LLCHD HS000293

OCT 9 2009

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

A

Permit Number HS000293

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 04-05-202-004-000

A. Onsite System Location

Address 5555 NW 118th St (no rural route) City Lincoln, NE Zip 68524

Legal Description NE 5 10 5 Parkland Estates 2 4

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 Ken & Jacki Jenkins Signature _____

Address 6745 Stonebrook Pkwy City/State/Zip Lincoln, NE

☐ Check if owner designed system Home Phone 308-249-4700 Work Phone 308-380-6798

C. Contractor

Name: Sam Manzitto Company Name Manzitto Bros

Address 3341 Pioneers Blvd Ste 1 City/State/Zip Lincoln, NE 68506

☐ Check if contractor designed system Work Phone 402-483-2302

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

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

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 10/6/09
Date frwd 10/6/09
ACTION ☑ Approved ☐ Disapproved
Signature _____

2. Supt. Bldg. Insp. or Village Clerk
Comments _____
Date rec'd 10-13-09
Date frwd 10-13-09
ACTION ☐ Approved ☐ Disapproved
Signature _____

3. City or County Engineer
Comments _____
Date rec'd 10-13-09
Date frwd 10-13-09
ACTION ☑ Approved ☐ Disapproved
Signature Jim Blazek

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

10-19-2009 10: 0: 6

Form A Updated: 5-07

OCT 9 2009

C

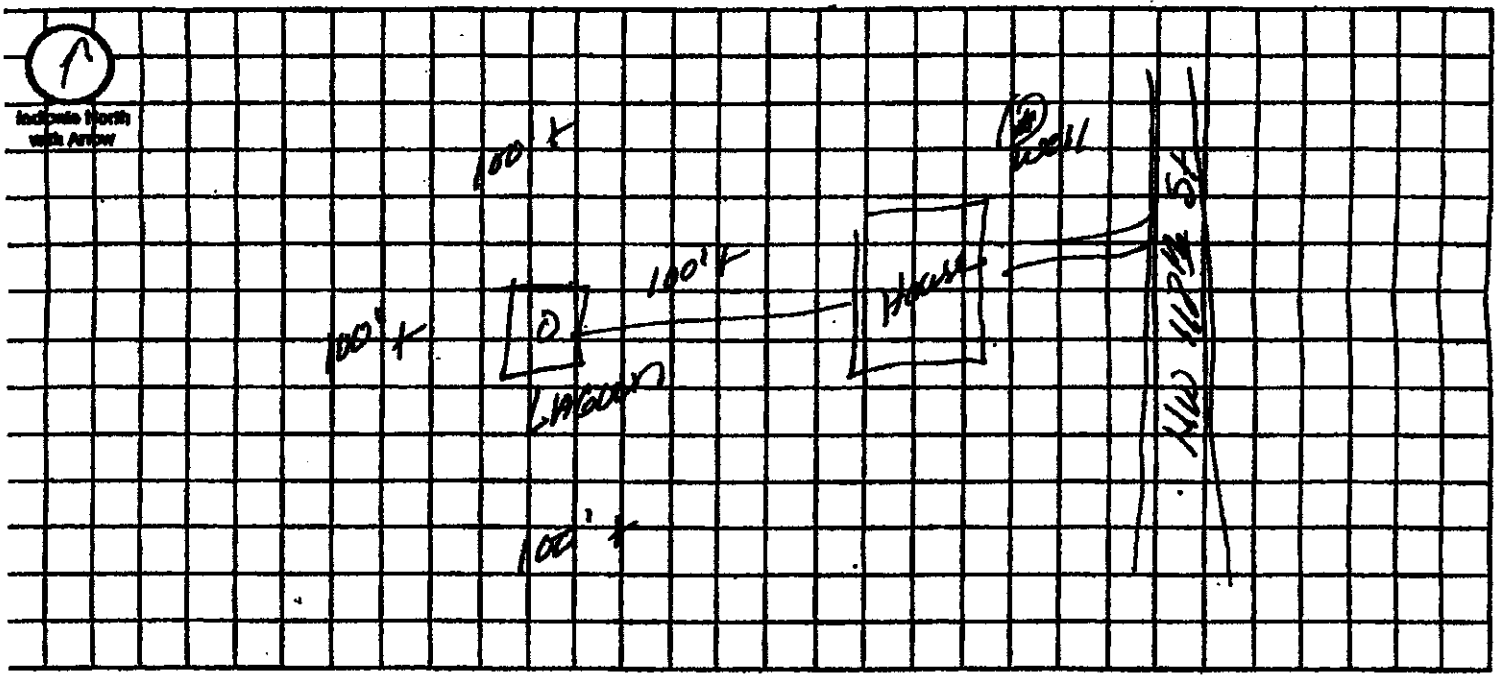
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

Permit Number: HS000293

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) 5555 NW 112th St City Lincoln NE, Zip 68524

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	Ground 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 ☑	NA ☐	30 ☑	50 ☑	100 ☑	200 ☑	☑

E. Required Signatures

Home Building Contractor _____ Date 10-7-09

Installer Kevin L. Hedenstedt Date 10-7-09

10-19-2009 10: 0: 8

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. HS000293

System Type: LAGOON

Situs: . ..

Legal Description: T10N-R05E-S05-2-Lot 4

Owner:

Permit Fee:	$325.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$325.00

Issued:	10/16/2009
Expires:	10/16/2010

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 ST
RAYMOND NE 68428

LLCHD HS000293

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

☐ Municipal Code 24.38 ☑ County Resolution Number 02-30

HS000292

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 ____ Section 25
   Block ____ Lot 1 Addition ____
   Parcel ID ____-____-____-____-____ (i.e. 99-99-999-999-999) N/A
   Street Address (no rural route) [redacted] 26909 SW 58th

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** Add 200' of lateral

5. **Work to be done by:** ☐ owner ☒ contractor's name Paul Weber

6. **Estimated project:** a. Repair, replace, or minor extension with a cost less than $400 (no fee required).
   ⓑ 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 Ray Hansmeyer Address ____ Phone: ____

Applicant Signature (owner or lessee) Ray Hansmeyer Paul Weber - Installer

Please contact LLCHD for the permit fee for this application
Fee must be included before the application will be processed. Incomplete information will delay processing

---

HEALTH DEPARTMENT USE ONLY

Date received 10/9/09 REVIEW: ☒ Approved ☐ Disapproved By: DLS

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: 441-8643

Business Office Use Only

Received: Date: 10/12/09 Amount 180.00 Check No. 4178 Initials BHall

Revised 3-09

10-13-2009 15:16:59

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

B

Permit Number: HS 000292

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address _____ (no rural route) City Hallam NE, Zip 68368

Owner Roy Hansmeyer Addresss 11486 West Hallam Rd Hallam 68368

Soil Type (SCS): Black - clay Percolation Rate: 12.5 min./inch

Date of Tests 10-7 to 10-8 Weather: Precipitation Damp Temperature 55°

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	24"	10-7	9:30	10-8	9:30	10-8	9:30	6"	10-8	10:00	30	3	10
2	24"	10-7	9:30	10-8	9:30	10-8	9:30	6"	10:8	10:00	30	3	10
3	24"	10-7	9:30	10-8	9:30	10-8	9:30	6"	10-8	10:00	30	3	10
4	24"	10-7	9:30	10-8	9:30	10-8	9:30	6"	10-8	10:00	30	3	10
5	24"	10-7	9:30	10-8	9:30	10-8	9:30	6"	10-8	10:00	30	2	15
6	24"	10-7	9:30	10:8	9:30	10-8	9:30	6"	10:8	10:00	30	1½	20

Person Conducting Percolation Tests

Name: Paul Weber Weber Well

Phone: (402) 580-8311

Address 70133 Willow Cove Lane

Firth 68358

Sum of Percolation Rates: 75

Average of Rates: 12.5

Rate Used for Calculation: _____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

LLCHD HS000293

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

OCT 02 2009

A

Permit Number HS000291

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 12-20-100-011-000

A. Onsite System Location

Address 18970 NW 40th St (no rural route) City Raymond, NE Zip 68428

Legal Description NW 20 12 6 18
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 Brad Luedke [redacted]

Address 12600 NW 56th St City/State/Zip Raymond, NE 68428

☐ Check if owner designed system Home Phone 402-783-2600 Work Phone 402-310-2957

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

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 10/12/09 Date frwd 10/12/09
ACTION ☒ Approved ☐ Disapproved Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd 10/7/09 Date frwd 10/7/09
ACTION ☒ Approved ☐ Disapproved Signature

3. City or County Engineer
Comments Verify system is out of flood plain
Date rec'd 10-7-09 Date frwd 10-7-09
ACTION ☒ Approved ☐ Disapproved Signature

Installation Final Written Approval
By
Date

$10.00
$315.00

Business Office Use Only
Date Received 10-12-09 Amount Paid ~~$10.00~~ $315.00
Received By Bttrell Cash/Check No. ~~4776~~
pd in full

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

10-13-2009 15:19:55

Form A Updated: 5-07

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

B

Permit Number: HS000291

Brad Luedke
783-2600

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 13970 NW 40th St (no rural route) City Raymond NE, Zip 68428

Owner Brad Luedke Address 12600 NW 56th St Raymond NE 68428

Soil Type (SCS): Steinauer Percolation Rate: 60 min./inch

Date of Tests 11/4/08 to 11/5/08 Weather: Precipitation 0 Temperature 70°

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	38	11/4	9:00a	11/4	1:00p	11/5	12:00p	6	11/5	12:30p	30	1/2	60
2	24	"	"	"	"	"	"	"	"	"	"	9/16	54
3	22	"	"	"	"	"	"	"	"	"	"	9/16	54
4	25	"	"	"	"	"	"	"	"	"	"	1/2	60
5	31	"	"	"	"	"	"	"	"	"	"	15/16	15
6	26	"	"	"	"	"	"	"	"	"	"	11/16	43

Person Conducting Percolation Tests

Name: Terri Jokoubek, Raymond Contracting, Inc.
Phone: 402-783-2668 or 402-890-3870
Address 13800 NW 70th St
Raymond NE 68428 #C1198

Sum of Percolation Rates: 286
Average of Rates: 48
Rate Used for Calculation: 60 -20 mpi Variance

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

ORM 23-101 10-96

10-13-2009 15:19:57

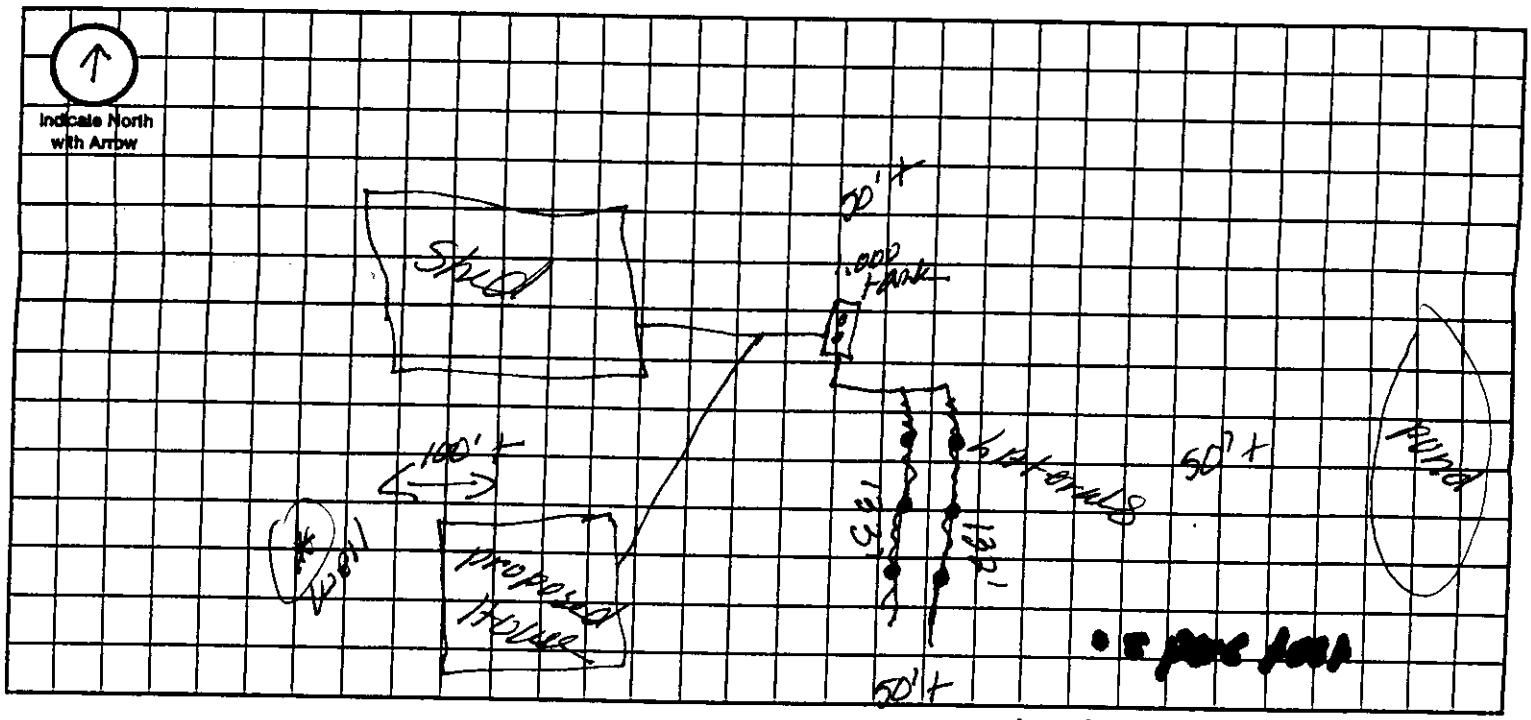
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: HS000291

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) 18970 NW 40th St 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 60 (min. per inch) Soil Type: _____ Land Slope: _____ %

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

Total Square Feet of Field Required: 1,050 sq. ft.

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

Capacity of Septic Tank 1,000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 265 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] Brad Jueden by Ryan Johnson Date 10-1-09

Installer Ryan L. Johnson Date 10-1-09

LLCHD HS000293

OCT 9 2009

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

SCANNED

A

Permit Number HS000293

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

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PLEASE PRINT OR TYPE 04-05-202-004-000

A. Onsite System Location

Address 5555 NW 118th St (no rural route) City Lincoln, NE Zip 68524

Legal Description NE 5 10 5 Parkland Estates 2 4
(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 Ken & Jacki Jenkins Signature _____

Address 6745 Stonebrook Pkwy City/State/Zip Lincoln, NE

☐ Check if owner designed system Home Phone 308-249-4700 Work Phone 308-380-6798

C. Contractor

Name: Sam Manzitto Company Name Manzitto Bros

Address 3341 Pioneers Blvd Ste 1 City/State/Zip Lincoln, NE 68506

☐ Check if contractor designed system Work Phone 402-483-2302

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

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

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 _____ 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 10-12-09 Amount Paid 325.00
Received By BHall Cash/Check No. 7198

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

10-13-2009 16: 8:27

Form A Updated: 5-07

LLCHD HS000293

OCT 9 2009

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
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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 10-12-09 Amount Paid 325.00
Received By BHall Cash/Check No. 7198

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

10-13-2009 15: 0:36 Form A Updated: 5-07

OCT 9 2009

SCANNED

A

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
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Permit Number H5000293

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

E. This system will serve a

As Per Contractor

☑ Residential Dwelling Number of Bedrooms 2 Is there a Whirlpool Bathtub? ☑ Yes ☒ No As Per Contractor

☐ 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 3/24/10
Date rec'd 10/16/09 Date frwd 10/16/09
ACTION ☑ Approved ☐ Disapproved Signature _____

2. Supt. Bldg. Insp. or Village Clerk
Comments _____
Date rec'd 10-13-09 Date frwd 10-13-09
ACTION ☐ Approved ☐ Disapproved Signature _____

3. City or County Engineer
Comments _____
Date rec'd 10-13-09 Date frwd 10-13-09
ACTION ☑ Approved ☐ Disapproved Signature Jim Blazek

Installation Final Written Approval
By Doug Kruse
Date 3/24/10

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

SCANNED

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

Form A Updated: 5-07

OCT 9 2009

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

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A

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Name Ken & Jacki Jenkins Signature _____

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☐ Check if owner designed system Home Phone 308-249-4700 Work Phone 308-380-6798

C. Contractor

Name: Sam Manzitto Company Name Manzitto Bros

Address 3341 Pioneers Blvd Ste 1 City/State/Zip Lincoln, NE 68506

☐ Check if contractor designed system Work Phone 402-483-2302

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

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

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 _____ 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 _____

SCANNED

Business Office Use Only
Date Received 10-12-09 Amount Paid 325.00
Received By BHall Cash/Check No. 7198

Installation Final Written Approval
By _____
Date _____

White - Health Department Yellow - Engineer Pink - Building & Safety SCANNED Form A Updated: 5-07

OCT 23 2009

B

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

Permit Number: HS060293

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 5555 NW 118th St (no rural route) City Lincoln NE, Zip 68524

Owner Ken & Jacki Jenkins Addresss 6745 Stonebrook Pkwy - Lincoln, NE

Soil Type (SCS): malcolm silt loam Percolation Rate: 60 min./inch

Date of Tests 10/19/09 to 10/20/09 Weather: Precipitation D Temperature 59°

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	32	10/19	8:00a	10/19	12:00p	10/20	11:30a	6	10/20	12:00p	30	9/16	54
2	30	"	"	"	"	"	"	"	"	"	"	5/8	48
3	34	"	"	"	"	"	"	"	"	"	"	1/2	60
4	29	"	"	"	"	"	"	"	"	"	"	11/16	43
5	32	"	"	"	"	"	"	"	"	"	"	13/16	37
6	30	"	"	"	"	"	"	"	"	"	"	5/8	48

Person Conducting Percolation Tests

Name: Terri L. Jakoubek, Raymond Contracting, Inc.

Phone: 402-783-2603 or 402-890-3870

Address 13800 NW 70th St

Raymond, NE 68428 # C1198

Sum of Percolation Rates: 290

Average of Rates: 48

Rate Used for Calculation: 60 (20mpi Variance)

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

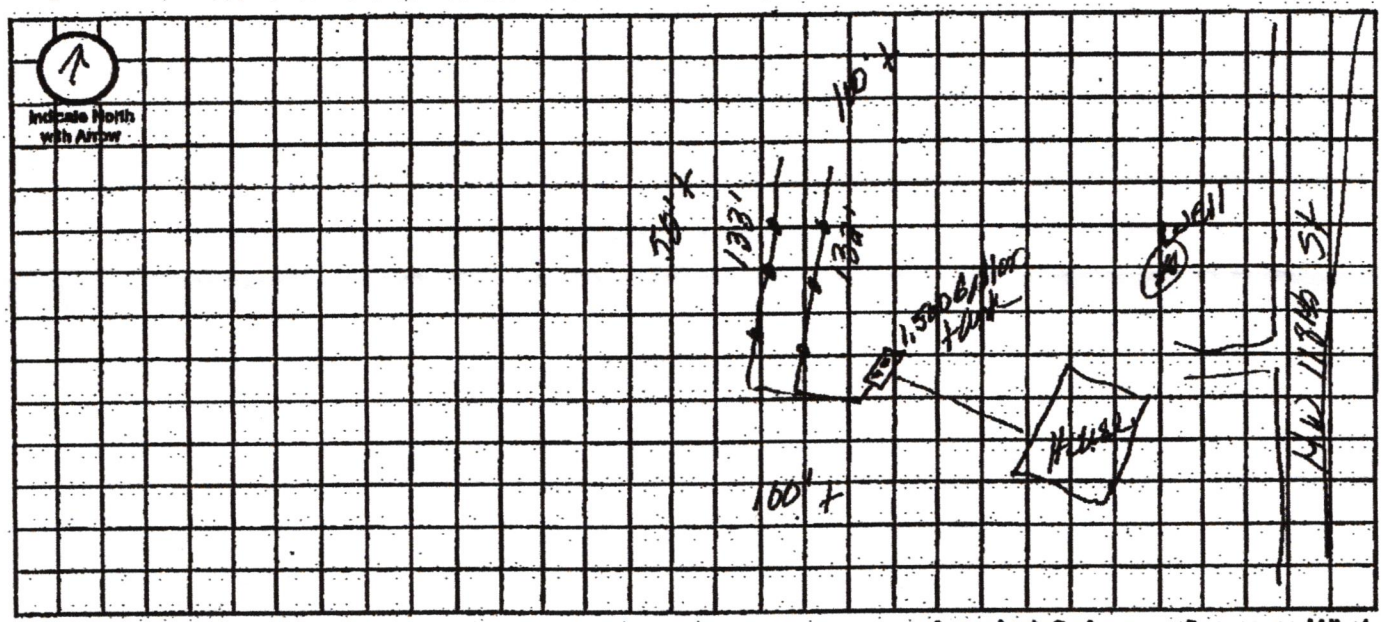
C

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

Permit Number: HS0000293

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) 5555 Hwy 11th St City Lincoln NE, Zip 68524

B. Proposed Septic Tank/s

Tank Material: ☑ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 60 (min. per inch) Soil Type: _____ Land Slope: _____ %

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

Total Square Feet of Field Required: 1050 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☑ Other Lateral Material: NDS Braveless Chambers

Capacity of Septic Tank 1500 / 1000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 265 / 175 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

Home Building Contractor _____ Date 10/22/09

Installer _____ Date 10/22/09

MAR 30 2010

D

Permit Number:

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

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date 3/24/10 Legal Description NE 1/4 5-10-5 1/4 Section Township Range Block 2 Lot 4 Parkland Estates

Onsite System Location

Address (no rural route) 5555 NW 118th St City Lincoln NE, Zip 68524

Owner Ken & Jacki Jenkins Address 6745 Stonebrook Pkwy. Lincoln NE 68521

A. Sewer Pipe

1. Material: SDR 26
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 16 in.
3. Distance between dwelling and septic tank: 71' ft.
4. Number of clean-outs: one In House.
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: 1000 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" dia. inspection pipe
6. Outlet: ☐ baffle ☐ tee ☐ 6" dia. inspection pipe
7. Depth to top of tank, below unfinished grade: 12" in.
8. Distances to: Well or suction line 100+ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 100+ ft.

C. ☑ Distribution Box ☐ Drop Boxes

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

1. Material: 2 End caps.
   Number available outlets: 4 per cap
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 66' – 78' ft.

D. Drainfield Absorption

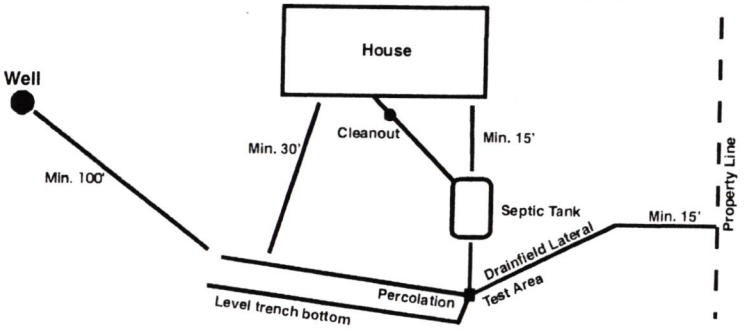
☑ Trench ☐ Bed ☐ Level Bottom

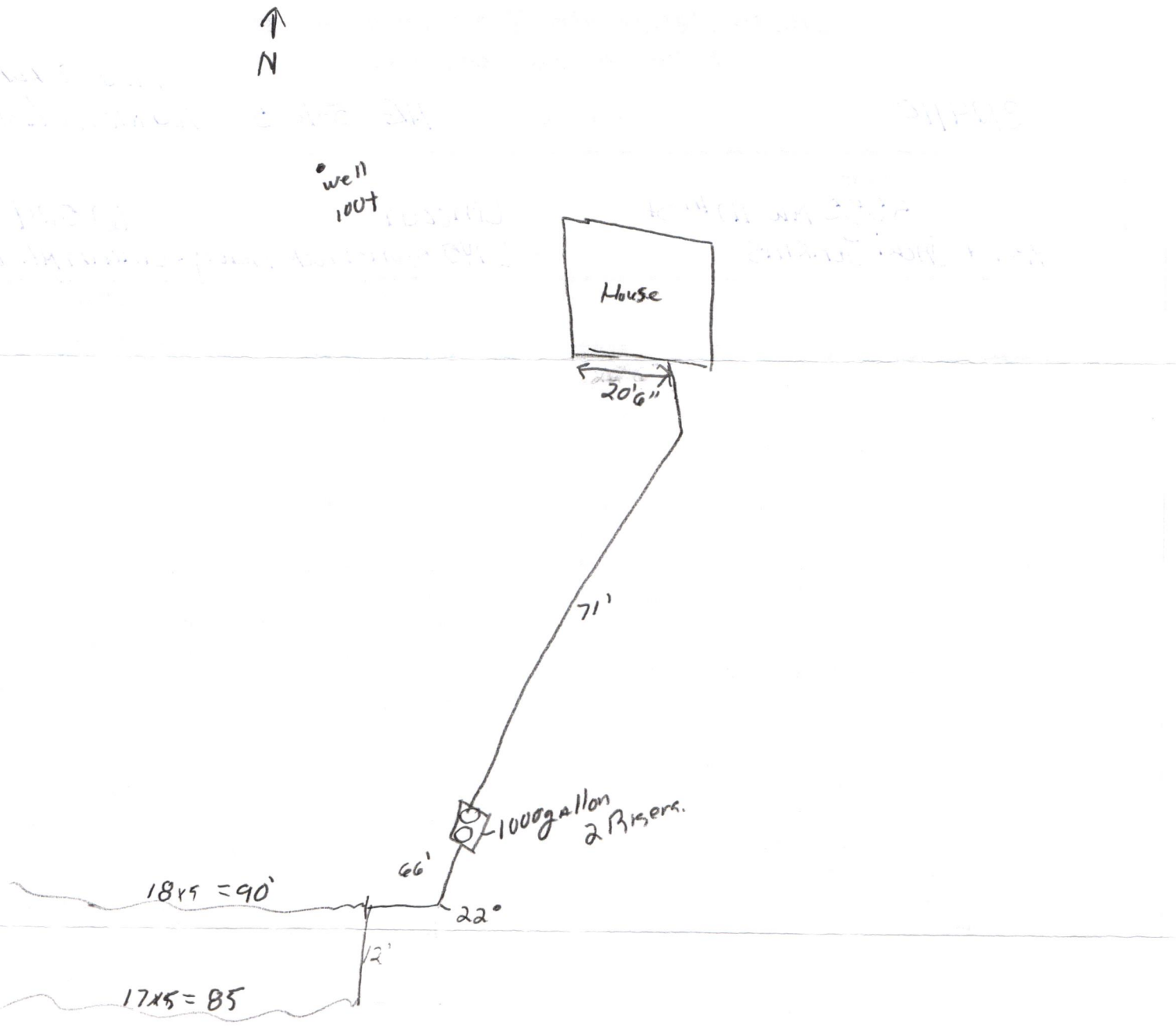
1. Type: ☑ Half rounds ☐ Perforated pipe ☑ Chambers
   Diameter or width: _____
   Number of distribution lines in bed _____
   Material: ☑ fiberglass ☑ plastic ☐ concrete
   ☐ other _____
2. Drainfield Laterals: Number 2
   Length of each line: 90 ft. 85 ft.
   _____ ft. _____ ft., _____ ft.
3. Drainfield dimensions: Width 40" ft.
   Distribution Pipe Slope FLAT in/100 ft.
   Average depth 30-34 in
4. Filter material: Dirt
   Depth of material 30-34 in.
5. Distances to: Well or suction line 100+ ft.
   Pressure line 100+ ft.
   Property line 25+ ft.
   House or building 100+ ft.
   Lake or Stream 100+ ft.

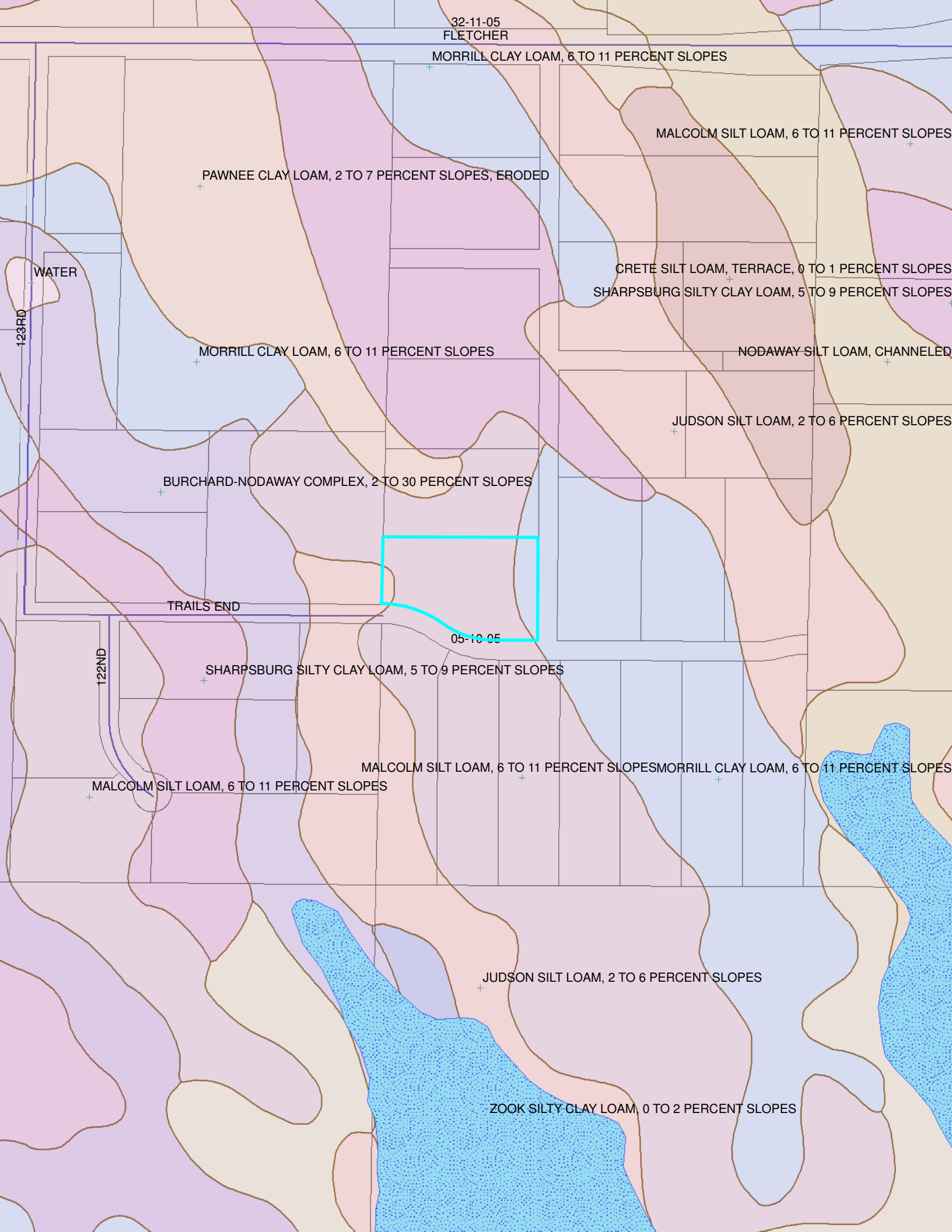
Complete As-Built drawing on the back fo this form.

Onsite Wastewater System Design (Example)

Indicate North with Arrow




N
well
100+
House
20'6"
71'
1000gallon
2 Risers.
66'
22°
18x5 = 90'
12'
17x5 = 85


32-11-05
FLETCHER
MORRILL CLAY LOAM, 6 TO 11 PERCENT SLOPES
MALCOLM SILT LOAM, 6 TO 11 PERCENT SLOPES
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
WATER
CRETE SILT LOAM, TERRACE, 0 TO 1 PERCENT SLOPES
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPES
123RD
MORRILL CLAY LOAM, 6 TO 11 PERCENT SLOPES
NODAWAY SILT LOAM, CHANNELED
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
BURCHARD-NODAWAY COMPLEX, 2 TO 30 PERCENT SLOPES
TRAILS END
122ND
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPES
MALCOLM SILT LOAM, 6 TO 11 PERCENT SLOPESMORRILL CLAY LOAM, 6 TO 11 PERCENT SLOPES
MALCOLM SILT LOAM, 6 TO 11 PERCENT SLOPES
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
ZOOK SILTY CLAY LOAM, 0 TO 2 PERCENT SLOPES

The data displayed is a representation of the County Assessor's parcel data. Every effort was made to ensure the accuracy of this data, however, no guarantee is given or implied as to the accuracy of said data. Click on the Parcel ID to view the actual County Assessor Data. The first selection will open up a new window. Subsequent selections will be displayed in the same window.

Owner Name	PARKLAND LLC
Address	
Parcel ID	04-05-202-004-000
Legal Description	PARKLAND ESTATES ADDITION, BLOCK 2, Lot 4

LANCASTER COUNTY APPRAISAL CARD

Parcel ID: 04-05-202-004-000 **Tax Year:** 2009 **Run Date:** 10/12/2009 10:54:39 AM

OWNER NAME AND MAILING ADDRESS

PARKLAND LLC
3600 NW 126 ST
LINCOLN, NE 68524

Additional Owners
No.

PROPERTY SITUS ADDRESS

GENERAL PROPERTY INFORMATION

Prop Class:	Ag Unimproved
Primary Use:	13 Agricultural
Living Units:	
Zoning:	AGR-Agricultural Residential
Neighborhood:	3500N - Rural 3500N
Tax Unit Grp:	0040
Schl Code Base:	55-0148 Malcom
Schl Code Affiate:	55-0148 Malcom
Exemptions:	

LEGAL DESCRIPTION

PARKLAND ESTATES ADDITION, BLOCK 2, Lot 4

SALES INFORMATION

Date	Type	Sale Amount	Inst.Type	Instrument #	Incl Other Parcels
08/03/2009	Vacant	$0	Quit Claim Deed	2009043165	Y

BUILDING PERMITS

Number	Issue Date	Amount	Status	Type	Description

INSPECTION HISTORY

Date	Time	Code	Reason	Appraiser	Contact-Code

RECENT APPEAL HISTORY

Year	Level	Case #	Status	Action

TAXABLE VALUE HISTORY

Year	Land	Building	Total
2009	$4,900	$0	$4,900
2008	$4,460	$0	$4,460

MARKET LAND INFORMATION

Method	Type	AC/SF/Units	Value Est.

Total Acres **3.07** **GIS SF** **Total** **$0**

OTHER BUILDINGS AND YARD IMPROVEMENTS

Occupancy	MSCI	Rank	Qty	Yr Blt	Area	Perim	Hgt	Dimensions	Stories	Phys	%Comp

COMPONENTS

Code	Units	Pct	Size	Oth	Rank	Year

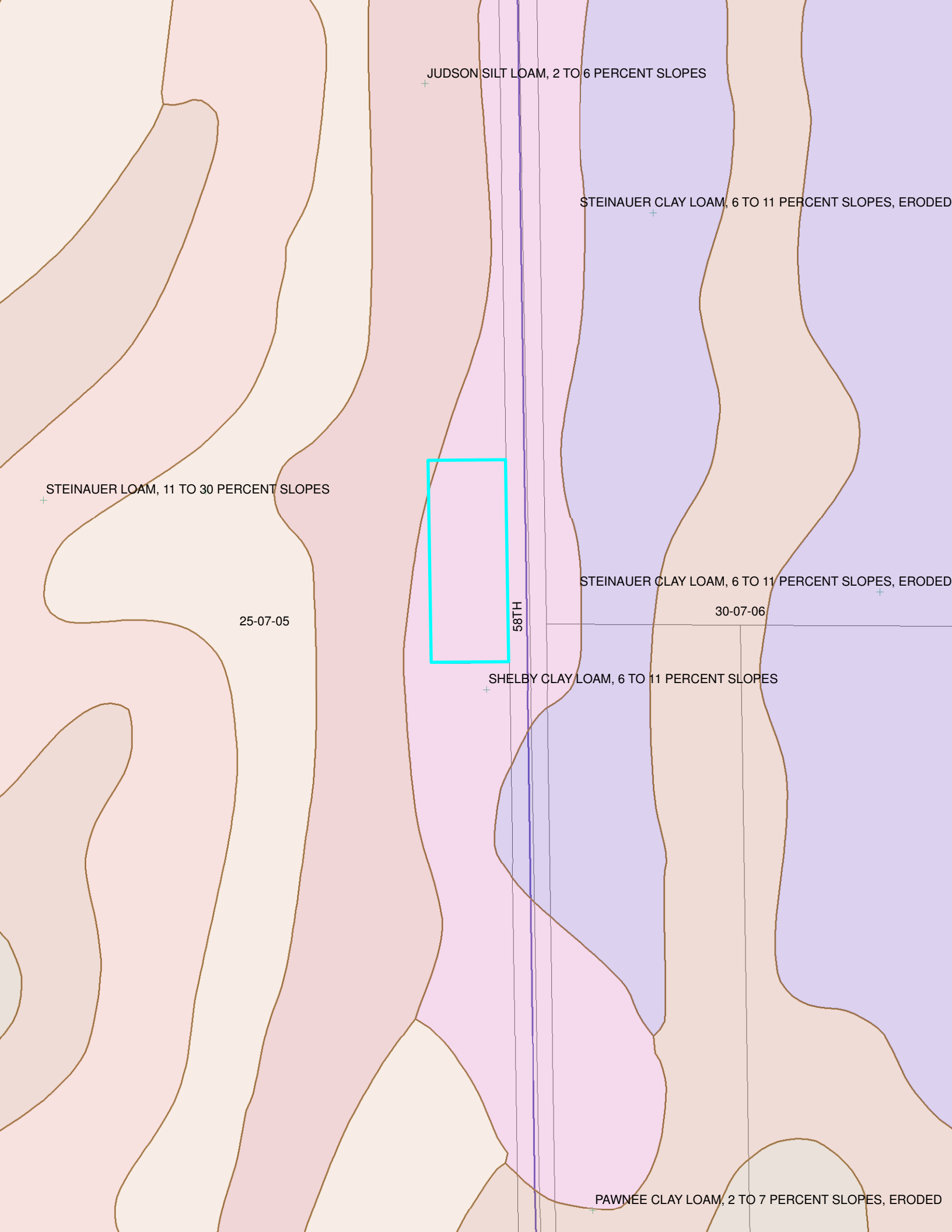
AGRICULTURAL LAND

Ag Type	Ag Acres	Soil Unit	LCG	Govt Prog	Adj Code
D-Dryland	0.07	JUC-Judson Silt Loam, 2 To 6 Percent Sl	1D		
D-Dryland	0.46	MRD-Morrill Clay Loam, 6 To 11 Percent	3D1		
D-Dryland	2.52	MCD-Malcolm Silt Loam, 6 To 11Percent	4D1		
HS-Homesite	0.02	JUC-Judson Silt Loam, 2 To 6 Percent Sl	0		
HS-Homesite	0.01	MCD-Malcolm Silt Loam, 6 To 11Percent	0		

AGRICULTURAL LAND SUMMARY

Category	Acres
Total Ag Acres	3.04
Dry	3.04
Grass	0.00
Irrigated	0.00
Waste	0.00
Homesite	0.03
Farmsite	0.00
Commercial Site	0.00
RROW	0.00
Total Acres	3.07

COMMENTS


JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
STEINAUER CLAY LOAM, 6 TO 11 PERCENT SLOPES, ERODED
STEINAUER LOAM, 11 TO 30 PERCENT SLOPES
STEINAUER CLAY LOAM, 6 TO 11 PERCENT SLOPES, ERODED
25-07-05
58TH
30-07-06
SHELBY CLAY LOAM, 6 TO 11 PERCENT SLOPES
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED