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

A

Permit Number HS 002566

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* 13000 W ROCA RD (no rural route) City CRETE, NE Zip 68333

Legal Description NW 18 7E 5 24
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 02-18-400-002-000 *Approx. Address (If to be determined)

B. Owner

Name TODD DREVO Signature

Address City/State/Zip

Home Phone Work Phone

C. Certified Installer

Name: Patrick T. Lowrey Signature

Address 2949 Cornhusker Hwy City/State/Zip Lincoln, NE, 68504

Work Phone 402-318-1357

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 77
Garbage Grinder? ☒ Yes ❑ No

❑ Commercial Establishment/Other Facility Specify Design flow in gallons per day 400

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 7-07-23 Amount Paid #460
Received By JMO Cash/Check No. CC 5303

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

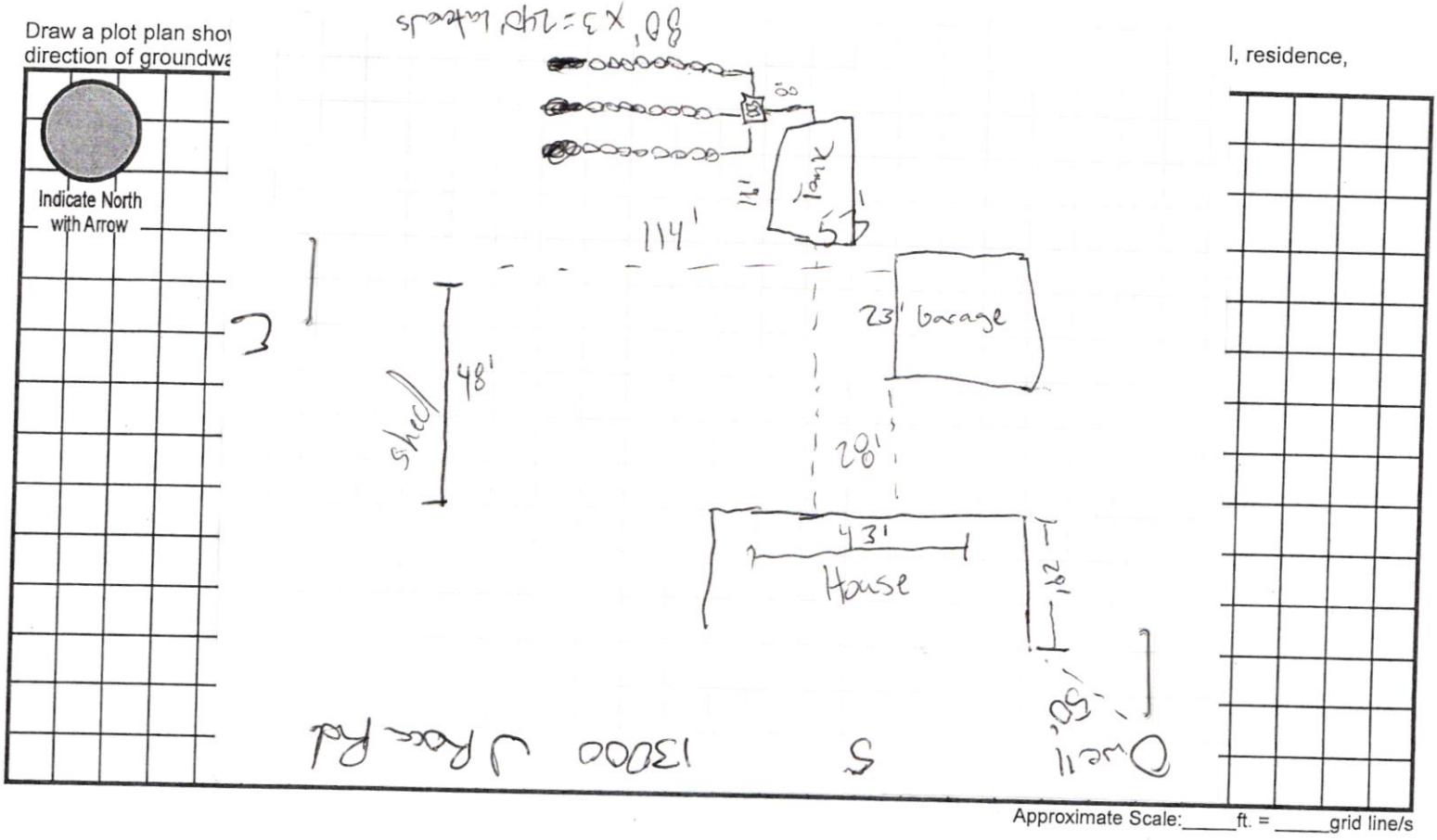
Form A Updated: 4/15

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

C

Permit Number

Draw a plot plan show direction of groundwa



l, residence,

Approximate Scale:____ft. = ____grid line/s

A. Onsite System Location

Address (no rural route) 13000 W ROCA RD City CRETE NE, Zip 68333

B. Proposed Septic Tank/s

Septic Tank Cap. 1500 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 2 Soil Type A Land Slope 9 %

☐ Trench ☐ Bed ☐ Non-standard (engineer-designed and NDEQ approved) Total square feet of drainfield 1080 Sq. Ft.

Total length of laterals 240' Type of Distribution: ☐ Perforated Pipe ☐ Half-Round ☐ Chambers ☒ Other ezflow

No. of Absorption Trenches 3 Width 3' No. of Drop Boxes Ø Distribution Box 1

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

Installer Patrick Lowrey Date: 06 July 23

Updated 2/18

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

D

Permit Number:

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) 02-18-400-002-000

Owner: DREVO, TODD CAJA MELANIE Address 13000 ROCA RD CRETE NE 68333

A. Wastewater Piping

1. Material: Sch 40 PVC Diameter: 4 in.
2. Distance between dwelling and septic tank: 53 ft.

B. Septic Tank

1. Material POLYPROPYLENE
2. Capacity: 1500 Gallon
3. Depth to top of tank, below unfinished grade: ____ in.
4. Distance to:
   Well 110 ft.
   Pressure line ____ ft
   Property Line ____ ft.
   Foundation 53 ft.

C Distribution Box or Drop Box

Distance **and** Direction from septic tank: 7 ft. W

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☒ Other
   Material brand and inside width of Chamberless: EZ Flow
2. Number of Laterals: 3
3. Length of each lataral (linear): ft. 100 ft. 70 ft. 70 ft. NA
4. Drainfield size: 1050 sq. ft.
5. Distance to:
   Well 120 ft.
   Pressure line ____ ft.
   Property line ____ ft.
   Depth of Groundwater 42'

Was the Onsite Wastewater System covered prior to LLCHD inspection? ☐ Yes ☒ No

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

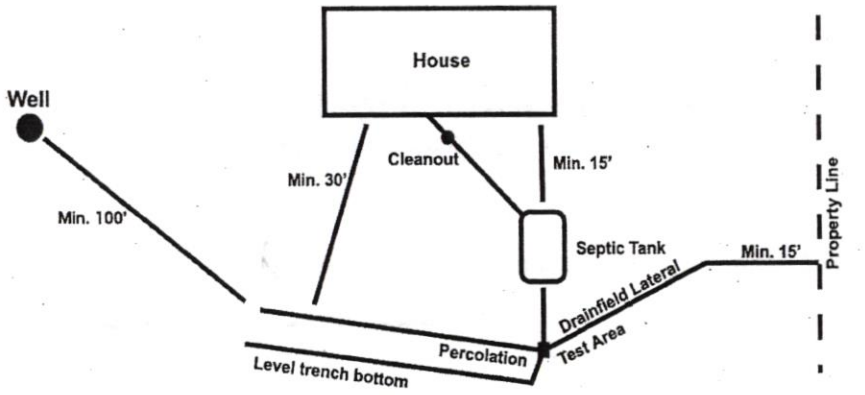
I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: _____ Date: 07July23

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

Indicate North
w/ Arrow Here:

Onsite Wastewater System Design (Example)



*Note-If Lagoon, show all applicable dimensions

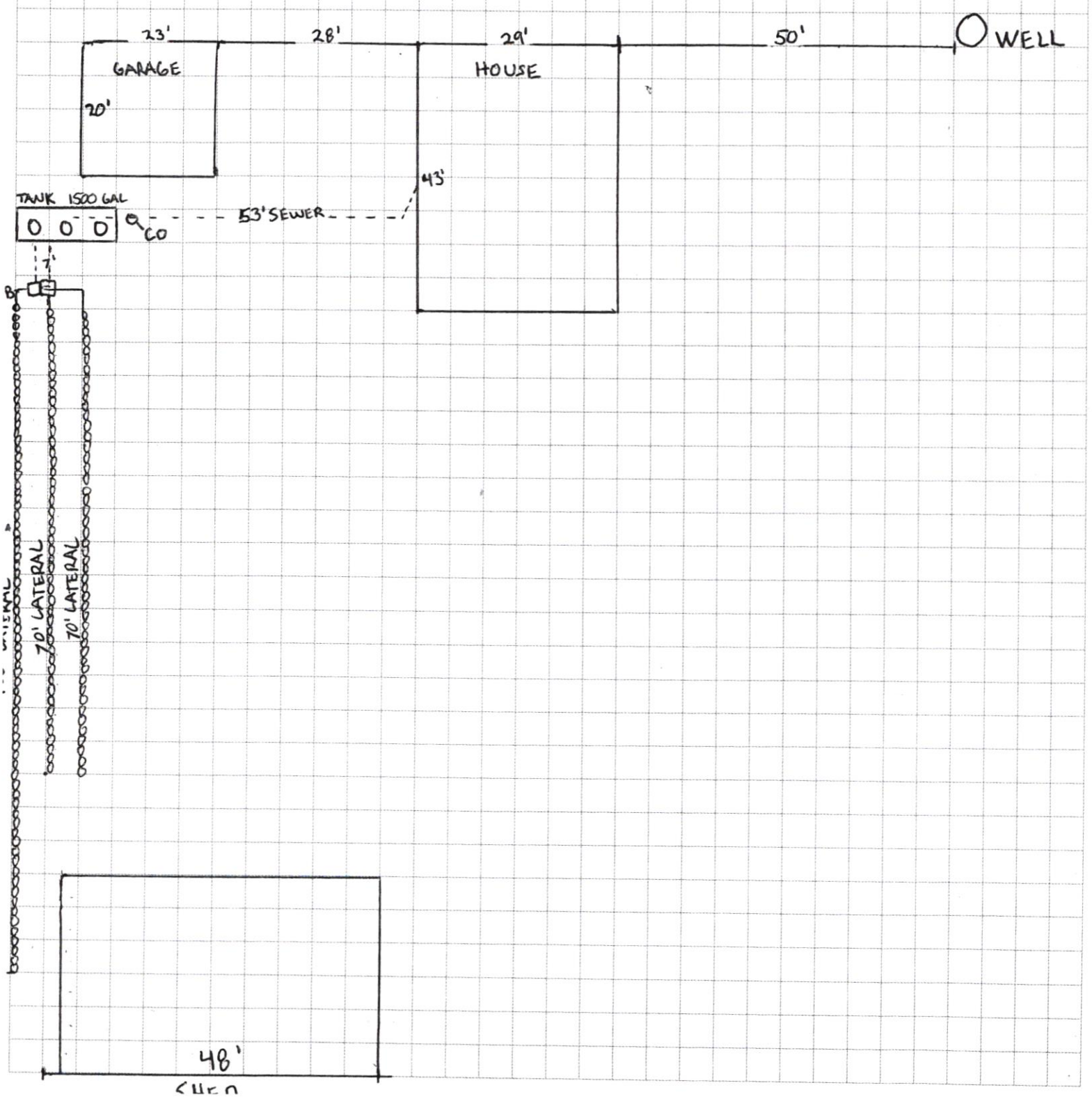
JOHN HENRY'S
PLUMBING HEATING AIR CONDITIONING
435-5555

Job TODD DREVO

Address 13000 W ROCA RD

Date 07 JULY 2023 Scale 1 □ = 5' NOT EXACT SCALE

Sketch by PATRICK LOWREY



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

B

Permit Number: HS002566

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 13000 WEST ROCA RD (no rural route) City CRETE NE, Zip 68333

Owner TODD DREVO Address 779 AVALA CA 93108

Date of Tests 4/12 to 4/13 Weather: Precipitation 0 Temperature 64

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	38	4/12	130pm	4/13	1100am	4/13	230pm	6	4/13	300pm	30	9/16	53
2	72							6				3 1/8	10
3	72							6				3/4	40
4	32							6				2 1/4	13
5	42							6				7/8	34
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Patrick Lowery
Phone: 402-318-1397
Address 2949 Cornhusker Hwy

Sum of Percolation Rates: 150
Average of Rates: 30
Rate Used for Calculation: 60 (20 MPI VARIANCE)

Soil type (NRCS Maps/Other) A
Groundwater Depth 42'

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. HS002566

System Type: Standard

Situs: No Site Address Specified

Issued: 7/18/2023

Expires: 7/18/2024

Description: S18, T8, R5, 6th Principal Meridian, LOT 24 SE

Owner: DREVO, TODD E & CAVA, MELANIE R
PO BOX 5457
SANTA BARBARA, CA 93150

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

PATRICK LOWREY
2949 CORNHUSKER HWY
LINCOLN, NE 68504

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

SCANNED

A

Permit Number HS 002566

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* 13000 W ROCA RD City CRETE, NE Zip 68333
(no rural route)

Legal Description NO S18 T8 R5 24
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 02-18-400-002-000 *Approx. Address (If to be determined)

B. Owner

Name TODD DREVO Signature

Address City/State/Zip

Home Phone Work Phone

C. Certified Installer

Name: Patrick T. Lowrey Signature

Address 2949 Cornhusker Hwy City/State/Zip Lincoln, NE, 68504

Work Phone 402-318-1357 Lic. 610-0657

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 77
Garbage Grinder? ☒ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day 400

Type of Wastewater ☐ Domestic ☐ Non-Domestic

DO NOT WRITE BELOW THIS LINE

Approval Process

1. Health Department
Site visits 7/12/23
Comments
Date rec'd 7/18/23
Date frwd 7/18/23
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
Date 8/1/23

Business Office Use Only
Date Received 7-27-23 Amount Paid #460
Received By JMD Cash/Check No. CC 5303

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: H5002566

Onsite Wastewater Treatment System

Inspection Sheet

Date 8/1/23 Legal Description _____
¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 13000 W Roca 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 1,080 Sq. Ft. Tank Size 1500 gals E2 flow

Total length of laterals 240' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☐ Other (describe) _____

_____

No. of Absorption Laterals 3 Width 4.5 factor No. of Drop Boxes _____ Distribution Box 1

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: N/A

Tank _____

Lateral #1 _____ Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments:

Inspections prior to Final Approval
Initial _____ Date 7/12/23

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By Doug Mroe

Date 8/1/23

Field Note Drawing (See Reverse Side):