Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
Phone 402-441-8543

A

Permit Number 15002

Onsite Wastewater Treatment System
Permit Application

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

PLEASE PRINT OR TYPE

A. Onsite System Location

Address: 7901 Whitetruck Rd (no rural route) City: Roca NE 68430

Legal Description: 1/4 15 8 7 6th P.M. Meridian Section Township Range Subdivision Addition Lot Block

PID 15-15-200-003-000 Street Address (if to be determined):

B. Owner

Name: Jim Chambers Signature:

Address: 6021 S. 74th St City/State/Zip: [redacted] Lincoln [redacted]

Home Phone: Work Phone:

C. Certified Installer

Name: Jaime Kraus 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 SHED W/ 1 BATHROOM

☐ Residential Dwelling Number of Bedrooms: Whirlpool Bathtub? ☐ Yes ☐ No Total Number of Persons:
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 ☐ Denied
Date final: Signature:
Comments:

2. Supt. Bldg. Insp. or Village Clerk
Comments: Date rec'd: ACTION ☐ Approved ☐ Denied
Date final: Signature:

3. City or County Engineer
Comments: Date rec'd: ACTION ☐ Approved ☐ Denied
Date final: Signature:

Installation Final Written Approval
By:
Date:

Business Office Use Only
Date Received:
Received By:

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

Lincoln-Lancaster County Health Department (LLCHD)
Environmental Public Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone 402-441-8043

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address Whitetuck and 82nd Street (no rural route) City Ithica

Owner Jim Chambers Address

Date of Tests July 27, 2021 to July 28, 2021 Weather Precipitation none

Percolation Test Data Table

A.	B	C. D Saturation/Swelling Time		E.	F.	G. H. Last 30 inches of a not or least 16 inches of a hr.		I.	J.	K.	L.	M.	N.
		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 Lvl (in.)	Date (Mo/Da)	Time (Hr/Min)	Water Remain	Time Interval	Drop
1	30 in	7/27	5:00 pm	7/28	8:30 am	7/28	12:00 pm	8	7/28		30 inches		
2	30 in	7/27	5:00 pm	7/28	8:30 am	7/28	12:00 pm	8	7/28		30 inches		
3	30 in	7/27	5:00 pm	7/28	8:30 am	7/28	12:00 pm	8	7/28		30 inches		
								8					
								8					
								8					
								8					
								8					

Sum of Permissible Rates 30 in.
Percentage of Rate 20 %
Rate Used for Calculation 30

Person Conducting Percolation Test

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

Soil type (NRCS Maps/Other) 7581 Wymore
Groundwater Depth +12 ft

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official

Date Revised 8-2011

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. HS002275

System Type: Standard

Situs: No Site Address Specified

Issued: 8/17/2021

Expires: 8/17/2022

Description: S15, T8, R7, 6th Principal Meridian, LOTS 24 & 25 NE

Owner: CHAMBERS, JAMES L & PHYLLIS G
6021 S 74 ST
LINCOLN, NE 68516

Patricia D. Lopez

Patricia D. Lopez, RN, MSN, 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

JAIME KUBIK
105 LOCUST ST, PO BOX 191
HICKMAN, NE 68372

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1814
Phone 402-441-8543

A

Permit Number 15002

Onsite Wastewater Treatment System
Permit Application

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

PLEASE PRINT OR TYPE

A. Onsite System Location

Address: 7901 Whitebrick Rd City Eagle NE 68347
(Do not use P.O. Box)

Legal Description: 15 8 7 4th Place Meridian Acres
Qtr Qtr Section Township Range Subdivision Addition Lot

PID 15-15-200-002-000 Service Address (If to be determined):

B. Owner

Name: Jim Chambers Signature:
Address: 6021 S 74th St City/State/Zip: Lincoln
Home Phone: Work Phone:

C. Certified Installer

Name: Jaime K[illegible] Signature:
Address: 105 Locust St P.O. Box 191 City/State/Zip: Hickman, NE 68372
Work Phone: 402-475-2412

D. Engineer ☐ Check and complete if engineer designed system P.E. License Number:

Designer Name: Firm: Work Phone:

E. This system will serve a SHED W/ 1 BATHROOM

☐ Residential Dwelling Number of Bedrooms: NA Whirlpool Bathtub? ☐ Yes ☒ No Total Area: 0 SQ FT
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: 8/17/21
Date final:
ACTION ☒ Approved ☐ Denied
Signature:

2. **Supt. Bldg. Insp. or Village Clerk**
Comments:
Date rec'd:
Date final:
ACTION ☐ Approved ☐ Denied
Signature:

3. **City or County Engineer**
Comments:
Date rec'd:
Date final:
ACTION ☐ Approved ☐ Denied
Signature:

Installation Final Written Approval
By:
Date: 8/17/21

Business Office Use Only
Date Received:
Received By:

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

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

Permit Number: 5002275

Onsite Wastewater Treatment System

Inspection Sheet

Date 8/17/21 Legal Description _____

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 7901 W Pittsburgh Rd 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 450 Sq. Ft. Tank Size 1000 gals

Total length of laterals 100 ft Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☐ Other (describe) _____

_____

No. of Absorption Laterals 2 Width 3' No. of Drop Boxes 0 Distribution Box 0

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 8/11/21

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval

By _____

Date 8/17/21

Field Note Drawing (See Reverse Side):