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

A

Permit Number HS002283

New Barn Construction

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* 355 W Sprague Rd (no rural route) City Roca, NE Zip 68430

Legal Description NE 1/4 NE 1/4 34 Section 8N Township 6E Range ____ Subdivison ____ Addition ____ Block 57 Lot

PID 08-34-200-012-000 *Approx. Address (If to be determined) ____

B. Owner

Name Eddie L Turner Signature Eddie Turner

Address 355 W Sprague Rd City/State/Zip Roca, NE 68430

Home Phone 402-304-0192 Work Phone ____

C. Certified Installer

Name: Terri Jakoubek Signature Terri L Jakoubek

Address 13800 NW 70th St City/State/Zip Raymond, NE 68428

Work Phone 402-783-2663

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 ____ Whirlpool Bathtub? ☐ Yes ☑ No Total Acres 12.02

Garbage Grinder? ☐ Yes ☑ No

☑ Commercial Establishment/Other Facility Specify Barn with a restroom Design flow in gallons per day <200

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 9-02-21 Amount Paid $450
Received By JAJ Cash/Check No 005040

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

Form A Updated: 2/18

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 355 W Sprague Rd (no rural route) City Roca NE, Zip 68430

Owner Eddie L Turner Address 355 W Sprague Rd, Roca, NE 68430

Date of Tests 8/24/21 to 8/25/21 Weather: Precipitation 0 Temperature 75°

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	22	8/24	10:30a	8/25	8:00a	8/25	11:30a	6	8/25	12:00p	10	1-7/8	5
2	22	"	"	"	"	"	"	6	"	"	"	2	5
3	21	"	"	"	"	"	"	6	"	"	"	3/4	13
								6					
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Terri L Jakoubek, Raymond Contracting, Inc.

Phone: 402-783-2663 or 402-890-6009

Address 13800 NW 70th St

Raymond, NE 68428 Cert #1198

Soil type (NRCS Maps/Other) Judson SL

Groundwater Depth >8'

Sum of Percolation Rates: 23

Average of Rates: 35

Rate Used for Calculation: 8

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official Date

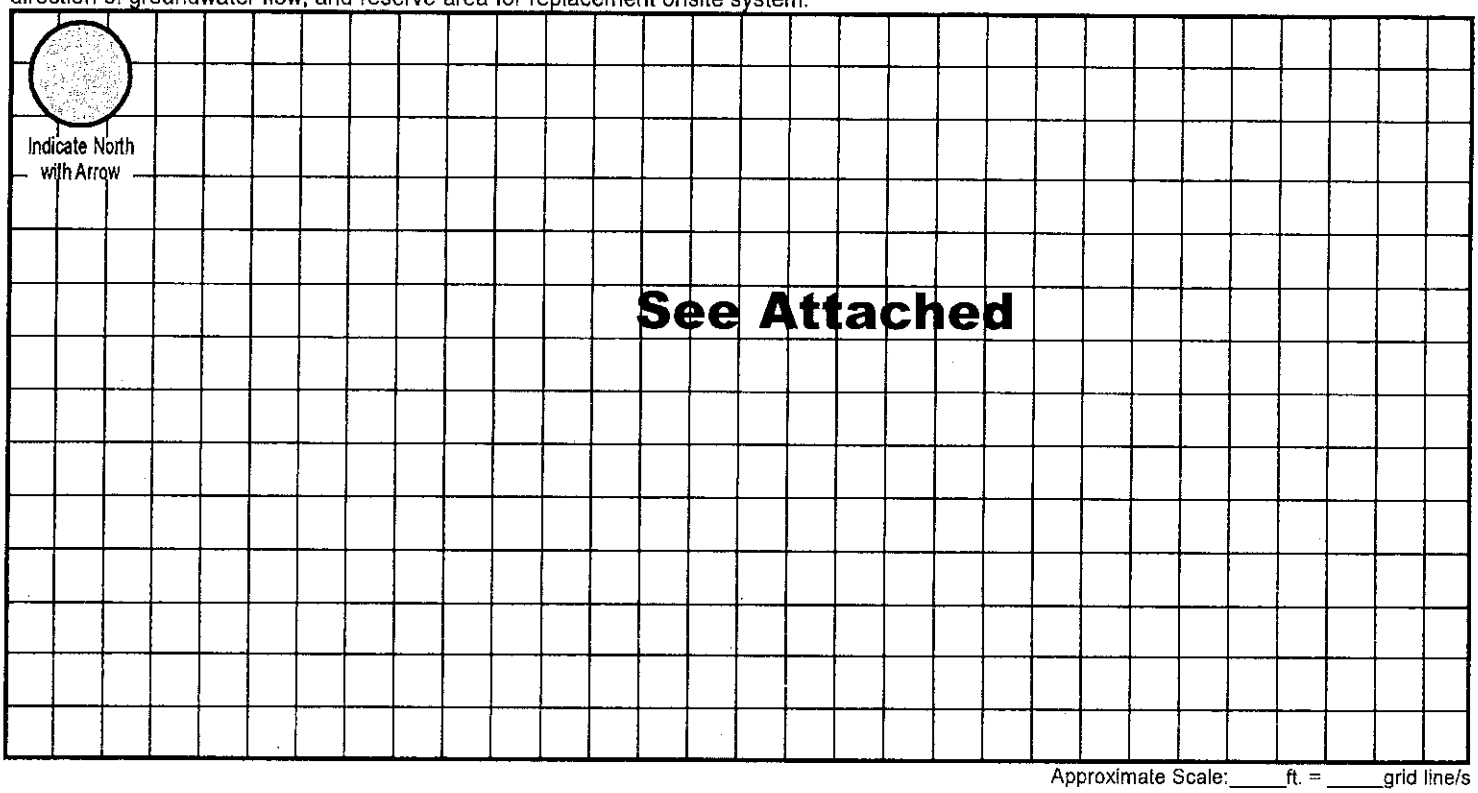
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

C

Permit Number

Onsite Wastewater Treatment System
Preliminary Plan Specification

Draw a plot plan showing onsite system sewer lines, tank, drop or distribution boxes, drainfields, percolation test holes, well, residence, direction of groundwater flow, and reserve area for replacement onsite system.



Approximate Scale: ____ft. = ____grid line/s

A. Onsite System Location

Address (no rural route) 355 W Sprague Rd City Roca NE, Zip 68430

B. Proposed Septic Tank/s

Septic Tank Cap. 1000 gals Tank Material: ☑ Concrete ☐ Plastic ☐ Other _____ ☐ Lagoon (Max. Seepage 1/6"/day)

C. Reserve Area for Replacement Onsite System

☐ Drainfield Absorption Area (percolation test required) ☑ Lagoon

D. Drainfield Absorption System

(Barn with Restroom)

Percolation Rate 8 (min/inch = mpi) No. of Bedrooms N/A Soil Type Judson SL Land Slope ____ %

☑ Trench ☐ Bed ☐ Non-standard (engineer-designed and NDEQ approved) Total square feet of drainfield 360 Sq. Ft.

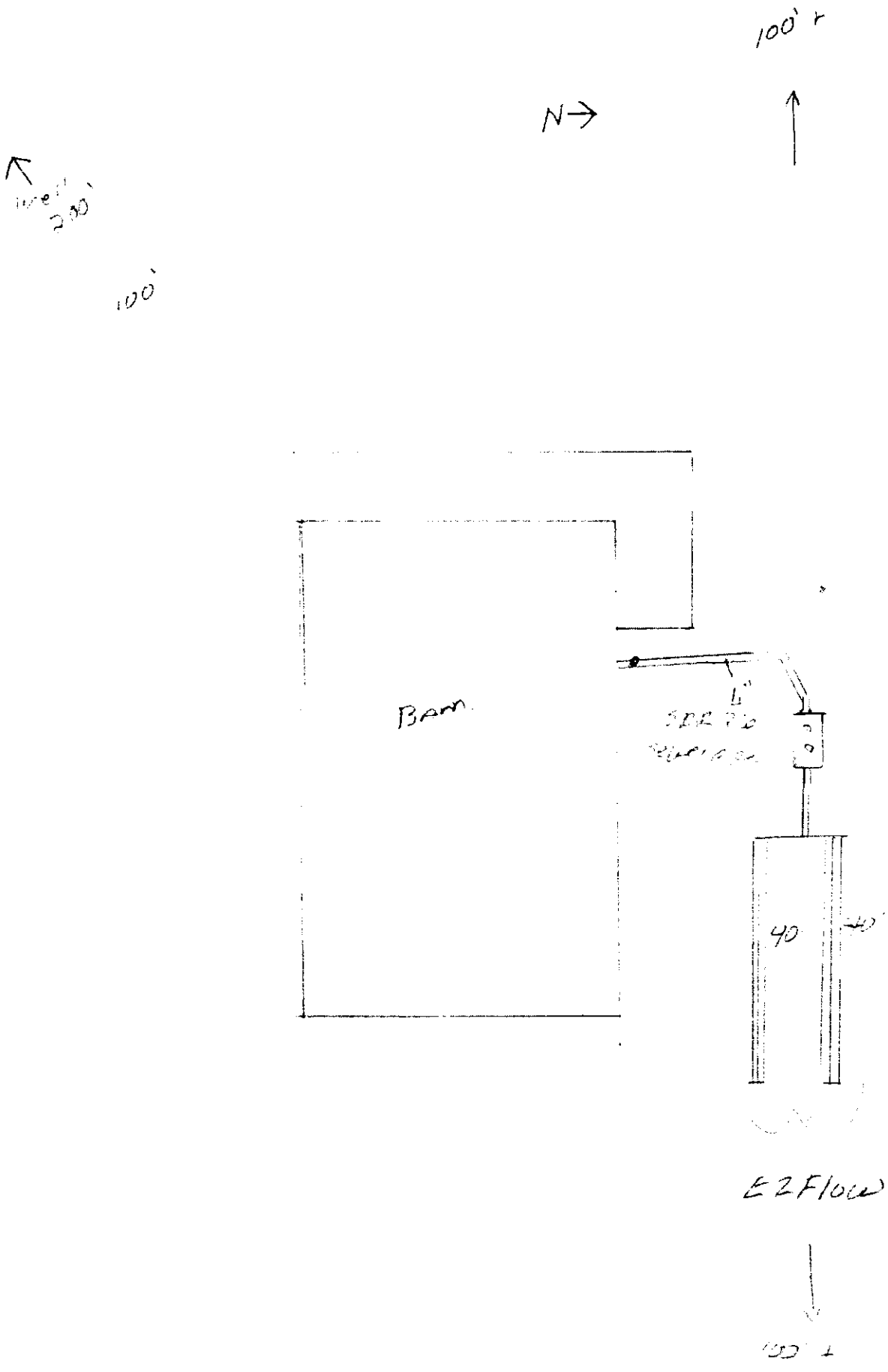
Total length of laterals 80 Type of Distribution: ☐ Perforated Pipe ☐ Half-Round ☐ Chambers ☑ Other EZFlow 1203H

No. of Absorption Trenches 2 Width 38" No. of Drop Boxes 1 Distribution Box _____

No. of Absorption Beds _____ Width _____ No. of Distribution Lines per Bed _____

Installer Terri L Johnston Date: September 1, 2021

Updated 2/18


100'
N
well
200'
100'
Barn
40'
40'
EZ Flow
100'

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. HS002283

System Type: Standard

Situs: No Site Address Specified

Issued: 9/2/2021

Expires: 9/2/2022

Description: S34, T8, R6, Acres 6th Principal Meridian, LOT 57 NE

Owner: TURNER, EDDIE L & KARI L
355 W SPRAGUE RD
ROCA, NE 68430

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

RAYMOND CONTRACTING INC
13800 NW 70TH ST
RAYMOND, NE 68428

SCANNED

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

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Comments ____

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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 9/2/21

Business Office Use Only
Date Received 9-02-21 Amount Paid $450.00
Received By JAO Cash/Check No 65040

see D sheet

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

Form A Updated: 2/18

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

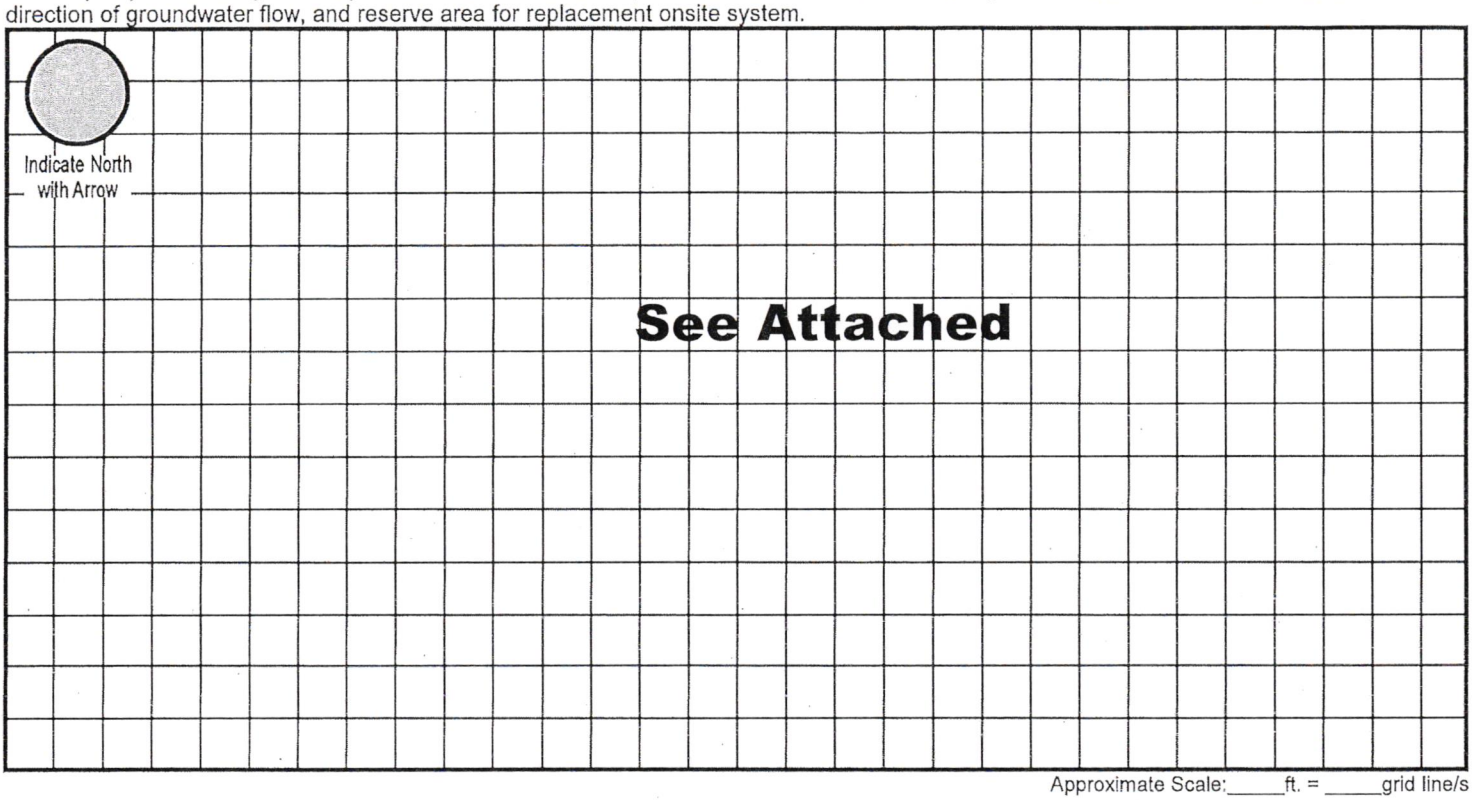
SCANNED

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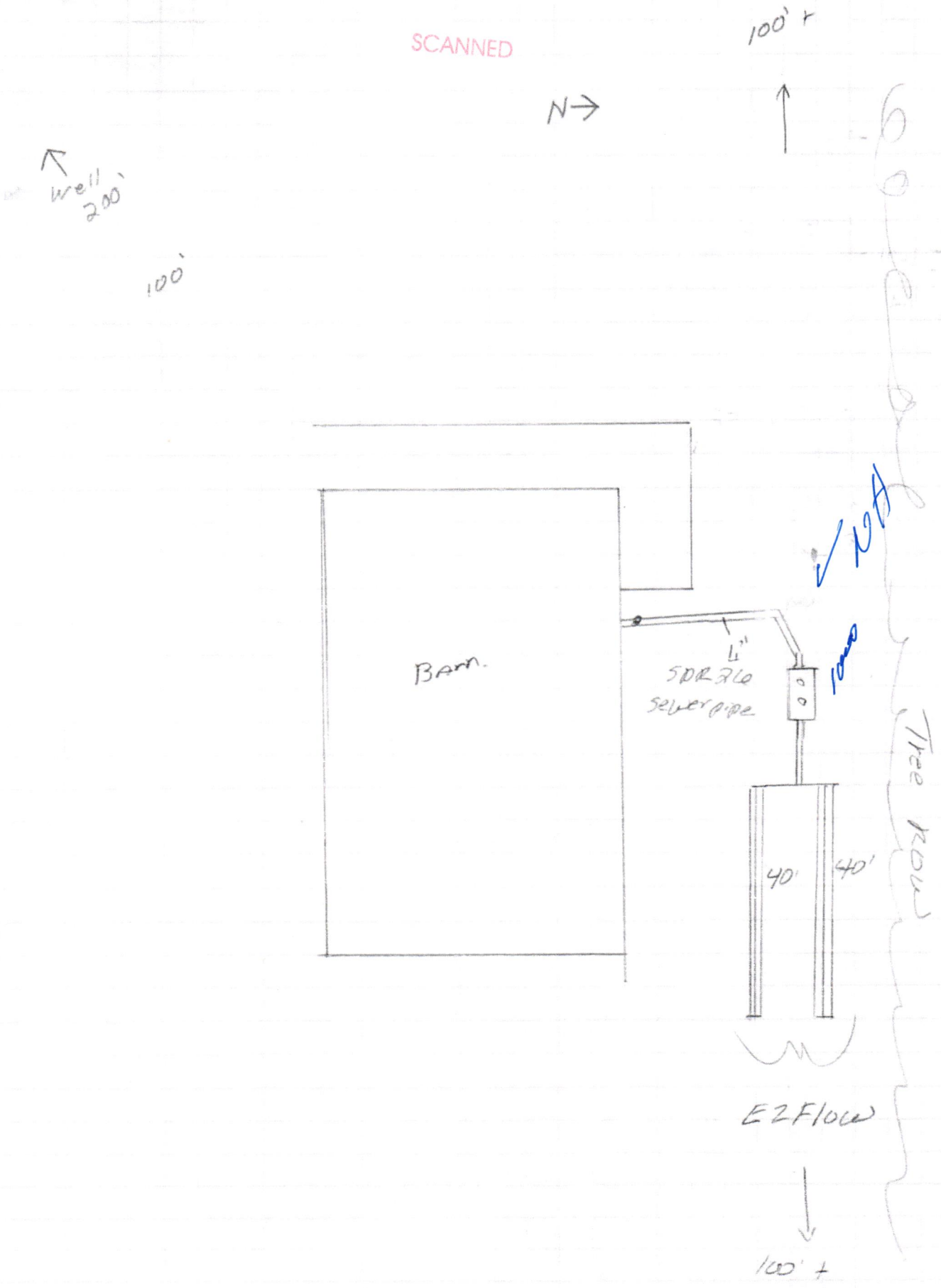
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No. of Absorption Beds _____ Width _____ No. of Distribution Lines per Bed _____

Installer Neil L. Jakowski Date: September 1, 2021

Updated 2/18

SCANNED


100' +
N
well
200'
100'
Barn.
1½"
SDR 26
sewer pipe
10000
NOT
Tree Row
40'
40'
EZ Flow
100' +