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

A

Permit Number HS002071

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* 11805 S. 5th (no rural route) S2 T8 R6 City Roca, NE Zip 68430

Legal Description Wilderness Park Estates, Block 2, Lot 6

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

PID 0802100011000 *Approx. Address (If to be determined)

B. Owner

Name Ernstmeyer, Tracy L & Linda R Signature

Address 11805 S. 5th City/State/Zip Roca, NE 68430

Home Phone 402-432-9158 Work Phone 402-432-9157

C. Certified Installer

Name: Matt Johnson Signature Matt

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 2.97

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 6-01-20 Amount Paid $430.00
Received By JAO Cash/Check No CC3798

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

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 11805 S. 5th (no rural route) City Roca NE, Zip 68430

Owner Ernstmeyer, Terry L & Linda R Address 11805 S. 5th

Date of Tests 8/6 to 8/7 Weather: Precipitation N/A Temperature 82°

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	36	8/6	9:15am	8/7	9:15am	8/7	9:15am	6	8/7	1:15pm	30min	4"	7.5
2	36	8/6	↓	↓	↓	↓	↓	6	↓	↓	↓	3"	10
3	36	8/6	↓	↓	↓	↓	↓	6	↓	↓	↓	4"	7.5
4	36	8/6	↓	↓	↓	↓	↓	6	↓	↓	↓	2"	15
5	36	8/6	↓	↓	↓	↓	↓	6	↓	↓	↓	3"	10
6	36	8/6	↓	↓	↓	↓	↓	6	↓	↓	↓	3"	10
7	36	8/6	↓	↓	↓	↓	↓	6	↓	↓	↓	2"	15
8	36	8/6	↓	↓	↓	↓	↓	6	↓	↓	↓	2"	15

Person Conducting Percolation Test

Name: Matt Johnson
Phone: 402-802-5440
Address 2685 W. Sumner St
Lincoln, NE 68522

Sum of Percolation Rates: 90
Average of Rates: 11.25
Rate Used for Calculation: mpi

Soil type (NRCS Maps/Other)

Groundwater Depth

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

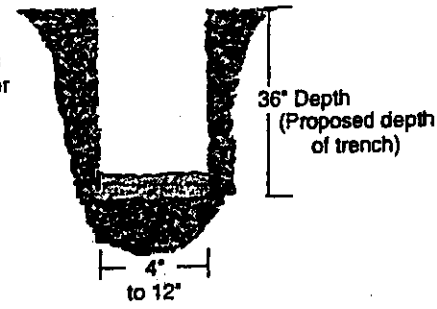
Signature of Reviewing Official Date

READ THOROUGHLY

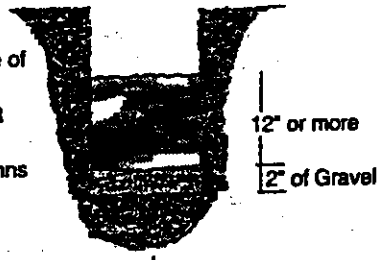
DIAGRAM OF PERCOLATION TEST PROCEDURE

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.

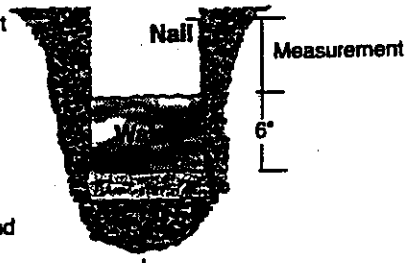


II. Saturation of Soil (Pre-soak)
   - A. Fill hole with 12" or more of water.
   - B. MAINTAIN THIS WATER LEVEL FOR 4 HOURS.
   - C. Record on Form B columns a thru f.



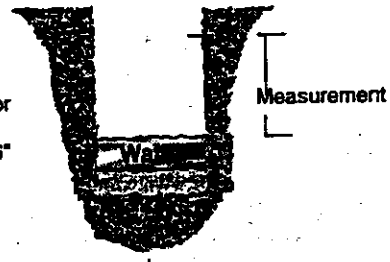
24 Hours Later

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.

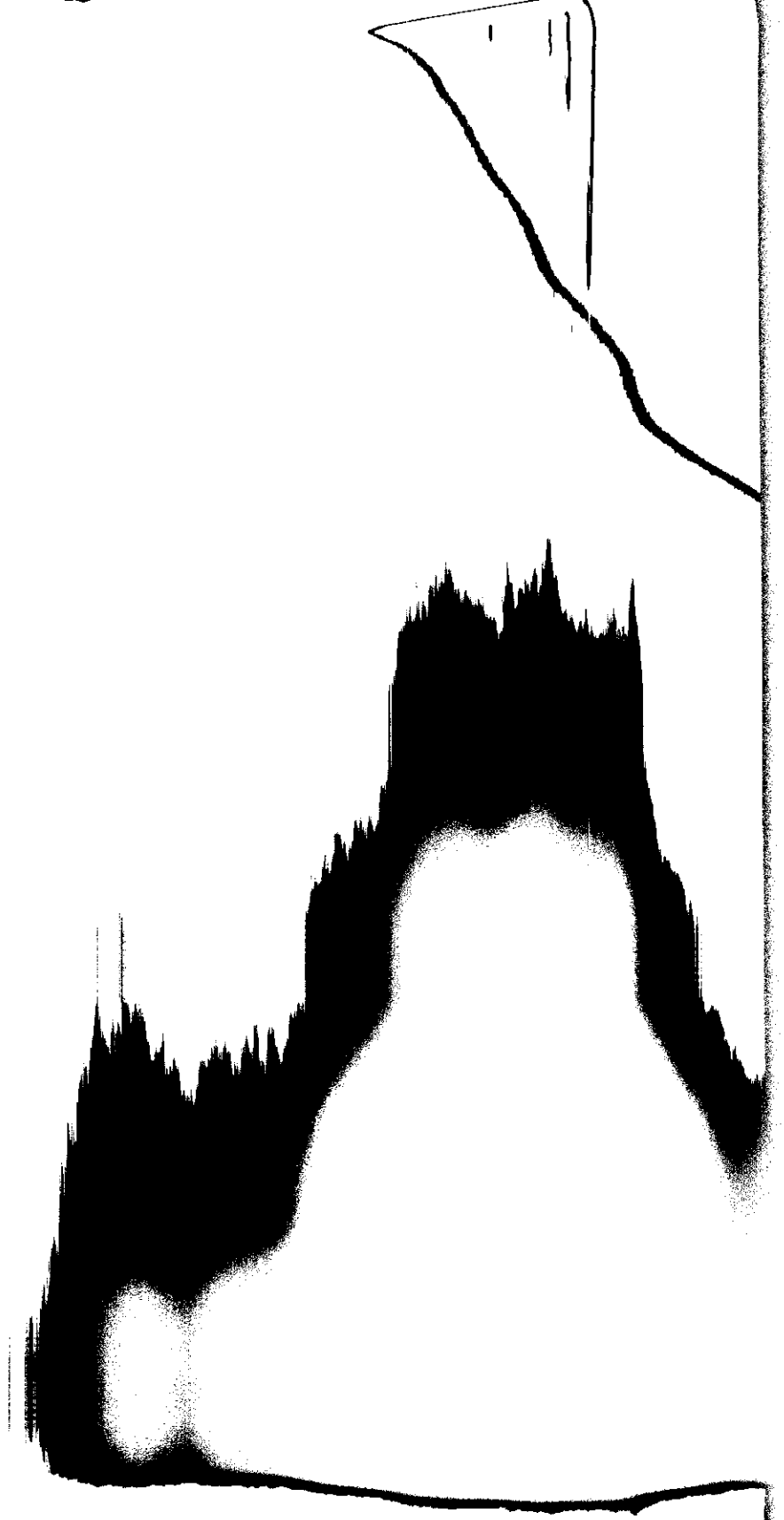


   - F. Continue for 3½ hours taking readings every 30 minutes.
   - G. Last 30 minute reading is used in filling out Form B. Record date, time, intervals and water level drops in column g thru m.

Instructions

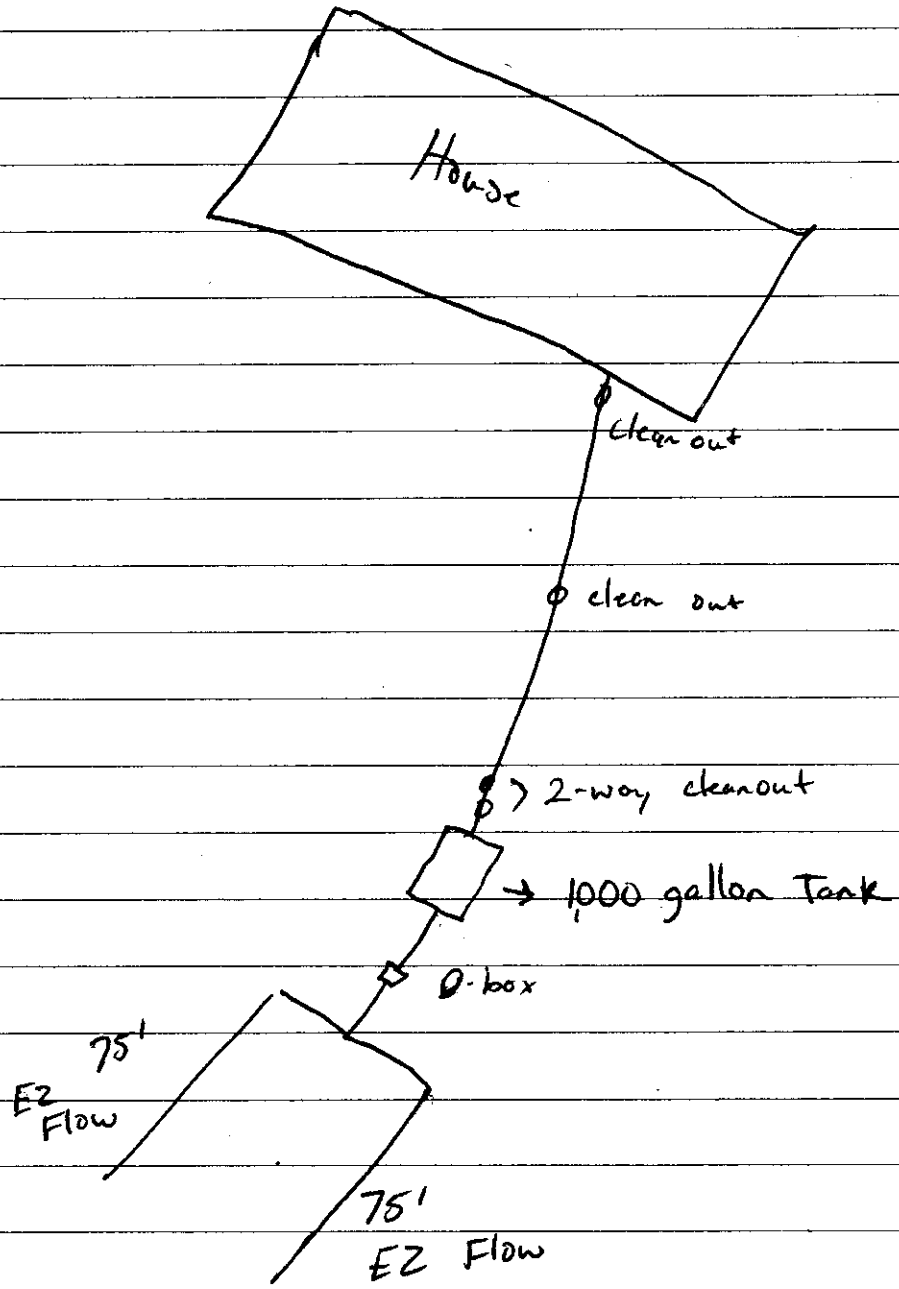
1. **Number and location of tests.** Percolation tests shall be made in 6 or more separate test holes which shall be spaced uniformly over the proposed lateral field site.
2. **Type of test hole.** Dig or bore a hole 3 feet deep with a diameter of 4 to 12 inches. (To save time, labor and the volume of 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.



John Henry
Matt Johnson
11805 S. 5th (will update as built)
Roca

John Henry
Matt Johnson
11805 S. 5th (will update as built)
Loca



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. HS002071

System Type: Standard

Situs: No Site Address Specified

Issued: 8/10/2020

Expires: 8/10/2021

Description: WILDERNESS PARK ESTATES, BLOCK 2, Lot 6

Owner: ERNSTMEYER, TERRY L & LINDA R
11805 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

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

A

Permit Number HS002071

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* 11805 S. 5th (no rural route) S2 T8 R6 City Roca, NE Zip 68430

Legal Description Wilderness Park Estates, Block 2, Lot 6

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

PID 0802100011000 *Approx. Address (If to be determined)

B. Owner

Name Ernstmeyer, Tory L & Linda R Signature

Address 11805 S. 5th City/State/Zip Roca, NE 68430

Home Phone 402-432-9158 Work Phone 402-432-9157

C. Certified Installer

Name: Matt Johnson Signature

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 2.97

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 8/10/20
Date frwd 8/10/20

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 8/13/20

Business Office Use Only
Date Received 8-07-20 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
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

Permit Number: HS002071

Onsite Wastewater Treatment System

Inspection Sheet

Date 8/13/20 Legal Description _____

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 11805 S. 56th 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 675 sq. ft. (420 lin ft 14) Tank Size 1000 gals

Total length of laterals 150' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☐ Other (describe) _____

No. of Absorption Laterals 2 Width 3' No. of Drop Boxes CO 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:

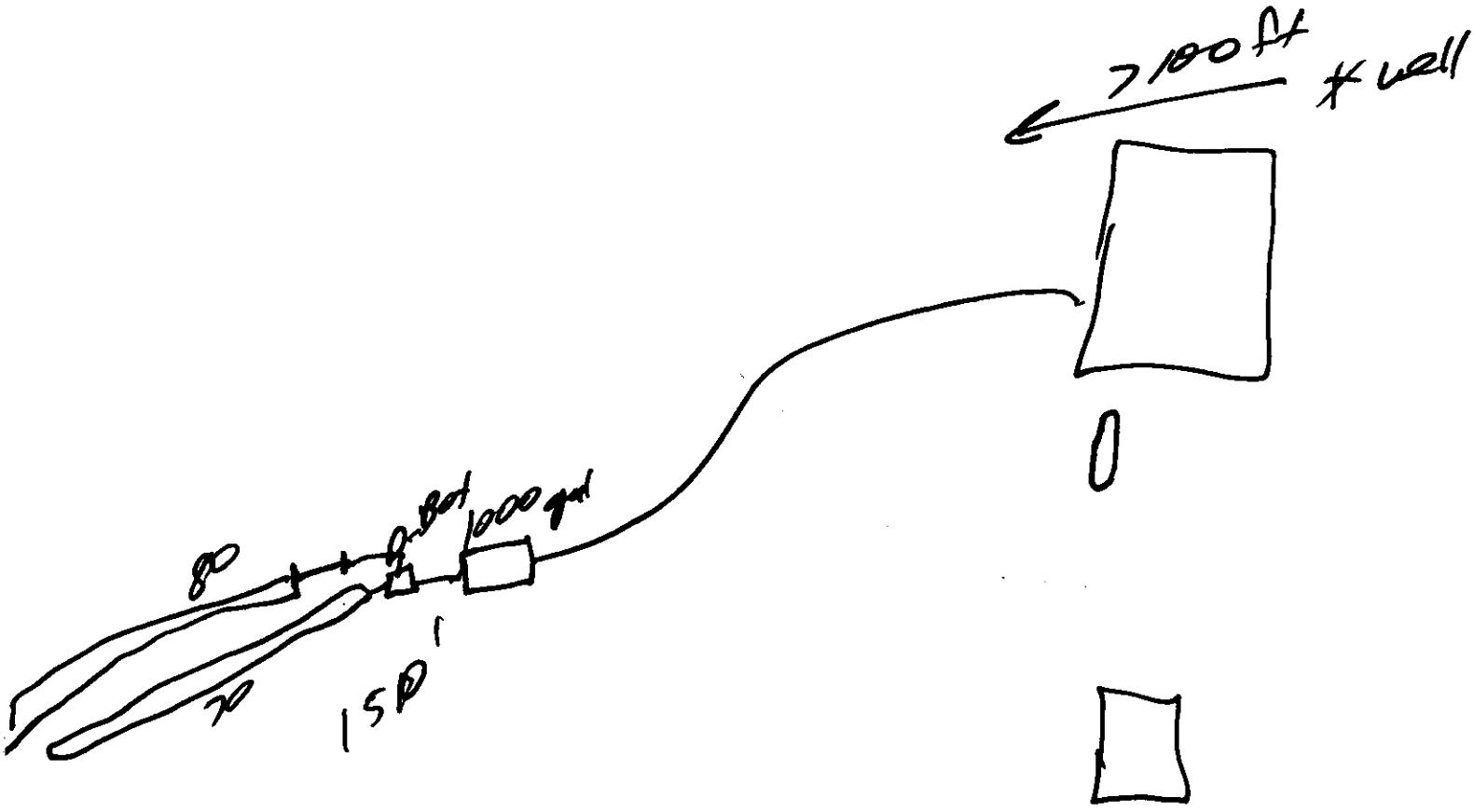
Inspections prior to Final Approval
Initial _____ Date 8/11/20 A

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By _____
Date 8/13/20

Field Note Drawing (See Reverse Side):


>100 ft
* well
80
1000 gal
15D'
70

CLOSING 5/31/96

001

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

This form must be completed and returned to request a real estate transfer inspection.

MAKE CHECK PAYABLE TO: Lincoln-Lancaster County Health Department or LLCHD

☑ Enclosed is $150.00. Allow two weeks for processing. Incomplete information will delay processing.

☑ Evaluation of the Individual Water System ☑ Evaluation of the Sewage Disposal System

3050

Legal Description of Property: Street Address 11805 South 5th St., Rock, Ne.

Twp 8N Range 6E Section 2 1/4 ___ 1/4 ___ Block 2 Lot 6 Addition Wilderness Park Estates

Directions to Property Hwy 77 to Saltillo Rd, West to 5th Street, turn South on 5th Street to the end of the Street, property on thgeright (has RE/MAX sign in yard)

Location of Well NE Corner of garage (Pipe sticks out) Tap Location: Inside ☐ Outside ☒ - 2

Location of Sewage System Sw of house about 150' behind the trees Year Installed 1973

*Per seller new pump on well 5/6 yrs. ago, replaced tank on septic 7/8 yrs. ago

	NAME	ADDRESS	PHONE
Present Owner:	James D. Buis	11805 S. 5th St. Roca, Ne. 68430	423-3329
Tenant/Buyer:	Mr. & Mrs. Terry Ernstmeyer	2539 Arlene Ave. Kincoln, Ne. 68502	421-3055
Return to:	Crowne Closing Co. Londi Rutan	6940 O St., Ste. 312 Lincoln ,Ne. 68510	464-1200

PAT WARD 467-3000

Signature of Applicant Londi Rutan for Terry Ernstmeyer Address 6940 O St., Ste. 312 Lincoln, Ne. 68510 Date 5 / 14 / 96

HEALTH DEPARTMENT USE ONLY

Date Received 05 / 15 / 96 Received $150.00 Check ☑ # 4458 Cash ☐

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 5 / 17 / 96

WATER SYSTEM:	Approved	Disapproved	**SEWAGE SYSTEM**	**Additional Site Visits**
Construction	☒	☐	Approved ☐	Date 5 / 22 / 96 by S.C.H
Bacteria	☐ ____/ml	☒ TNTC /ml	Provisional ☐	Date 5 / 29 / 96 by L.C.
Nitrate	☒ 0.3 ppm	☐ ____ppm	Disapproved ☒	Date 5 / 30 / 96 by L.C.

Comments: SEWAGE SYSTEM APPARENTLY PREDATES REGULATIONS IT IS LEAKING OUT. MUST BE REPAIRED WHETHER SOLD OR Not. Corrections done. Provisional approval because septic system predates regulations and inspections. See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Approved: ☒ **SEWAGE DISPOSAL SYSTEM** Approved: ☐ Provisional Approval: ☒

Approved by Jerrold C. Hood R.E.H.S. Date 6 / 11 / 96

Approval or disapproval is based on State and local standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operations.

5-29-96 - 1st Sample