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

A

Permit Number HS002610

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* 12670 S 25TH ST (no rural route) City ROCA, NE Zip 68430

Legal Description 1 8 6 6TH PRINCIPAL MERIDIAN 39E

1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 08-01-400-010-000 *Approx. Address (If to be determined)

B. Owner

Name KELLI KERNS Signature

Address 12670 S 25TH City/State/Zip ROCA, NE 68430

Home Phone 402-440-2042 Work Phone

C. Certified Installer

Name: JAIME KUBIK Signature

Address P.O. Box 141 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 7.67

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
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 11-14-23 Amount Paid $470
Received By JAO Cash/Check No. CC 0214

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 12670 S 25th (no rural route) City Roca NE, Zip 68372

Owner Kelli Kerns Address

Date of Tests 11/2/2023 to 11/3/2023 Weather: Precipitation none Temperature 70 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		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	30 inches	11/2	5:00 pm	11/3	8:00 am	11/3	11:30 am	6	11/3	12:00 pm	30 min	1/2	60
2	30 inches	11/2	5:00 pm	11/3	8:00 am	11/3	11:30 am	6	11/3	12:00 pm	30 min	3/4	40
3	30 inches	11/2	5:00 pm	11/3	8:00 am	11/3	11:30 am	6	11/3	12:00 pm	30 min	1/2	60
4	30 inches	11/2	5:00 pm	11/3	8:00 am	11/3	11:30 am	6	11/3	12:00 pm	30 min	1 1/2	20
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Jason Kubik
Phone: 402-475-2462
Address P.O. Box 191
Hickman, NE 68372

Sum of Percolation Rates: 180
Average of Rates: 45
Rate Used for Calculation: 59

Soil type (NRCS Maps/Other) 7684 Wymore
Groundwater Depth +12 ft

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. HS002610

System Type: Standard

Situs: No Site Address Specified

Issued: 11/15/2023

Expires: 11/15/2024

Description: S1, T8, R6, 6th Principal Meridian, LOT 39 SE

Owner: KERNS, STUART L & KELLI R
12670 S 25 ST
ROCA, 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

JAIME KUBIK
PO BOX 191
HICKMAN, NE 68372

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

SCANNED

A

Permit Number HS002610

Onsite Wastewater Treatment System Permit Application

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☒ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

PLEASE PRINT OR TYPE

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☐ 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 11/15/2023 MG, DS Date rec'd 11/15/23
Date frwd 11/15/23
Comments Installed.

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 11/20/23

Business Office Use Only
Date Received 11-14-23 Amount Paid $470
Received By JAO Cash/Check No. CC 0214

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: HS 002610

Onsite Wastewater Treatment System

Inspection Sheet

Date 11/20/2023

Legal Description S1, T8, R6, 6th Principal Meridi
¼ ¼ Section/Township/Range
Lot 39 SE

Onsite System Location

Address (no rural route) 12670 S 25th ST City Roca

Owner Kelli Kerns Address 12670 S 25th St.

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 1080 Sq. Ft. Tank Size 1500 gals

Total length of laterals 240' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☐ Other (describe) EZFlow Gravel-less Leach Field Pipe

No. of Absorption Laterals 4 Width ~~3~~ 4.5' Factor No. of Drop Boxes NA Distribution Box 1

Leveling Method Used Laser

Perk Test: 59
400 gpd = 1050 sq ft
1080 > 1050 ✓

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 ☐

Rural H_2O

Geographical Coordinates to 6 Decimals:

Tank 40.683494°N, -96.689944°W

Lateral #1 _____ Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments:

* Field Drawing on Back, Scan into File

Field Note Drawing (See Reverse Side):

Inspections prior to Final Approval
Initial _____ Date _____

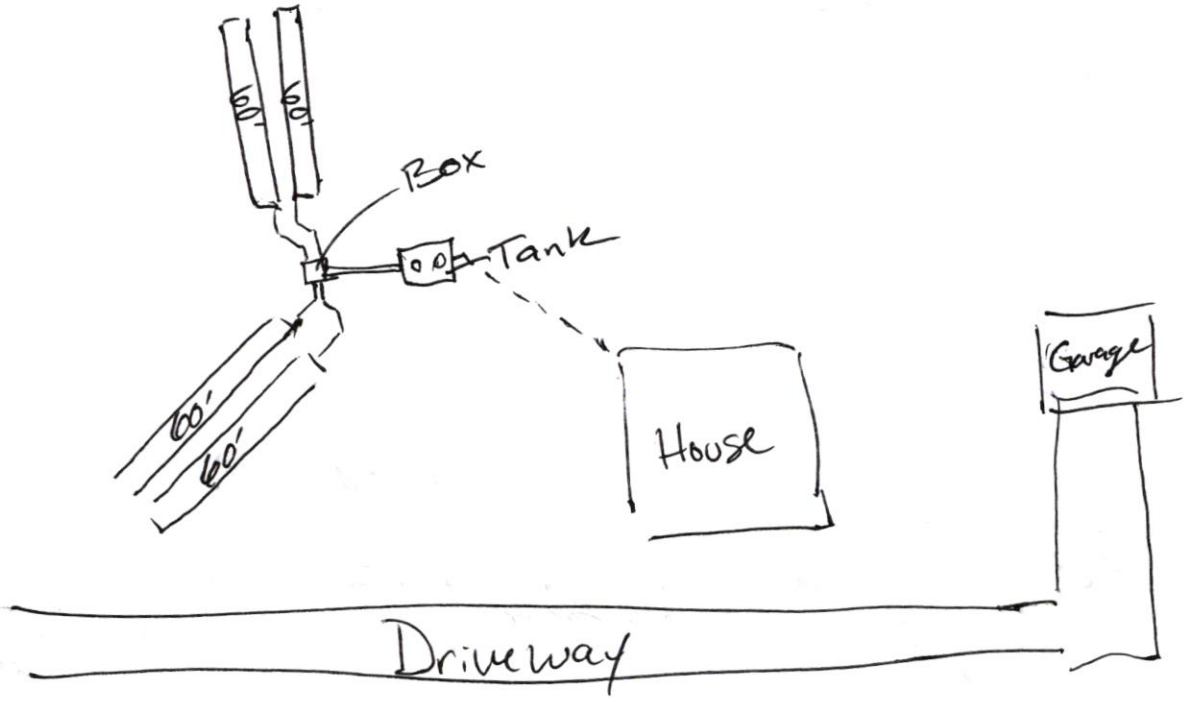
Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By _____

Date _____

N↑



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

D

Permit Number: 1500260

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) 08-01-400-010-060

Owner: KELLI KERNS Address 12670 S 25TH, LINCOLN, NE 68430

A. Wastewater Piping

1. Material: SCH 40 Diameter: 4 in.
2. Distance between dwelling and septic tank: +70 ft.

B. Septic Tank

1. Material CONCRETE
2. Capacity: 1500 GALLONS
3. Depth to top of tank, below unfinished grade: 12 in.
4. Distance to:
   Well NA ft.
   Pressure line +50 ft
   Property Line +50 ft.
   Foundation +70 ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: ____ ft. ____

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☐ Other
   Material brand and inside width of Chamberless: EZ Flow 12.03
2. Number of Laterals: 40
3. Length of each lateral (linear): ft 60 ft 60 ft 60 ft 60
4. Drainfield size: 1080 sq. ft.
5. Distance to:
   Well NA ft.
   Pressure line +50 ft.
   Property line +50 ft.
   Depth of Groundwater +12.

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.

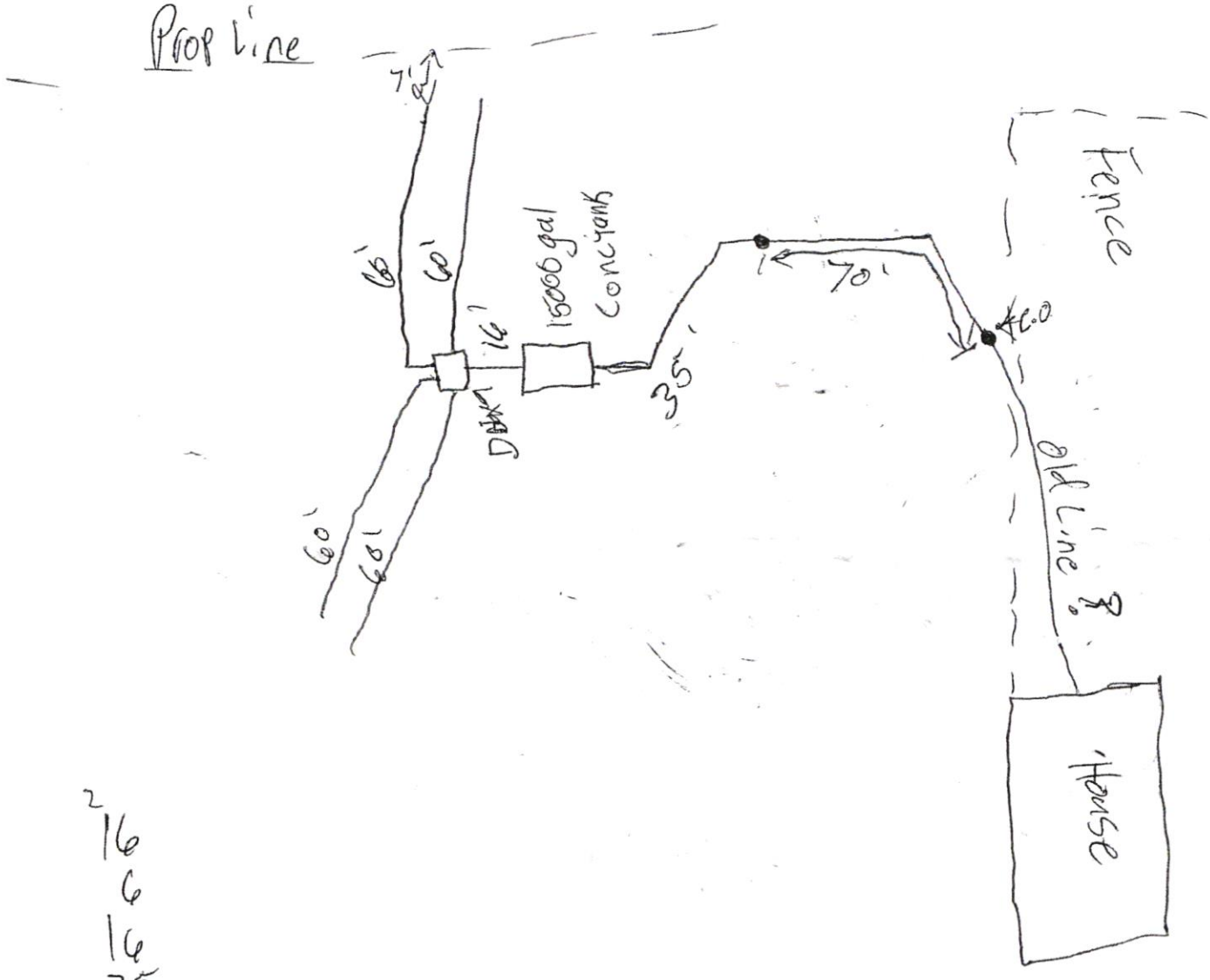
Certified Professional Signature: _____ Date: _____

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

12670 S. 25th

Rural Water

N
W + E
S



16
6
16
35
70
14 3' 4"

Lincoln-Lancaster County Health Department (LLCHD)
Environmental Public Health Division
3140 "N" Street • Lincoln, NE 68510-1514
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Average of Rates: 45
Rate Used for Calculation: 59

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Groundwater Depth +12 ft

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

Signature of Reviewing Official Date