Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3140 N Street Lincoln, NE 68510-1514

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT

No. HS000012

System Type: LAGOON

Situs: No Situs

Legal Description: T12N-R06E-S04-Lot: 12&7

Owner:

Permit Fee:	$305.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$305.00

Issued:
Expires:

Bruce D. Dart, PhD, Health Director

On-site Waste System Permit Holder:

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.

Bruce D. Dart, PhD
Health Director

BIBLE NICK
23800 NW 27TH ST
VALPARAISO NE 68065

Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3140 N Street Lincoln, NE 68510-1514

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT

No. HS000012

System Type: LAGOON

Situs: No Situs

Legal Description: T12N-R06E-S04-Lot: 12&7

Owner: NICK BIBLE
23800 NW 27TH ST
VALPARAISO NE
68065

Permit Fee:	$305.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$305.00
Issued:	
Expires:	

Bruce D. Dart, PhD, Health Director

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23800 NW 27TH ST
VALPARAISO NE
68065

Permit Fee:	$305.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$305.00
Issued:	09/13/2007
Expires:	09/13/2008

Bruce D. Dart, PhD, Health Director

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NICK BIBLE
23800 NW 27TH ST
VALPARAISO NE 68065

A

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

Permit Number: HS000012

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

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

The undersigned hereby requests site clearance and permit to construct a Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address 23800 NW 27th St (no rural route) City Valparaiso NE, Zip 68065

Legal Description NW 1/4 NW 1/4 4 Section 12N Township 6E Range ____ Subdivision ____ Addition ____ Block 12 Lot 7

Geographical Location (if known): Longitude ____ Latitude ____

☐ Check if system mail address is not the same as the owner's address

B. Owner

Name Mick Bible Signature Mick Bible

Address 23800 NW 27th St City/State/Zip Valparaiso, NE 68065

☐ Check if owner designed system Home Phone 402-525-1575 Work Phone ____

C. Contractor

Name Owner Company Name ____

Address ____ City/State/Zip ____

☐ Check if contractor designed system Work Phone ____

D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name Lloyd Jakoubek Firm Raymond Contracting, Inc Work Phone 402 890-6009 (Lloyd) 402-890-3870 (Teresa)

E. This System Will Serve a

☑ Residential Dwelling Number of Bedrooms 3 Is there a Whirlpool Bathtub (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

☐ Municipal Code 24.38 ☑ County Resolution No. 2832

1. **Health Department** Date rec'd 9/17/07 Date fwd 9/17/07 ACTION ☑ Approved ☐ Disapproved Signature ____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 9/20/07 Date fwd 9/20/07 ACTION ☑ Approved ☐ Disapproved Signature ____
3. **City or County Engineer** Need to avoid small stream area of flood plain Date rec'd 9-20-07 Date fwd 9-20-07 ACTION ☑ Approved ☐ Disapproved Signature Jim Blouzek

Installation Final Written Approval

By ____

Date ____

Business Office Use Only

Date Rec'd 09/13/07
Amt Paid 305.00
Rec'd By ____ Cash/Check No. 6525

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

LLCHD HS000012

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

AUG 19 2007

B

Permit Number: HS000012

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 23960 NW 27th St (no rural route) City Valparaiso NE, Zip 68065

Owner Mick Bible Addresss Same

Soil Type (SCS): Malcolm/Judson Percolation Rate: 22 min./inch

Date of Tests 9-16-07 to 9-17-07 Weather: Precipitation 0 Temperature 92°

Percolation Test Data Table

A.	B.	C.	D.	E.	F.	G.	H.	I.	J.	K.	L.	M.	N.
		Pre-Saturation Period				Percolation Readings					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)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time (Min)	Water Level Drop (in)	Percolation Rates (Min/in)
1	28	9-16	2	9-16	10:00p	9-17	1:15p	6	9-17	5:15p	30	1 3/8	22
2	30	"	"	"	"	"	"	"	"	"	"	1 9/16	19
3	30	"	"	"	"	"	"	"	"	"	"	1 1/8	27
4	33	"	"	"	"	"	"	"	"	"	"	1 1/2	20
5	30	"	"	"	"	"	"	"	"	"	"	1 1/16	28
6	34	"	"	"	"	"	"	"	"	"	"	1 5/8	18

Sum of Percolation Rates: 134

Average of Rates: 22

Rate Used for Calculation: 22

Person Conducting Percolation Tests

Ir Raymond Contracting, Inc

9-24-2007 14:46:26

AUG 19 2007

B

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

Permit Number: HS000012

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 23900 NW 27th St (no rural route) City Valparaiso NE, Zip 68065

Owner Mick Bible Addresss Same

Soil Type (SCS): Malvern / Judson Percolation Rate: 22 min./inch

Date of Tests 9-16-07 to 9-17-07 Weather: Precipitation 0 Temperature 92°

Percolation Test Data Table

A.	B.	C. D. E. F. Pre-Saturation Period				G. H. I. J. K. Percolation Readings					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)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time (Min)	Water Level Drop (in)	Percolation Rates (Min/in)
1	28	9-16	2 p	9-16	10:10p	9-17	1:15p	6	9-17	5:15p	30	1 3/8	22
2	30	"	"	"	"	"	"	"	"	"	"	1 9/16	19
3	30	"	"	"	"	"	"	"	"	"	"	1 1/8	27
4	33	"	"	"	"	"	"	"	"	"	"	1 1/2	20
5	30	"	"	"	"	"	"	"	"	"	"	1 1/16	28
6	34	"	"	"	"	"	"	"	"	"	"	1 5/8	18

Sum of Percolation Rates: 134

Average of Rates: 22

Rate Used for Calculation: 22

Person Conducting Percolation Tests

Name: Terri Jakoubek, Raymond Contracting, Inc

Phone: 402-783-2663 or 402-890-3870

Address 13800 NW 70th St

Raymond, NE 68428 # C1197

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

9-24-2007 14:46:30

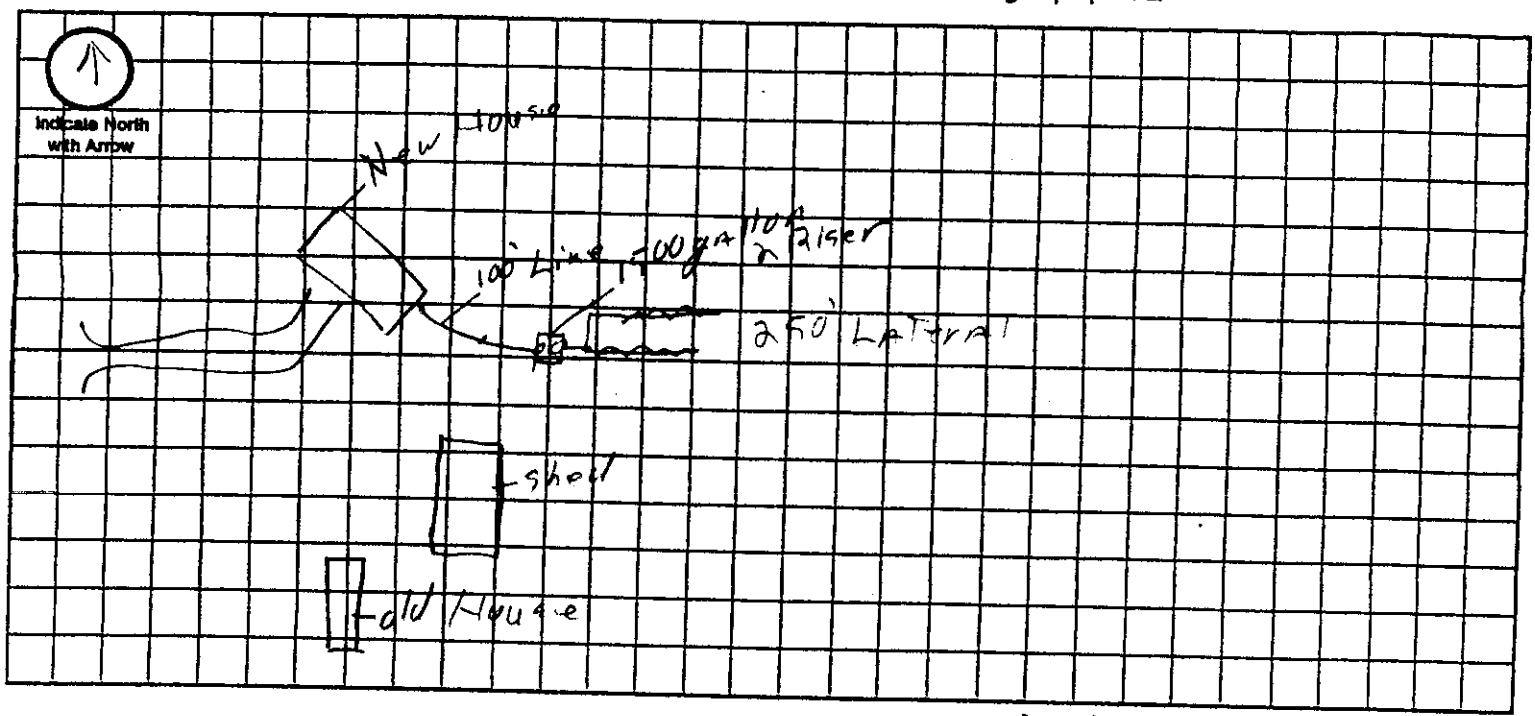
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number:

Sewage Disposal System
Preliminary Plan Specifications

Draw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, compass direction and property lines. Indicate on drawing if residence and well are existing or proposed.



Approximate Scale: _____ ft. = _____ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 2380 NW 27th St City Valparaiso NE, Zip 68065

B. Proposed Septic Tank/s

Tank Material: ☑ Concrete ☐ Plastic ☐ Other _____

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate 22 (min. per inch) Soil Type: Omaha clm or Judson Land Slope: 6 % %

Type of Absorption System: ☑ Trench ☐ Bed ☐ Other _____

Total Square Feet of Field Required: 1000 sq. ft.

Type of Lateral: ☒ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: Infiltrator Quick 4

Capacity of Septic Tank 1500 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 250 ft. Number of Trenches 2 or 3 Trench Width 4.0"

D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☑	500 ☑	50 ☑	NA ☑	25 ☑	20 ☑	15 ☑	25 ☑	☑
Field (ft)	100 ☑	500 ☑	50 ☑	4 ☑	30 ☑	20 ☑	30 ☑	40 ☑	☑
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

E. Required Signatures

Home Building Contractor Mick Bible Big Kiwi Advantage Date 9-17-07

Installer Lloyd J Jaborek Date 9/17/07

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

SCANNED

A

Permit Number: H5000012

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

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

The undersigned hereby requests site clearance and permit to construct a Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address 23800 NW 27th St (no rural route) City Valparaiso NE, Zip 68065

Legal Description NW (1/4) NW (1/4) 4 (Section) 12N (Township) 6E (Range) Subdivision Addition 12 (Block) 7 (Lot)

Geographical Location (if known): Longitude _____ Latitude _____

☐ Check if system mail address is not the same as the owner's address

B. Owner

Name Mick Bible Signature Mick Bible

Address 23800 NW 27th St City/State/Zip Valparaiso, NE 68065

☐ Check if owner designed system Home Phone 402-525-1575 Work Phone _____

C. Contractor

Name Owner Company Name _____

Address _____ City/State/Zip _____

☐ Check if contractor designed system Work Phone _____

D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name Lloyd Jakoubek Firm Raymond Contracting, Inc. Work Phone 402-890-6009 (Lloyd) 402-890-3870 (Terri)

E. This System Will Serve a

☑ Residential Dwelling Number of Bedrooms 3 Is there a Whirlpool Bathtub (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

☐ Municipal Code 24.38 ☑ County Resolution No. 2832

1. **Health Department** Date rec'd 9/12/07 Date frwd 9/12/07 ACTION ☑ Approved ☐ Disapproved Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 9/20/07 Date frwd 9/20/07 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 9-20-07 Date frwd 9-20-07 ACTION ☒ Approved ☐ Disapproved Signature Jim Blouzek

Need to avoid small stream area of flood plain

Installation Final Written Approval

By Doug Anson

Date 10/26/07

Business Office Use Only
Date Rec'd 09/13/07
Amt Paid 305.00
Rec'd By _____ Cash/Check No. 6525

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

D

Permit Number:

Sewage Disposal System
As Built Plans & Specifications

Date 10/26/07

System Location (Indicate correct number and street)
Address 23800 NW27 (no rural route) City Valparaiso NE, Zip 68065

A. Building Sewer

1. Material: SDR 26
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 18 in.
3. Distance between dwelling and septic tank: 68' ft.
4. Number of clean-outs: one
5. Distances to: well or suction line 100+ ft.
   stream 100+ ft.
   pressure line 100+ ft.
   property line 100+ ft.

B. Septic Tank

1. Material: concrete
   Number of compartments: one
2. Capacity: 1500 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter 24 in.
   Over outlet, diameter 24 in.
   Riser: ☐ above ☐ below grade AT Grade in.
5. Inlet: ☑ baffle ☐ tee
6. Outlet: ☑ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 24 in.
8. Distances to: Well or suction line 100+ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 100+ ft.

C. Distribution Box

1. Material: 3 Quick 4 End caps.
   Number available outlets: 3 per cap.
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 8-16-24' ft.

D. Absorption Field

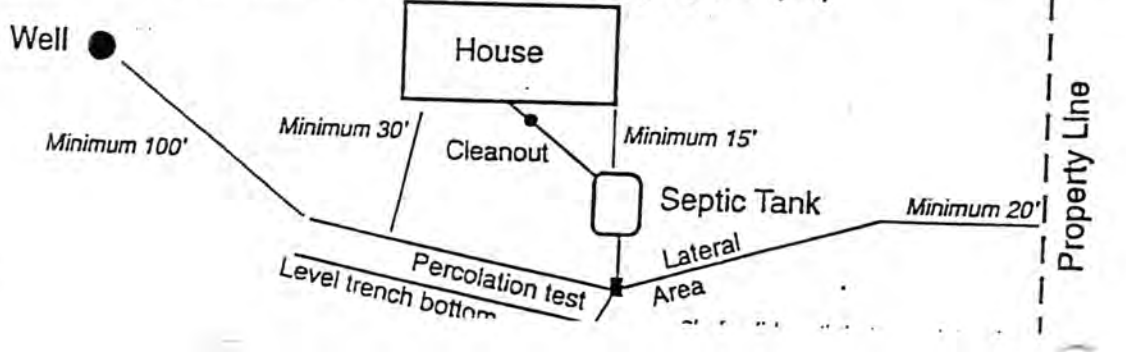
(Provide as-built drawings on back of this form)

1. Type: ☑ Half rounds ☐ Perforated pipe
   Diameter of half round: 12" Tall x 34" wide.
   or perforated pipe: _____
   Material: ☑ fiberglass ☑ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 3
   Length of each line: 90 ft. 98 ft.
   64 ft. _____ ft., _____ ft.
3. Trench dimensions: Width 40" ft.
   Slope FLAT in/100 ft.
   Average depth 28"-32" in
4. Filter material: DIRT
   Depth of material 28"-32" in.
5. Distances to: Well or suction line 100+ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 100+ ft.

Indicate North with Arrow

Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



As Built Drawing

