LLCHD HS000331

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

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

SCANNED HS000331

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 12 Range 7 1/4 SE 1/4 SE Section 16
   Block ____ Lot ____ Addition ____
   Parcel ID 19 - 16 - 400 - 003 - 000 (i.e. 99-99-999-999-999)
   Street Address (no rural route) 6800 Rock Creek rd Ceresco, NE 68017

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** effluent from tank currently daylights out & runs into a pond - adding 250' of lateral based on a 3 bedroom with a perc rate of 48 mpi

5. **Work to be done by:** ☐ owner ☒ contractor's name Lloyd Jakoubek, 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 Chris Sabatka Address 6800 Rock Creek Rd Phone: 402-429-8534
Ceresco, NE 68017

Applicant Signature (owner or lessee) Lloyd Jakoubek Signing For Chris Sabatka

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 4/8/10 REVIEW: ☒ Approved ☐ Disapproved By: Doug Mueck

Site visits
Date 4/8/10 By D.S.
Date ____/____/____ By ____
Date ____/____/____ By ____

Installation final written approval
Date 4/9/2010 By Doug Mueck

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: 4/12/10 Amount 180.00 Check No. 7306 Initials B. Hall

Revised 3-09

4-13-2010 10: 8:18

Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3140 N Street Lincoln, NE 68510-1514

ON-SITE WASTE WATER SYSTEM
REPAIR PERMIT

System Type: STANDARD

No. HS000331

Situs: 6800 ROCK CREEK RD

Permit Fee: $180.00

Legal Description: T12N-R07E-S16-SE-SE

Owner:

Total Fees: $180.00

Issued: 04/12/2010
Expires 04/12/2011

Bruce D. Dart, PhD, Health Director

Dear Applicant:

The above document is your permit to repair an existing On-site Waste Water System at the location listed. Please contact this office once repairs are complete to obtain final approval before use.

Bruce D. Dart, PhD
Health Director

LLOYD JAKOUBEK
13800 NW 70TH
RAYMOND NE 68428

LLCHD HS000331

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

APR 07 2010

A

Permit Number
HS000332

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 18701 Ashland Road (no rural route) City Ashland, NE Zip 68003

Legal Description NE NE 1 12 8E
1/4 1/4 Section Township Range Subdivison Addition Block Lot

Geographical Location (if known): Longitude: 41-02-40.58 Latitude: 96-28-03.96

☐ Check if system mail address is not the same as the owner's address Total Acres: 5

B. Owner

Name Ruth Beer Signature

Address 18701 Ashland Road City/State/Zip Ashland, NE 68003

☐ Check if owner designed system Home Phone 402-944-2435 Work Phone 402-499-8739

C. Contractor

Name: Scott Subbert Company Name Subbert Well & Septic

Address 1012 County Road M City/State/Zip MEAD, NE 68041

☐ Check if contractor designed system Work Phone 402-624-2011

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

Designer Name Firm Work Phone

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 4/9/10
Date frwd 4/9/10
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 Amount Paid
Received By Cash/Check No.

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

System Replacement

4-12-2010 8:35:36

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: HS000332

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 18701 Ashland Road (no rural route) City Ashland NE, Zip 68003

Owner Ruth Beer Address 18701 Ashland Road

Soil Type (SCS): Silty Clay Percolation Rate: _____ min./inch

Date of Tests 3-30-2010 to 3-31-2010 Weather: Precipitation None 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	3-30	11:00	3-31	2:00	3-31	2:30	19 1/4	3-31	3:00	30	2	15
2	34	"	"	"	"	"	"	17	"	"	30	2	15
3	34	"	"	"	"	"	"	20	"	"	30	2	15
4	36	"	"	"	"	"	"	12 1/2	"	"	30	1 1/2	20
5	32	"	"	"	"	"	"	15	"	"	30	1 1/2	20
6	32	"	"	"	"	"	"	20	"	"	30	1 1/4	25

Sum of Percolation Rates: 110

Average of Rates: 18.33

Rate Used for Calculation: _____

Person Conducting Percolation Tests

Name: Scott Subbert

Phone: 402-443-6549

Address 1012 C Road

Mead Ne 68041

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

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

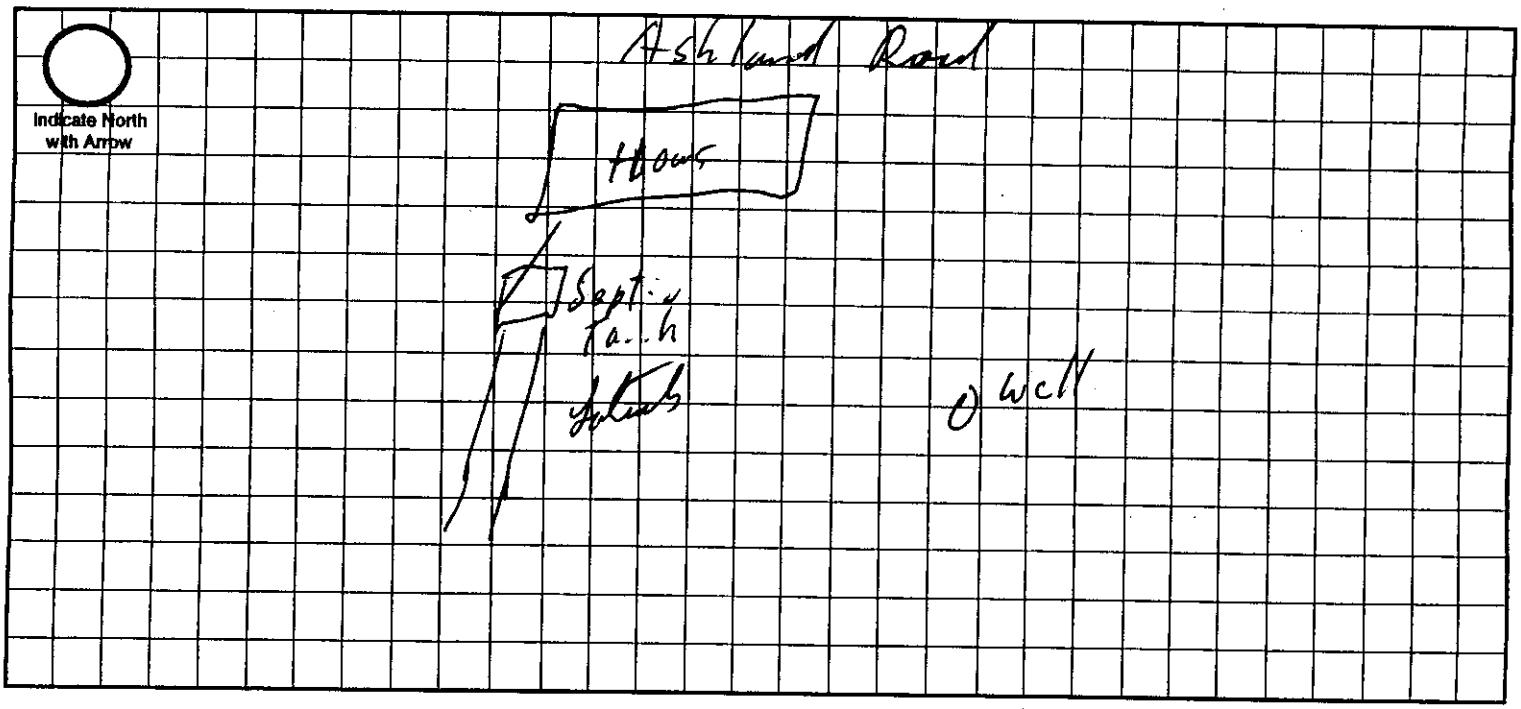
C

Permit Number: HS000332

Sewage Disposal System
Preliminary Plan Specifications

Ruth Beer

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) 18701 Ashland Rd City Ashland NE, Zip 68003

B. Proposed Septic Tank/s

Tank Material: ☑ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 18.33 (min. per inch) Soil Type: Silty Clay Land Slope: 0 %

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

Total Square Feet of Field Required: 840 sq. ft.

Type of Lateral: ☑ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: Drainflo/Bes

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

Total Length of Laterals 200 ft. Number of Trenches 2 Trench Width 4.25'

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 _____

Installer Scott Sullivan Date 4-5-10

FORM 23-102 10-96
4-12-2010 8:35:39

LLCHD HS000331

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

D

Permit Number: HS000332

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date _____ Legal Description _____ 1/4 1/4 Section Township Range

Onsite System Location

Address (no rural route) 18701 Ashland Rd City Ashland NE, Zip 68003

Owner _____ Address _____

A. Sewer Pipe

1. Material: Plastic
   Diameter: 4 in.
2. Distance above basement floor: 76 in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: 20 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank

☐ Label with Manufacturer, address and gallon capacity

1. Material: Concrete
   Number of compartments: _____
2. Capacity: 1500 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter 12 in.
   Over outlet, diameter 12 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: 6 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: Plastic
   Number available outlets: _____
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 10 ft.

D. Drainfield Absorption

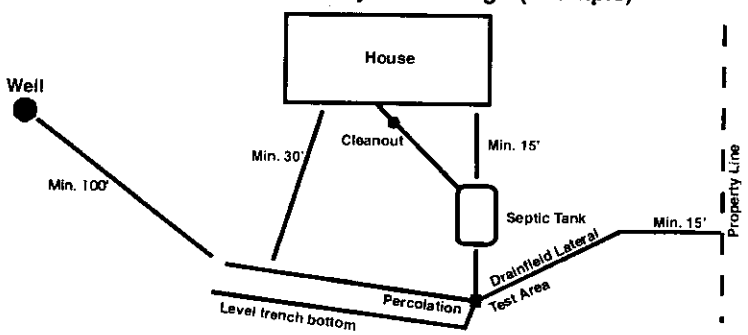
☑ Trench ☐ Bed ☐ Level Bottom

1. Type: ☐ Half rounds ☐ Perforated pipe ☒ Chambers
   Diameter or width: 31
   Number of distribution lines in bed _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other _____
2. Drainfield Laterals: Number 2
   Length of each line: 120 ft. 120 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 100+ 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)



Onsite Form D 12_06

4-12-2010 8:35:41

LLCHD HS0003[illegible]

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

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

HS000331

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 12 Range 7 1/4 SE 1/4 SE Section 16
   Block ____ Lot ____ Addition ____
   Parcel ID 19 - 16 - 400 - 003 - 000 (i.e. 99-99-999-999-999)
   Street Address (no rural route) 6800 Rock Creek rd Ceresco, NE 68017

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** effluent from tank currently daylights out & runs into a pond - adding 250' of lateral based on a 3 Bedroom with a perc rate of 42 mpi

5. **Work to be done by:** ☐ owner ☒ contractor's name Lloyd Jakowbek, 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 Chris Sabatka Address 6800 Rock Creek Rd Ceresco, NE 68017 Phone: 402-429-8534

Applicant Signature (owner or lessee) Lloyd Jakowbek Singing For Chris Sabatka

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 4/8/10 REVIEW: ☒ Approved ☐ Disapproved By: Doug Amick

Site visits
Date 4/8/10 By D.S.
Date ____/____/____ By ____
Date ____/____/____ By ____

Installation final written approval
Date 4/9/2010 By Doug Amick

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: ____/____/____ Amount ____ Check No. ____ Initials ____

Revised 3-09

4-12-2010 8:32:51

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

B

Permit Number: HS000331

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 16800 Rock Creek Rd (no rural route) City Ceresco NE, Zip 68017

Owner Robert Henrichson Address Same

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

Date of Tests 3/23/10 to 3/24/10 Weather: Precipitation 0 Temperature 43°

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	40	3/23	9:00a	3/23	11:00a	3/24		6	3/24		30	1 3/16	25
2	42	"	"	"	"	"	"	"	"	"	"	1 1/16	28
3	42	"	"	"	"	"	"	"	"	"	"	5/8	48
4	40	"	"	"	"	"	"	"	"	"	"	11/16	43
5	42	"	"	"	"	"	"	"	"	"	"	11/16	43
6	40	"	"	"	"	"	"	"	"	"	"	3/4	40

Person Conducting Percolation Tests

Name: Terri L. Jaholebek, Raymond Contracting, Ink.

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

Address 13800 NW 70th St

Raymond, NE 68428 # C1198

Sum of Percolation Rates: 227

Average of Rates: 38

Rate Used for Calculation: 48 (w/ mpi Variance)

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 2301018:02/94

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

APR 13 2010

D

Permit Number:

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date 4-8-10 Legal Description SE 1/4 SE 1/4 16-12-7 Section Township Range

Onsite System Location

Address (no rural route) 6800 Rock Creek Rd City Ceresco NE, Zip 68017

Owner Chris Sobotka Address P.O. Box 172 Ceresco, NE 68017

A. Sewer Pipe

1. Material: old sewer Line
   Diameter: _____ in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: _____ ft.
4. Number of clean-outs: _____
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank

☐ Label with Manufacturer, address and gallon capacity

1. Material: old Tank
   Number of compartments: New out Let Tee
2. Capacity: _____ gal.
3. Factory built: ☐ Yes ☐ No
4. Manholes: Over inlet, diameter middle 24" in.
   Over outlet, diameter _____ 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: _____ in.
8. Distances to: Well or suction line 75' 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: 3 Endcaps.
   Number available outlets: 2 per cap
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: _____ ft.

D. Drainfield Absorption

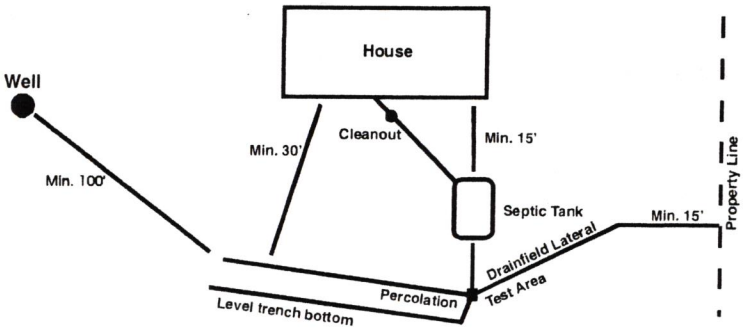
☑ Trench ☐ Bed ☐ Level Bottom

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 3
   Length of each line: 110 ft. 80 ft.
   60 ft. _____ ft., _____ ft.
3. Drainfield dimensions: Width 40" ft.
   Distribution Pipe Slope Flat in/100 ft.
   Average depth 18-32 in
4. Filter material: Dirt
   Depth of material 18-32 in.
5. Distances to: Well or suction line 100+ ft.
   Pressure line 100+ ft.
   Property line 100+ 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)

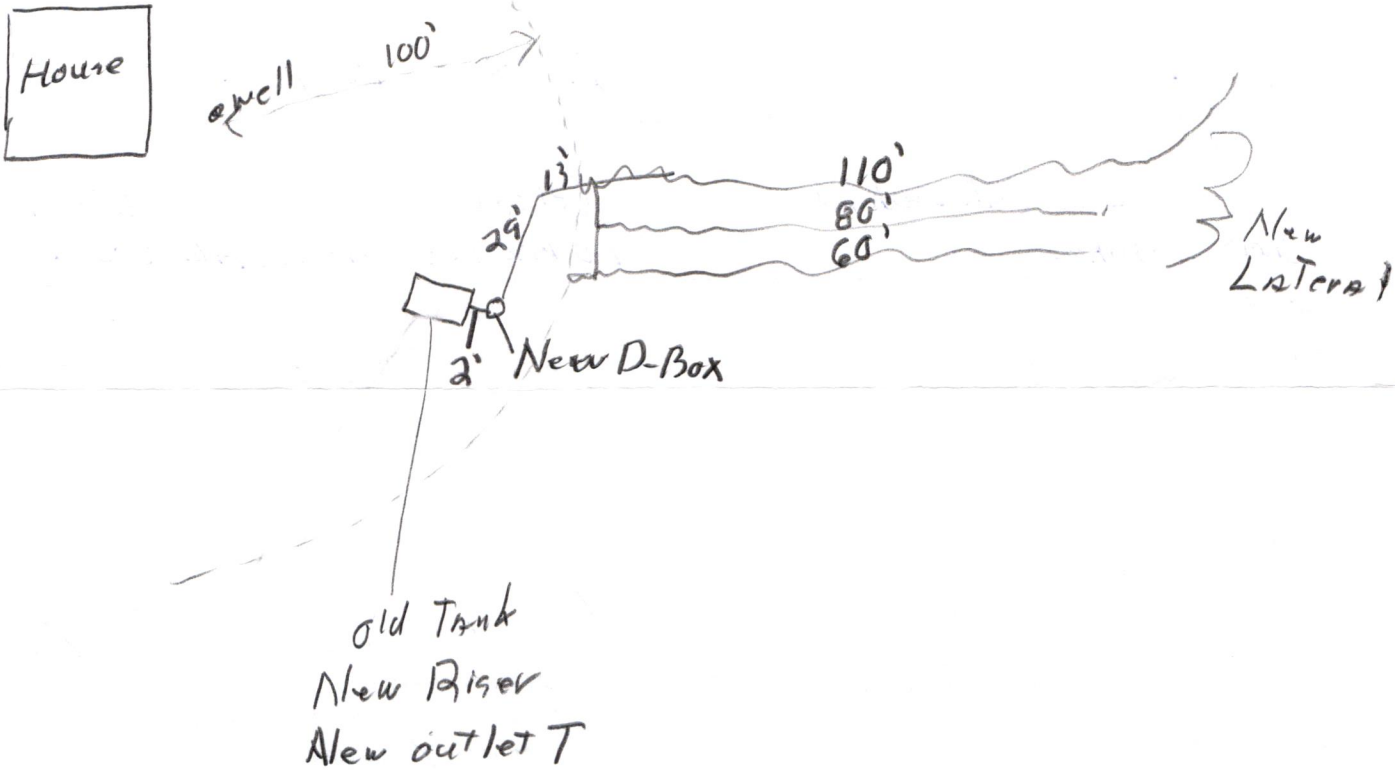
Indicate North with Arrow

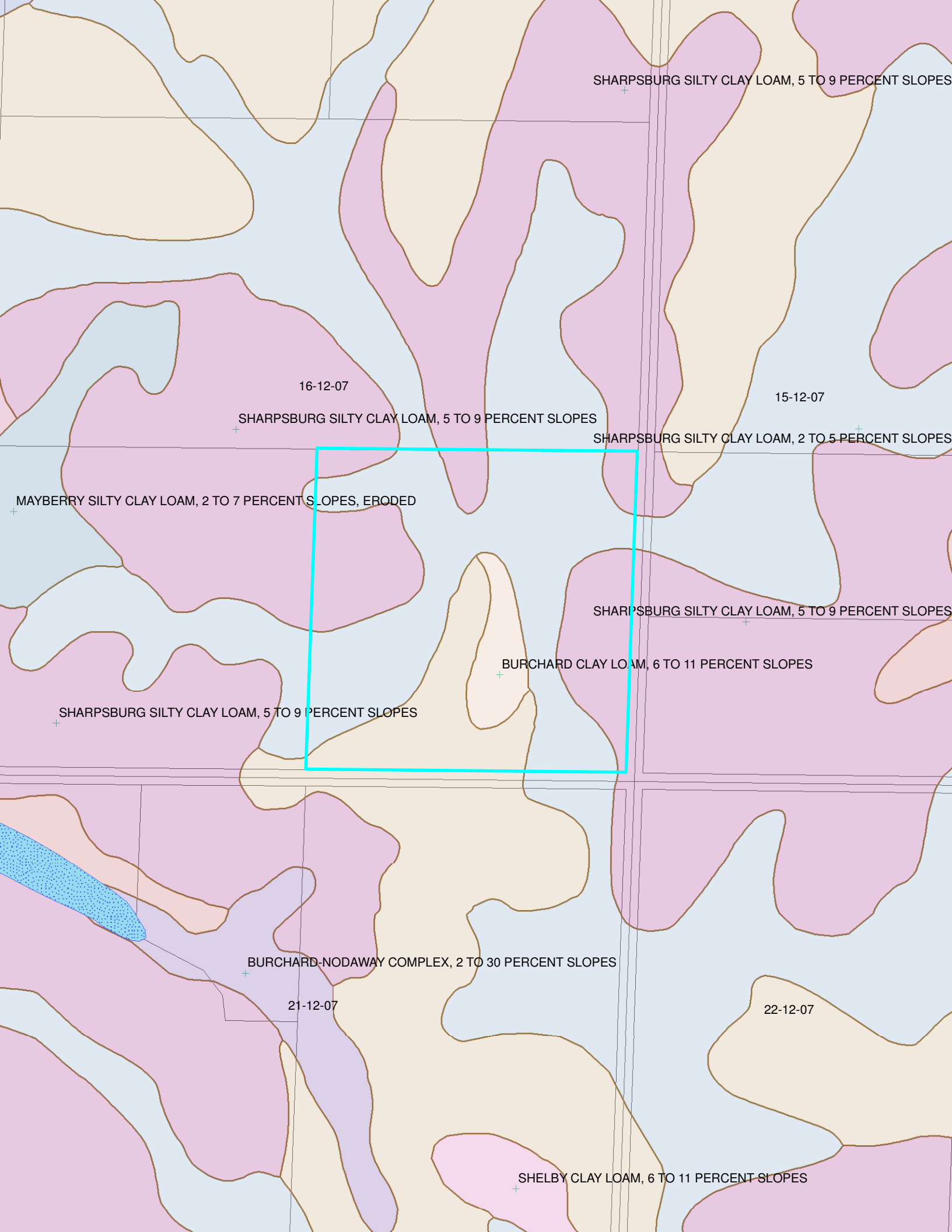


6800 Rock Creek

N

4/8/2010
Lloyd Jakoubek.
783-2663




SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPES
16-12-07
15-12-07
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPES
SHARPSBURG SILTY CLAY LOAM, 2 TO 5 PERCENT SLOPES
MAYBERRY SILTY CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPES
BURCHARD CLAY LOAM, 6 TO 11 PERCENT SLOPES
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPES
BURCHARD-NODAWAY COMPLEX, 2 TO 30 PERCENT SLOPES
21-12-07
22-12-07
SHELBY CLAY LOAM, 6 TO 11 PERCENT SLOPES