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

A

Permit Number
HSDD2306

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* 8001 ROCA RD (no rural route) City ROCA, NE Zip 68430

Legal Description 22 8 7 6TH PRINCIPAL MERIDIAN 2.5NE
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 15-22-200-003-000 *Approx. Address (If to be determined)

B. Owner

Name DOREEN & RANDY JOHNSON Signature

Address 8001 ROCA ROAD City/State/Zip [redacted] ROCA, NE 68430

Home Phone 402-525-2424 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 402-475-2462

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

Designer Name Firm Work Phone

E. This system will serve a

☐ Residential Dwelling Number of Bedrooms 3 Whirlpool Bathtub? ☑ Yes ☒ No Total Acres 5.05
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 10-13-21 Amount Paid 450.00
Received By LC 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 8001 Roca Road (no rural route) City Hickman NE, Zip 68372

Owner Dorine and Randy Johnson Address 8001 Roca Road

Date of Tests Oct 7, 2021 to Oct 8, 2021 Weather: Precipitation none Temperature 80 degrees

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			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 min	10/7	5:30 pm	10/8	8:00 pm	10/8	11:30 am	6	10/8	12:00 pm	30 min	5/8	48
2	30 min	10/7	5:30 pm	10/8	8:00 pm	10/8	11:30 am	6	10/8	12:00 pm	30 min	5/8	48
3	30 min	10/7	5:30 pm	10/8	8:00 pm	10/8	11:30 am	6	10/8	12:00 pm	30 min	1/2	60
								6					
								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: 156
Average of Rates: 52
Rate Used for Calculation: 59

Soil type (NRCS Maps/Other) 7681 Wymore // 7466 Morrill
Groundwater Depth +12 feet

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. HS002306

System Type: Standard

Situs: No Site Address Specified

Issued: 10/13/2021

Expires: 10/13/2022

Description: S22, T8, R7, 6th Principal Meridian, LOT 23 NE

Owner: JOHNSON, RANDALL S & DORENE J
8001 ROCA RD
LINCOLN, 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

JAMIE KUBIK
105 LOCUST ST
P O BOX 191
HICHMAN, NE 68372