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. HS000077

System Type: LAGOON

Situs: Oak Valley Estates, Blk 4, Lot 2

Legal Description: T11N-R06E-S05-1-Lot 2

Owner: BRUCE BELL
1701 N 73RD
LINCOLN NE

Permit Fee:	$305.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$305.00
Issued:	03/25/2008
Expires:	03/25/2009

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

RAYMOND CONTRACTING
13800 NW 70TH
RAYMOND NE 68428

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street
Lincoln, NE 68510-1514
(402) 441-8022

APPLICATION
Site Clearance and Permit for
Individual Water Well
Permit No. HS000077

INSTRUCTIONS: *REVIEW this application. Write in any missing or incorrect information in the space provided. If there are any questions, contact the Environmental Health Water Program at (402) 441-8030. Please make a photocopy for your records.*

The undersigned hereby requests approval for site celearance and a permit to construct a new water well at this location within the **LAGOON** limits of Lincoln, Nebraska:

1. Well Site Address: Oak Valley Estates, Blk 4, Lot 2

2. Legal Description: Township: 11N Range: 06E Section: 05 1/4 Section:
   Subdivision: Block: 1 Lot: 2

3. Parcel ID:

4. Well Use: ? Domestic (Residential) ? Commercial
   ? Irrigation ? Heat Pump
   Other: ??

5. Sewage Permit Applied for: ??

6. Address has City Water connection: ?

7. Applicant:
   RAYMOND CONTRACTING

   13800 NW 70TH
   RAYMOND NE

   68428

8. Owner:
   BRUCE BELL

   1701 N 73RD
   LINCOLN NE

Phone:
FAX #:
email:

_____ ___/___/____ _____ ___/___/___
9. Applicant Signature Date 10. Owner Signature Date

Please submit Permit Fee with this request. **(Fee must be included before application is proccessed. Incomplete information will delay processing)**

Permit Fee: $305.00
Total Amount Due: **$0.00**

Make Checks Payable to LLCHD.

Legal notices for this permit are mailed to:

RAYMOND CONTRACTING
13800 NW 70TH
RAYMOND NE 68428

APD Number: **HS000077**

FOR OFFICE USE ONLY	
Rec'd By _____	Date _____
Amt $ _____	Check # _____
Posted By _____	Date _____
HOLD _____	ISSUED _____
Permit Printed By _____	Date _____
Permit Mailed By _____	Date _____
Application Complete and Verified By _____	Date _____
Scanned By _____	Date _____

LLCHD HS000077

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

A

Permit Number HS000077

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

Include Form B and C. Submit correct fee with this Application

3 acres or more required for: ☐ Septic System ☑ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Wastewater Treatment System in conformance with appropriate regulations.

PLEASE PRINT OR TYPE

A. Onsite System Location

Address _____ City Raymond, NE Zip 68428
(no rural route)

Legal Description NW 5 11 6e Oak Valley Estates 1 2
1/4 | 1/4 | Section | Township | Range | Subdivision | Addition | Block | Lot

Geographical Location (if known): Longitude: _____ Latitude: _____

☐ Check if system mail address is not the same as the owner's address Total Acres: _____

B. Owner

Name Bruce Bell Signature _____

Address 1701 N 73rd City/State/Zip Lincoln NE

☐ Check if owner designed system Home Phone 464-4585 Work Phone _____

C. Contractor Home Builder

Name: Noland Urban · Rachel Urban Company Name Urban Homes LLC

Address 2500 W Highway 6 City/State/Zip Lincoln NE 68522

☐ Check if contractor designed system Work Phone 770-4730

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

Designer Name Lloyd Jakoubek Firm Raymond Contracting Inc Work Phone 402-890-6009

E. This system will serve a

☒ Residential Dwelling Number of Bedrooms 4 Is there a Whirlpool Bathtub? ☑ Yes ☐ No

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

Type of Wastewater ☑ Domestic ☐ Non-Domestic Well Permit Applied for ☐ Yes ☐ No ☐ Not Applicable

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☐ County Resolution No. 02-30

1. Health Department
Site visits _____
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 3-24-08 Amount Paid 305 00
Received By _____ Cash/Check No. 6652

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

Form A Updated: 5-07

3-26-2008 9:23:58

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

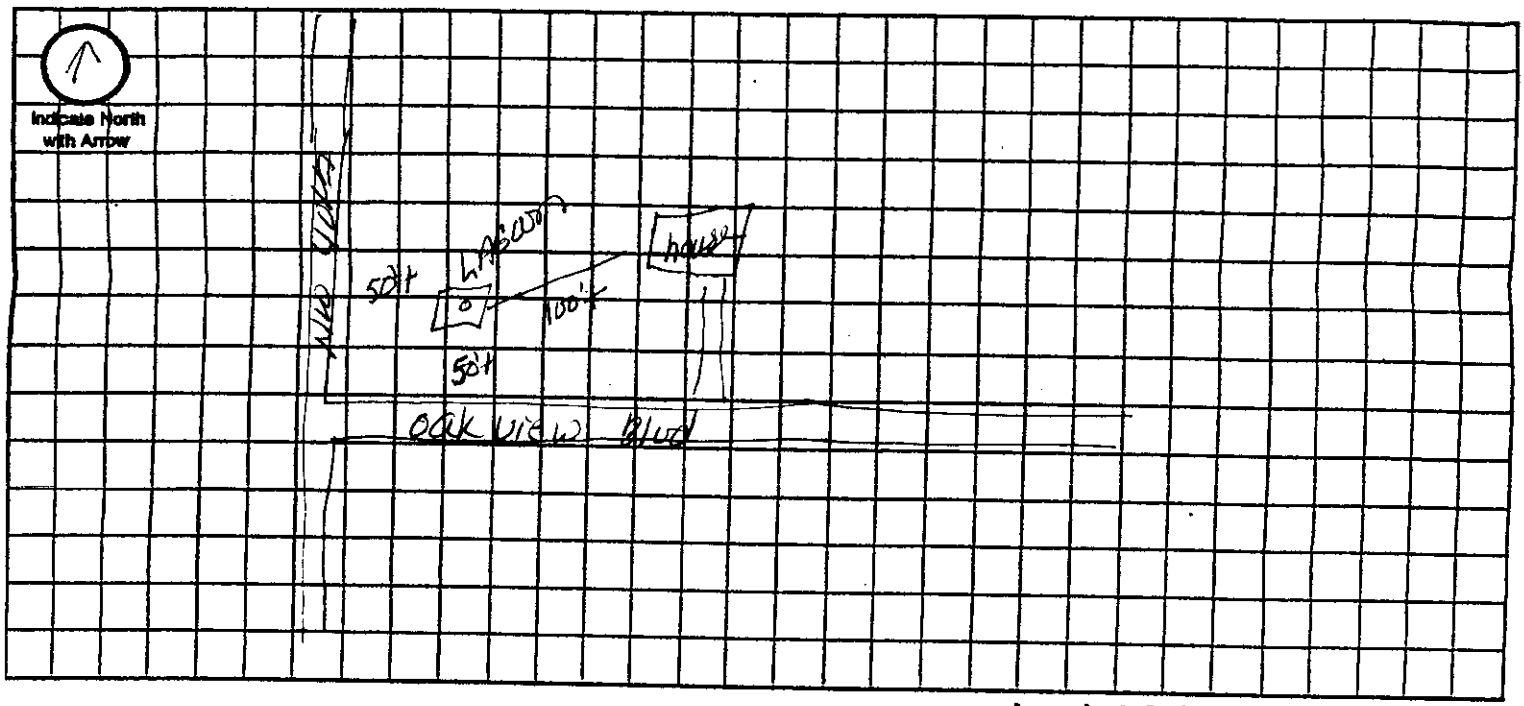
C

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) NW1/4 5-11-6 Oak Valley Estates Block 1, Lot 2 City Raymond NE, Zip 68428

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate _____ (min. per inch) Soil Type: _____ Land Slope: _____ %

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

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

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: _____

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

Total Length of Laterals _____ ft. Number of Trenches _____ Trench Width _____

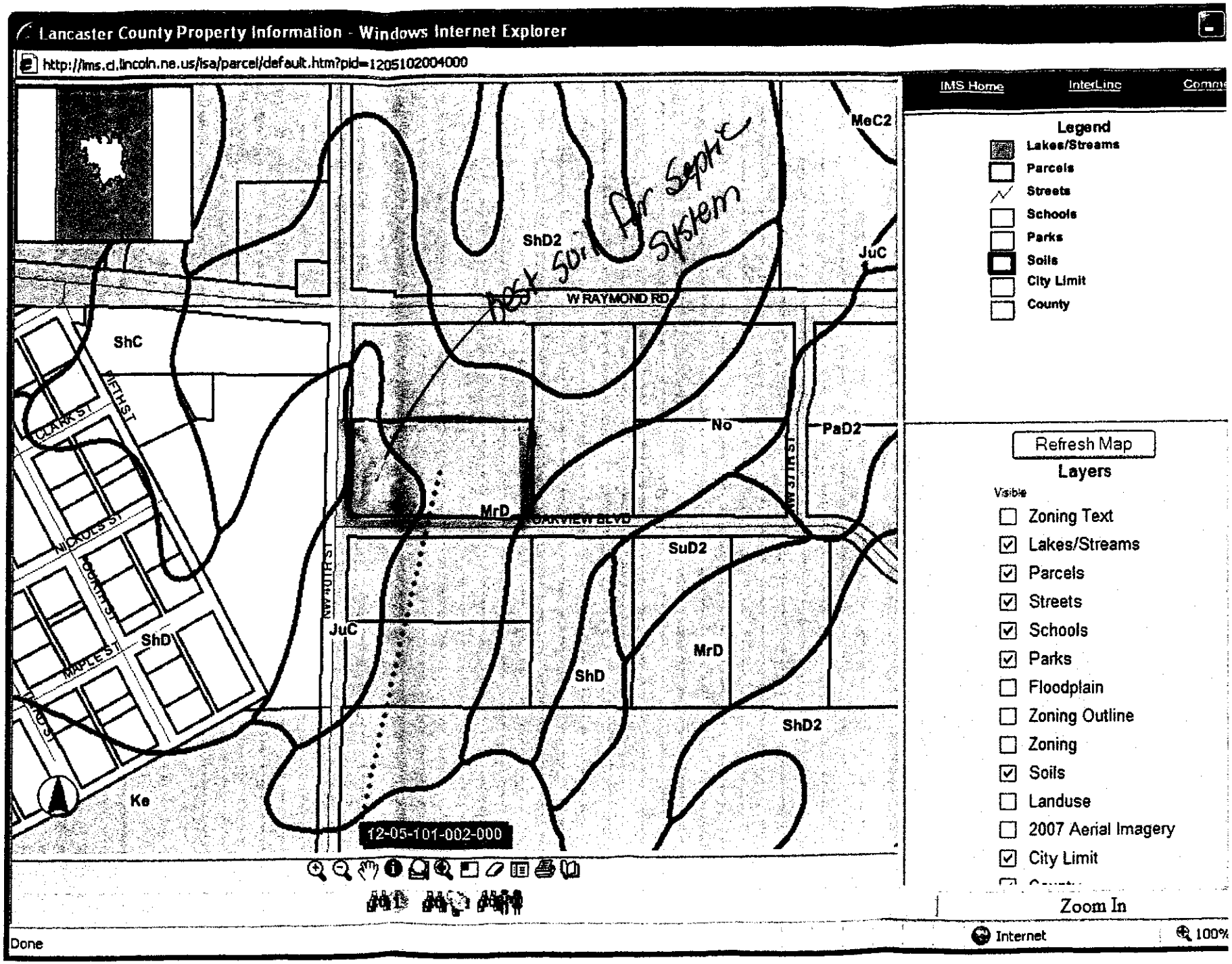
D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

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 _____ Date _____

Installer Alvin L. Johnson Date 3-18-08


Lancaster County Property Information - Windows Internet Explorer
http://ims.ci.lincoln.ne.us/isa/parcel/default.htm?pid=1205102004000
IMS Home
InterLinc
Legend
Lakes/Streams
Parcels
Streets
Schools
Parks
Soils
City Limit
County
Refresh Map
Layers
Visible
Zoning Text
Lakes/Streams
Parcels
Streets
Schools
Parks
Floodplain
Zoning Outline
Zoning
Soils
Landuse
2007 Aerial Imagery
City Limit
Zoom In
W RAYMOND RD
ShD2
JuC
MeC2
ShC
No
PaD2
MrD
SuD2
ShD
Ke
12-05-101-002-000
Done
Internet
100%

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