LLCHD HS000335

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

SCANNED

A

Permit Number HS000335

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 12-01-400-002-000

A. Onsite System Location

Address 13997 N 27th St (no rural route) City Davey, NE Zip 68336

Legal Description SE SE 1 11 6

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 Dan Allen Signature Daniel G Allen

Address Same City/State/Zip _____

☐ Check if owner designed system Home Phone 402-450-9442 Work Phone 402-217-2725

C. Contractor

Name: Lloyd Jirkoubek Company Name Raymond Contracting

Address existing Home City/State/Zip _____

☐ Check if contractor designed system Work Phone _____

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

Designer Name Lloyd Jirkoubek Firm Raymond Contracting Inc Work Phone 402-810-6069

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 4/16/10
Date rec'd 4/14/10
Date frwd 4/14/10
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 _____

SCANNED

Installation Final Written Approval
By Doug Mrsny
Date 4/19/10

Business Office Use Only
Date Received 4-14-10 Amount Paid 325-
Received By BH Cash/Check No. 7315

6-10-2010 16: 6:13

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

Form A Updated: 5-07

LLCHD HS000335

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Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
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SCANNED

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Name Dan Allen Signature Daniel G Allen

Address Same City/State/Zip _____

☐ Check if owner designed system Home Phone 402-450-9442 Work Phone 402-217-2725

C. Contractor

Name: ~~Lloyd Jirkoubek~~ existing Home Company Name ~~Raymond Contracting~~

Address _____ City/State/Zip _____

☐ Check if contractor designed system Work Phone _____

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

Designer Name Lloyd Jirkoubek Firm Raymond Contracting Inc Work Phone 402-310-6009

E. This system will serve a

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Installation Final Written Approval
By _____
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Date Received 4-14-10 Amount Paid 325-
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White - Health Department Yellow - Engineer Pink - Building & Safety

Form A Updated: 5-07

4-16-2010 15:20:13

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. HS000335

System Type: STANDARD

Situs: 13998 N 27 ST

Legal Description: T11N-R06E-S01

Owner:

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

Issued: 04/14/2010
Expires: 04/14/2011

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

LLCHD HS000335

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

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1/4 1/4 Section Township Range Subdivison Addition Block Lot

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B. Owner

Name Dan Allen Signature Daniel G Allen

Address Same City/State/Zip

☐ Check if owner designed system Home Phone 402-450-9442 Work Phone 402-217-2725

C. Contractor

Name: ~~Lloyd Jnkoubek~~ Company Name ~~Raymond Contracting~~

Address existing Home City/State/Zip

☐ Check if contractor designed system Work Phone

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

Designer Name Lloyd Jnkoubek Firm Raymond Contracting Inc Work Phone 402-730-6051

E. This system will serve a

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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

Form A Updated: 5-07

4/14-2010 14: 3:26

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

B

Permit Number: HS000335

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 13917 N 27th St (no rural route) City Davey NE, Zip 68336

Owner Dan Allen Address Same

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

Date of Tests 4/5/10 to 4/6/10 Weather: Precipitation 0 Temperature 68°

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	4/5	1:00p	4/5	5:00p	4/6	3:30p	6	4/6	4:00p	30	13/4	17
2	24	"	"	"	"	"	"	"	"	"	"	1/2	60
3	30	"	"	"	"	"	"	"	"	"	"	1/2	60
4	24	"	"	"	"	"	"	"	"	"	"	1/2	60
5	30	"	"	"	"	"	"	"	"	"	"	3/4	40
6	24	"	"	"	"	"	"	"	"	"	"	5/8	48

Sum of Percolation Rates: 285

Average of Rates: 48

Rate Used for Calculation: 40mpi / 20mpi Variance

Person Conducting Percolation Tests

Name: Terri L. Jakubek, 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 _____

4-14-2010, 14:3:28
FORM 23-101 10-96

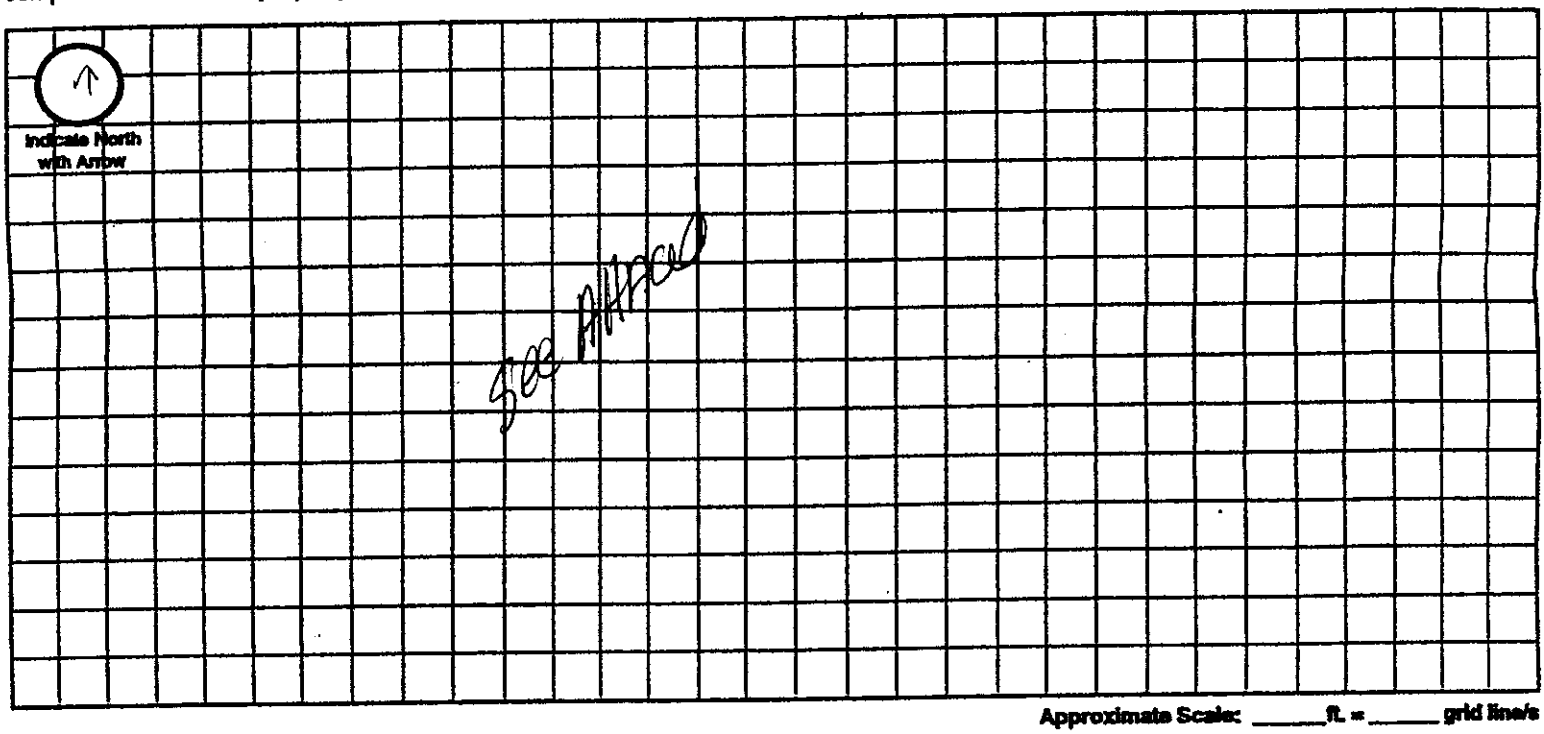
C

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

Permit Number: HS000335

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) 13967 N 27th St City Raverly NE. Zip 68336

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: Sharpsburg 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: ADS Graveless chambers

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

Total Length of Laterals 215 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 existing Home Date _____

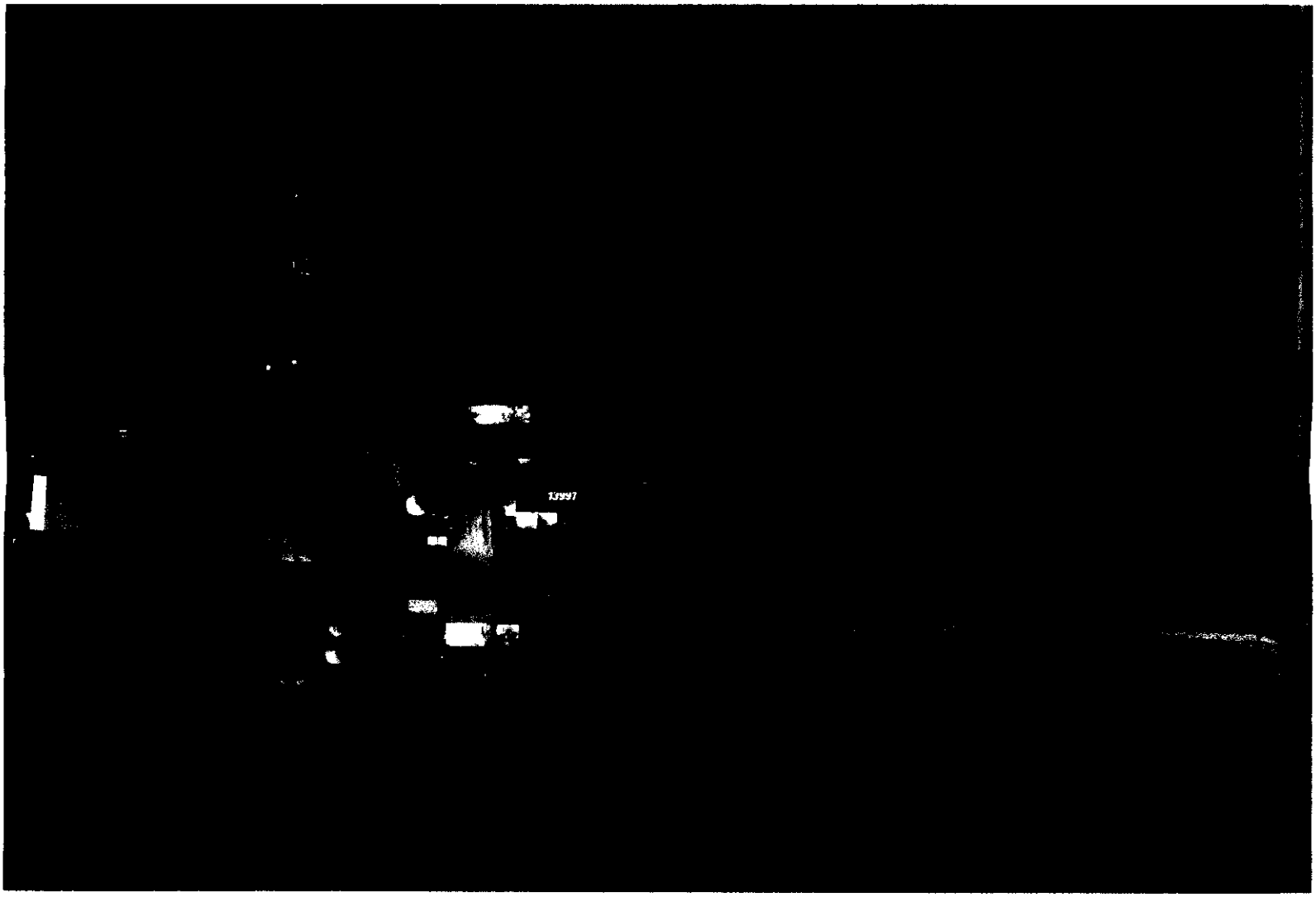
Installer [signature] Date 4/10/10

4-14-2010 14: 3:29

City of Lincoln/Lancaster County GIS Map

HS060335

Dan Allen



Printed on Mon Apr 12 2010 03:37:23 PM.

4-14-2010 14: 3:31