LLCHD HS000182

OCT 22 2008

SCANNED

A

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

Permit Number HS000182

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 4605 S. Coddington (no rural route) City Lincoln, NE Zip 68523

Legal Description NW 9 9 6 51

1/4 | 1/4 | Section | Township | Range | Subdivison | 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 John Ficke [redacted] Tom Fode

Address 4605 S. Coddington Ave City/State/Zip Lincoln, NE 68523

☐ Check if owner designed system Home Phone 402-423-0484 Work Phone 402-475-6666

C. Contractor

Name: existing Home 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 402-770-6009

E. This system will serve a

☒ Residential Dwelling Number of Bedrooms 5 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 Date rec'd 10/27/08 **ACTION** ☐ Approved ☐ Disapproved
Site visits _____ Date frwd 10/27/08 Signature _____

2. Supt. Bldg. Insp. or Village Clerk Date rec'd _____ **ACTION** ☐ Approved ☐ Disapproved
Comments _____ Date frwd _____ Signature _____

3. City or County Engineer Date rec'd _____ **ACTION** ☐ Approved ☐ Disapproved
Comments _____ Date frwd _____ Signature _____

Installation Final Written Approval
By _____
Date _____

Business Office Use Only # 315
Date Received 10-28-08 Amount Paid _____
Received By _____ Cash/Check No. 6886

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

Form A Updated: 5-07

System Replacement / Existing Home

10-30-2008 8:55:48

LLCHD HS000182

OCT 22 2008

Lincoln-Lancaster County Health Department
Environmental Public Health Division
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Date rec'd
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature

Installation Final Written Approval
By
Date

Business Office Use Only
Date Received Amount Paid
Received By Cash/Check No.

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

Form A Updated: 5-07

HS System Replacement / Existing Home

10-29-2008 10: 3:45

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

B

Permit Number: HS000182

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 4605 S. Coddington (no rural route) City Lincoln NE, Zip 68523

Owner John Ficke Addresss same

Soil Type (SCS): Waymore - Sandy Percolation Rate: 30 min./inch

Date of Tests 9/30/08 to 10/1/08 Weather: Precipitation 0 Temperature 60°

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	27	9/30	10:30a	9/30	2:30p	10/1	11:30a	6	10/1	12:00p	30	1 1/8	28
2	25	"	"	"	"	"	"	"	"	"	"	1	30
3	32	"	"	"	"	10/1	11:25a	6	10/1	11:35a	10	1 1/16	9
4	26	"	"	"	"	"	"	"	"	"	"	15/16	8
5	25	"	"	"	"	"	"	"	"	"	"	1 3/8	7
6	30	"	"	"	"	"	"	"	"	"	"	1 1/2	7

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 #C1198

Sum of Percolation Rates: 89

Average of Rates: 15

Rate Used for Calculation: 30 (20 mpi variance)

Date of Test = 8:00a to 12:00p holes 1 & 2
30 minute test

10:35a to 11:35a holes 3 thru 6
10 minute test

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official

Date

ORM 23-101 10-95

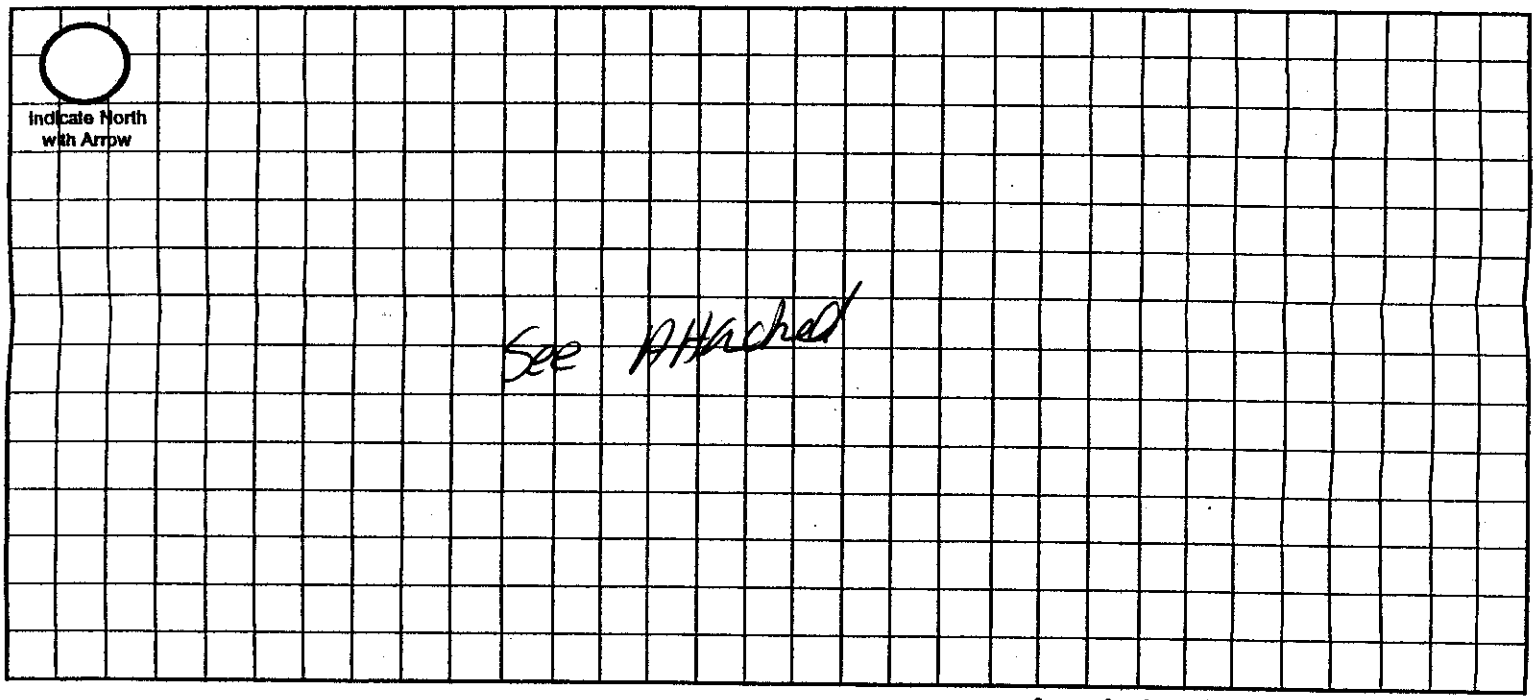
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: HS000182

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) 4605 S. Coddington City Lincoln NE, Zip 68523

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 30 (min. per inch) Soil Type: Wymore / Sandy Land Slope: _____ %

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

Total Square Feet of Field Required: 1,250 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☒ Other Lateral Material: Graveless chamber

Capacity of Septic Tank 1,500 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 160 ft. Number of Trenches 2 Trench Width 4'

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

[redacted] 10-19-08

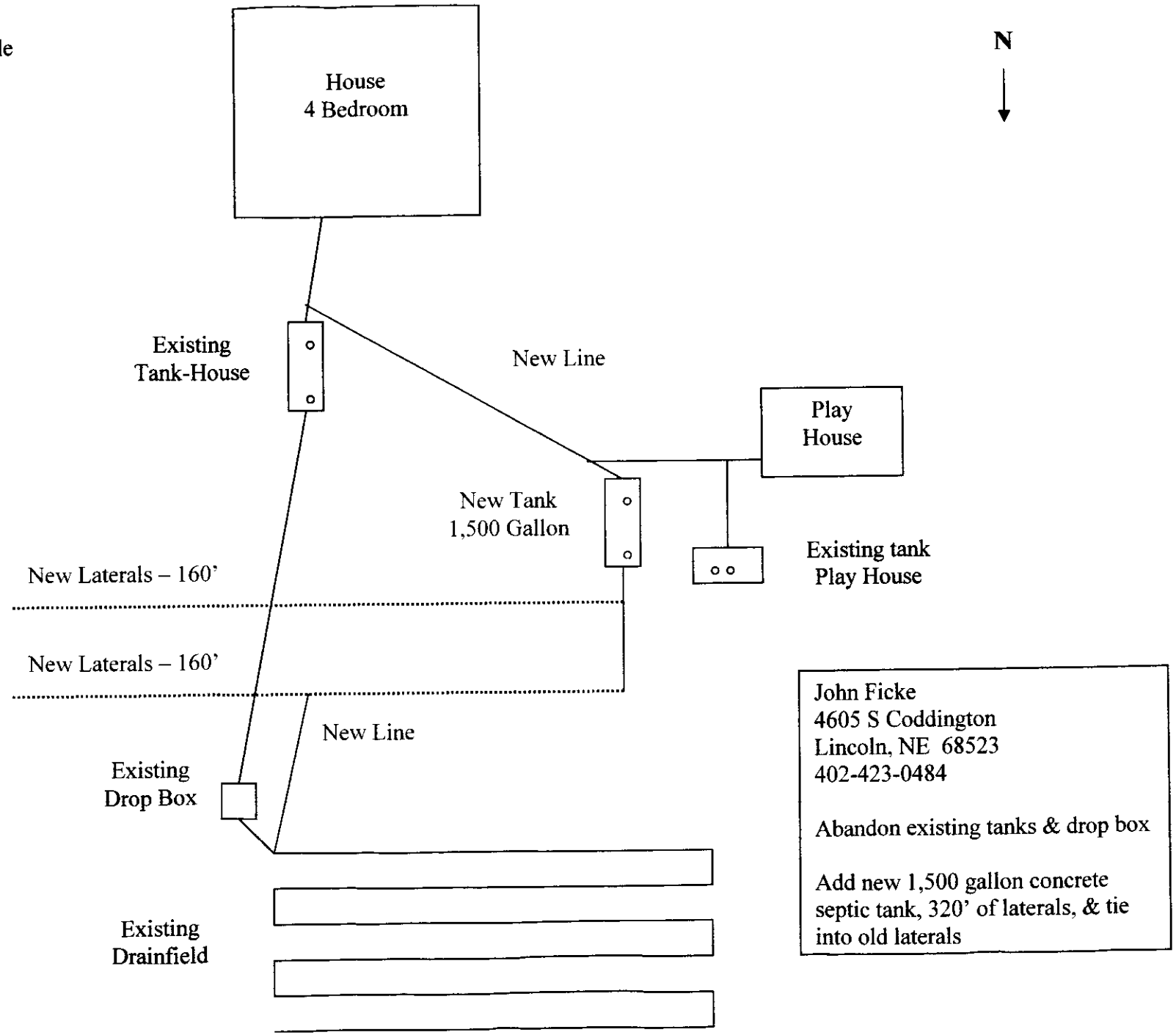
Installer _____ Date 10-13-08

FORM 23-102 10-96

10-29-2008 10: 3:56

LLCHD HS000182

Drawing Not to Scale



John Ficke
4605 S Coddington
Lincoln, NE 68523
402-423-0484

Abandon existing tanks & drop box

Add new 1,500 gallon concrete septic tank, 320' of laterals, & tie into old laterals

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. HS000182

System Type: STANDARD

Situs: 4605 S CODDINGTON AVE RUR

Legal Description: T09N-R06E-S09-Lot 51

Owner: FICKE, JOHN R & LINDA J
4605 S CODDINGTON AVE
LINCOLN NE
68523

Permit Fee:	$315.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$315.00
Issued:	10/29/2008
Expires:	10/29/2009

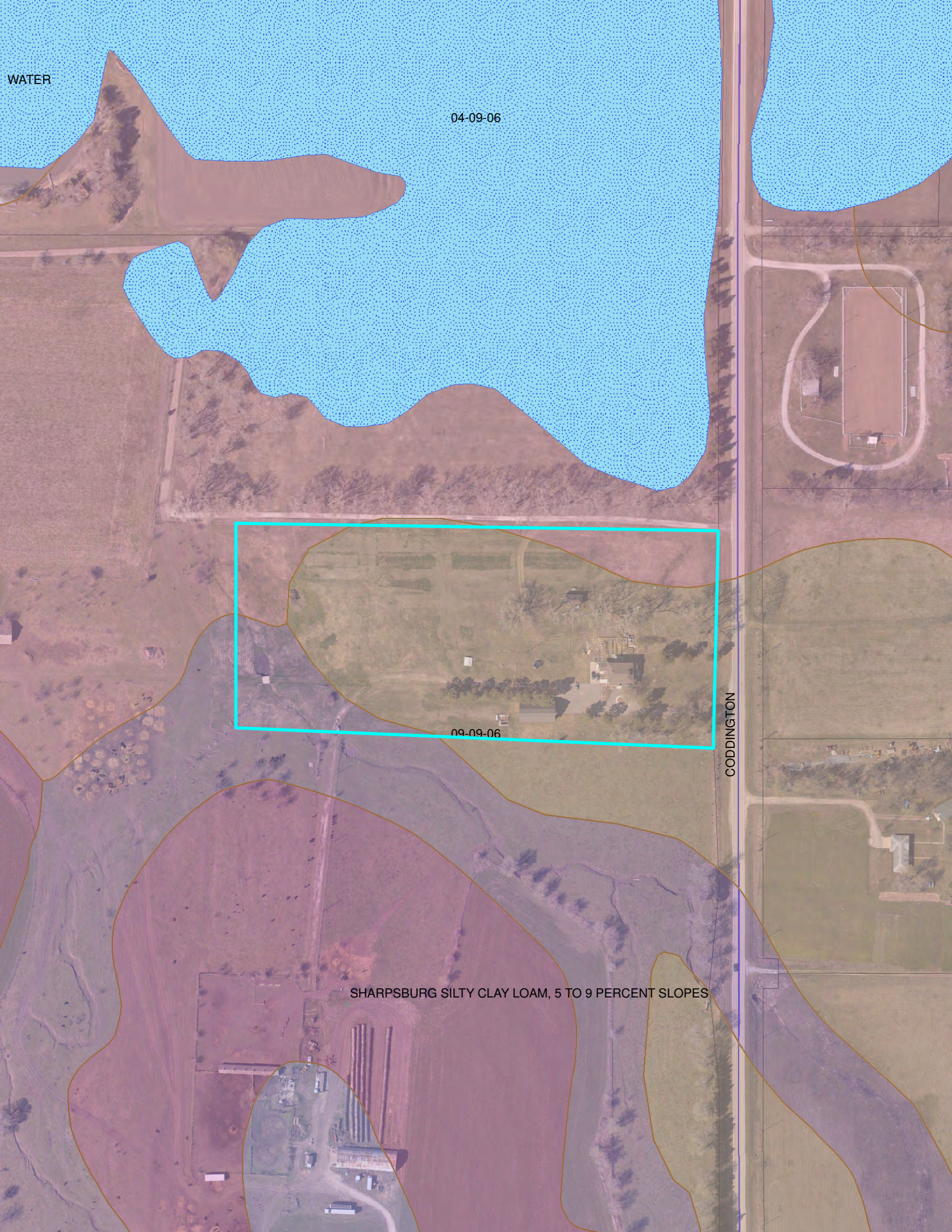
Bruce D. Dart, PhD, Health Director

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


WATER
04-09-06
09-09-06
CODDINGTON
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPES

OCT 22 2008

SCANNED

SCANNED

A

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

Permit Number H5000182

SCANNED

Onsite Wastewater Treatment System
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Address 4605 S. Coddington (no rural route) City Lincoln, NE Zip 68523

Legal Description NW 9 9 6 51
1/4 1/4 Section Township Range Subdivison 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 John Ficke Signature [signature]

Address 4605 S. Coddington Ave. City/State/Zip Lincoln, NE 68523

☐ Check if owner designed system Home Phone 402-423-0484 Work Phone 402-475-66666

C. Contractor

Name: existing Home 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 402-750-6009

E. This system will serve a

☒ Residential Dwelling Number of Bedrooms 5 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

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

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Site visits _____
Date rec'd 10/27/08
Date frwd 10/27/08
ACTION ☑ Approved ☐ Disapproved
Signature [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 Ahrens
Date 11/5/08

Business Office Use Only
Date Received 10-27-08 Amount Paid #315.00
Received By MF Cash/Check No. 6886

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

Form A Updated: 5-07

+System Replacement / Existing Home

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

SCANNED

C

Permit Number: HS000182

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Capacity of Septic Tank 1,500 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 1160 ft. Number of Trenches 2 Trench Width 4'

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

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Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

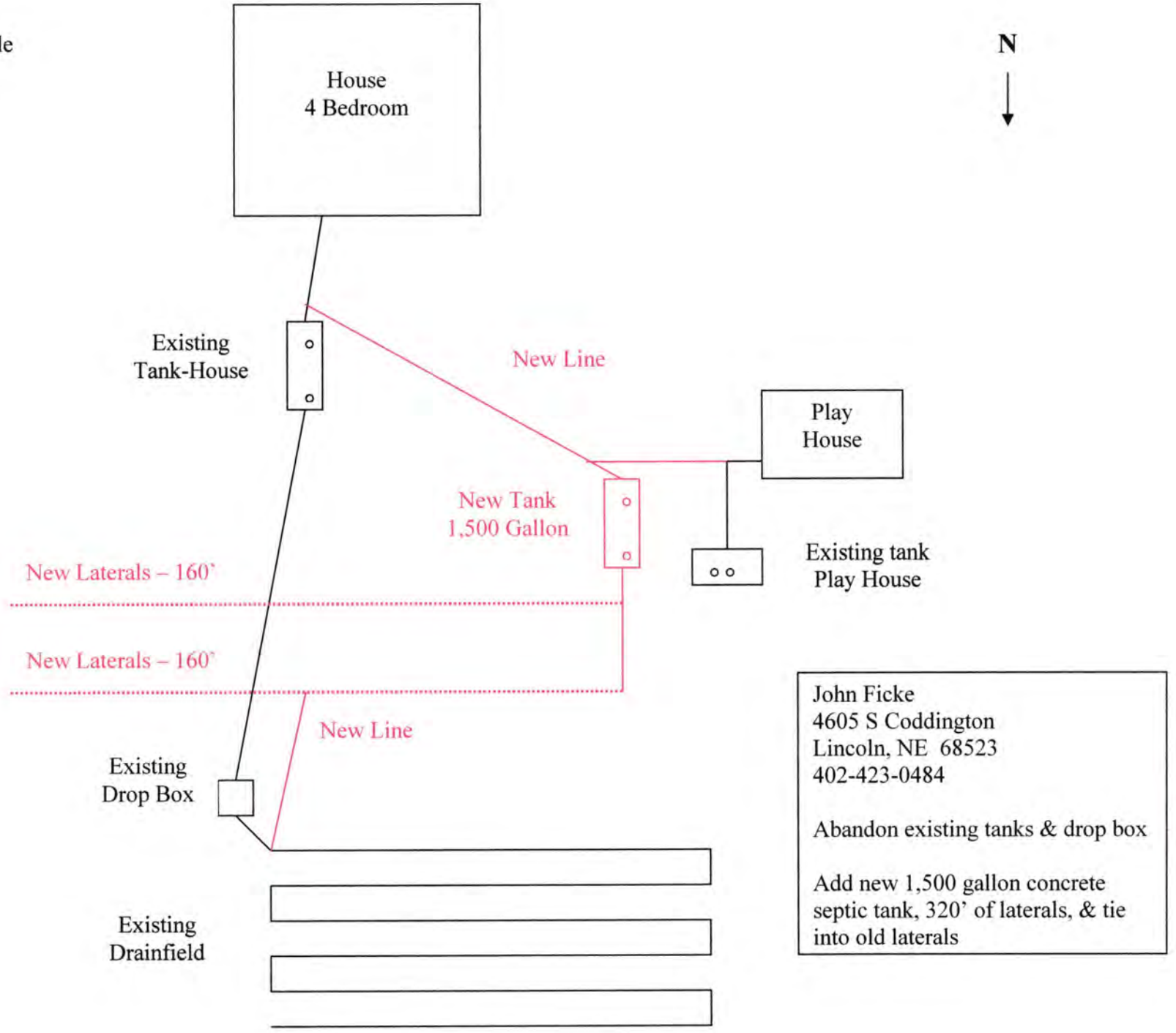
E. Required Signatures

Home Building Contractor _____ Date 10-19-08

Installer _____ Date 10-13-08

FORM 23-102 10-96

Drawing Not to Scale



John Ficke
4605 S Coddington
Lincoln, NE 68523
402-423-0484

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Add new 1,500 gallon concrete septic tank, 320' of laterals, & tie into old laterals

SCANNED

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

NOV 03 2008

D

Permit Number:

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date 10-30-07 Legal Description NW 1/4 9 1/4 9-6e Section Township Range Lot 51

Onsite System Location

Address (no rural route) 4605 S. Coddington City Lincoln NE, Zip 68523

Owner John Ficke Address Same

A. Sewer Pipe

1. Material: SDR-26
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: 120 ft.
4. Number of clean-outs: 6e
5. Distances to: well or suction line 100+ ft.
   stream 100+ ft.
   pressure line 100+ ft.
   property line 100+ ft.

B. Septic Tank

☐ Label with Manufacturer, address and gallon capacity

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 _____ in.
5. Inlet: ☑ baffle ☐ tee ☐ 6" dia. inspection pipe
6. Outlet: ☐ baffle ☑ tee ☐ 6" dia. inspection pipe
7. Depth to top of tank, below unfinished grade: 30" in.
8. Distances to: Well or suction line 100+ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 100+ ft.

Effluent Filter Installed

C. ☐ Distribution Box ☐ Drop Boxes

(≥ 12" inspection opening) (removable lid to inspect)

1. Material: 2 Endcaps
   Number available outlets: 2 per cap
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 5', 15' ft.

D. Drainfield Absorption

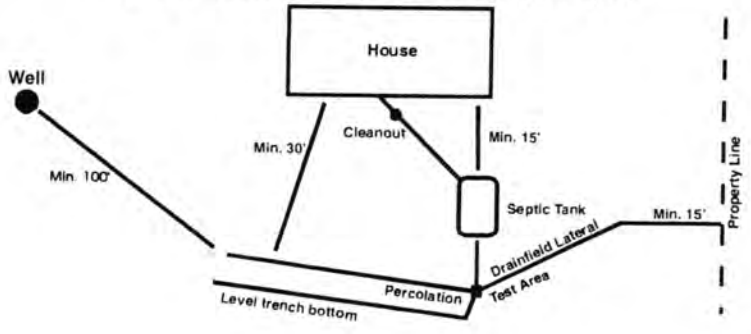
☐ Trench ☐ Bed ☐ Level Bottom

1. Type: ☑ Half rounds ☐ Perforated pipe ☐ Chambers
   Diameter or width: 34"w x 12"T x 320'
   ~~Number of distribution lines in bed~~ _____
   Material: ☑ fiberglass ☐ plastic ☐ concrete
   ☐ other _____
2. Drainfield Laterals: Number _____
   Length of each line: New 160 ft. New 160 ft.
   per pipe 100 ft. clay 500' ft., _____ ft.
3. Drainfield dimensions: Width New 40 ft.
   Distribution Pipe Slope Flat in/100 ft.
   Average depth 32'x48' in
4. Filter material: Dirt
   Depth of material 100+ in.
5. Distances to: Well or suction line 100+ ft.
   Pressure line 100+ ft.
   Property line 100+ ft.
   House or building 100+ ft.
   Lake or Stream 100+ ft.

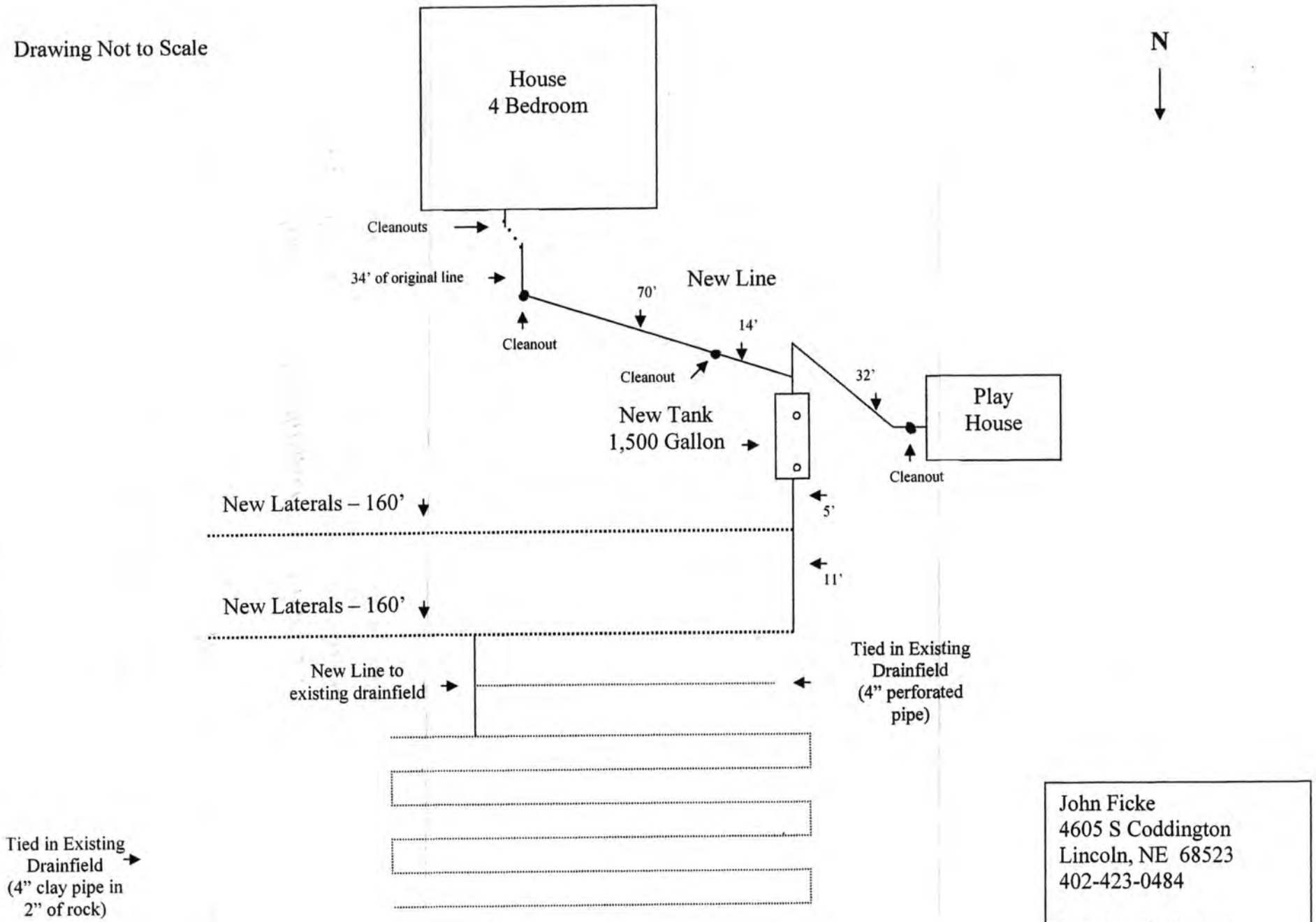
Complete As-Built drawing on the back fo this form.

Onsite Wastewater System Design (Example)

Indicate North with Arrow



Drawing Not to Scale



John Ficke
4605 S Coddington
Lincoln, NE 68523
402-423-0484

New Septic System