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

**A**

Permit Number HS002058

# 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* SOUTH RIDGE ACRES (no rural route) City ROCA, NE Zip 68430

Legal Description S15 T8 R7 South Ridge Acres Add. 6 2
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 15-15-406-002-000 *Approx. Address (If to be determined)

## B. Owner

Name JOAN BREWCOP Signature

Address 5941 CLEAR CREEK DR City/State/Zip LINCOLN, NE 68514

Home Phone 402-202-6736 Work Phone

## C. Certified Installer

Name JAIME KUBIK Signature

Address 105 LOCUST 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 6 Whirlpool Bathtub? ☐ Yes ☒ No Garbage Grinder? ☒ Yes ☐ No Total Acres 3.38

☐ 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 7-22-20 Amount Paid #430.00
Received By JAO Cash/Check No. 01514

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: 402-441-8643

**B**

Permit Number:

# Onsite Wastewater Treatment System
## Soil Evaluation Report

PLEASE PRINT OR TYPE

### Onsite System Location

Address South Ridge Acres Block 6 Lot 2 (no rural route) City Roca NE, Zip 68430

Owner Juan Breucop Address

Date of Tests 7/16/2020 to 7/17/2020 Weather: Precipitation None Temperature 90 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 Water Lev (in.) | End | | Elapsed Time Interval | Water Level Drop(in) | Percolation Rates (Min/in = mpi) |
| Hole No. | Hole Depth(in) | Date (Mo/Da) | Time (Hr/Min) | Date (Mo/Da) | Time (Hr/Min) | Date (Mo/Da) | Time (Hr/Min) | | Date (Mo/Da) | Time (Hr/Min) | | | |
| 1 | 30 min | 7/16 | 5:00 pm | 7/17 | 9:05 am | 7/17 | 4:25 pm | 6 | 7/17 | 5:55 pm | 30 min | 2 3/8 | 120 |
| 2 | 30 min | 7/16 | 5:00 pm | 7/17 | 9:05 am | 7/17 | 4:25 pm | 6 | 7/17 | 5:55 pm | 30 min | 2 3/8 | 120 |
| 3 | 30 min | 7/16 | 5:00 pm | 7/17 | 9:05 am | 7/17 | 4:25 pm | 6 | 7/17 | 5:55 pm | 30 min | 11/8 | 240 |
| 4 | 30 min | 7/16 | 5:00 pm | 7/17 | 9:05 am | 7/17 | 4:25 pm | 6 | 7/17 | 5:55 pm | 30 min | 1 1/8 | 240 |
| | | | | | | | | 6 | | | | | |
| | | | | | | | | 6 | | | | | |
| | | | | | | | | 6 | | | | | |
| | | | | | | | | 6 | | | | | |

### Person Conducting Percolation Test

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

Sum of Percolation Rates: 720
Average of Rates: 180
Rate Used for Calculation: not suitable for septic

Soil type (NRCS Maps/Other) 7466 Otoe Silty Clay Loam 7666 Mayberry Silty Clay Loam

Groundwater Depth +12 feet

**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. HS002058**

**System Type:** Lagoon

**Situs:** No Site Address Specified

Issued: 7/23/2020

Expires: 7/23/2021

**Description:** SOUTH RIDGE ACRES ADDITION, BLOCK 6, Lot 2

**Owner:** BREUCOP, JUAN C & HOLLY
5941 CLEAR CREEK DR
LINCOLN, NE 68516

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

JUAN BREUCOP
5941 CLEAR CREEK DR
LINCOLN, NE 68516

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

SCANNED

**A**

Permit Number HS002058

# Onsite Wastewater Treatment System Permit Application

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

**PLEASE PRINT OR TYPE**

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

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Work Phone 402-475-2462

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

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**Approval Process**

**1. Health Department**
Site visits
Comments
Date rec'd 7/25/20
Date frwd 7/23/20
**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 11/3/20

***Business Office Use Only***
Date Received 7-22-20 Amount Paid #430.00
Received By JAO Cash/Check No. 01514

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

Form A Updated: 4/15

see as-built

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 15540 S 81st (no rural route) City Roca NE, Zip 68430

Owner Juan Breucop Address

Date of Tests 8/5/2020 to 8/6/2020 Weather: Precipitation none Temperature 90 dgrees

## 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 in | 8/5 | 5 pm | 8/6 | 8 am | 8/6 | 11:30 am | 6 | 8/6 | 12 pm | 30 min | 5/8 | 48 |
| 2 | 30 in | 8/5 | 5 pm | 8/6 | 8 am | 8/6 | 11:30 am | 6 | 8/6 | 12 pm | 30 min | 5/8 | 48 |
| 3 | 30 in | 8/5 | 5 pm | 8/6 | 8 am | 8/6 | 11:30 am | 6 | 8/6 | 12 pm | 30 min | 1/2 | 60 |
| 4 | 30 in | 8/5 | 5 pm | 8/6 | 8 am | 8/6 | 11:30 am | 6 | 8/6 | 12 pm | 30 min | 5/8 | 48 |
| | | | | | | | | 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: 204
Average of Rates: 51
Rate Used for Calculation: 59

Soil type (NRCS Maps/Other) 7466 Otoe Silty Clay

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
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) 15-15-406-002-000

Owner JUAN BRECCOP Address 15540 S 81ST ROCA, NE 68430

### A. Wastewater Piping

1. Material: SCH 40 Diameter: 4 in.
2. Distance between dwelling and septic tank: 75 ft.

### B. Septic Tank

1. Material 1M 1060 & 1M 1530 INFILTRATOR EZ FLOW
2. Capacity: 2500 GALLONS
3. Depth to top of tank, below unfinished grade: 12 in.
4. Distance to:
   Well NA ft.
   Pressure line +60 ft
   Property Line +60 ft.
   Foundation 75 ft.

### C Distribution Box or Drop Box

Distance and Direction from septic tank: 10 ft. N

### D. Drainfield/Absorption Field

☐ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☐ Other
   Material brand and inside width of Chamberless:
2. Number of Laterals: 4
3. Length of each lateral (linear): ft. 140 ft. 140 ft. 140 ft. 50
4. Drainfield size: 2115 sq. ft.
5. Distance to:
   Well NA ft.
   Pressure line +60 ft.
   Property line +60 ft.
   Depth of Groundwater +12

Had 3 laterals installed upon approval N/A ✓

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

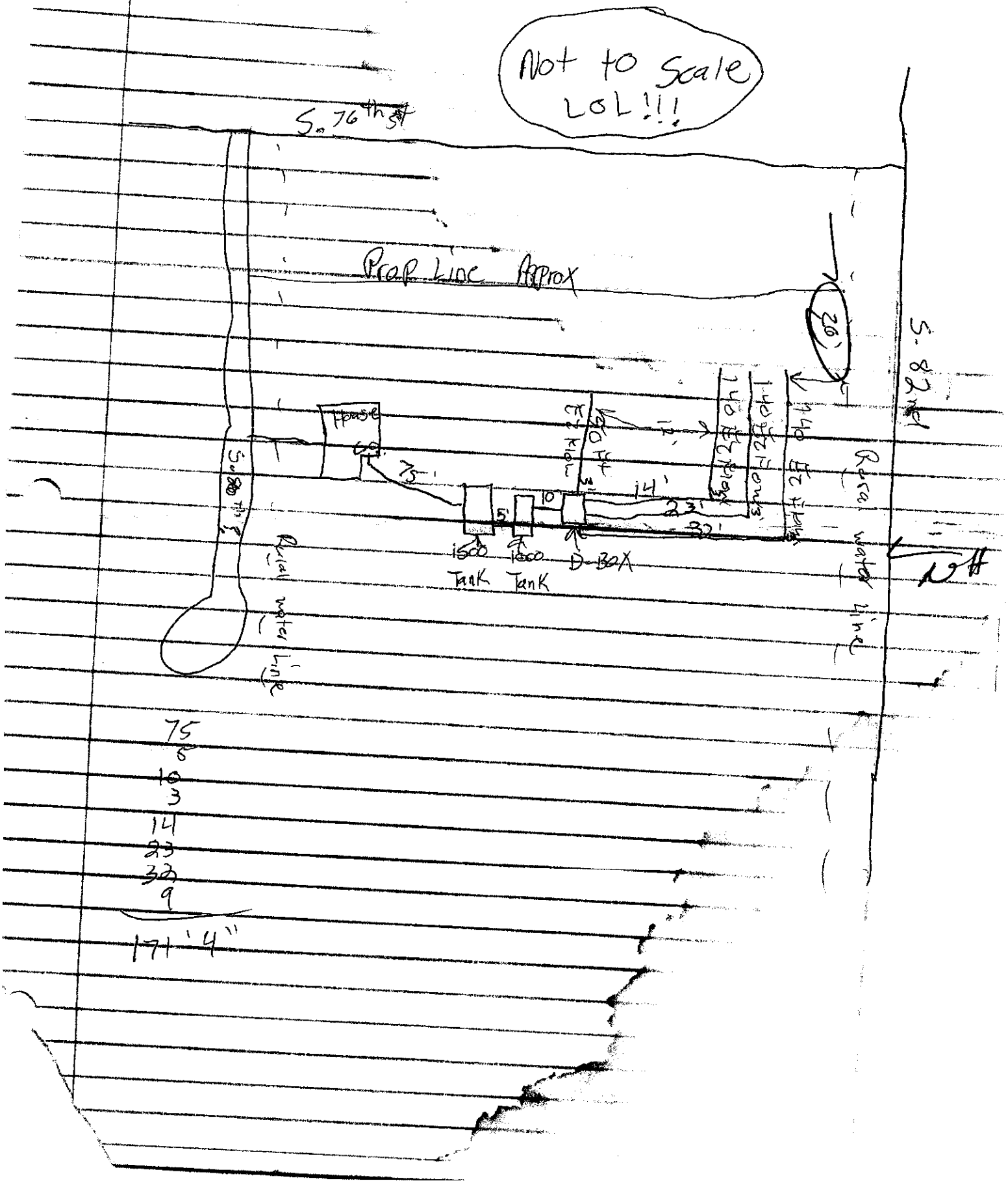
If Yes, the Certified Professional must sign below for final approval:

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: [signature] Date: 10/26/2020

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

15580 S. 80th? Rural water




75
6
~~10~~
3
14
23
~~32~~
9

171' 4"