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

D

Permit Number: HS000225

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date 5-19-09 Legal Description SE (1/4) 4 (1/4) 7 (Section) 5 (Township) Lot 14 (Range)

Onsite System Location

Address (no rural route) 16400 W Panama Rd City Olete NE, Zip 68333

Owner Lee Miller Address same

A. Sewer Pipe

1. Material: class 160 SDR26
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: 250+ ft.
4. Number of clean-outs: 4 5+
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

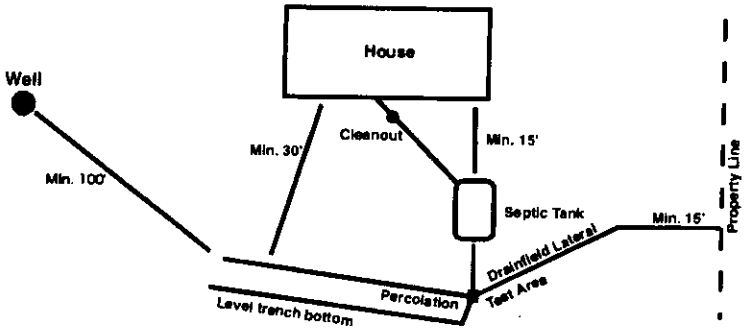
☐ Trench ☐ Bed ☐ Level Bottom

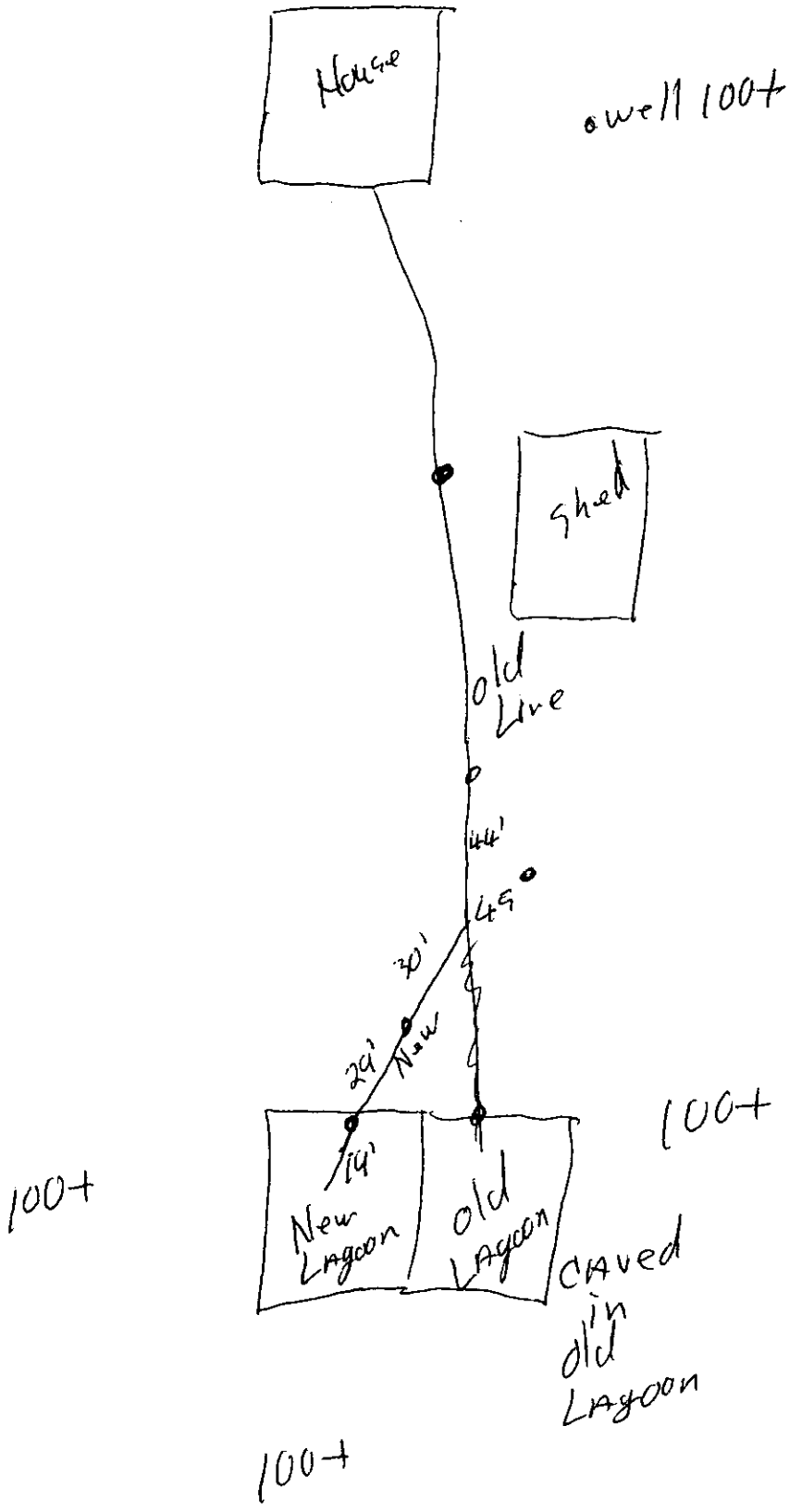
1. Type: ☐ Half rounds ☐ Perforated pipe ☐ Chambers
   Diameter or width: _____
   Number of distribution lines in bed _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other _____
2. Drainfield Laterals: Number _____
   Length of each line: _____ ft. _____ ft.
   _____ ft. _____ ft., _____ ft.
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.

Indicate North with Arrow

Onsite Wastewater System Design (Example)




House
owell 100+
shed
old Line
144'
45°
30'
29'
New
14'
New Lagoon
old Lagoon
100+
100+
Caved in old Lagoon
100+

Application to Alter, Extend or Repair an Onsite Wastewater Treatment System

HEALTH DEPARTMENT

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

HS000223

The undersigned hereby applies for a permit to: ☐ **ALTER** ☐ **EXTEND** ☒ **REPAIR** an existing wastewater treatment system, complying with appropriate Ordinance or Resolution, as marked above with drawings attached.

1. **Legal description of property:**
   Township 7 Range 5 1/4 ____ 1/4 SE Section 4
   Block ____ Lot 14 Addition ____
   Parcel ID 01-04-400-003-000 (i.e. 99-99-999-999-999)
   Street Address (no rural route) 10400 W Panama Rd Crete, NE 68333

2. **Property use:** ☒ residential ☐ commercial ☐ other use
   Number of bedrooms 3 Describe ____

3. **Type of Present Individual Disposal System** ☐ septic system ☒ lagoon ☐ other

4. **Description of proposed alteration, extension or repair** Repair leaking lagoon. Rebuild 3 sides of lagoon, leaving 1 side intact

5. **Work to be done by:** ☐ owner ☒ contractor's name Lloyd Ingraham Raymond Contracting Inc

6. **Estimated project:** a. Repair, replace, or minor extension with a cost less than $400 (no fee required).
   b. Total cost is greater than $400 (Return fee with this application)
   c. A permit is required if the use, operation, location, or type of system is changed.

Print Name Lee Miller Address 10400 W Panama Rd Phone: 402-826-4662

Applicant Signature (owner or lessee) Lee Miller

$175

Please include the permit fee ~~($160)~~ with this application
Fee must be included before the application will be processed. Incomplete information will delay processing

HEALTH DEPARTMENT USE ONLY

Date received 5/21/09 REVIEW: ☒ Approved ☐ Disapproved By: [signature]

Site visits
Date ____/____/____ By ____
Date ____/____/____ By ____
Date ____/____/____ By ____

Installation final written approval
Date ____/____/____ By ____

Return application to:
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: 441-8022

Business Office Use Only

Received: Date: 5/21/09 Amount 175- Check No. 7051 Initials AKV

White - Division Copy Pink - Business Office Revised 9-06

LLCHD HS000225

Application to Alter, Extend or Repair an Onsite Wastewater Treatment System

MAY 18 2009

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

HS000225

The undersigned hereby applies for a permit to: ☒ **ALTER** ☐ **EXTEND** ☐ **REPAIR** an existing wastewater treatment system, complying with appropriate Ordinance or Resolution, as marked above with drawings attached.

1. **Legal description of property:**
   Township 7 Range 5 1/4 ____ 1/4 SE Section 4
   Block ____ Lot 14 Addition ____
   Parcel ID 01 - 04 - 460 - 603 - 000 (i.e. 99-99-999-999-999)
   Street Address (no rural route) 10400 W Panama Rd Crete, NE 68333

2. **Property use:** ☒ residential ☐ commercial ☐ other use
   Number of bedrooms 3 Describe ____

3. **Type of Present Individual Disposal System** ☐ septic system ☒ lagoon ☐ other

4. **Description of proposed alteration, extension or repair** Fill in old LAGOON & build new one, hook up new LAGOON from existing line using Approx 100' of new line - Revised after the application

5. **Work to be done by:** ☐ owner ☒ contractor's name Lloyd Jakowbek, Raymond Contracting

6. **Estimated project:**
   a. Repair, replace, or minor extension with a cost less than $400 (no fee required).
   b. Total cost is greater than $400 (Return fee with this application)
   c. A permit is required if the use, operation, location, or type of system is changed.

Print Name Lee Miller Address 10400 W Panama Rd Phone: 402-826-4681

[redacted] Lee Miller

$175

Please include the permit fee (~~$160~~) with this application

Fee must be included before the application will be processed. Incomplete information will delay processing

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HEALTH DEPARTMENT USE ONLY

Date received ____/____/____ REVIEW: ☐ Approved ☐ Disapproved By: ____

Site visits
Date ____/____/____ By ____
Date ____/____/____ By ____
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White - Division Copy Pink - Business Office Revised 9-06

5-22-2009 10: 3: 8

facsimile

Raymond Contracting, Inc.

Raymond Contracting Inc
Lloyd J Jakoubek
13800 NW 70th Street
Raymond, NE 68428
402 783-2663 Telephone
402 890 6009 Cellular
402 783 2341 Fax

to **Nate**

fax number **402-441-3890**	company **LLCHD**
from **Terri Jakoubek**	date **May 19, 2009**
total number of pages including this cover sheet **2**	If you do not receive all pages, please call **402-783-2663 (Terri)**

comments **CONFIDENTIAL**

Nate,

Following please find the revised repair permit Lee Miller @ 10400 W Panama Rd.

Thanks,
Terri Jakoubek
402-783-2663 (Office) 402-890-3870 (Mobile) 402-783-2341 (Fax)