LLCHD HS000187

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

NOV 07 2008

SCANNED

A

Permit Number
HS000187

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 2750 Wahlsing Dr (no rural route) City Raymond, NE Zip 68428

Legal Description ____ Willard Estates ____ 1 ____ 5

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 Ron Kubalek [redacted] Ronald F Kubalek

Address 2750 Wahlsing Dr City/State/Zip Raymond NE 68428

☐ Check if owner designed system Home Phone 402-783-2174 Work Phone ____

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 402-850-6009

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 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 11/10/08
Date frwd 11/10/08
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 11-10-08 Amount Paid 315.00
Received By ____ Cash/Check No. 6577

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

Form A Updated: 5-07

11-12-2008 14: 6:24


32-12-06
27TH
33-12-06
WASSUNG

LLCHD HS000187

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

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

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Address_____ City/State/Zip_____

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

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ACTION ☑ Approved ☐ Disapproved
Signature [signature]

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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_____ Amount Paid_____
Received By_____ Cash/Check No._____

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

Form A Updated: 5-07

11-10-2008 10: 6: 4

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. HS000187

System Type:	LAGOON
Situs:	2750 WASSUNG DR RUR
Legal Description:	T12N-R06E-S32-1-Lot 5
Owner:	KUBALEK, RONALD L & RACHEL I 2750 WASSUNG DR RAYMOND NE 68428

Permit Fee:	$315.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$315.00
Issued:	11/10/2008
Expires:	11/10/2009

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
Phone: 402-441-8022

NOV 07 2008

SCANNED

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Permit Number
HS000187

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 2750 Wahlsburg Dr (no rural route) City RAYMOND , NE Zip 68428

Legal Description _____ Willard Estates 1 5

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 Ron Kubalek Signature Ronald F Kubalek

Address 2750 Wahlsburg Dr City/State/Zip RAYMOND NE 68428

☐ Check if owner designed system Home Phone 402-783-2174 Work Phone_____

C. Contractor

Name: existing Home Company Name_____

Address_____ City/State/Zip_____

☐ Check if contractor designed system Work Phone_____

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Designer Name Lloyd Jakubek Firm RAYMOND CONTRACTING INC Work Phone 402-880-6009

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DO NOT WRITE BELOW THIS LINE

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

1. Health Department
Site visits #Line + Lagoon 10/20/08 NFS
Date rec'd 11/10/08
Date frwd 11/10/08
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_____

SCANNED

Installation Final Written Approval
By_____
Date 3/26/09

Business Office Use Only
Date Received 11-10-08 Amount Paid 315.00
Received By LP Cash/Check No. 6577

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

Form A Updated: 5-07

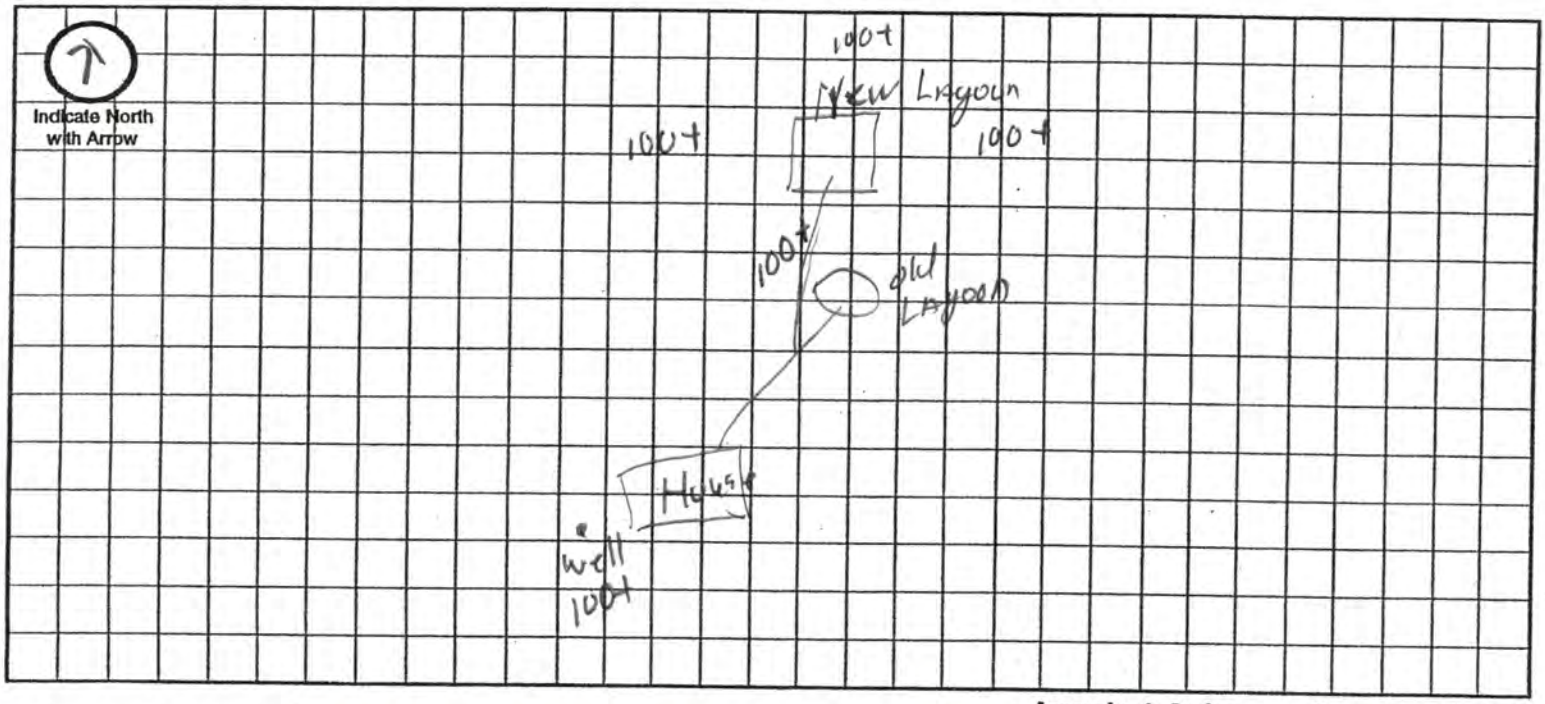
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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) 2750 Wassung Dr 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 Ronald F Kinkel Date 11-5-08

Installer _____ Date 11-5-08

FORM 23-102 10-96

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

NOV 24 2008

D

Permit Number: 115 000187

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date 11-20-08 Legal Description SE 1/4 1/4 32-12-6 Section Township Range Willard Estates Block 1 Lot 5

Onsite System Location

Address (no rural route) 2750 Wassung Dr City Raymond NE, Zip 68428

Owner Ronald Kubalek 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: 140 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

☐ Label with Manufacturer, address and gallon capacity

1. Material: _____
   Number of compartments: _____
2. Capacity: _____ gal.
3. Factory built: ☐ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ 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: _____ in.
8. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. ☐ Distribution Box ☐ Drop Boxes

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

1. Material: _____
   Number available outlets: _____
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: _____ ft.

D. Drainfield Absorption

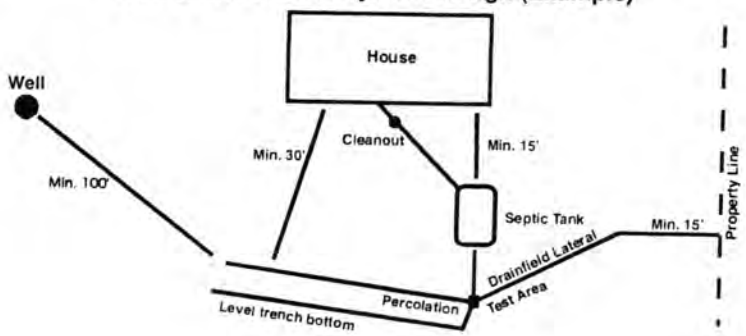
☐ Trench ☐ Bed ☐ Level Bottom

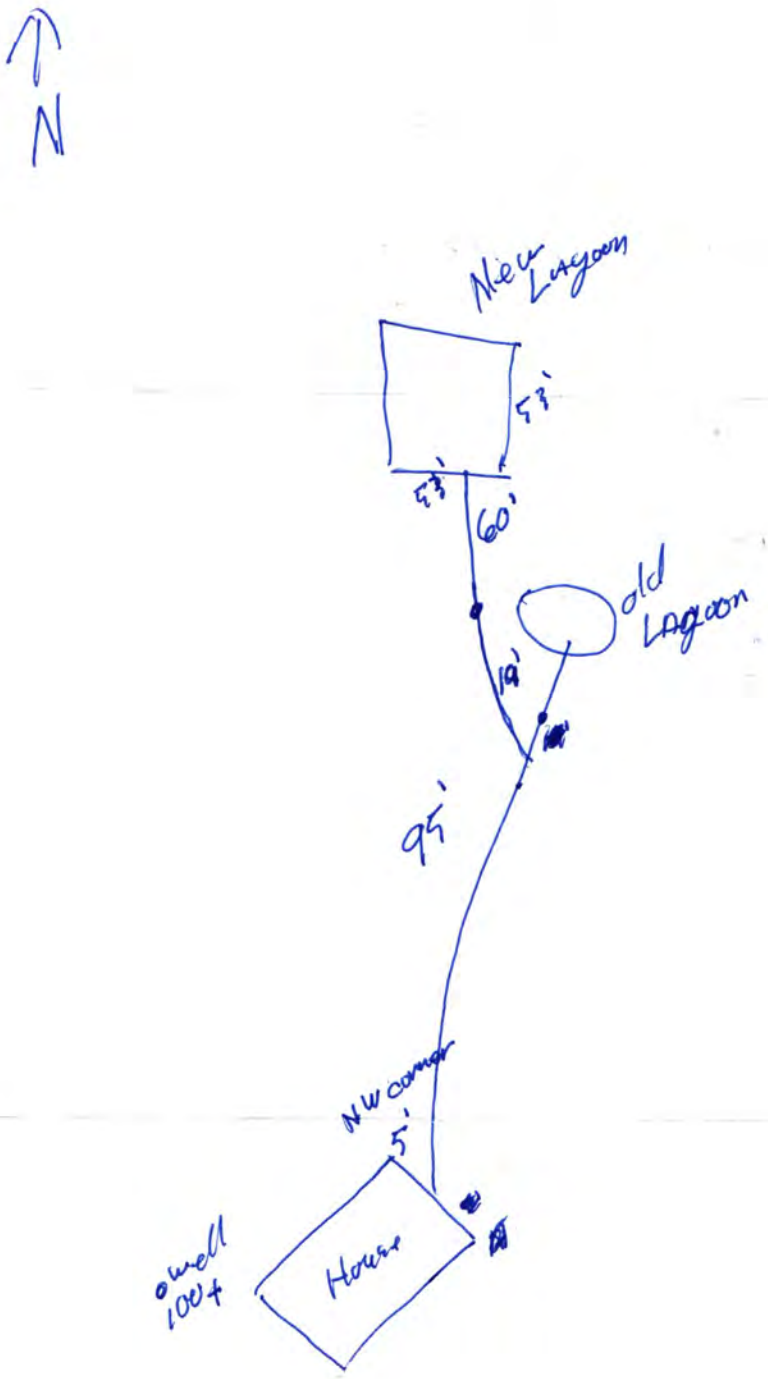
1. Type: ☐ Half rounds ☐ Perforated pipe ☐ Chambers
   Diameter or width: _____
   Number of distribution lines in bed _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other _____
2. Drainfield Laterals: Number _____
   Length of each line: _____ ft. _____ ft.
   _____ ft. _____ ft., _____ ft.
3. Drainfield dimensions: Width _____ ft.
   Distribution Pipe Slope _____ in/100 ft.
   Average depth _____ in
4. Filter material: _____
   Depth of material _____ in.
5. Distances to: Well or suction line _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.
   House or building _____ ft.
   Lake or Stream _____ ft.

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

Onsite Wastewater System Design (Example)

Indicate North with Arrow




N
New Lagoon
53'
53'
60'
old Lagoon
19'
95'
NW corner
5'
well
House