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

A

Permit Number
HS002344

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

Include Form B and C.
Submit correct fee
with this Application

3 acres or more required for: ☑ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Wastewater Treatment System in conformance with appropriate regulations.

PLEASE PRINT OR TYPE

A. Onsite System Location

Address _____ City _____, NE Zip _____
(no rural route)

Legal Description _____ South Ridge Acres 1 1
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 15-15-401-001-000

B. Owner

Name Heidi Wobbels Signature _____

Address _____ City/State/Zip _____

Home Phone 402 610 3121 Work Phone _____

C. Certified Installer

Name Steven Lewis Signature _____

Address 3300 N 71st. St. City/State/Zip Lincoln NE 68507

Work Phone 402 432 1082

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

☐ Commercial Establishment/Other Facility Specify _____ Design flow in gallons per day 600

Type of Wastewater ☐ Domestic ☐ Non-Domestic

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☐ County Resolution No. 02-30

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 _____ Amount Paid _____
Received By _____ Cash/Check No. _____

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

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 Lot 1, Block 1, South Ridge Acres City Roca NE, Zip 68430
(no rural route)

Owner Heidi Wobbels Address

Date of Tests 12-12 to 12-13 Weather: Precipitation Ø Temperature 46°

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		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	12-12	10:00	12-13	10:00	12/13	10:00	6	12:13	10:30	30	1	30
2	"	"	"	"	"	"	"	6	"	"	"	1 1/2	20
3	"	"	"	"	"	"	"	6	"	"	"	1	30
4	"	"	"	"	"	"	"	6	"	"	"	1	30
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Steven C Lewis
Phone: 402 432 1082
Address: 3300 N 7th St.
Lincoln NE 68507

Sum of Percolation Rates: 110
Average of Rates: 27.5
Rate Used for Calculation: 20-30

Soil type (NRCS Maps/Other) 7684 Wymore Silty Clay Loam
Groundwater Depth >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 (402) 441-8027
3131 O Street Lincoln, Nebraska 68510-1514

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT
No. HS002344

System Type: Standard

Situs: No Site Address Specified

Issued: 12/14/2021

Expires: 12/14/2022

Description:

Owner:

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

Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3131 O Street Lincoln, Nebraska 68510-1514

ON-SITE WASTE WATER SYSTEM
CONSTRUCT/ INSTALL EXTENSION PERMIT
No. HS002344

System Type: Standard

Situs: No Site Address Specified

Issued: 12/15/2022

Expires: 6/14/2023

Description:

Owner:

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CONSTRUCT/ INSTALL EXTENSION PERMIT
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Patricia D. Lopez, RN, MSN
Health Director

STEVEN LEWIS
3300 N 71ST ST
LINCOLN, NE 68507

Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3131 O Street Lincoln, Nebraska 68510-1514

ON-SITE WASTE WATER SYSTEM
CONSTRUCT/ INSTALL EXTENSION PERMIT
No. HS002344

System Type: Standard

Situs: No Site Address Specified

Issued: 6/15/2023
Expires: 12/14/2023

Description:

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