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

REC'D MAY 04 2020

A

Permit Number HS001996

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 _____, NE Zip _____
(no rural route)

Legal Description S33 T9 R6 46NE
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 09-33-200-003-000 *Approx. Address (If to be determined) _____

B. Owner

Name Kyle Ropers Signature Kyle Ropers
Address 1730 Timber Ridge Rd City/State/Zip Lincoln, NE 68522
Home Phone 308-830-1891 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 5 Whirlpool Bathtub? ☐ Yes ☐ No Total Acres 20
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 5-04-20 Amount Paid $430.00
Received By JAO Cash/Check No CC3798

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 _____ (no rural route) City _____ NE, Zip _____

Owner _____ Address _____

Date of Tests 4-22-2020 to 4-23-2020 Weather: Precipitation N/A Temperature 65°

Percolation Test Data Table

A.	B.	C.	D.	E.	F.	G.	H.	I.	J.	K.	L.	M.	N.
		Saturation/Swelling Time				Water Level Drop: Last 30 mins of 4 hr or last 10 mins of 1 hr					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	36	4/22	6:00pm	4/23	8:45am	4/23	12:15pm	6	4/23	12:45pm	30min	2	15 mpi
2	36	4/22	6:00pm	4/23	8:45am	4/23	12:15pm	6	4/23	12:45pm	30min	2	15 mpi
3	36	4/22	6:00pm	4/23	8:45am	4/23	12:15pm	6	4/23	12:45pm	30min	2	15 mpi
4	36	4/22	6:00pm	4/23	8:45am	4/23	12:15pm	6	4/23	12:45pm	30min	1.5	20 mpi
5	36	4/22	6:00pm	4/23	8:45am	4/23	12:15pm	6	4/23	12:45pm	30min	3	10 mpi
6	36	4/22	6:00pm	4/23	8:45am	4/23	12:15pm	6	4/23	12:45pm	30min	3	10 mpi
7	36	4/22	6:00pm	4/23	8:45am	4/23	12:15pm	6	4/23	12:45pm	30min	2.5	12 mpi
8	36	4/22	6:00pm	4/23	8:45am	4/23	12:15pm	6	4/23	12:45pm	30min	2	15 mpi

Person Conducting Percolation Test

Name: Matt [illegible]
Phone: 402-802-5440
Address 2949 Cornhusker Hwy

Sum of Percolation Rates: 112
Average of Rates: 14
Rate Used for Calculation: mpi

Soil type (NRCS Maps/Other) _____
Groundwater Depth N/A

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Comments (Soil type, groundwater, floodplain, etc.) _____

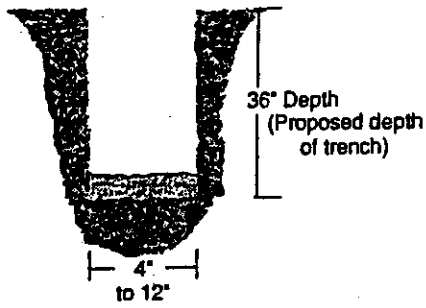
Signature of Reviewing Official _____ Date _____

READ THOROUGHLY

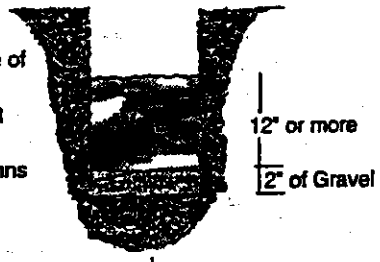
DIAGRAM OF PERCOLATION TEST PROCEDURE

Finished Grade or Natural Ground Level

I. Size, Number, and Location or Test Holes
   - A. Dig six or more holes spaced uniformly over proposed lateral field site.
   - B. Scratch smeared spots on sides of hole.
   - C. Remove loose material from hole.
   - D. Add 2" of gravel to hole.

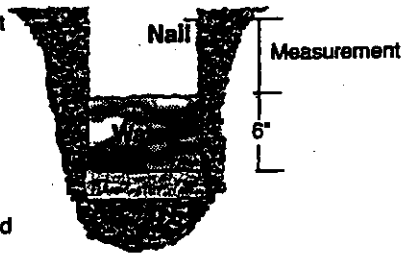


II. Saturation of Soil (Pre-soak)
   - A. Fill hole with 12" or more of water.
   - B. MAINTAIN THIS WATER LEVEL FOR 4 HOURS.
   - C. Record on Form B columns a thru f.



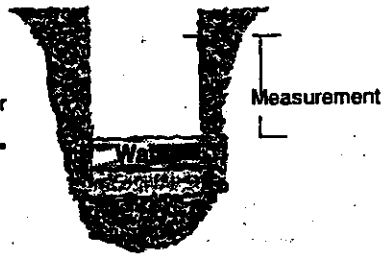
24 Hours Later

III. Percolation-rate Measurement **(refer to instructions 5a, 5b, or 5c.)**
   - A. Add 6" of water.
   - B. Measure from fixed reference point (nail) to water.
   - C. Record measurement and time on front of Form B.



½ hour later
(30 minutes)

   - D. 30 minutes later remeasure and record time.
   - E. If water will be too low for another reading 30 minutes later, adjust to 6" of water and remeasure and record time.



   - F. Continue for 3½ hours taking readings every 30 minutes.
   - G. Last 30 minute reading is used in filling out Form B. Record date, time, intervals and water level drops in column g thru m.

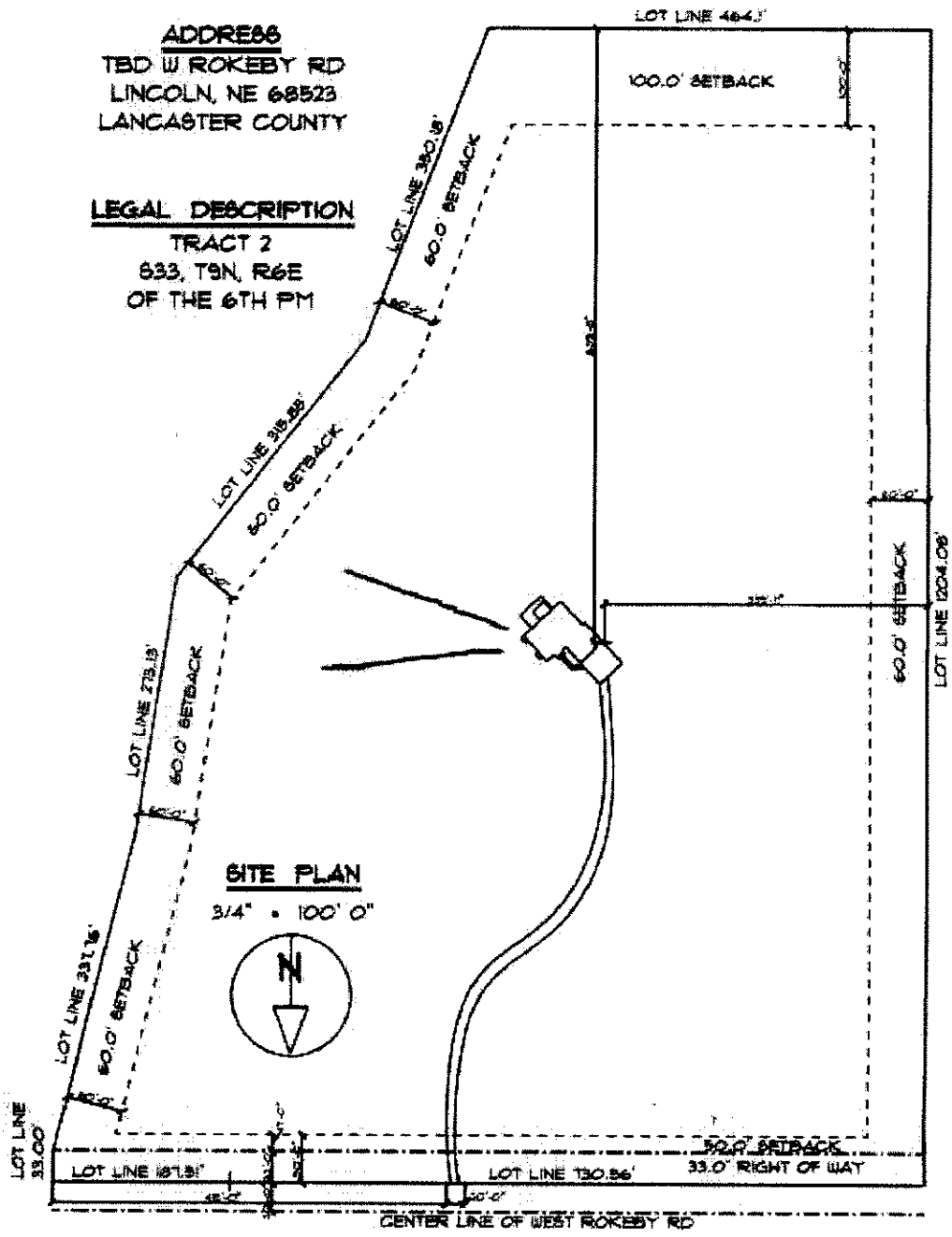
Instructions

1. **Number and location of tests.** Percolation tests shall be made in 6 or more separate test holes which shall be spaced uniformly over the proposed lateral field site.
2. **Type of test hole.** Dig or bore a hole 3 feet deep with a diameter of 4 to 12 inches. (To save time, labor and the volume of water required per test, a 4-inch auger hole is recommended).
3. **Preparation of the test hole.** Scratch or roughen any smeared spots on the sides of the hole with a knife blade or sharp pointed instrument to provide a natural soil interface into which water may percolate. Remove all loose material from the hole. Add 2 inches of gravel to protect the bottom from scouring when water is poured into the hole.
4. **Saturation and swelling of the soil.** Fill the hole with clear water to a depth of 12 inches or more above the gravel and maintain this water level at least 4 hours and preferably overnight. The accuracy and true value of the percolation data depends on thorough saturation and swelling of the soil.
5. **Percolation-rate measurement.** Percolation-rate measurements shall be made 24 hours after starting the saturation and swelling procedure described above. Record results on the front of this form and complete all calculations.
   a. If water remains in the test hole after the overnight swelling period, adjust the depth to approximately 6 inches over the gravel. From a fixed reference point, measure the drop in water level over a 30 minute period to the nearest 1/8 of an inch. This drop is used to calculate the percolation rate.
   b. If no water remains in the test hole after the overnight swelling period, add clear water to bring the depth to approximately 6 inches over the gravel. From a fixed point, measure the drop in water level to the nearest 1/8 of an inch at 30-minute intervals for 4 hours. Refill to the 6 inch level over the gravel as often as necessary. The drop that occurs during the final 30 minutes is used to calculate the percolation rate.
   c. In sandy soils (or other soils in which the first 6 inches of water seeps away in less than 30 minutes after the overnight swelling period) the time interval between measurements shall be 10 minutes instead of 30 minutes and the test run for 1 hour instead of 4 hours. The drop that occurs during the final 10 minutes is used to calculate the percolation rate.
6. **Record the test results and complete all calculations on the front of this form.** The average of the percolation rates calculated for all holes in the last 30 (10) minutes will normally be the rate used for calculations to size the system. ***Exceptions are the use of the greatest percolation rate when rates vary more than 20 min/in between holes or when other soil analysis indicates potential percolation problems.***

LLCHD reserves the right to require additional testing based on knowledge of soil types, percolation tests results on nearby properties, or due to concerns with procedures followed. In some situations, LLCHD staff will require and perform on-site observation of percolation tests.

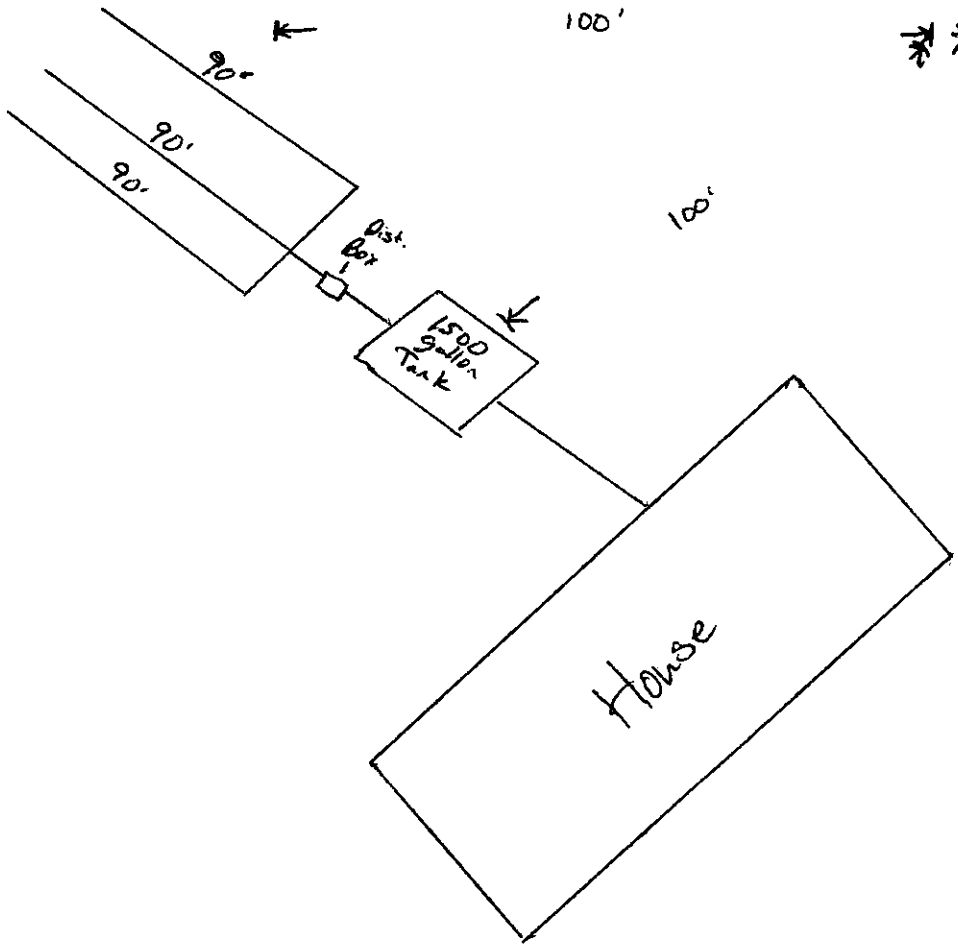
ADDRESS
TBD W ROKEBY RD
LINCOLN, NE 68523
LANCASTER COUNTY

LEGAL DESCRIPTION
TRACT 2
S33, T9N, R6E
OF THE 6TH PM

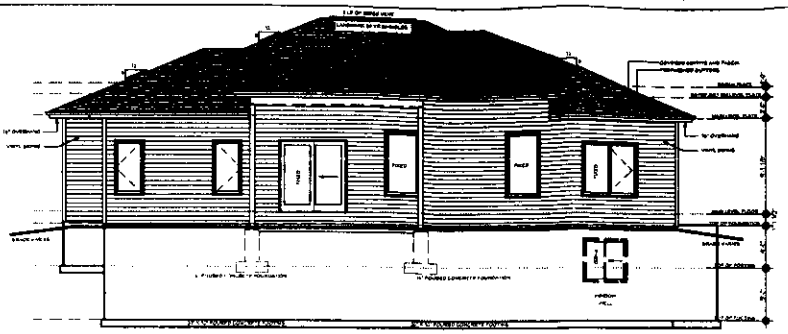


N

270' Infiltrator EZ Flow
1500 gallon Infiltrator tank

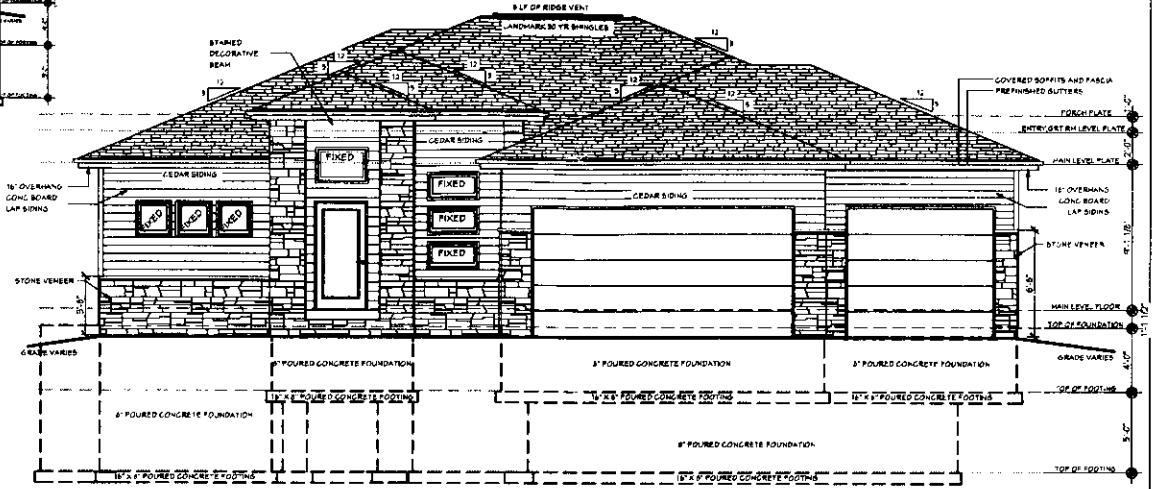


THE AUSTIN 1857 SF - ROPERS - 1661 W ROKEBY RD



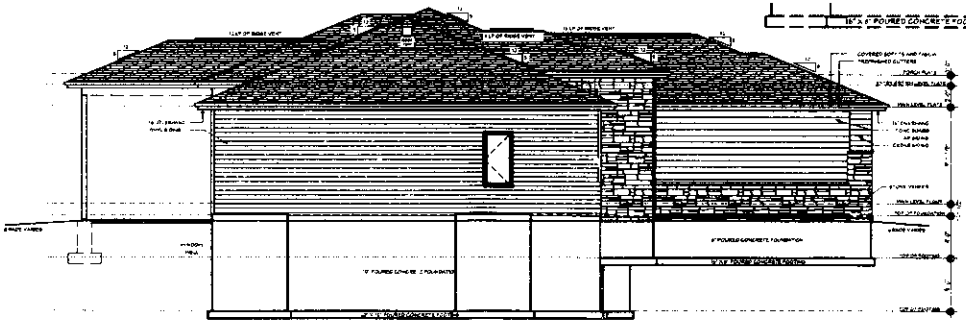
REAR ELEVATION

SCALE: 1/8" = 1'-0"



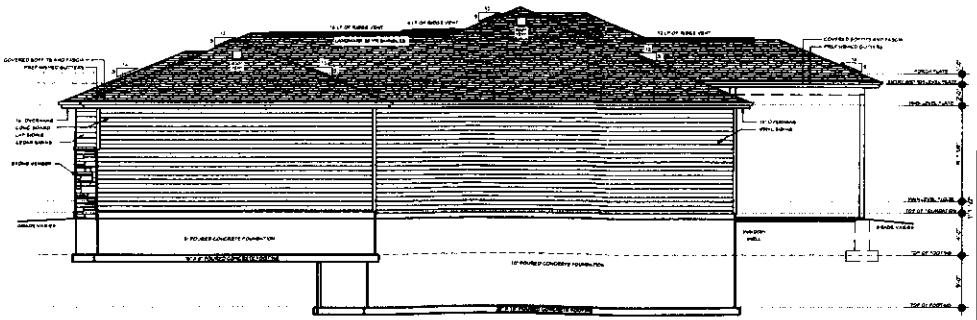
FRONT ELEVATION

SCALE: 3/16" = 1'-0"



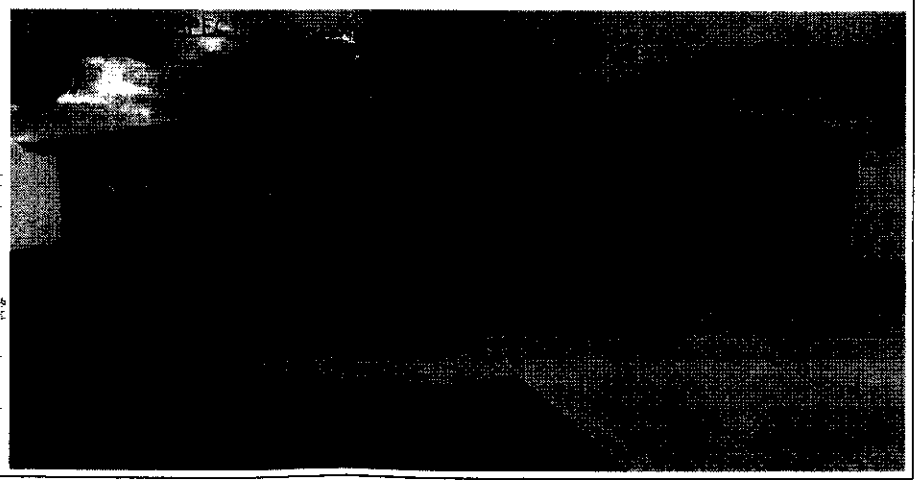
RIGHT ELEVATION

SCALE: 1/8" = 1'-0"



LEFT ELEVATION

SCALE: 1/8" = 1'-0"



PRAIRIE HOME BUILDERS

THE AUSTIN 1857 SF - KYLE & AMIE ROPERS
1661 W ROKEBY RD
S33,T9,R6,5TH PRINCIPAL MERIDIAN
LANCASTER COUNTY

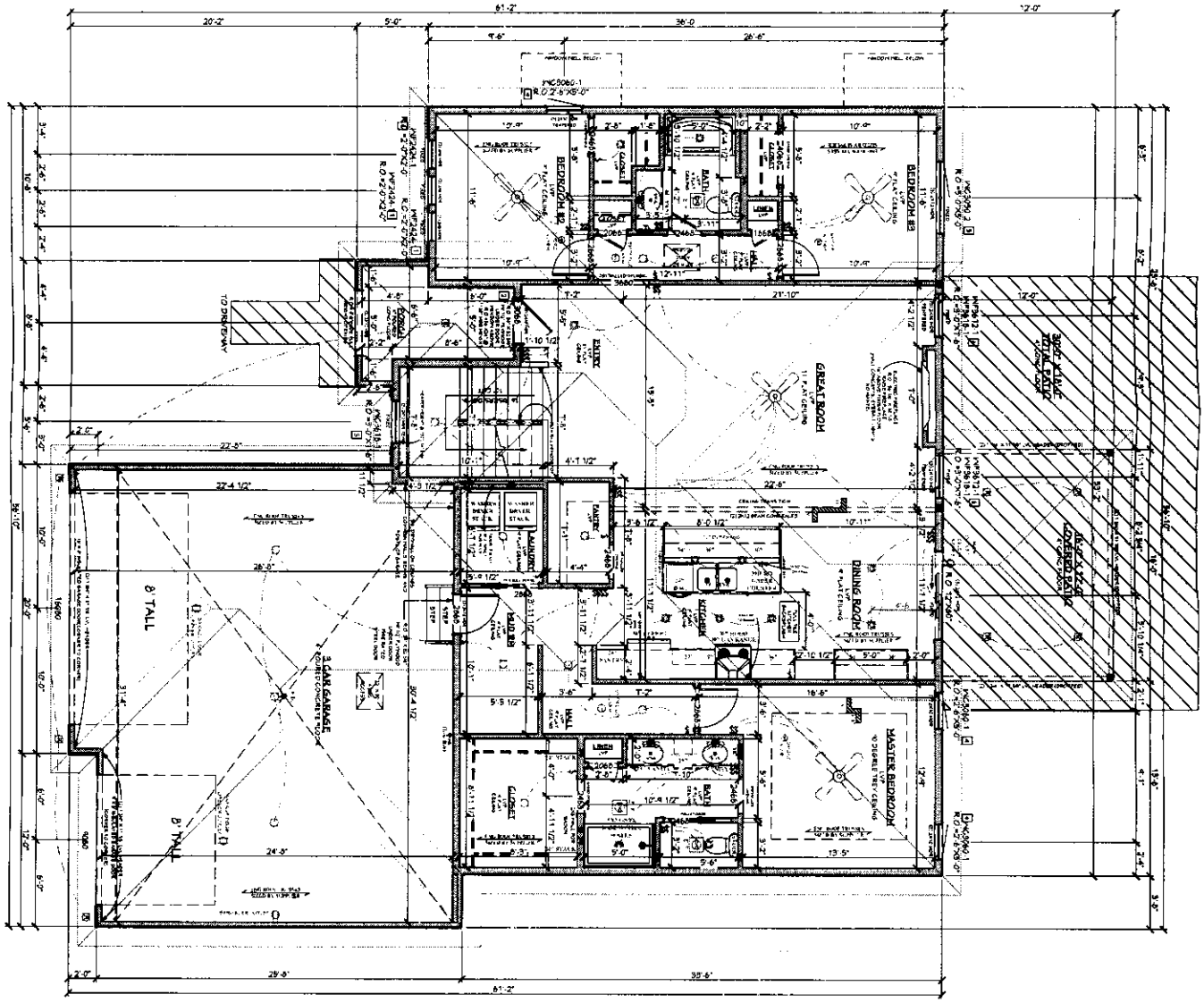
PRAIRIE HOME BUILDERS
DRAWN BY: DUSTIN SANDERSON
402-476-6598 EXT 106
DUSTIN@PRAIRIEHOMESLINCOLN.COM

ELEVATIONS

SCALE : VARIES

SHEET:	DATE:
1 OF 6	3/27/2020

THE AUSTIN 1857 SF - ROPERS - 1661 W ROKEBY RD



ELECTRICAL LEGEND	
SYMBOL	DESCRIPTION
	Ceiling Fan
	Exhaust Fans With Light and Without
	Ceiling Light Standard
	Wall Mounted Light Fixtures: Flush Mounted, Wall Sconce
	Ceiling Light Recessed or Flush mount Can
	220V Receptacle
	110V Receptacles
S	Switch
$_{3}$	Switches, Dimmer, Timer
TV	TV
	Telephone Jack
T	Thermostat
	Door Chime, Door Bell Button
SD	Smoke Alarm and CO Alarm
	Electrical Breaker Panel

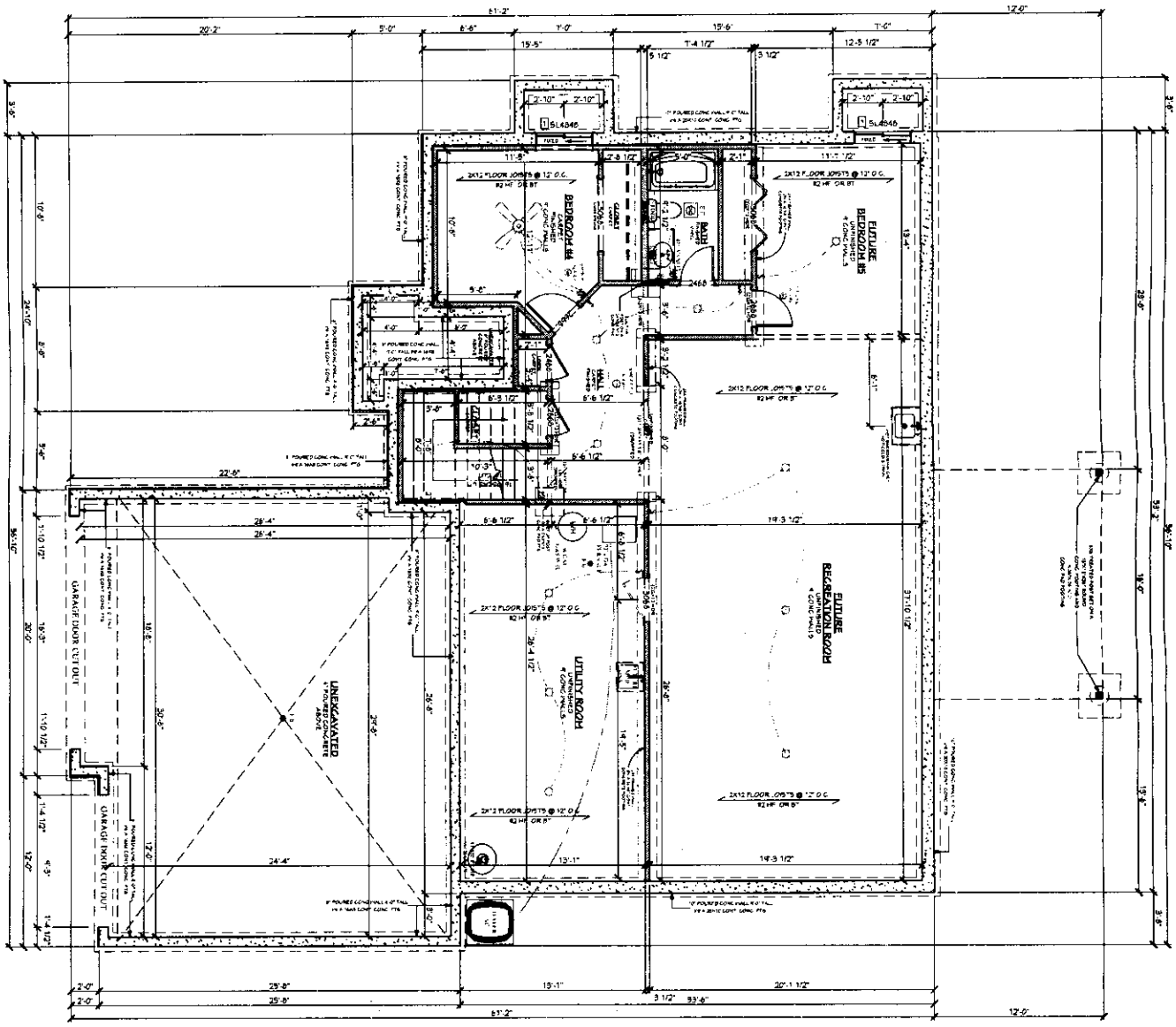
WIN #	UNIT	TYPE	ROUGH OPENING	GLASS SQ.FT	VENT SQ.FT	REMARKS
1	WF2424-1	FIXED	2'-0" X 2'-0"	2.75	0.0	VINYL/CLEAR
2	WF3624-1	FIXED	3'-0" X 2'-0"	4.5	0.0	VINYL/CLEAR
3	WF3616-1	FIXED	3'-0" X 1'-4"	4.05	0.0	VINYL/CLEAR
4	WC3060-1	CSMT	2'-6" X 5'-0"	7.9	8.2	VINYL/CLEAR
5	WC3060-2	CSMT	5'-0" X 5'-0"	15.8	8.2	VINYL/CLEAR
6	WF3672-1	FIXED	3'-0" X 6'-0"	12.8	0.0	VINYL/CLEAR

FINISHED SQ. FT.		UNFINISHED SQ. FT.	
MAIN FLOOR	1857 SF	BASEMENT	1265 SF
BASEMENT	346 SF	GARAGE	837 SF
BASEMENT BATH	51 SF		
TOTAL BASEMENT	397 SF		
TOTAL	2254 SF	TOTAL	2102 SF

SHEET:	DATE:	FIRST FLOOR PLAN	PRAIRIE HOME BUILDERS	THE AUSTIN 1857 SF - KYLE & AMIE ROPERS
2 OF 6	3/27/2020	SCALE : 3/16" = 1'-0"	DRAWN BY: DUSTIN SANDERSON 402-476-6599 EXT 106 DUSTIN@PRAIRIEHOMESLINCOLN.COM	1661 W ROKEBY RD S13,T9,R6,6TH PRINCIPAL MERIDIAN LANCASTER COUNTY

PRAIRIE HOME BUILDERS

THE AUSTIN 1857 SF - ROPERS - 1661 W ROKEBY RD



FINISHED SQ. FT.		UNFINISHED SQ. FT.	
MAIN FLOOR	1857 SF	BASEMENT	1285 SF
BASEMENT	346 SF	GARAGE	837 SF
BASEMENT BATH	51 SF		
TOTAL BASEMENT	397 SF		
TOTAL	2254 SF	TOTAL	2102 SF

WIN #	UNIT	TYPE	ROUGH OPENING	GLASS SQ.FT	VENT SQ.FT.	REMARKS
1	SL4040	FIXED	4'-0" X 4'-0"	11.59	7.14	VINYL/CLEAR

ELECTRICAL LEGEND	
SYMBOL	DESCRIPTION
	Ceiling Fan
	Exhaust Fans With Light and Without
	Ceiling Light Standard
	Wall Mounted Light Fixtures
	Flush Mounted, Wall Sconce
	Ceiling Light Recessed or Flush mount Can
	220V Receptacle
	110V Receptacles
	Switch
	Switches: Dimmer, Timer
	TV
	Telephone Jack
	Thermostat
	Door Chime, Door Bell Button
	Smoke Alarm and CO Alarm
	Electrical Breaker Panel

SHEET:	DATE:	FOOTING FOUNDATION PLAN	PRAIRIE HOME BUILDERS	THE AUSTIN 1857 SF - KYLE & AMIE ROPERS
3 OF 6	3/27/2020	SCALE : 3/16" = 1'-0"	DRAWN BY: DUSTIN SANDERSON 402-476-6599 EXT 106 DUSTIN@PRAIRIEHOMESLINCOLN.COM	1661 W. ROKEBY RD S33,T9,R6,6TH PRINCIPAL MERIDIAN LANCASTER COUNTY

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. HS001996

System Type: Standard

Situs: No Site Address Specified

Issued: 5/18/2020

Expires: 5/18/2021

Description: S33, T9, R6, Acres 6th Principal Meridian, LOT 46 NE

Owner: ROPERS, KYLE A & AMIE L
1730 TIMBER RIDGE RD
LINCOLN, NE 68522

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