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

A

Permit Number HS002514

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* 16531 S 38th St City Lincoln, NE Zip 68430
(no rural route)

Legal Description S19 T8 R7 20+21
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 15-19-200-004-000 *Approx. Address (If to be determined) Roca Berry Farms Amish cottage houses

B. Owner

Name Jeffery Schaefer Signature
Address 16531 S 38th St City/State/Zip Lincoln, NE 68430
Home Phone Work Phone Josh 402-560-5082

C. Certified Installer

Name: Trevor McDonald Signature
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

☑ Residential Dwelling Number of Bedrooms 2 Whirlpool Bathtub? ☐ Yes ☑ No Total Acres
Garbage Grinder? ☐ Yes ☑ No

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day 300
Type of Wastewater ☐ Domestic ☐ Non-Domestic

DO NOT WRITE BELOW THIS LINE

Approval Process

1. Health Department
Site visits
Comments
Date rec'd
Date frwd
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 3-16-23 Amount Paid $476.00
Received By JAO Cash/Check No. 1642

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

Form A Updated: 4/15

Lincoln-Lancaster County Health Department (LLCHD)
Environmental Public Health Division
3131 "O" 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 16531 S 38th St (no rural route) City Lincoln, Ne NE, Zip 68430

Owner Jeffery Schaefer Address 16531 S 38th St

Date of Tests 3/2 to 3/3 Weather: Precipitation 0 Temperature 55°

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	3/2	1:00	3-3	1:00	3-3	1:00	6	3-3	1:30	30	3/4	40
2	"	"	"	"	"	"	"	6	"	"	"	1	30
3	"	"	"	"	"	"	"	6	"	"	"	1	30
								6					
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Trevor McDonald
Phone: 402-770-9397
Address P.O. Box 85372
Lincoln, Ne 68501

Sum of Percolation Rates: 100
Average of Rates: 33.33
Rate Used for Calculation: 30-40 mpi

Soil type (NRCS Maps/Other)

Groundwater Depth Over 7

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. HS002514

System Type: Standard

Situs: No Site Address Specified

Issued: 3/17/2023

Expires: 3/17/2024

Description: S19, T8, R7, 6th Principal Meridian, LOTS 20 & 21 NE

Owner: ROCA BERRY FARMS INC
ATTN: JEFFERY E SCHAEFER 16531
S 38 ST
ROCA, NE 68430-9805

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
PO 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

SCANNED

A

Permit Number HS002514

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

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Address* 16531 S 38th St City Lincoln, NE Zip 68430
(no rural route)

Legal Description S19 T8 R7 20+21
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Home Phone Work Phone Josh 402-560-5082

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Name: Trevor McDonald Signature

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Work Phone 402-770-9397

D. Engineer

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Garbage Grinder? ☐ Yes ☑ No

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day 300

Type of Wastewater ☐ Domestic ☐ Non-Domestic

DO NOT WRITE BELOW THIS LINE

Approval Process

1. Health Department
Site visits 3/24/23 OS
Comments
Date rec'd 3/17/23
Date frwd 3/22/23
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 Doug Thrasher
Date 3/31/23

Business Office Use Only
Date Received 3-16-23 Amount Paid $440
Received By JAO Cash/Check No. 1642

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

Form A Updated: 4/15

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

Exhibit 5

Permit Number: HS002514

Onsite Wastewater Treatment System

Inspection Sheet

Date 3/31/23 Legal Description _____
¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 16531 S 38th 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 585 Sq. Ft. Tank Size 1,500 gals

Total length of laterals 130' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☒ Other (describe) E2 flow

2-bd. total

No. of Absorption Laterals 1 Width 4.5 factor No. of Drop Boxes _____ Distribution Box _____

2 cabins connected to one system

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 _____ NA

Lateral #1 _____ Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments:

Inspections prior to Final Approval
Initial _____ Date 3/24/23

Follow-Up _____ Date _____

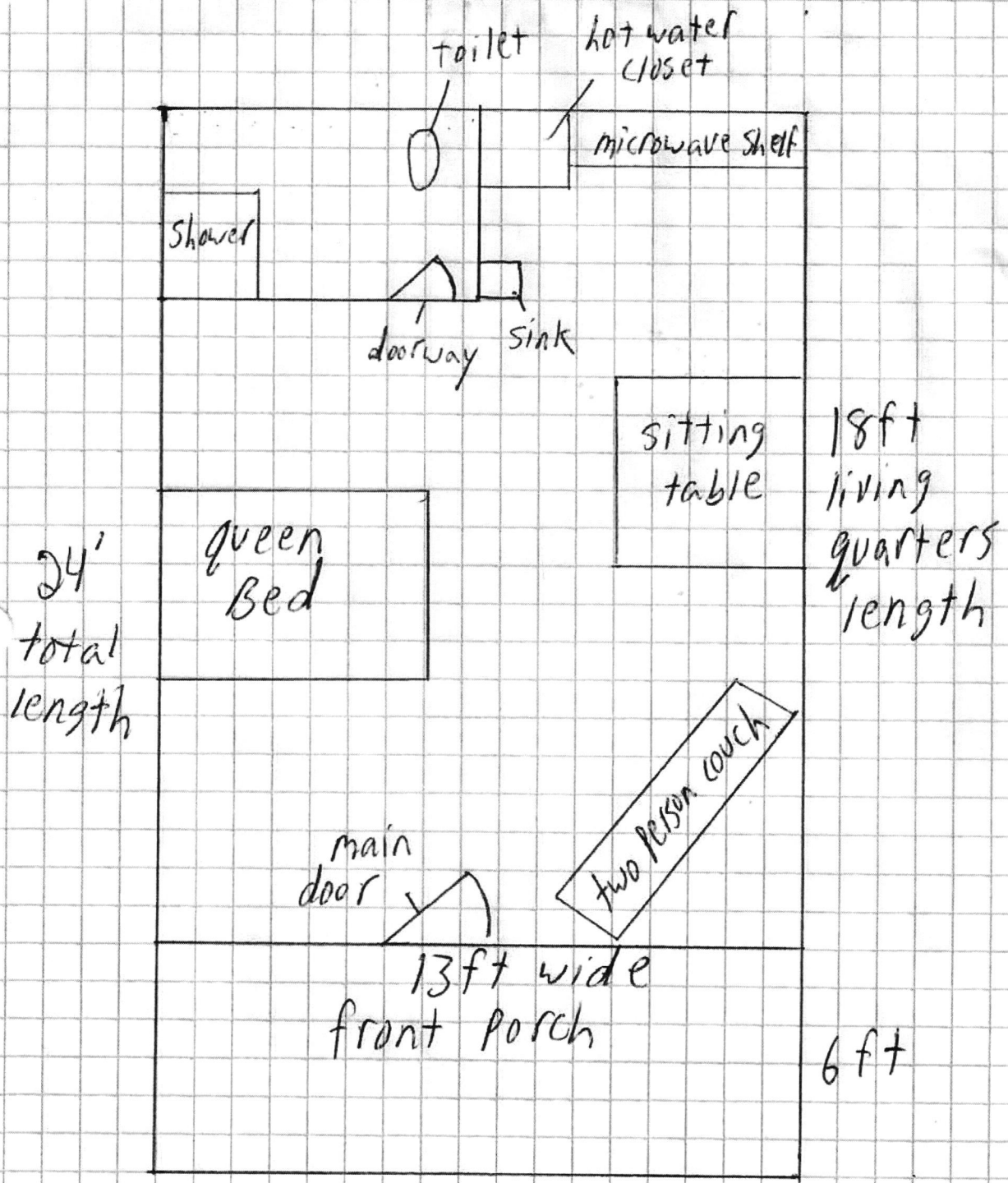
Follow-Up _____ Date _____

Installation Final Written Approval
By _____

Date 3/31/23

Field Note Drawing (See Reverse Side):

Updated 4/15


toilet
hot water closet
microwave shelf
shower
doorway
sink
sitting table
18ft living quarters length
queen Bed
24' total length
two person couch
main door
13ft wide front porch
6ft

Nate C. Hartman

From: RocaBerryFarm <josh@rocaberryfarm.com>
Sent: Wednesday, February 22, 2023 3:35 PM
To: Nate C. Hartman; tdawgvn@gmail.com
Subject: Roca berry Farm
Attachments: scan0024.pdf

Hi there this is Josh from Roca Berry Farn,

I have included below a copy of the floor plan inside our cabin. There are two identical cabins we are hoping to have connected to a single septic tank. We are working with an engineer to design a lagoon that would have these cabins and more importantly our public restrooms and future public restrooms that we use during our Pumpkin Harvest Festival feed into. At the price that an alarm system would be for using the tank as a simple holding tank to then be pumped accordingly I would like to see if we could do a lateral system for the two cabins. The plan would be to abandon the lateral system once the lagoon is in and functioning. We have had an estimate that it would be ready to receive waste water by November of 2023. The point of the lateral system would be to offset the cost of the alarm system and the price of pumping the tank periodically. These two cabins will have at most two people staying the night only on Friday and Saturday nights. During the wedding season which runs from March to November. We have had about 50% of our weddings showing interest in renting these cabins so my guess is they will not be rented out every single friday saturday. Lastly we have presented this plan and other outside dimensional plans to the city of roca and we were instructed to make sure the cabins were on a foundation which we have done and completed. Not sure what the next step would be but thank you for taking my email and we hope to be able to move and get these cabins up and running as quickly as possible!

--
Thank you for your email if you need to contact me immediately please call (402) 560-5082
Josh Schaefer Roca Berry Farm

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

APR 0 6 2023

D

Permit Number: H5002514

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

Address or Legal Description or Parcel Identification Number (PID) 16531 S 38th St

Owner: Jeff Schaefer Address ↗

A. Wastewater Piping

1. Material: SDR 26 Diameter: 4 in.
2. Distance between dwelling and septic tank: 70 ft.

B. Septic Tank

1. Material Plastic
2. Capacity: Infiltrator 1530
3. Depth to top of tank, below unfinished grade: 24 in.
4. Distance to:
   Well over 100 ft.
   Pressure line over 100 ft
   Property Line over 100 ft.
   Foundation over 50 ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: 4 ft. E

D. Drainfield/Absorption Field

☑ Trench ☐ Bed

1. Type: ☑ Perforated Pipe ☐ Chamberless ☐ Other
   Material brand and inside width of Chamberless:
   Infiltrator 1203 EZ Flow
2. Number of Laterals: 1
3. Length of each lateral (linear): ft. 130 ft. ____ ft. ____ ft. ____
4. Drainfield size: 585 sq. ft.
5. Distance to:
   Well over 100 ft.
   Pressure line over 100 ft.
   Property line over 1000 ft.
   Depth of Groundwater over 7 ft

Was the Onsite Wastewater System covered prior to LLCHD inspection? ☐ Yes ☑ 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.

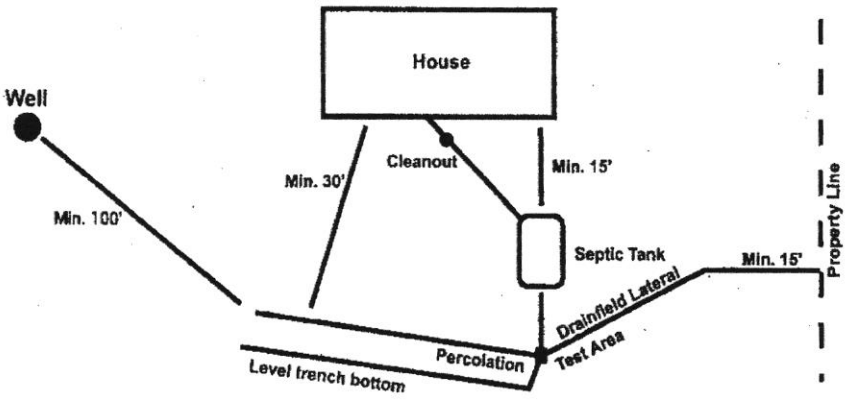
Certified Professional Signature: Tim Ward Date: 1/12/23

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

H5002514

Indicate North
w/ Arrow Here:

Onsite Wastewater System Design (Example)



*Note-If Lagoon, show all applicable dimensions

