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. HS002290

System Type: Lagoon

Situs: No Site Address Specified

Issued: 9/29/2021

Expires: 9/29/2022

Description: SOUTH RIDGE ACRES ADDITION, BLOCK 1, Lot 2

Owner: 51 HOLDINGS LLC
7345 DEMPSTER DR
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

TREVOR MCDONALD
P O BOX 85372
LINCOLN, NE 68501

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

A

Permit Number
HS002290

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* 15900 S 76th Cir City Roca NE Zip 68430
(no rural route)

Legal Description 15 08 07 SouthRidge Acres 1 2
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 15-15-401-002-000 *Approx. Address (If to be determined)

B. Owner

Name Signature
Address City/State/Zip
Home Phone Work Phone

C. Certified Installer

Name: Trevor McDonald Signature Trev McDonald
Address P.O. Box 85372 City/State/Zip Lincoln, NE 68501
Work Phone 402-770-9897

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 4 Whirlpool Bathtub? ☑ Yes ☐ No Total Acres 3
Garbage Grinder? ☑ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day 375

Type of Wastewater ☐ Domestic ☐ Non-Domestic

DO NOT WRITE BELOW THIS LINE

Approval Process

1. Health Department
Site visits
Comments
Date rec'd 9/30/21
Date frwd 9/30/21
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

Business Office Use Only
Date Received 9-29-21 Amount Paid 450.00
Received By LC Cash/Check No. 1526

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

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

SCANNED
A

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HS002290

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B. Owner

Name Signature
Address City/State/Zip
Home Phone Work Phone

Scott Moeller Installer

C. Certified Installer

Name: Trevor McDonald Signature Trevor McDonald
Address P.O. Box 85372 City/State/Zip Lincoln, NE 68501
Work Phone 402-770-9397

D. Engineer

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

E. This system will serve a

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Comments
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Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature

Installation Final Written Approval
By
Date 9/7/22

Business Office Use Only
Date Received 9-29-21 Amount Paid 450.00
Received By LC Cash/Check No. 1526

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: 402-441-8022

B

Permit Number:

Onsite Wastewater Treatment System

Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 76th Circle (no rural route) City Lodi NE, Zip

Owner Tave North Homes Address

Date of Tests 7-6 to 7-7 Weather: Precipitation N/A Temperature 90's

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	7-6	13:00	7-7	9:00	7-7	9:00	6	7-7	9:30	30	3/4	45
2								6				3/4	45
3								6				1	30
4								6				5/8	52
5								6				3/4	45
6								6				1	30
								6					
								6					

Person Conducting Percolation Test

Name: Scott Mueller

Phone: 402-430-2946

Address 1345 N 26th Rd

Soil type (NRCS Maps/Other)

Groundwater Depth NT

Sum of Percolation Rates: 247

Average of Rates: 41.17

Rate Used for Calculation: 40-50 mpi

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official Date

76th St Wickman NE
2000 gal tank
1000 gal pump tank
4" SCH 40 PVC
390' trench
30'x3'
Dist Box
Pit for gravity install
*Pond water
*1620 sq ft installed (1400 req'd)

2000 gal tank
76th St Wickman NE