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. HS000298

System Type:	LAGOON
Situs:	9261 W ROCK CREEK RD
Legal Description:	T12N-R05E-S22-Lot 19
Owner:	HOFPAR, ROBIN L & CHARISSA J 9261 W ROCK CREEK RD VALPARAISO NE 68065-8567

Permit Fee:	$325.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$325.00
Issued:	10/20/2009
Expires:	10/20/2010

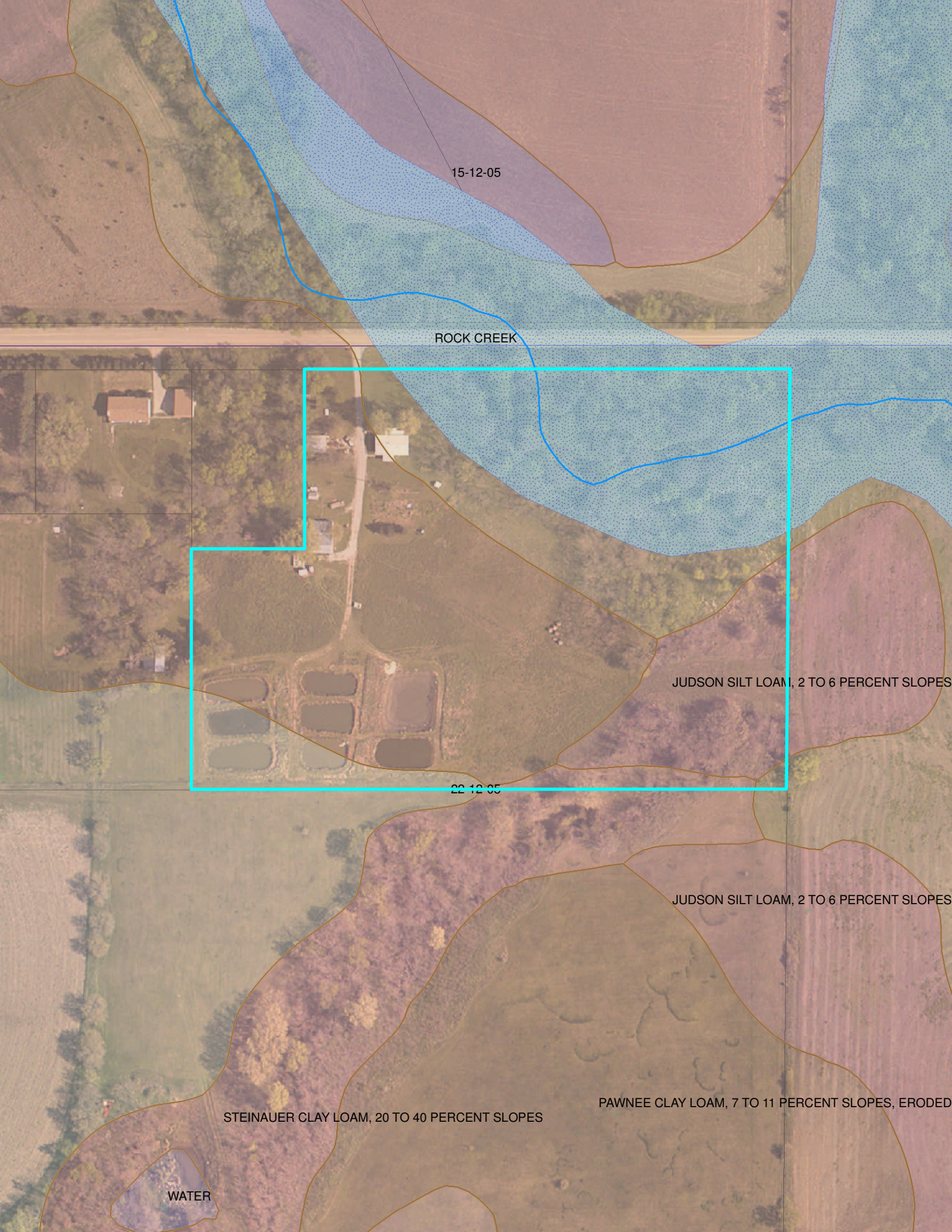
Bruce D. Dart, PhD, Health Director

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
RAYMOND NE 68428


15-12-05
ROCK CREEK
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
22-12-05
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
PAWNEE CLAY LOAM, 7 TO 11 PERCENT SLOPES, ERODED
STEINAUER CLAY LOAM, 20 TO 40 PERCENT SLOPES
WATER

LLCHD HS000298

OCT 13 2009

A

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

Permit Number HS000298

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 9261 W Rock Creek Rd (no rural route) City Valparaiso, NE Zip 68065

Legal Description NW 22 -12 - 5 19

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 Rob Hoefgar Signature _____

Address 9261 W Rock Creek Rd City/State/Zip Valparaiso, NE 68065

☐ Check if owner designed system Home Phone 402-784-6005 Work Phone 402-890-5253

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 Jakobek 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 10/16/09
Date frwd 10/16/09
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 10-16-09 Amount Paid $325.00
Received By BHall Cash/Check No. 1202

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

10-16-2009 15:54:19 Form A Updated: 5-07

X Excavation Buildable Lot

LLCHD HS000298

OCT 13 2009

C

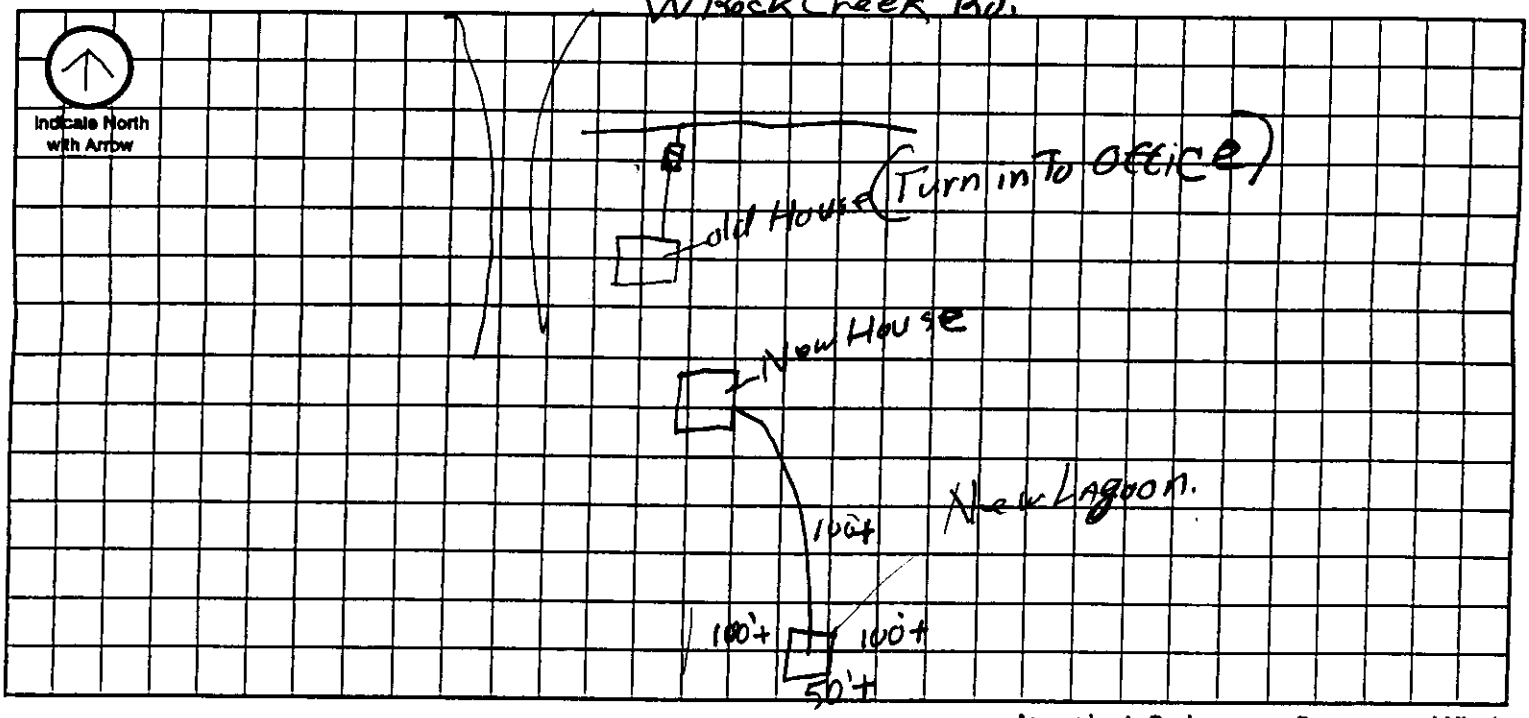
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

Permit Number: HS000298

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) 9261 W Rock Creek Rd City Valparaiso NE, Zip 68065

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 RDO Hooper by Terri Jakubek Date 10-13-09

Installer Terri L. Jakubek Date 10-13-09

10-16-2009 15:54:21

FORM 23-102 10-96

OCT 1 3 2009

A

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

SCANNED

Permit Number #5000298

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 9261 W Rock Creek Rd (no rural route) City Valparaiso, NE Zip 68065

Legal Description NW 22 - 12 - 5 19

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 Rob Hoffpar Signature

Address 9261 W Rock Creek Rd City/State/Zip Valparaiso, NE 68065

❑ Check if owner designed system Home Phone 402-784-6005 Work Phone 402-890-5253

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 Jakobek 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 10/16/09
Date frwd 10/16/09
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 Doug Rivet
Date 11/10/09

SCANNED

Business Office Use Only
Date Received 10-16-09 Amount Paid #325.00
Received By BHull Cash/Check No. 1202

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

Form A Updated: 5-07

Existing buildable lot

OCT 23 2009

B

Permit Number:

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

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 9261 W Rock Creek Rd (no rural route) City Valparaiso NE, Zip 68065

Owner Rob Hofpar Addresss Same

Soil Type (SCS): Judson Percolation Rate: 34 min./inch

Date of Tests 10/19/09 to 10/20/09 Weather: Precipitation 0 Temperature 65°

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	34	10/19	1:00p	10/19	5:00p	10/20	4:30p	6	10/20	5:00p	30	2 5/8	11
2	42	"	"	"	"	"	"	"	"	"	"	7/8	34
3	24	"	"	"	"	"	"	"	"	"	"	1 1/16	28
4	25	"	"	"	"	"	"	"	"	"	"	3 5/16	9
5	39	"	"	"	"	"	"	"	"	"	"	.15/16	23
6	38	"	"	"	"	10/20	2:30p	6	10/20	2:30p	10	1 3/16	6

Sum of Percolation Rates: 111

Average of Rates: 19

Rate Used for Calculation: 34 (20 mpi Variance)

Person Conducting Percolation Tests

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

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

Address 13800 NW 70th St
Raymond, NE 68428 # C1198

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

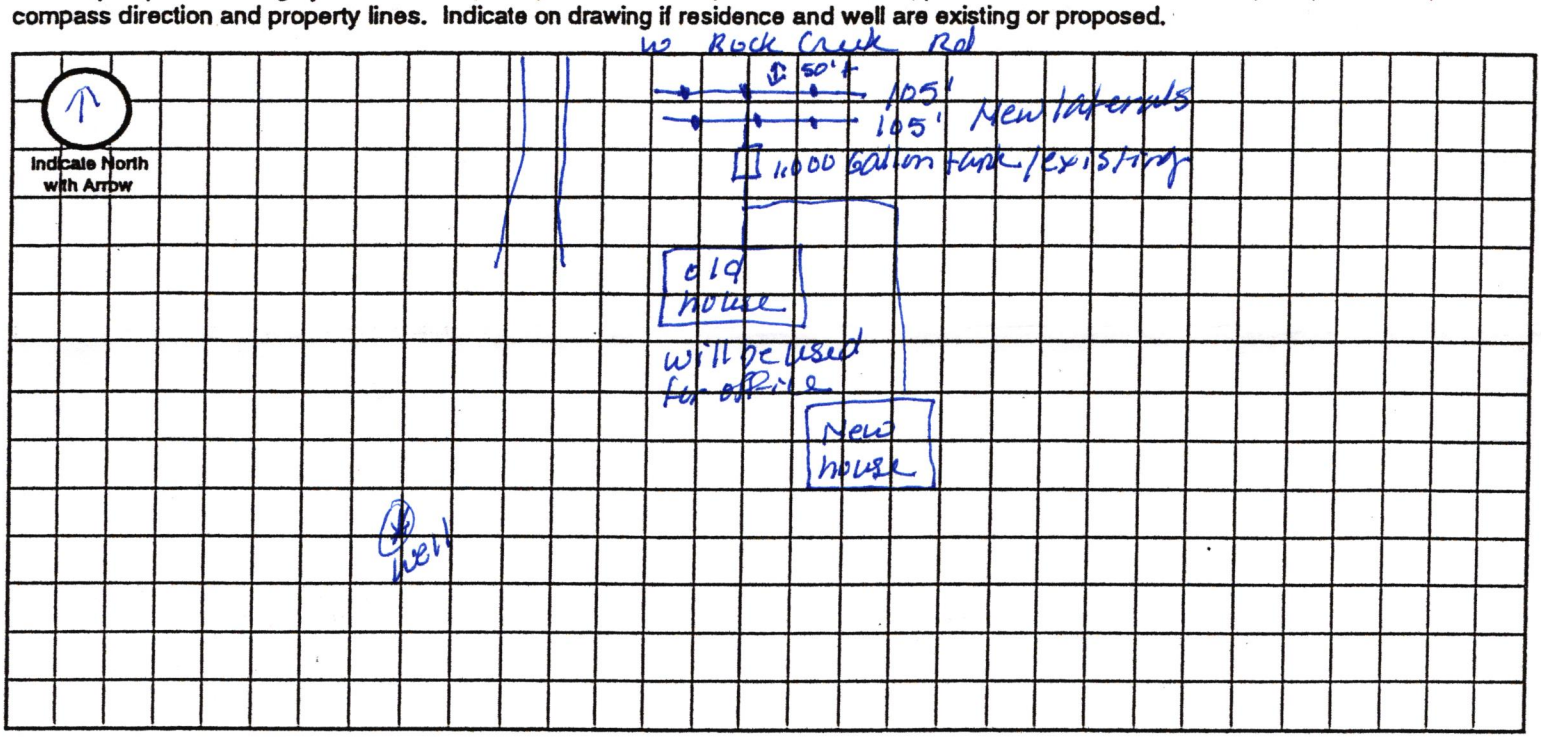
C

Permit Number:

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

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) 9261 W Rock Creek Rd City Vaparaiso NE, Zip 68065

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other use existing

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

Percolation Rate 34 (min. per inch) Soil Type: Judson Land Slope: _____ %

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

Total Square Feet of Field Required: 825 sq. ft.

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

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

Total Length of Laterals 210 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 Bob Hoffpauir by Terri Jahnbuck Date 10/22/09

Installer Terri L. Jahnbuck Date 10/22/09

FORM 22-102 10-96

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

NOV 13 2009

D

Permit Number: HS000298

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date 11-10-09 Legal Description NW 1/4 1/4 22-12-5 Section Township Range Lot 19

Onsite System Location

Address (no rural route) 9261 W Rock Creek Rd City Walpariso NE, Zip 68065

Owner Rob Hofpar Address Same

A. Sewer Pipe

1. Material: New House SDR 26
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 30" in.
3. Distance between dwelling and septic tank: 224 ft.
4. Number of clean-outs: 4
5. Distances to: well or suction line 25+ ft.
   stream 100+ ft.
   pressure line 100+ ft.
   property line 100+ ft.

B. Septic Tank

☐ Label with Manufacturer, address and gallon capacity

1. Material: old Tank.
   Number of compartments: one
2. Capacity: 1000 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: 40 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: Plastic 2 Endcaps.
   Number available outlets: 3 per cap
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 6' ft.

D. Drainfield Absorption

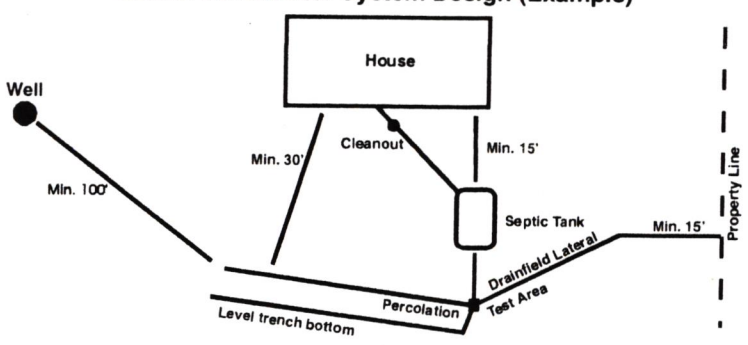
☑ Trench ☐ Bed ☐ Level Bottom

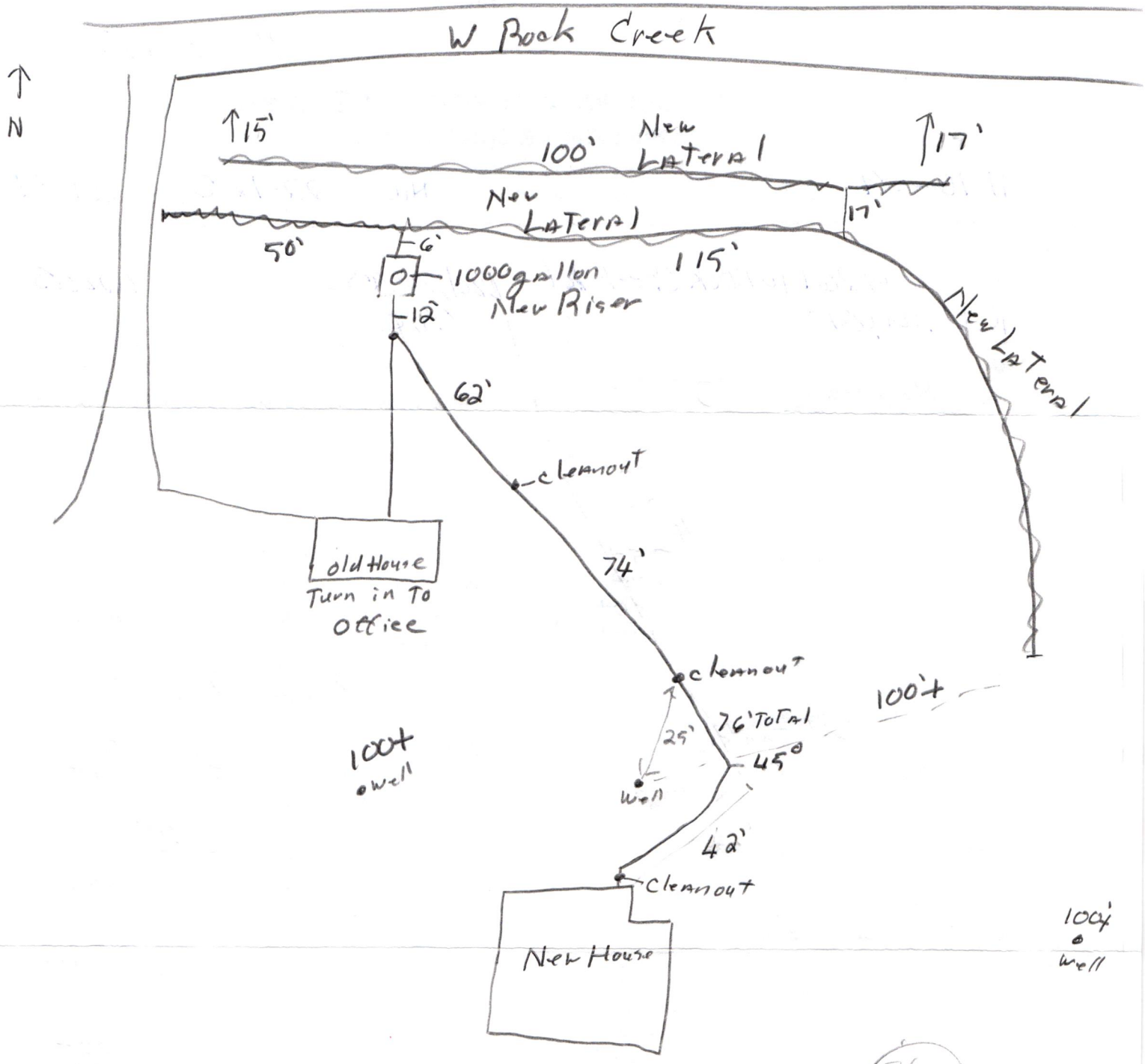
1. Type: ☐ Half rounds ☐ Perforated pipe ☐ Chambers
   Diameter or width: _____
   Number of distribution lines in bed _____
   Material: ☑ fiberglass ☑ plastic ☐ concrete
   ☐ other _____
2. Drainfield Laterals: Number 3
   Length of each line: 50 ft. 115 ft.
   100 ft. _____ ft., _____ ft.
3. Drainfield dimensions: Width 40" ft.
   Distribution Pipe Slope Flat in/100 ft.
   Average depth 24-42 in
4. Filter material: DIRT
   Depth of material 24-42 in.
5. Distances to: Well or suction line 100+ ft.
   Pressure line 100+ ft.
   Property line 15+ 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





Lloyd J. Jakoubek
783-2663
11/10/09

76
74
62
12
224 Total

FORM HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Ave.
Lincoln, Nebraska 68502 (Phone: 475-6221)

FILE NO._____

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE:_____

The undersigned hereby applies for a permit to ALTER ☒, AND EXTEND ☒, or REPAIR ☐ an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. Legal description of property: Twp. 12N ; Range 5E ; Section 22 NW¼ ;
Block_____; Lot_____; Addition_____
Street Address 9101 W. ROCK CREEK Rd. VALPARAISO 68065

2. Property Use: Residential_____ ☒; Commercial_____ ☐
No. Bedrooms_____ Describe_____
Other Use ☐
Describe_____

3. Type of existing Individual Sewage Disposal System: Septic Tank ☒; Other ☐

4. Description of proposed alteration, extension or repair: ADD 40' OF LATERAL - REMOVE THE 20' OF LATERAL THAT IS TOO CLOSE TO THE WELL

5. Work to be done by: Owner ☐ ; or Contractor ☒ , SURESH
Contractor's Name

6. Estimated cost of project:

a. Materials	$_____
b. Labor	$_____
c. Other	$_____
TOTAL	$ 385

Mrs Ray Blackmon
Signature of Applicant (owner or lessee)

9101 W. Rock Creek Rd, Valparaiso, Nebr. 68065
Address

(Do not write below this line)

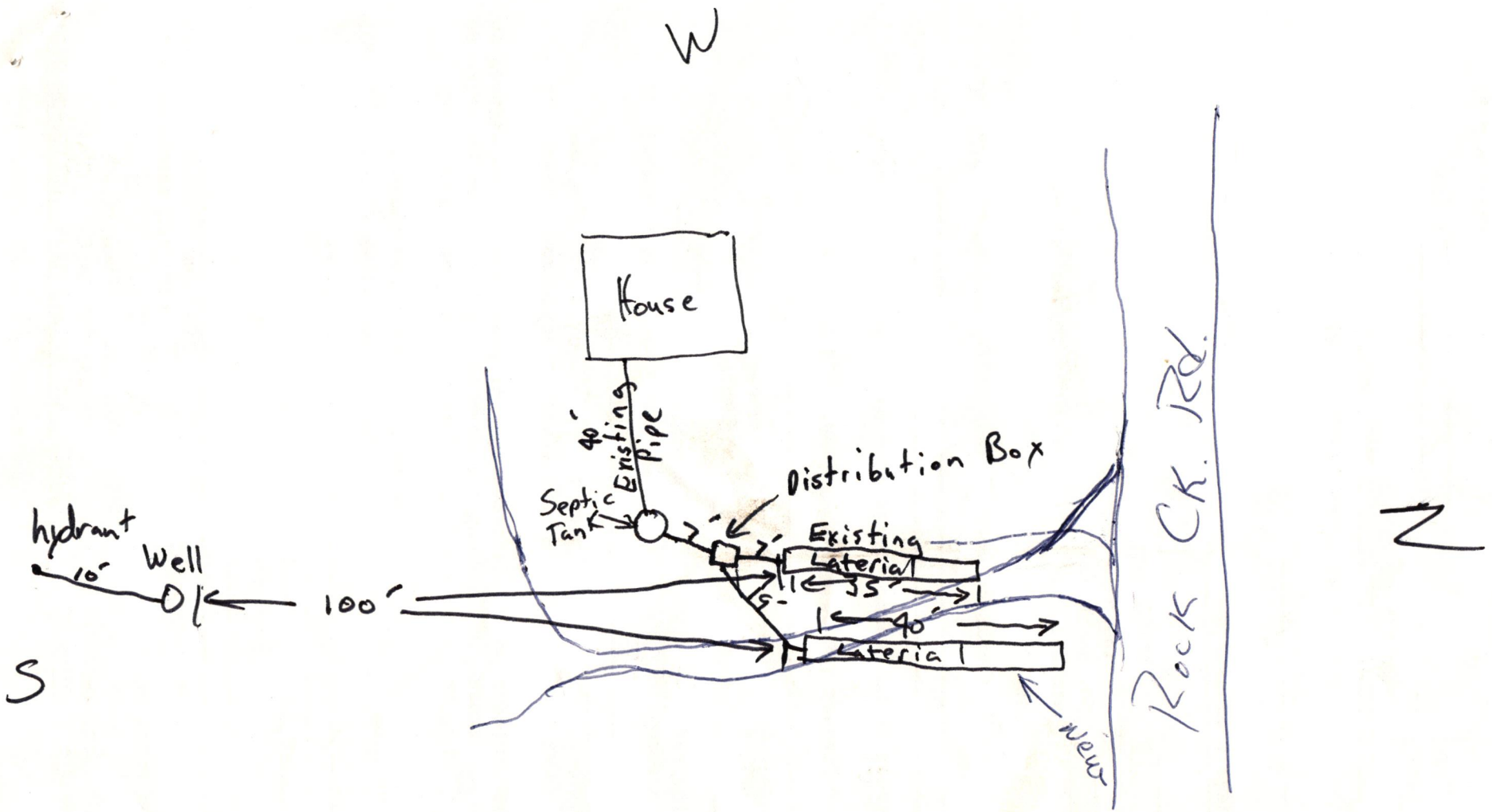
REVIEWING ACTION

1. Date Rec'd:_____
Filing Fee: $_____

2. Site Visits:
Date: 5-22-84 by: JMM
Date:_____ by:_____
Date:_____ by:_____

3. Date: Approved ☐ ; Disapproved ☐
by:_____

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 5-22-84 by: JMM



Greg Bowe

Bunch Plumbing

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

This form must be completed and returned to request a real estate transfer inspection.

MAKE CHECK PAYABLE TO: Lincoln-Lancaster County Health Department or LLCHD

☐ Enclosed is $150.00. Allow two weeks for processing. Incomplete information will delay processing.

☒ Evaluation of the Individual Water System ☒ Evaluation of the Sewage Disposal System

Legal Description of Property: Street Address 9101 West Rocky Creek Rd.

Twp 12 Range 5 Section 22 1/4 1/4 Block Lot Addition

Directions to Property We Range 5

40 across North END of BRANCHED OAK ON DAM WEST to 98th

Location of Well South Side of Clothes Line Tap Location: Inside ☐ Outside ☒ North 1mi to WR Creek right 3/4 mi.

Location of Sewage System Front Yard/Planned in 95 Year Installed

PLEASE CALL Betty Burbach 432-3151 1DAY before inspection

	NAME	ADDRESS	PHONE
Present Owner:	Donald + Margery	Suchy RR#1 Box 147 Valparaiso	784-3472
Tenant/Buyer:	Philip + Laura McAdoo	7200 Ballard Ave	466-6149
Return to:	Lyn Linder	State Title	434-5020

FAX 474-1663

Watsaman 474-1585 FAX Lindy Federal

Signature of Applicant Philip McAdoo Address 7200 Ballard Ave Date 3/12/96

HEALTH DEPARTMENT USE ONLY

Date Received 3/14/96 3/18/96 Received $150.00 Check ☒ #23741 Cash ☐

PRELIMINARY STATUS--By Ron Marquart **DATE:** 3/15/96

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☒ Corrected	☒ yard hydrant to close depression	Approved ☐	Date 3/21/96 by rm
Bacteria	☒ 0 /ml	☐ /ml	Provisional ☒	Date / / by
Nitrate	☒ 4.0 ppm	☐ ppm	Disapproved ☐	Date / / by

Comments: No record of a permit or inspection for the septic system serving this home could be found. Apparently, this septic system predates County regulations. Thus a provisional approval. There was no visible malfunction at the time of inspection. See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Approved: ☒ **SEWAGE DISPOSAL SYSTEM** Approved: ☐ Provisional Approval: ☒

Approved by Ron Marquart, R.S. Date 3/26/96

Approval or disapproval is based on State and local standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operations.