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

A

Permit Number
HSOO226D

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* 11601 S 5TH ST City ROCA, NE NE Zip 68430
(no rural route)

Legal Description WILDERNESS PALK ESTATES 2 2
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 08-02-100-007-000 *Approx. Address (If to be determined)

B. Owner

Name SHU GAMBY Signature
Address 11601 S 5TH ST City/State/Zip ROCA, NE 68430
Home Phone 308-530-1971 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 402-475-2402

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 3 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 3
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
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 7-16-21 Amount Paid $440
Received By LC/JAD Cash/Check No CC0214

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 11601 S 5th Street (no rural route) City Roca NE, Zip 68430

Owner Shu Camby Address

Date of Tests 6/24/2021 to 6/25/2021 Weather: Precipitation none Temperature 90 degrees

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			End				
Hole No.	Hole Depth(in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Initial Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time Interval	Water Level Drop(in)	Percolation Rates (Min/in = mpi)
1	30 in	6/24	5 pm	6/25	8:00 am	6/25	11:30am	6	6/25	12:00 pm	30 min	1/2	60
2	30 in	6/24	5 pm	6/25	8:00 am	6/25	11:30am	6	6/25	12:00 pm	30 min	1/2	60
3	30 in	6/24	5 pm	6/25	8:00 am	6/25	11:30am	6	6/25	12:00 pm	30 min	3/4	40
4	30 in	6/24	5 pm	6/25	8:00 am	6/25	11:30am	6	6/25	12:00 pm	30 min	3/4	40
								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: 200
Average of Rates: 50
Rate Used for Calculation: 59

Soil type (NRCS Maps/Other)
Groundwater Depth +12 ft

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. HS002260

System Type: Standard

Situs: No Site Address Specified

Issued: 7/20/2021

Expires: 7/20/2022

Description: WILDERNESS PARK ESTATES, BLOCK 2, Lot 2

Owner: CAMBY, SHUFORD C JR & KATHY E
& BROWN, LESLIE A & DAVIS,
KIMBERLY K
11601 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
Health Director

JAMIE KUBIK
105 LOCUST ST
HICKMAN, NE 68372

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) 08-02-100-007-000

Owner: SHU CAMBY Address 11601 S 5TH ST Roca, NE 68430

A. Wastewater Piping

1. Material: SCH 40 Diameter: 4 in.
2. Distance between dwelling and septic tank: 121 ft.

B. Septic Tank

1. Material 1M 1530 INFILTRATOR
2. Capacity: 1500
3. Depth to top of tank, below unfinished grade: _____ in.
4. Distance to:
   Well +100 ft.
   Pressure line +50 ft
   Property Line +50 ft.
   Foundation 121 ft.

C Distribution Box or Drop Box

Distance **and** Direction from septic tank: 28 ft. WEST

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☒ Other
   Material brand and inside width of Chamberless: EZ Flow
2. Number of Laterals: 2 ✓
3. Length of each lateral (linear): ft. 120 ft. 120 ft. _____ ft. _____
4. Drainfield size: 1080 sq. ft. 1050 Req'd
5. Distance to:
   Well +100 ft.
   Pressure line +50 ft.
   Property line +50 ft.
   Depth of Groundwater +12

✓ called ahead

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

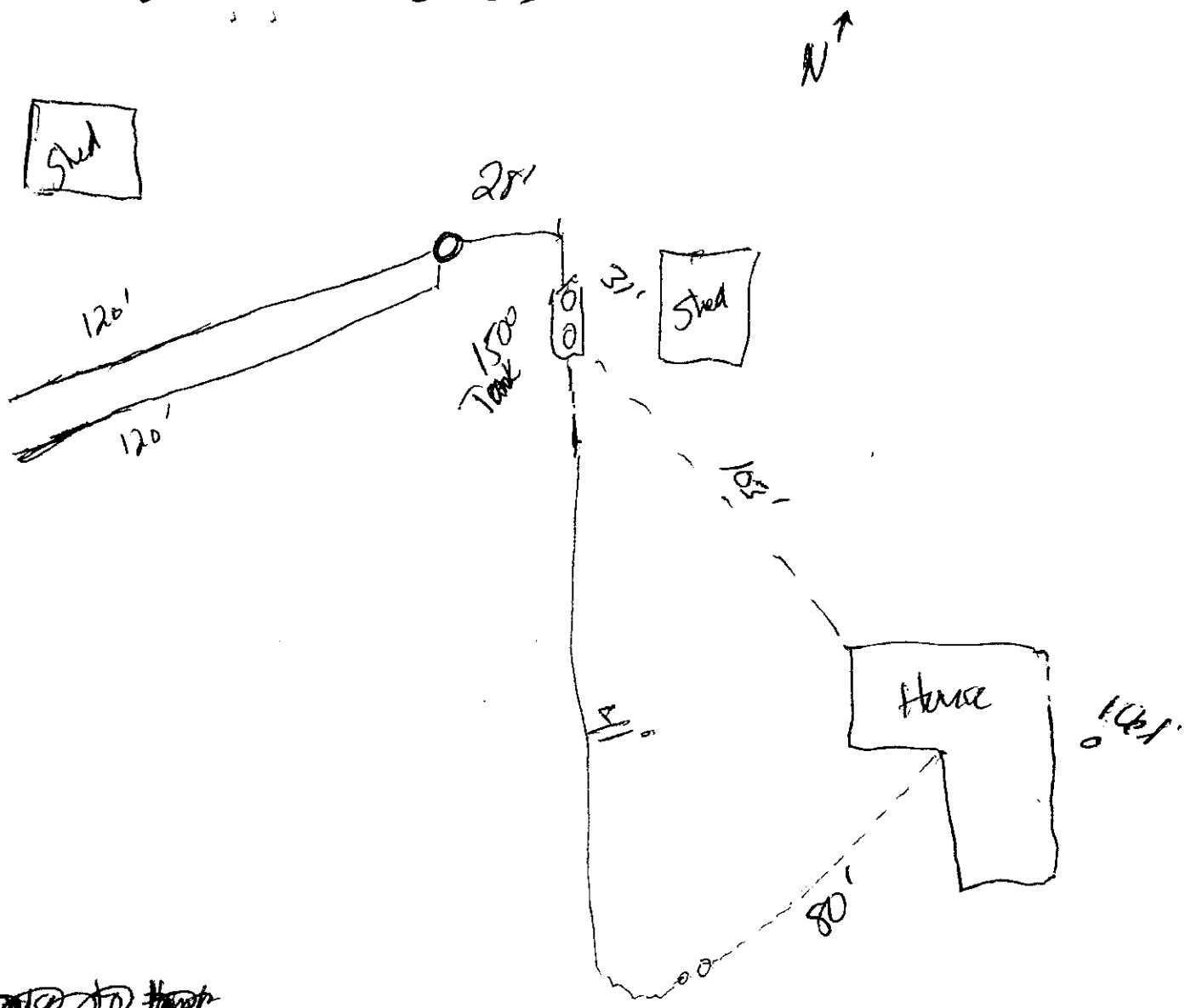
If Yes, the Certified Professional must sign below for final approval:

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: Jamie Kuri Date: 8/10/2021

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

Canby 17601 S 5th



~~House to Tank~~

Shed to tank 31'

~~Tank~~ tank to house foundation 103

SCANNED

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

A

Permit Number
H5002260

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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(no rural route)

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

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Home Phone 308-530-1971 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 402-475-2162

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☐ Check and complete if engineer designed system P.E. License Number:
Designer Name Firm Work Phone

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Site visits
Comments
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Date frwd 7/20/21
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 9/17/21

Business Office Use Only
Date Received 7-16-21 Amount Paid $440
Received By LC/SMD Cash/Check No CC0214

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

Form A Updated: 4/15