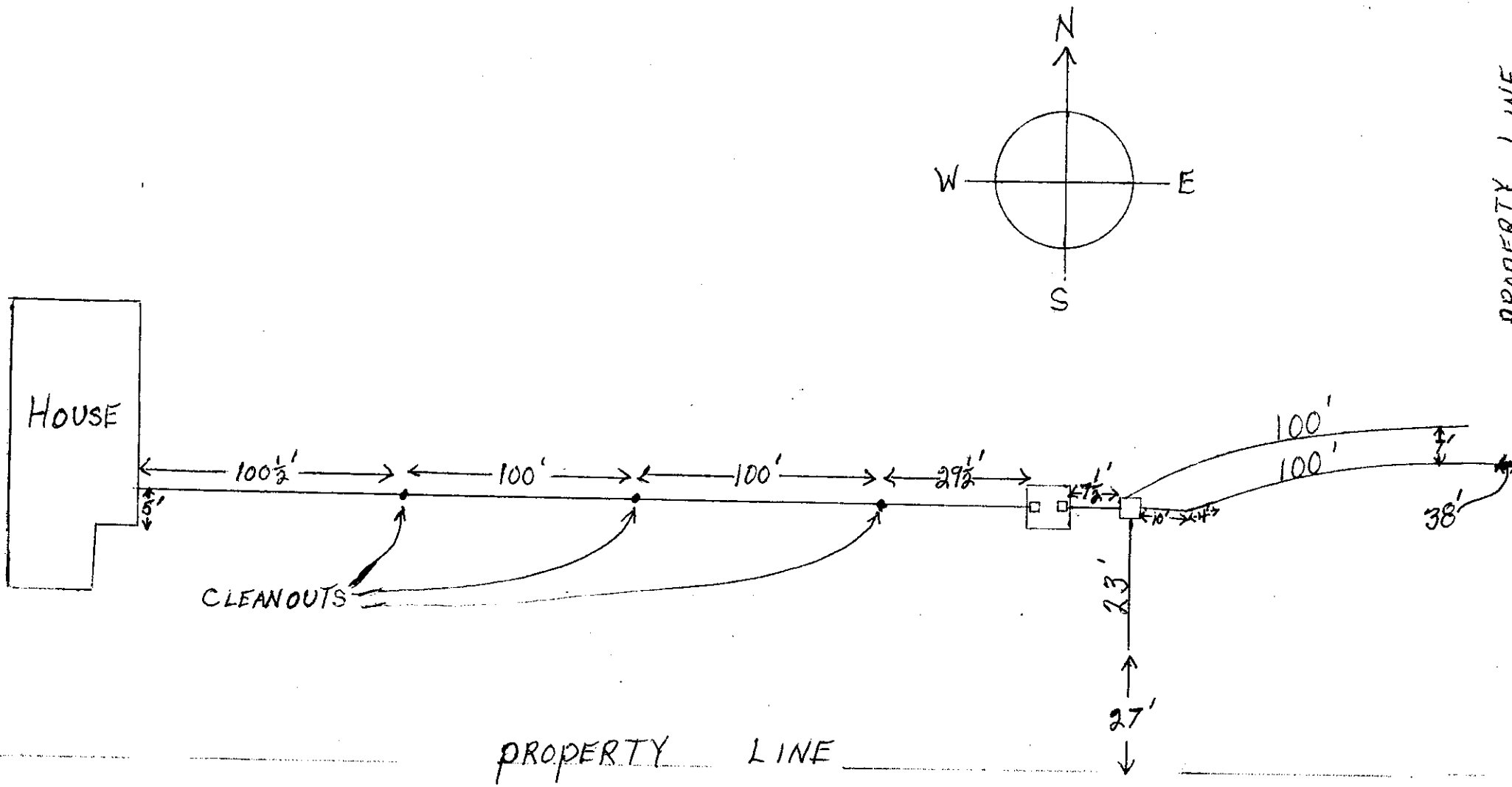
C. DISTRIBUTION BOX
1. Material CON; No. available outlets 5.
2. Factory Built: Yes ☒, (Company PRE-CAST STEP No ☐
3. Dimension: Length ___ in.; Width ___ in. Depth ___ in.
4. Distance from Septic Tank 7½ ft.
5. Serial Distribution: Yes ☐, No ☒ (If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: Half Round
2. Lateral Lines: Depth below grade ___ in. Number 3; Length of each line 100 ft Total length of Laterals 228 ft.; #23 Slope 4 in/100 ft. Diameter of pipe 16 in.; Shape O
Material: concrete ☐; fiber asbestos ☐; clay ☐; other FIBERGLASS
Distance between lateral lines 7 ft.
3. Trench Dimensions: Depth 48 in.; Width 48 in.
4. Filter Material: Gravel.
Depth of material from trench bottom ___ in.
5. Distances To:
Well or Suction Line ___ ft.;
Stream — ft.; Pressure Line ___ ft.
Property Line 27 ft.
6. Percolation Rate: 42 minutes/inch

TYPICAL SKETCHES

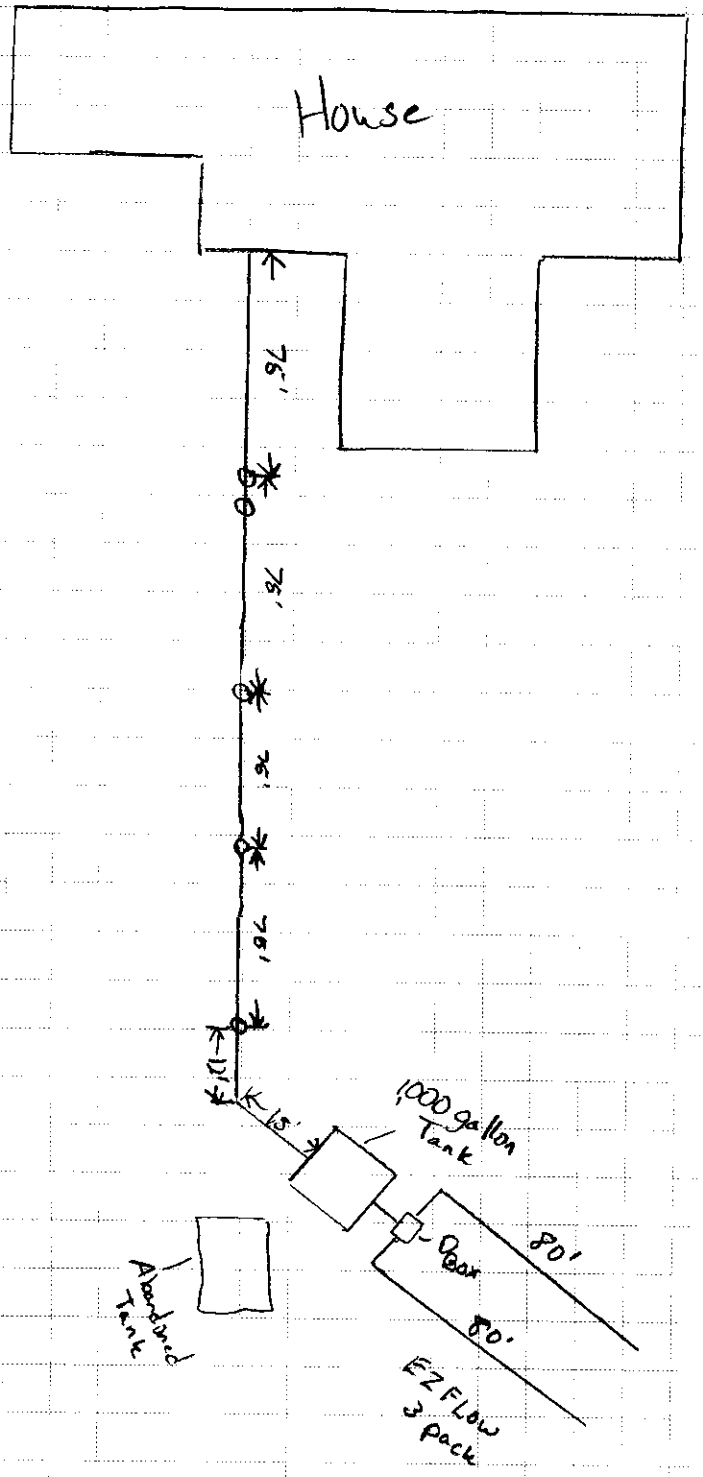


Signature of Applicant


N
W
E
S
HOUSE
100½'
100'
100'
29½'
1'
7½'
100'
100'
1'
5'
10'
14'
38'
CLEANOUTS
23'
27'
PROPERTY LINE

JOHN HENRY'S
PLUMBING HEATING AIR CONDITIONING
435-5555

Job _____
Address 11600 S. 7th
Date 5-1-2020 Scale _____
Sketch by Matt Johnson



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. HS001990

System Type: Standard

Situs: No Site Address Specified

Issued: 5/4/2020

Expires: 5/4/2021

Description: WILDERNESS PARK ESTATES FIRST ADDITION,
BLOCK 2, Lot 3

Owner: OSBORN, MARK A & JONI L
11600 S 7 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

JOHN HENRY'S
2949 CORNHUSKER HWY
LINCOLN, NE 68504

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

SCANNED

A

Permit Number HS001990

Onsite Wastewater Treatment System Permit Application

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

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Home Phone 402-423-1356 Work Phone

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Type of Wastewater ☐ Domestic ☐ Non-Domestic

DO NOT WRITE BELOW THIS LINE

Approval Process

1. Health Department

Site visits

Comments

Date rec'd 5/4/20

Date frwd 5/4/20

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 5/8/20

Business Office Use Only

Date Received 5-01-20 Amount Paid $430.00

Received By JAD Cash/Check No. CC3798

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

Form A Updated: 4/15

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

Permit Number: H500 1990

Onsite Wastewater Treatment System

Inspection Sheet

Date 5/8/20 Legal Description _____

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 11600 S. 7th 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 720 Sq. ft. (360 Reg'd) Tank Size 1000 gals

Total length of laterals 160' Type of Distribution: ☐Chamber ☐ Perforated Pipe ☒Other (describe) E2-Flow

No. of Absorption Laterals 2 Width 3 No. of Drop Boxes 0 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_____ Lateral #3_____

Lateral #2_____ Lateral #4_____

Comments:

Inspections prior to Final Approval
Initial NH Date 5/7/20

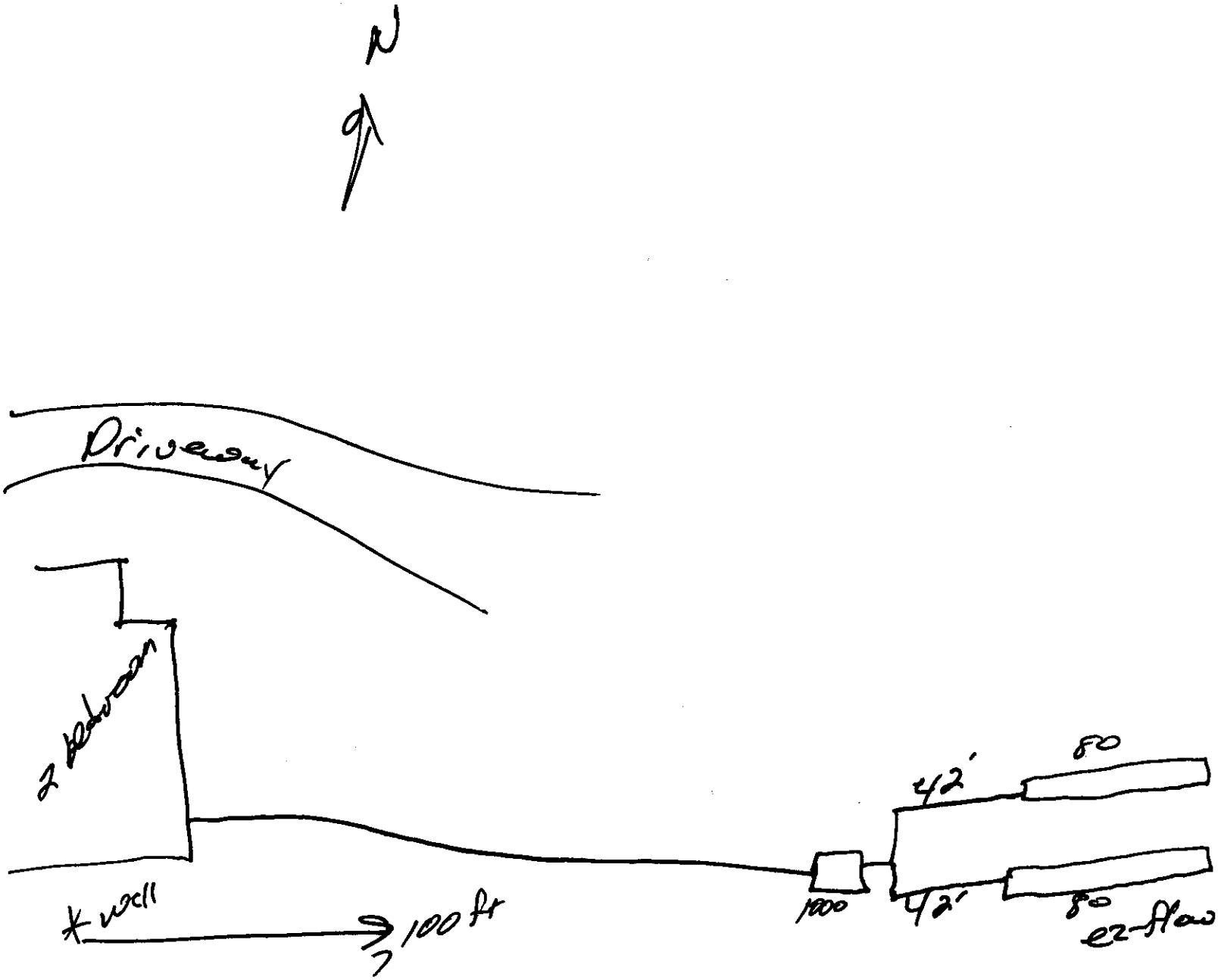
Follow-Up_____ Date _____

Follow-Up_____ Date _____

Installation Final Written Approval
By _____

Date 5/8/20

Field Note Drawing (See Reverse Side):


N
Driveway
2 between
* well
100 ft
1000
42'
80
42'
80
ez-flow