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. HS000294

System Type:	LAGOON
Situs:	7948 BRANCHED OAK RD
Legal Description:	T12N-R07E-S27-Lot 4
Owner:	HENRY, THOMAS W & NANETTE L 7948 BRANCHED OAK RD LINCOLN NE 68517-9638

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

VANTAGE POINTE HOMES
1000 W. ROKEBY RD
LINCOLN NE 68523

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

A

Permit Number HS000294

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 7948 Branchoak Rd. (no rural route) City ~~Roca~~ Lincoln., NE Zip 68517

Legal Description 2 12 7 LOT 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: 7.63

B. Owner

Name Thomas Henry Signature [signature] for THenry

Address 7948 Branch Oak Rd. City/State/Zip Lincoln Ne.

☐ Check if owner designed system Home Phone _____ Work Phone _____

C. Contractor

Name: Lloyd Jakoubek Company Name Raymond Contracting

Address 13800 NW 70th. City/State/Zip Raymond

☐ Check if contractor designed system Work Phone 8906000.

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

Designer Name Lloyd Jakoubek. Firm Raymond Contracting Work Phone 783-2663

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 Date rec'd _____ **ACTION** ☑ Approved ☐ Disapproved
Site visits _____ Date frwd _____ Signature [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
Date Received 10-16-09 Amount Paid $325.00
Received By BHall Cash/Check No. 3631

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

10-16-2009 15:46:0 Form A Updated: 5-07

Ex 8 & 2 Bu Lot

LLCHD HS000294

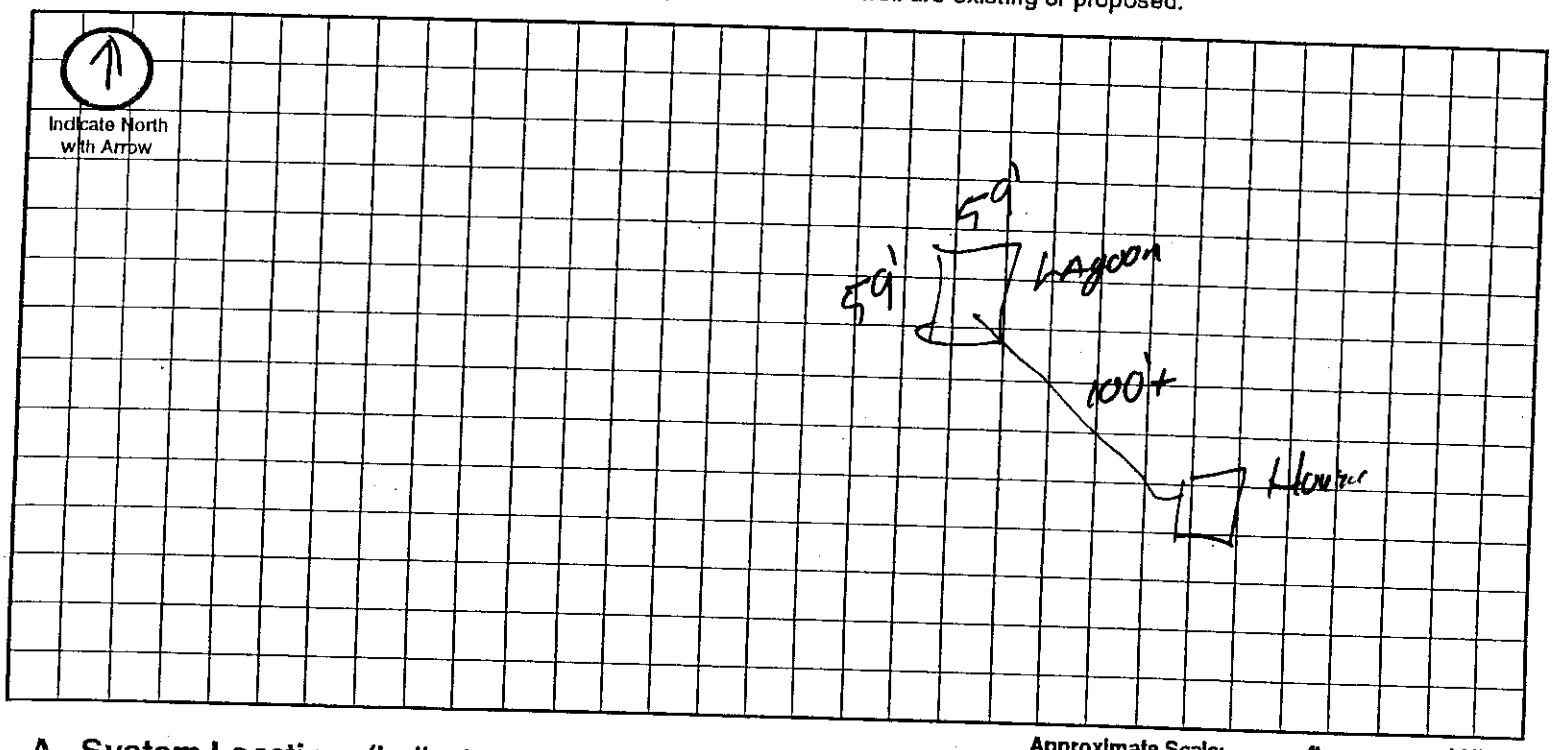
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: HS000294

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) 7948 Branch Oak Rd. City Lincoln NE, Zip 68517

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 _____ Vantage Dr Homes _____ Date _____

Installer Lloyd J. Jakobus _____ Date 10/14/09

ORM 23-102 10-96

10-16-2009 15:46: 2

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

SCANNED

A

Permit Number
H5000294

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 7948 Branch Oak Rd. (no rural route) City ~~Roca~~ Lincoln., NE Zip 68517

Legal Description 27 12 7 LOT 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: 7.63

B. Owner

Name Thomas Henry Signature Dan Kuhn for Thomas Henry

Address 7948 Branch Oak Rd. City/State/Zip Lincoln Ne.

☐ Check if owner designed system Home Phone _____ Work Phone _____

C. Contractor

Name: Lloyd Jakoubek Company Name Raymond Contracting

Address 12800 NW 70th. City/State/Zip Raymond

☐ Check if contractor designed system Work Phone 8906000.

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

Designer Name Lloyd Jakoubek. Firm Raymond Contracting Work Phone 783-2663

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 Installed in December
* Covered w/o inspection due to weather
Date rec'd _____ Date frwd _____
ACTION ☐ Approved ☐ Disapproved Signature _____

SCANNED

Installation Final Written Approval
By Dan Kuhn
Date 2/3/10

Business Office Use Only
Date Received 10-16-09 Amount Paid $325.00
Received By BHall Cash/Check No. 31631

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

Form A Updated: 5-07

Existing Building Lot

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

NOV 10 2009

B

Permit Number:

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

Vantage Pointe Homes

S27-T12-R7 SE¼ Lot 4
19-27-400-001-000

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 7948 Brantford Oak Rd (no rural route) City Lincoln NE, Zip 68517

Owner Tom Henry Addresss Same

Soil Type (SCS): Judson / Sharpsburg Percolation Rate: 48 min./inch

Date of Tests 11/2/09 to 11/3/09 Weather: Precipitation 48 Temperature 50's

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	11/2	8:30a	11/2	12:30p	11/3	12:00p	6	11/3	12:30p	30	3/4	40
2	33	"	"	"	"	"		"	"		"	1/2	60
3	30	"	"	"	"	"		"	"		"	1/2	60
4	30	"	"	"	"	"		"	"		"	5/8	48
5	28	"	"	"	"	"		"	"		"	3/4	40
6	26	"	"	"	"	"		"	"		"	3/4	40

Person Conducting Percolation Tests

Name: Terri L. Jahnke, Raymond Contracting, Inc.
Phone: 402-783-2603 or 402-890-3870
Address 13800 NW 70th St
Raymond, NE 68428 # C1198

Sum of Percolation Rates: 288
Average of Rates: 48
Rate Used for Calculation: 48

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

C

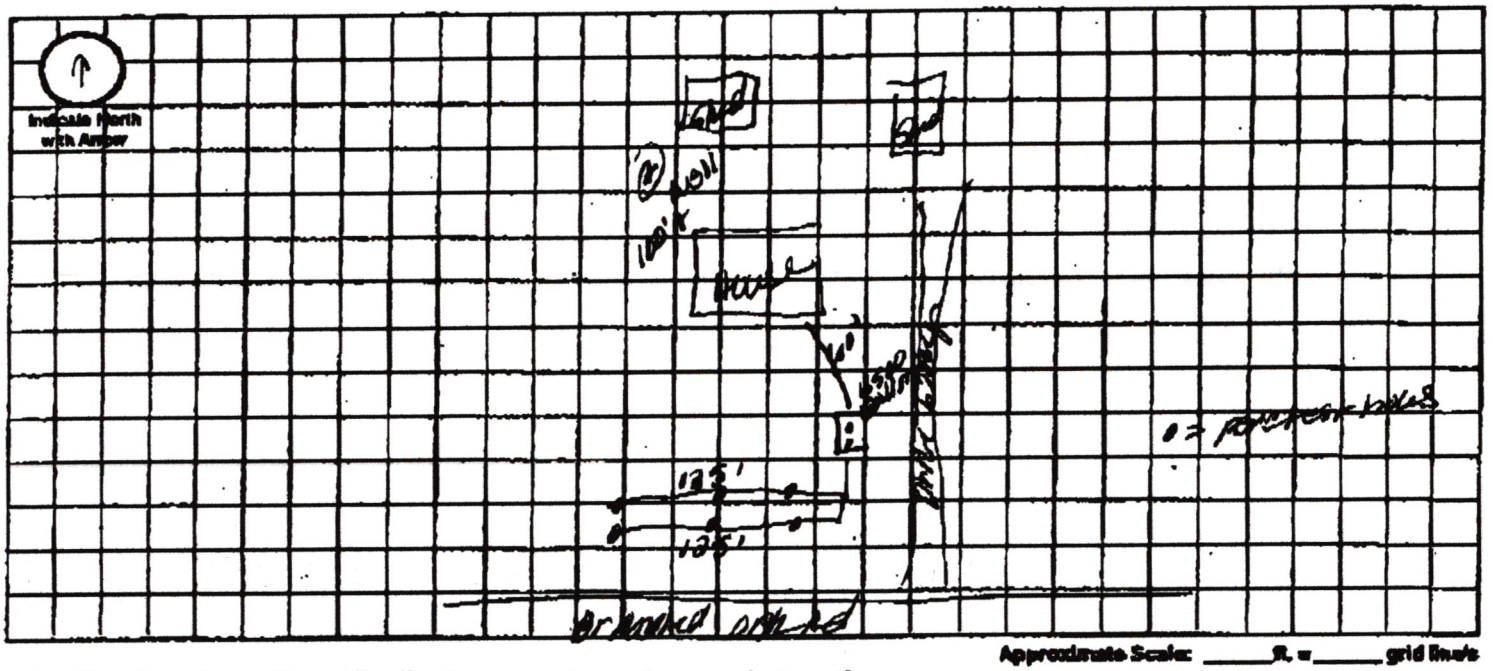
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

Permit Number:

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 lines

A. System Location (Indicate correct number and street)

Address (no rural route) 7948 Branched Oak Rd City Lincoln NE, Zip 68517

B. Proposed Septic Tank/s

Tank Material: ☑ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 48 (min. per inch) Soil Type: Judson/Chaseburg Land Slope: _____ %

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

Total Square Feet of Field Required: 990 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☑ Other Lateral Material: 4" PVC Corrugated Drainage

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

Total Length of Laterals 250' 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	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 ☑	90 ☑	40 ☑	☐
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

E. Required Signatures

Home Building Contractor _____ Date 11-9-09

Installer _____ Date 11/9/09

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

DEC 2 4 2009

D

Permit Number:

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date 12-22-09 Legal Description SE (1/4) 27 (1/4) 12-7 (Section Township Range) Lot 4

Onsite System Location

Address (no rural route) 7948 Branched Oak Rd City Lincoln NE, Zip 68517

Owner Thomas Henry Address same

A. Sewer Pipe

1. Material: SDR26
   Diameter: 4 in.
2. Distance above basement floor: 78" in.
   or distance below basement floor: ____ in.
3. Distance between dwelling and septic tank: 39' 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 50+ 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 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: 18 in.
8. Distances to: Well or suction line 100+ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 50+ ft.

C. ☐ Distribution Box ☐ Drop Boxes

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

1. Material: 2- Coupling.
   Number available outlets: 3
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 39'-60' ft.

D. Drainfield Absorption

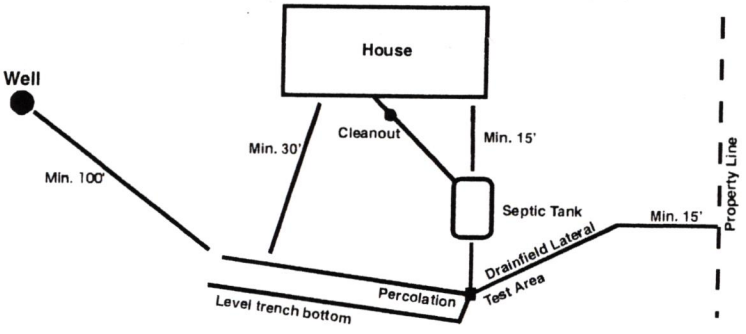
☑ Trench ☐ Bed ☐ Level Bottom

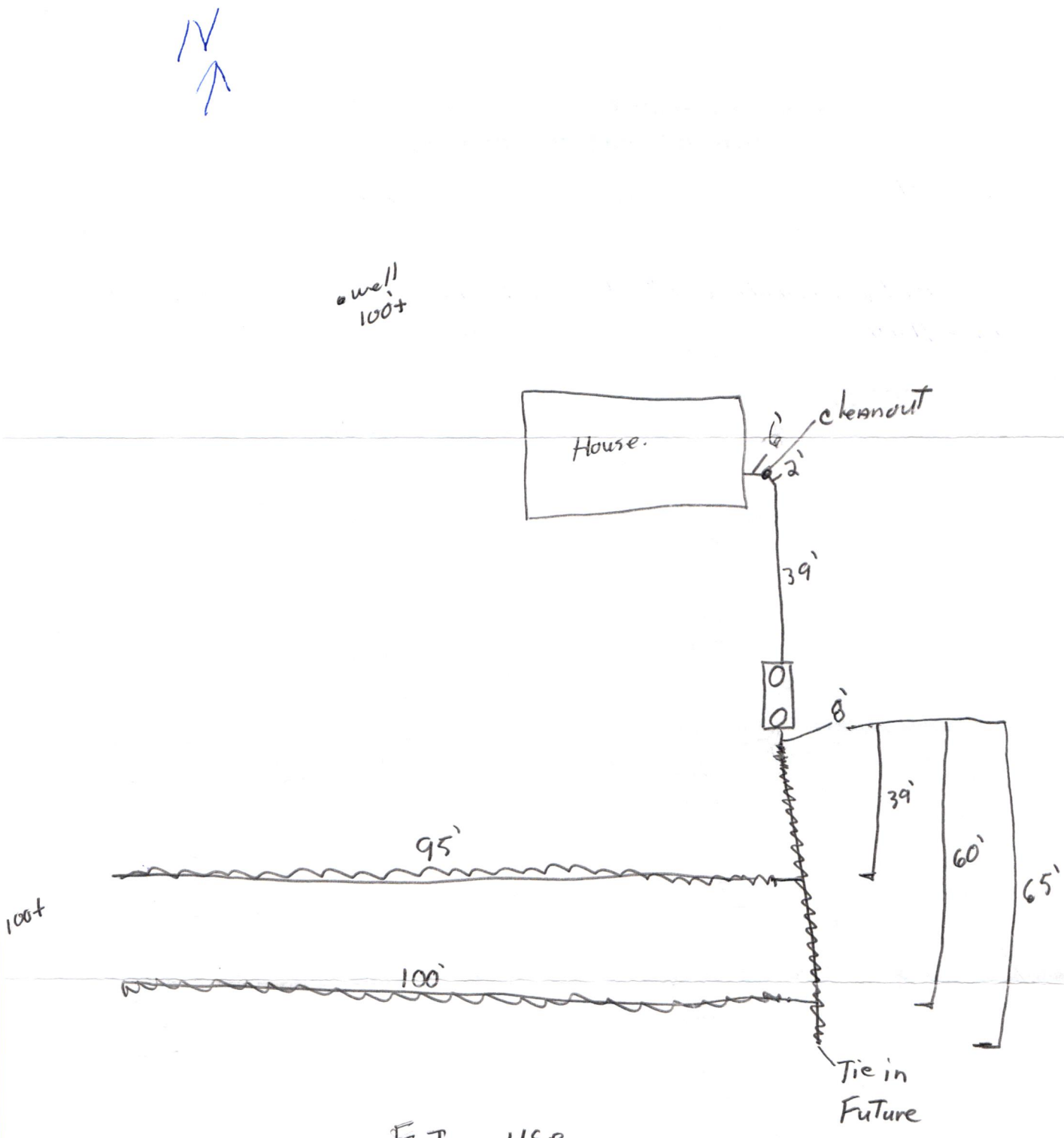
1. Type: ☐ Half rounds ☐ Perforated pipe ☐ Chambers
   Diameter or width: ____
   Number of distribution lines in bed ____
   Material: ☑ fiberglass ☑ plastic ☐ concrete
   ☐ other ____
2. Drainfield Laterals: Number ____
   Length of each line: 60 ft. 95 ft.
   100 ft. ____ ft., ____ ft.
3. Drainfield dimensions: Width 40 ft.
   Distribution Pipe Slope FLAT in/100 ft.
   Average depth 36-26 in
4. Filter material: Dirt
   Depth of material 36-26 in.
5. Distances to: Well or suction line 100+ ft.
   Pressure line 100+ ft.
   Property line 50+ ft.
   House or building 55+ ft.
   Lake or Stream 100+ ft.

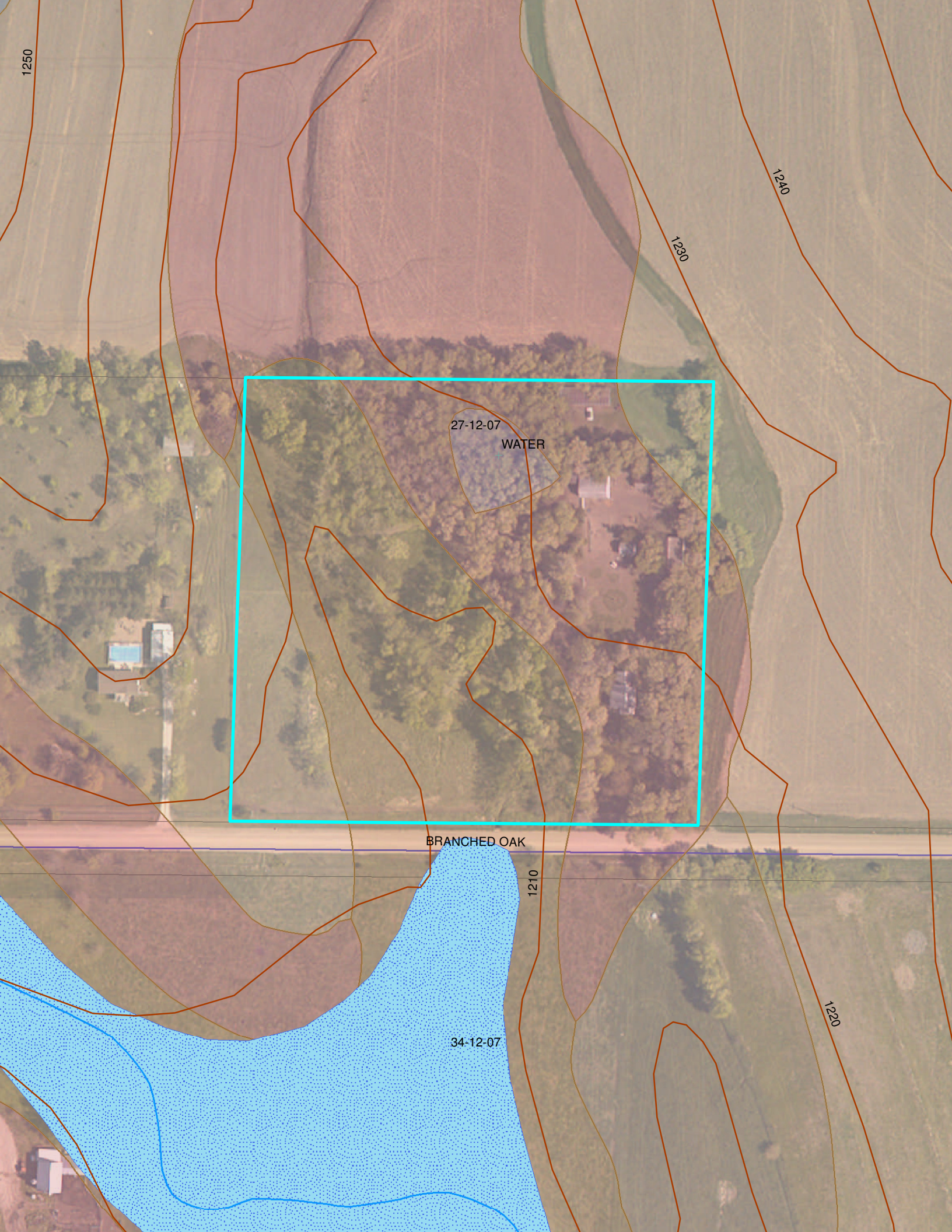
Complete As-Built drawing on the back fo this form.

Indicate North with Arrow

Onsite Wastewater System Design (Example)




N
well
100'+
House.
6'
cleanout
2'
39'
8'
39'
60'
65'
95'
100'+
100'
Tie in
Future
Future use
60'+


1250
1240
1230
27-12-07
WATER
BRANCHED OAK
1210
1220
34-12-07