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

A

Permit Number HS002475

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* _____ City Roca, NE Zip 68430
(no rural route)

Legal Description NW SE 15 8N 7E South Ridge Acres 3 5
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 15-15-403-005-000 *Approx. Address (If to be determined) _____

B. Owner

Name Corwin D & Kurstin L Friesen Signature Corwin D Friesen

Address 3811 Kilkee Rd City/State/Zip Lincoln, NE 68520

Home Phone (402) 416 6714 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 5 Whirlpool Bathtub? ☐ Yes ☑ No Total Acres 3.62
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 10-7-22 Amount Paid $460
Received By JAD Cash/Check No. 65040

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

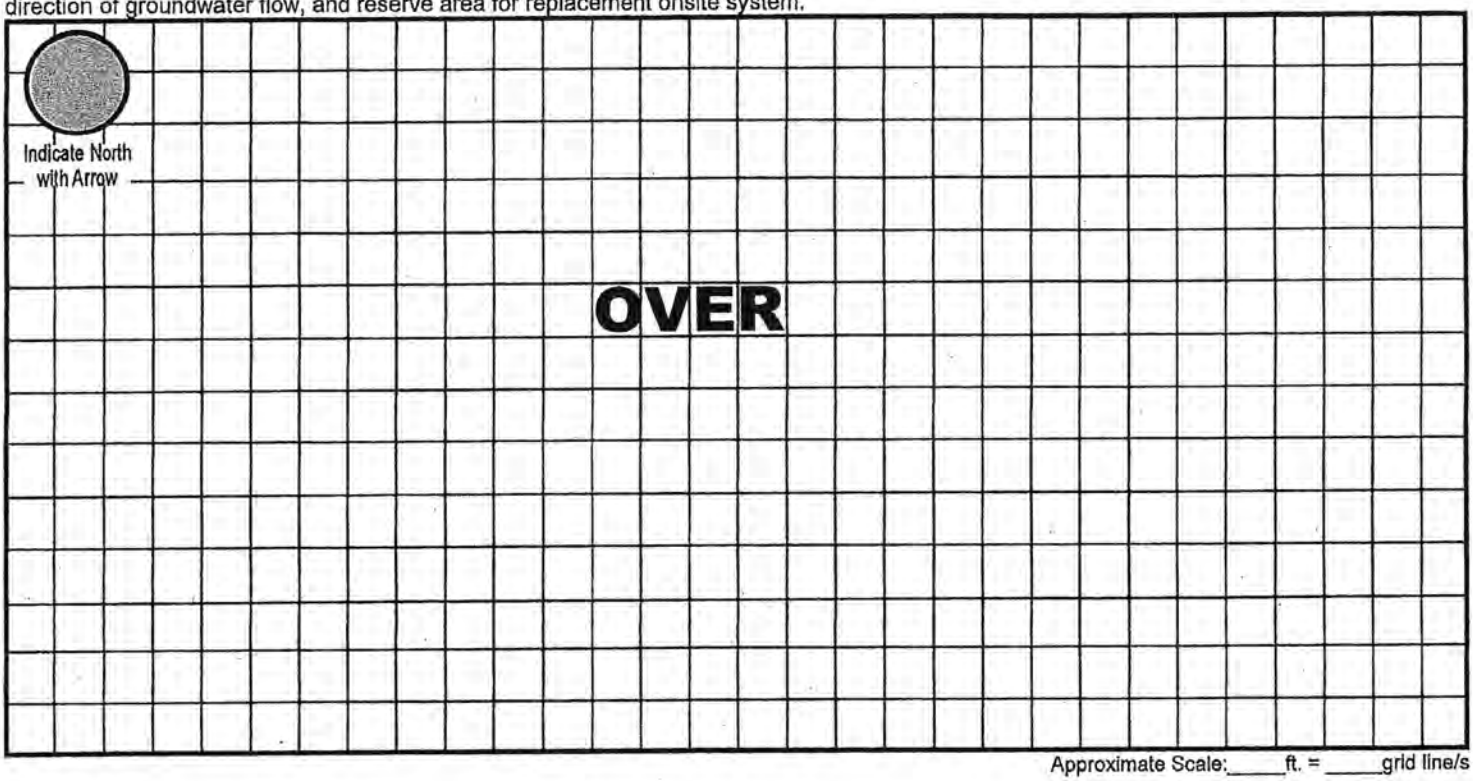
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

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

South Ridge Acres Block 3, Lot 5

A. Onsite System Location

Address (no rural route) _____ City Roca NE, Zip 68430

B. Proposed Septic Tank/s

Septic Tank Cap. _____ gals Tank Material: ☐ Concrete ☐ Plastic ☐ Other _____ ☑ Lagoon (Max. Seepage 1/8"/day)

C. Reserve Area for Replacement Onsite System

☐ Drainfield Absorption Area (percolation test required) ☑ Lagoon

D. Drainfield Absorption System

Percolation Rate _____ (min/inch = mpi) No. of Bedrooms _____ Soil Type _____ Land Slope _____ %

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

Total length of laterals _____ Type of Distribution: ☐ Perforated Pipe ☐ Half-Round ☐ Chambers ☐ Other _____

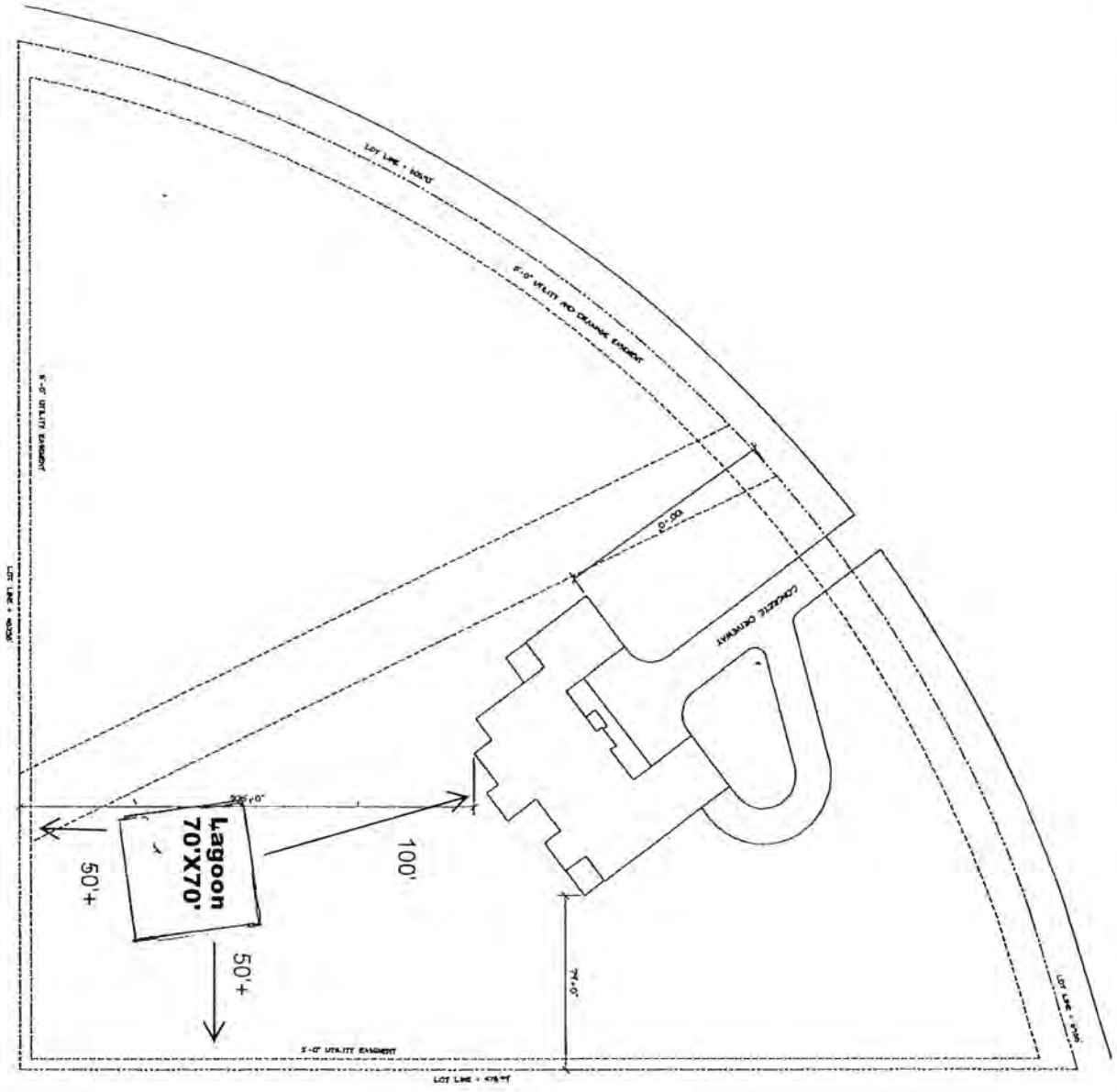
No. of Absorption Trenches _____ Width _____ No. of Drop Boxes _____ Distribution Box _____

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

Installer Kevin L. Jaggers Date: 10/12/22

Updated 2/18

Builder Kevin C Epp Date: 10.12.22



SITE PLAN

N

LEGAL:

A1	SITE PLAN	PROJECT FOR: FRIESEN RESIDENCE	DATE: 10.12.22	Zlab/Troyer Construction, Inc. 3400 Firethorn Terrace, Lincoln, NE 68520 489.2093 or 430.7429	THESE PLANS AND DESIGNING OF ARE PROPERTY OF THE OWNER LISTED. OWNER TO VERIFY ALL DIMENSIONS AND SPECIFICATIONS PRIOR TO CONSTRUCTION. OWNER ASSUMES ALL LIABILITIES OF DESIGN AND CONSTRUCTION THEREOF. NO DUPLICATION OF PLANS PERMITTED WITHOUT REQUEST.

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. HS002475

System Type: Lagoon

Situs: No Site Address Specified

Issued: 10/24/2022

Expires: 10/24/2023

Description: SOUTH RIDGE ACRES ADDITION, BLOCK 3, Lot 5

Owner: FRIESEN, CORWIN D & KURSTIN L
3811 KILKEE RD
LINCOLN, NE 68520

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

TERRI JAKOUBEK
13800 NW 70TH ST
RAYMOND, NE 68428

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

SCANNED

A

Permit Number HS002475

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* 15444 S. 76th (no rural route) City Roca, NE Zip 68430

Legal Description NW (1/4) SE (1/4) 15 (Section) 8N (Township) 7E (Range) South Ridge Acres (Subdivison) 3 (Block) 5 (Lot)

PID 15-15-403-005-000 *Approx. Address (if to be determined)

B. Owner

Name Corwin D & Kurstin L Friesen Signature Corwin D Friesen

Address 3811 Kilkee Rd City/State/Zip Lincoln, NE 68520

Home Phone (402)416 6714 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 5 Whirlpool Bathtub? ☐ Yes ☑ No Garbage Grinder? ☑ Yes ☐ No Total Acres 3.62

☐ 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 11/21/22 DS
Comments
Date rec'd 10/24/22
Date frwd 10/24/22
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 11/23/22

Business Office Use Only
Date Received 10-27-22 Amount Paid $460
Received By JAD Cash/Check No. 50470

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

Form A Updated: 2/18

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

Exhibit 5

Permit Number: HS002478

Onsite Wastewater Treatment System

Inspection Sheet

Date 11/23/22 Legal Description _____

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 15444 S. 76th 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 1,800 Sq. Ft. Tank Size 2,000 gals

Total length of laterals 400' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☒ Other (describe) E2 Flow

No. of Absorption Laterals 4 Width 4.5 factor No. of Drop Boxes _____ Distribution Box _____

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 N/A

Lateral #2 _____ Lateral #4 _____

Comments:

Inspections prior to Final Approval
Initial _____ Date 11/23/22

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By _____

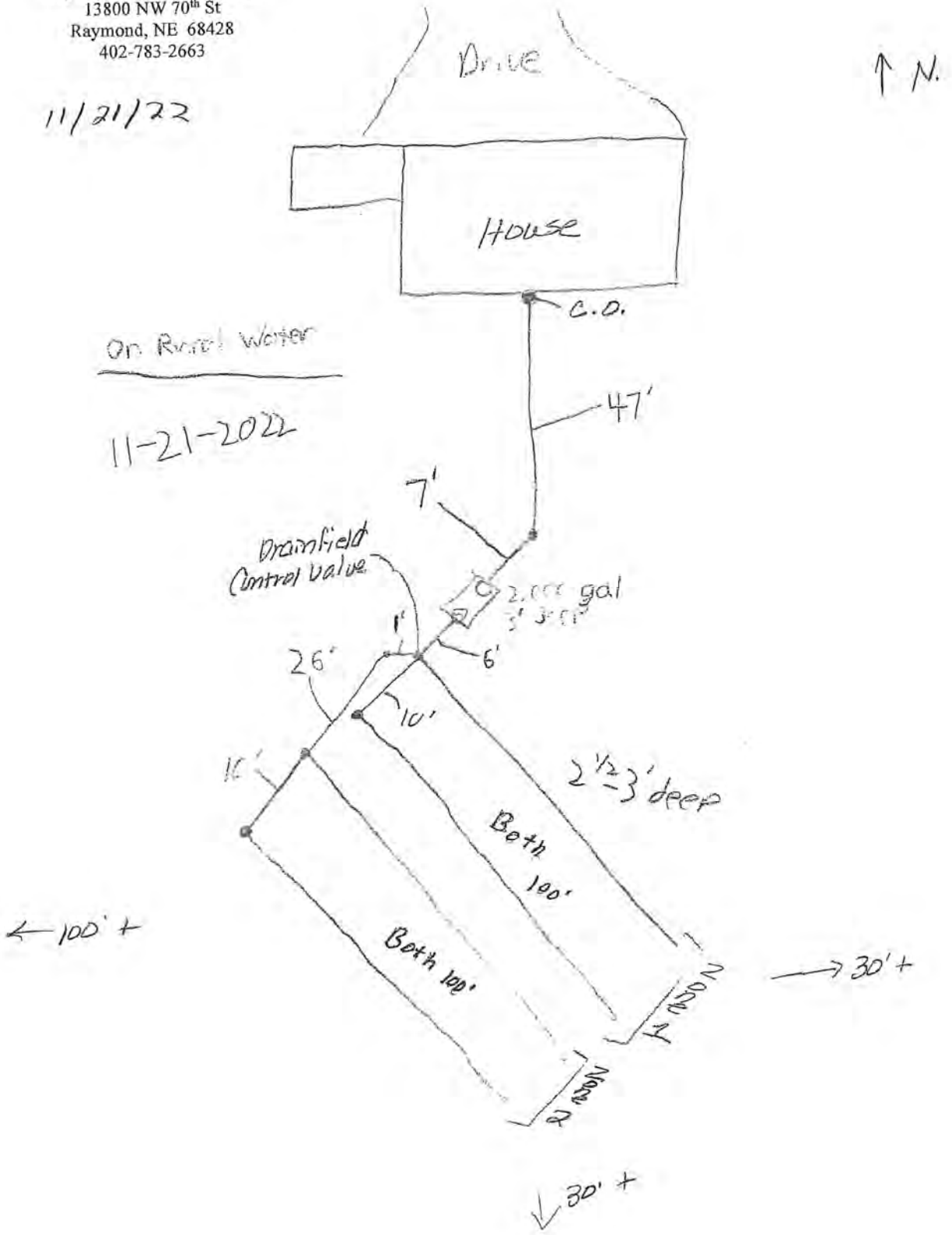
Date 11/29/22

Field Note Drawing (See Reverse Side):

15444 S. 76th St Roca, NE 68430

Raymond Contracting, Inc.
13800 NW 70th St
Raymond, NE 68428
402-783-2663

11/21/22



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

D

Permit Number: HS002475

Onsite Wastewater Treatment System
As-Built Description and Drawing

Type of Onsite Wastewater System: ☐ Lagoon (Skip to Back Page) ☑ Subsurface Septic ☐ Mound

Onsite Wastewater System Location PID = 15-15-403-005-000

Address or Legal Description or Parcel Identification Number (PID) 15444 S 76th St, Roca, NE 68430

Owner: Corwin Friesen Address 3811 Kilkee Rd, Lincoln, NE 68520

A. Wastewater Piping

1. Material: SDR26 Diameter: 4 in.
2. Distance between dwelling and septic tank: 54 ft.

B. Septic Tank

1. Material Concrete
2. Capacity: 2000g
3. Depth to top of tank, below unfinished grade: 36 in.
4. Distance to:
   Well N/A ft. +
   Pressure line N/A ft +
   Property Line 50 ft. +
   Foundation 50 ft. +

C Distribution Box or Drop Box

Distance **and** Direction from septic tank: 6 ft. SW

(Drainfield Control Valve)

D. Drainfield/Absorption Field

☑ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☑ Other
   Material brand and inside width of Chamberless: EZFlow 1203H Bundles
2. Number of Laterals: 4 Depth: 2-1/2' - 3'
3. Length of each lateral (linear): ft. 100 ft. 100 ft. 100 ft. 100
4. Drainfield size: 1,800 sq. ft.
5. Distance to:
   Well N/A ft. +
   Pressure line N/A ft. +
   Property line 30' ft. +
   Depth of Groundwater >10'

Was the Onsite Wastewater System covered prior to LLCHD inspection? ☑ Yes (Partially) ☐ No

If Yes, the Certified Professional must sign below for final approval:

I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: Kevin L. Jahnke Date: 11/21/22

Complete As-Built drawing on the back of this form.

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

B

Permit Number: **HS002475**

Onsite Wastewater Treatment System
Soil Evaluation Report

South Ridge Acres
Block 3, Lot 5

PLEASE PRINT OR TYPE

Onsite System Location

Address 15444 S 76th St (no rural route) City Roca NE, Zip 68430

Owner Corwin D Friesen Address 3811 Kilkee Rd Lincoln, NE 68520

Date of Tests 10/20/22 to 10/21/22 Weather: Precipitation 0 Temperature 78°

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	40	10/20	10:30a	10/21	10:45a	10/21	10:45a	6	10/21	2:45p	30	5/8	48
2	28	"	"	"	"	"	"	6	"	"	"	1/2	60
3	28	"	"	"	"	"	"	6	"	"	"	1/2	60
4	24	"	"	"	"	"	"	6	"	"	"	5/8	48
5								6					
6								6					
7								6					
8								6					

Person Conducting Percolation Test

Name: Terri Jakoubek #1198
Phone: 402-783-2663
Address 13800 NW 70th St, Raymond, NE 68428

Sum of Percolation Rates: 216
Average of Rates: 54
Rate Used for Calculation: 54

Soil type (NRCS Maps/Other) Wymore/Otoe SCL

Groundwater Depth 10

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official Date

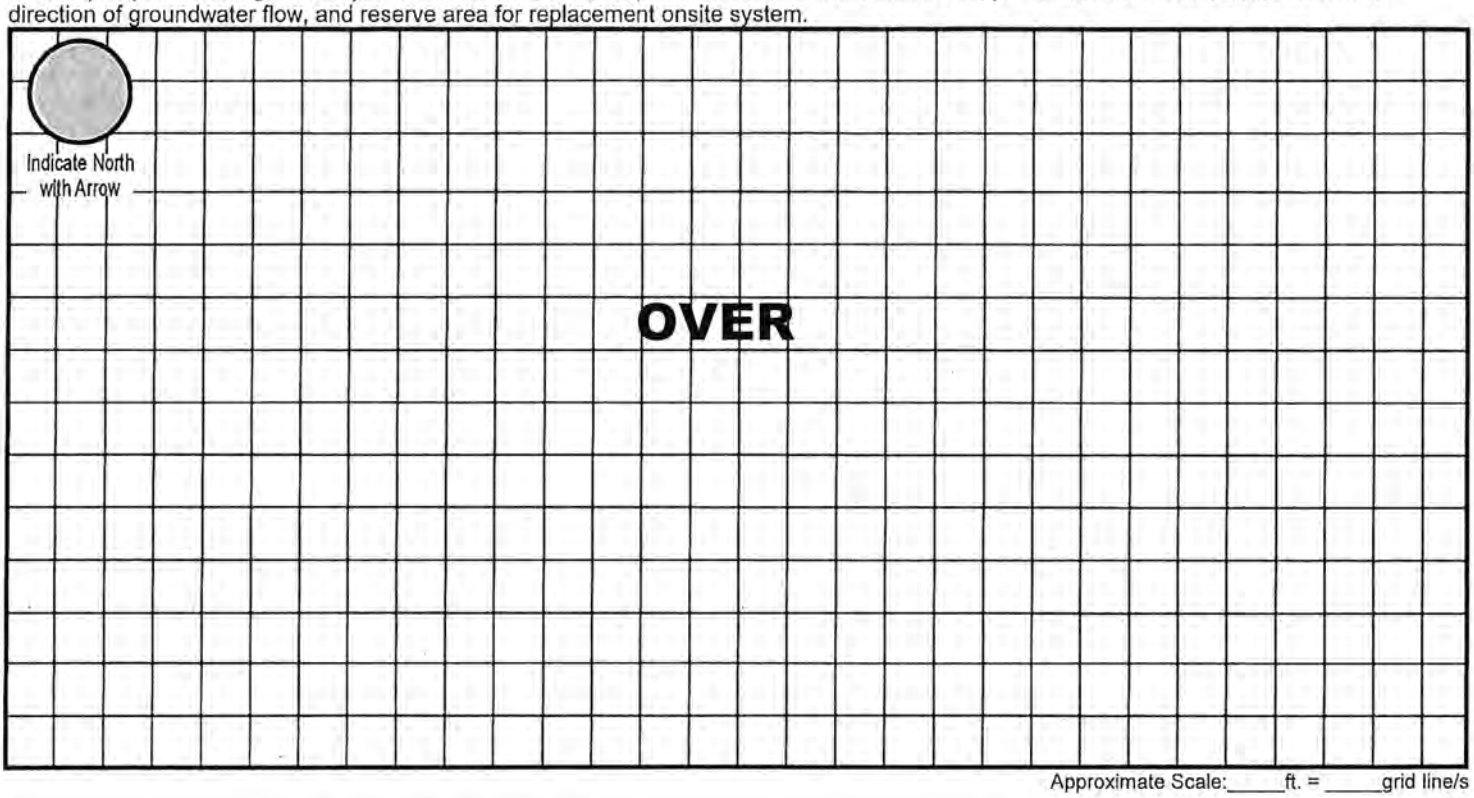
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

C

Permit Number HS00275

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) 15444 S 76th St City Roca NE, Zip 68430

B. Proposed Septic Tank/s

Septic Tank Cap. 2000 gals Tank Material: ☑ Concrete ☐ Plastic ☐ Other _____ ☐ Lagoon (Max. Seepage 1/8"/day)

C. Reserve Area for Replacement Onsite System

☐ Drainfield Absorption Area (percolation test required) ☑ Lagoon

D. Drainfield Absorption System

Percolation Rate 54 (min/inch = mpi) No. of Bedrooms 5 Soil Type Aksarben SCL Land Slope ____ %

☑ Trench ☐ Bed ☐ Non-standard (engineer-designed and NDEQ approved) Total square feet of drainfield 1,800 Sq. Ft.

Total length of laterals 400' Type of Distribution: ☐ Perforated Pipe ☐ Half-Round ☐ Chambers ☑ Other EZFlow 1203H

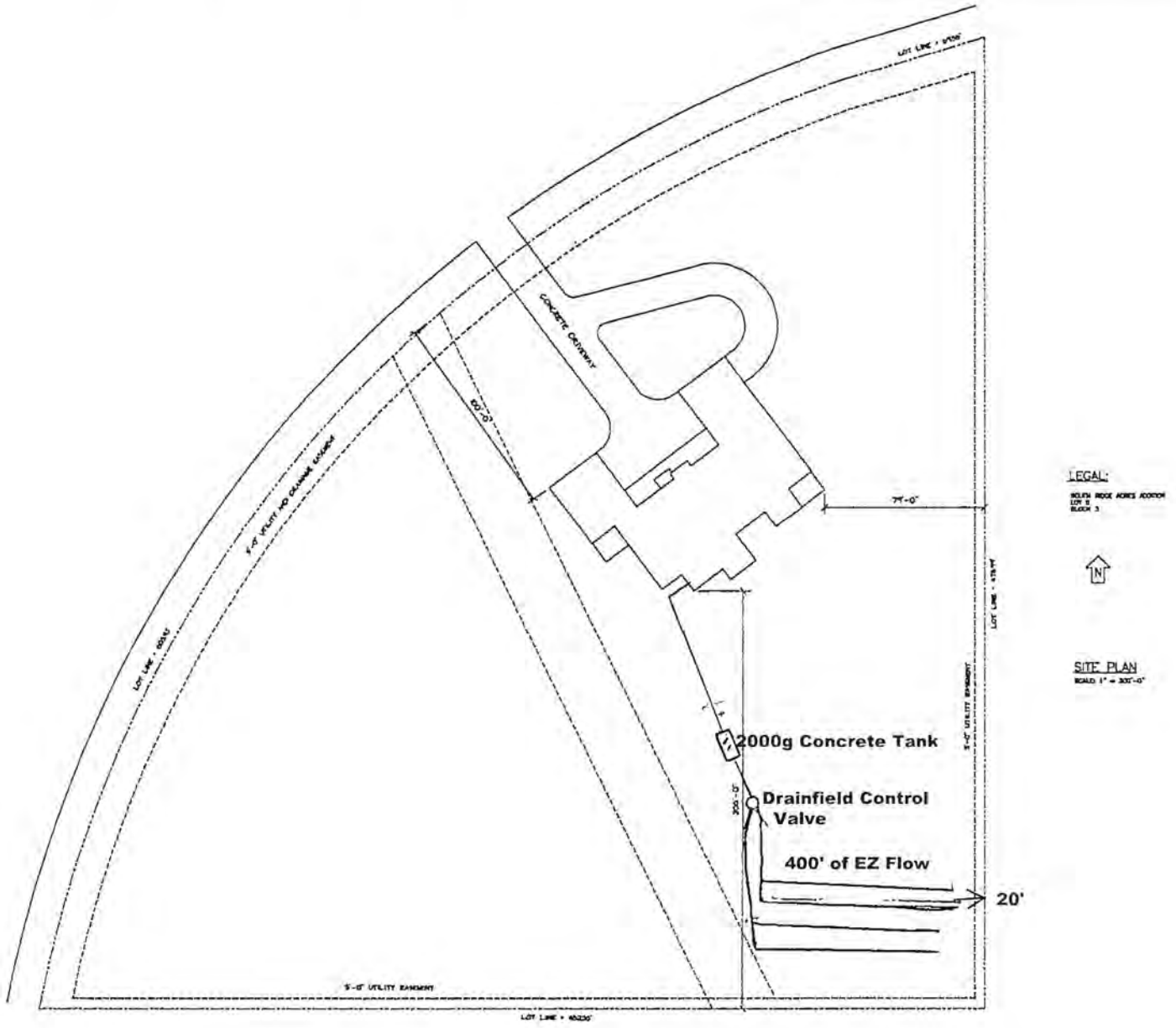
No. of Absorption Trenches 4 Width 38" No. of Drop Boxes 1 Distribution Box _____

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

Installer Neil L. Jahnke Date: 11/3/22

Updated 2/18

15444 S 76th St, Roca, NE 68430



LEGAL:

SOUTH RIDGE ACRES ADDITION
LOT 8
BLOCK 3

N

SITE PLAN
SCALE: 1" = 30'-0"

THESE PLANS AND DESIGNS OF ARE PROPERTY OF THE OWNER LISTED. OWNER TO VERIFY ALL DIMENSIONS AND SPECIFICATIONS PRIOR TO CONSTRUCTION. OWNER ASSUMES ALL LIABILITIES OF DESIGN AND CONSTRUCTION THEREOF. NO DUPLICATION OF PLANS PERMITTED WITHOUT REQUEST.

Zlab/Troyer Construction, Inc.
3400 Firestorm Terrace, Lincoln, NE 68530
480.2693 or 430.7439

DATE: 10.12.22

PROJECT FOR: FRIESEN RESIDENCE

SITE PLAN

A1