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. HS000343

System Type:	LAGOON
Situs:	12760 SW GRAY FAWN DR
Legal Description:	T08N-R06E-S03-SW1/4-3-Lot 2
Owner:	BARNARD, KIMBERLY S 7936 MCBRIDE AVE LINCOLN NE 68516

Permit Fee:	$325.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$325.00
Issued:	04/28/2010
Expires:	04/28/2011

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

SCANNED

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

A

Permit Number H5000343

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 08-03-304-002-000

A. Onsite System Location

Address 12800 SW Hunterhaven Rd (no rural route) City ROCA NE Zip 68430

Legal Description SW 3 8 6 Whitetail Run 3 2
1/4 1/4 Section Township Range Subdivision 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 Jeff Bernard Signature

Address 7934 McBride Ave City/State/Zip Lincoln, NE 68516

☐ Check if owner designed system Home Phone Work Phone

C. Contractor

Name: Greg Gerlach Company Name Gerlach Carpentry

Address 3537 Lexington Ave #102B City/State/Zip Lincoln, NE 68503

☐ Check if contractor designed system Work Phone 402-610-1238

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

Designer Name Lloyd Jakoubek Firm Raymond Contracting Inc Work Phone 402-890-1009

E. This system will serve a

☒ Residential Dwelling Number of Bedrooms 5 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 4/26/10
Date fwd 4/26/10
ACTION ☒ Approved ☐ Disapproved
Signature

2. **Supt. Bldg. Insp. or Village Clerk**
Comments
Date rec'd
Date fwd
ACTION ☐ Approved ☐ Disapproved
Signature

3. **City or County Engineer**
Comments
Date rec'd
Date fwd
ACTION ☐ Approved ☐ Disapproved
Signature

Installation Final Written Approval
By
Date

Business Office Use Only
Date Received 4-28 Amount Paid 325-
Received By DH Cash/Check No. 7323

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

Form A Updated: 5-07

4-29-2010 #14:58:28 CK# 7323 $325.00 4-28-10 DH

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

A

Permit Number HS000343

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 08-03-304-002-000

A. Onsite System Location

Address 12800 SW Hunterhaven rd (no rural route) City Roca NE Zip 68430

Legal Description SW 3 8 6 Whitetail Run 3 2
1/4 1/4 Section Township Range Subdivision 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 Jeff Barnard Signature

Address 7936 McBride Ave City/State/Zip Lincoln, NE 68516

☐ Check if owner designed system Home Phone Work Phone

C. Contractor

Name: Greg Gerlach Company Name Gerlach Carpentry

Address 8531 Lexington Ave #102B City/State/Zip Lincoln, NE 68505

☐ Check if contractor designed system Work Phone 402-610-1238

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

Designer Name Lloyd Jakoubek Firm Raymond Contracting Inc Work Phone 402-890-4005

E. This system will serve a

☒ Residential Dwelling Number of Bedrooms 5 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 4/26/10
Date fwd 4/26/10
ACTION ☒ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd
Date fwd
ACTION ☒ Approved ☐ Disapproved
Signature

3. City or County Engineer
Comments
Date rec'd
Date fwd 04/27/2010
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

Form A Updated: 5-07

C

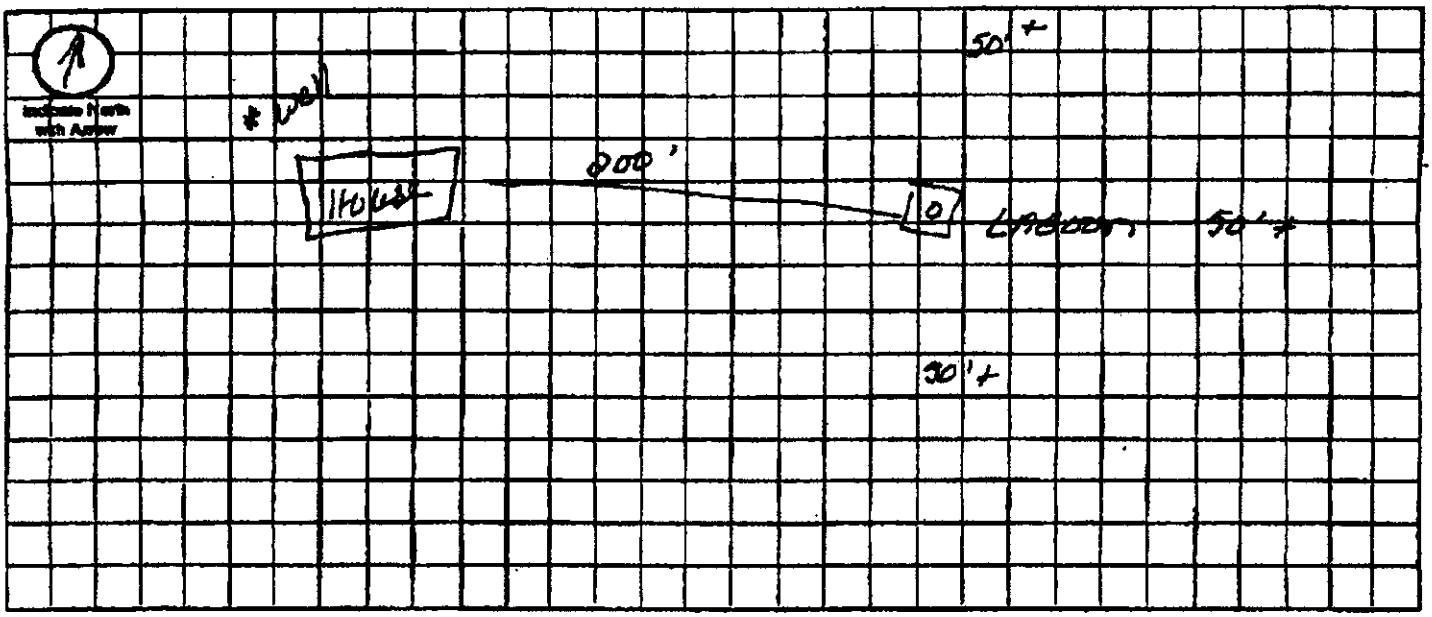
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street - Lincoln, NE 68510-1514
Phone: 402-441-8022

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) 12830 SW Hunter Haven Rd City Roca NE Zip 68430

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 4-21-10

Installer _____ Date 4-21-10

FORM 23-102 10-86

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

A

Permit Number H5000343

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 08-03-304-002-000

A. Onsite System Location

Address 12800 SW Hunterhaven Rd (no rural route) City Roca NE Zip 68430

Legal Description SW 3 8 6 Whitetail Run 3 2
1/4 1/4 Section Township Range Subdivision 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 Jeff Bernard Signature

Address 7934 McBride Ave City/State/Zip Lincoln, NE 68516

☐ Check if owner designed system Home Phone Work Phone

C. Contractor

Name: Greg Gerlach Company Name Gerlach Carpentry

Address 8537 Lexington Ave #102B City/State/Zip Lincoln, NE 68505

☐ Check if contractor designed system Work Phone 402-610-1238

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

Designer Name Lloyd Jakubek Firm Raymond Contracting Inc Work Phone 402-890-6005

E. This system will serve a

☒ Residential Dwelling Number of Bedrooms 5 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 4/26/10 ACTION ☒ Approved ☐ Disapproved
Date frwd 4/26/10 Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd ACTION ☐ Approved ☐ Disapproved
Date frwd Signature

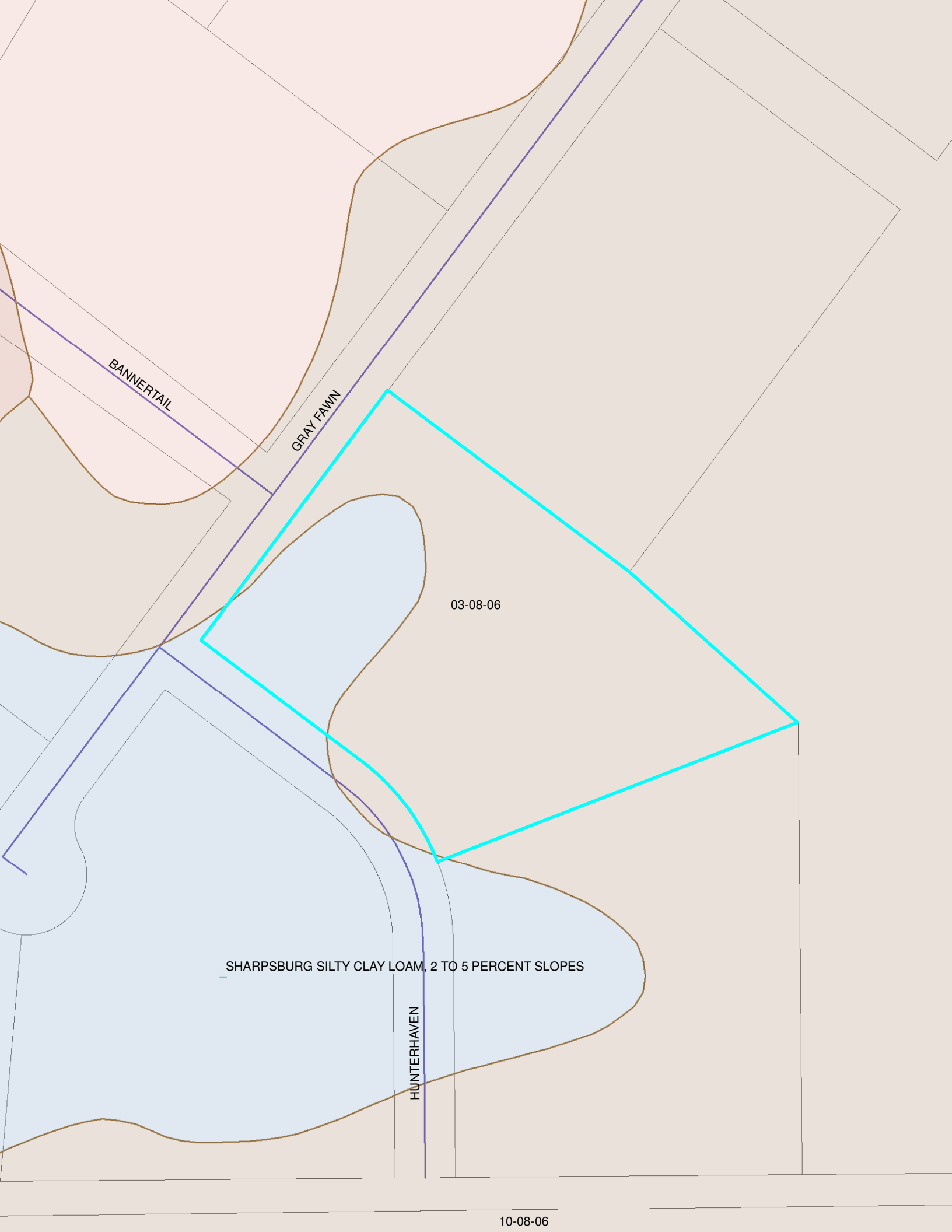
3. City or County Engineer
Comments
Date rec'd ACTION ☐ Approved ☐ Disapproved
Date frwd Signature

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


BANNERTAIL
GRAY FAWN
03-08-06
SHARPSBURG SILTY CLAY LOAM, 2 TO 5 PERCENT SLOPES
HUNTERHAVEN
10-08-06

JUL 07 2010

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

A

Permit Number

revised 7-1-10
From 5 Bedroom to 4

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 12830 SW Hunterhaven Rd (no rural route) City Roca, NE Zip 68430

Legal Description SW 3 8 6 Whitetail Run 3 2
1/4 1/4 Section Township Range Subdivison Addition Block Lot

Geographical Location (if known): Lat/Long: PID 08-03-304-002-000

B. Owner

Name Jeff Barnard (Kim) Signature

Address 7936 McBride Ave City/State/Zip Lincoln, NE 68516

Home Phone 402-890-0603 Work Phone

C. Certified Installer

Name: Lloyd Jakoubek, Raymond Contracting Signature

Address 13866 NW 70th St City/State/Zip Raymond, NE 68428

Work Phone 402-890-6009

D. Engineer ☐ Check and complete if engineer designed system P.E. License Number:

Designer Name Firm Work Phone

E. This system will serve a

☒ Residential Dwelling Number of Bedrooms 4 Is there a Whirlpool Bathtub? ☒ Yes ☐ No Total Acres 3.12

☐ 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 Amount Paid
Received By Cash/Check No.

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

Form A Updated: 5/10

SCANNED

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

A

Permit Number H5000343

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 08-03-304-002-000

A. Onsite System Location

Address 12800 SW Hunterhaven Rd (no run-i route) City Roca NE Zip 68430

Legal Description SW 3 8 6 Whitetail Run 3 2

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 Jeff Barnard Signature [signature]

Address 7934 McBride Ave City/State/Zip Lincoln, NE 68516

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

C. Contractor

Name: Greg Gerlach Company Name Gerlach Carpentry

Address 8531 Lexington Ave #102B City/State/Zip Lincoln, NE 68505

☐ Check if contractor designed system Work Phone 402-610-1238

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 5 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 1/1/10
Date rec'd 4/26/10
Date frwd 4/26/10
ACTION ☒ Approved ☐ Disapproved
Signature [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 [signature]
Date 7/2/10

Business Office Use Only
Date Received 4-28 Amount Paid 325-
Received By DH Cash/Check No. 7323

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

Form A Updated: 5-07

SCANNED

CK# 7323 $325.00 4-28-10 DH

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

B

Permit Number:

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 12830 SW Hunter Haven Rd (no rural route) City Roca NE, Zip 68430

Owner Jeff Barnard Addresss 7936 Mc Bride Ave Lincoln, NE 68516

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

Date of Tests 4/27/10 to 4/28/10 Weather: Precipitation 0 Temperature 58°

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	4/27	12:00p	4/27	4:00p	4/28	12:00p	6	4/28	12:30p	30	5/8	48
2	24	"	"	"	"	"	"	"	"	"	"	1/2	60
3	43	"	"	"	"	"	"	"	"	"	"	5/8	48
4	43	"	"	"	"	"	"	"	"	"	"	13/16	37
5	43	"	"	"	"	"	"	"	"	"	"	11/16	43
6	40	"	"	"	"	"	"	"	"	"	"	9/16	54

Person Conducting Percolation Tests

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

Phone: 402-783-2663 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 (20 mpi Variance)

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

JUN 05 2010

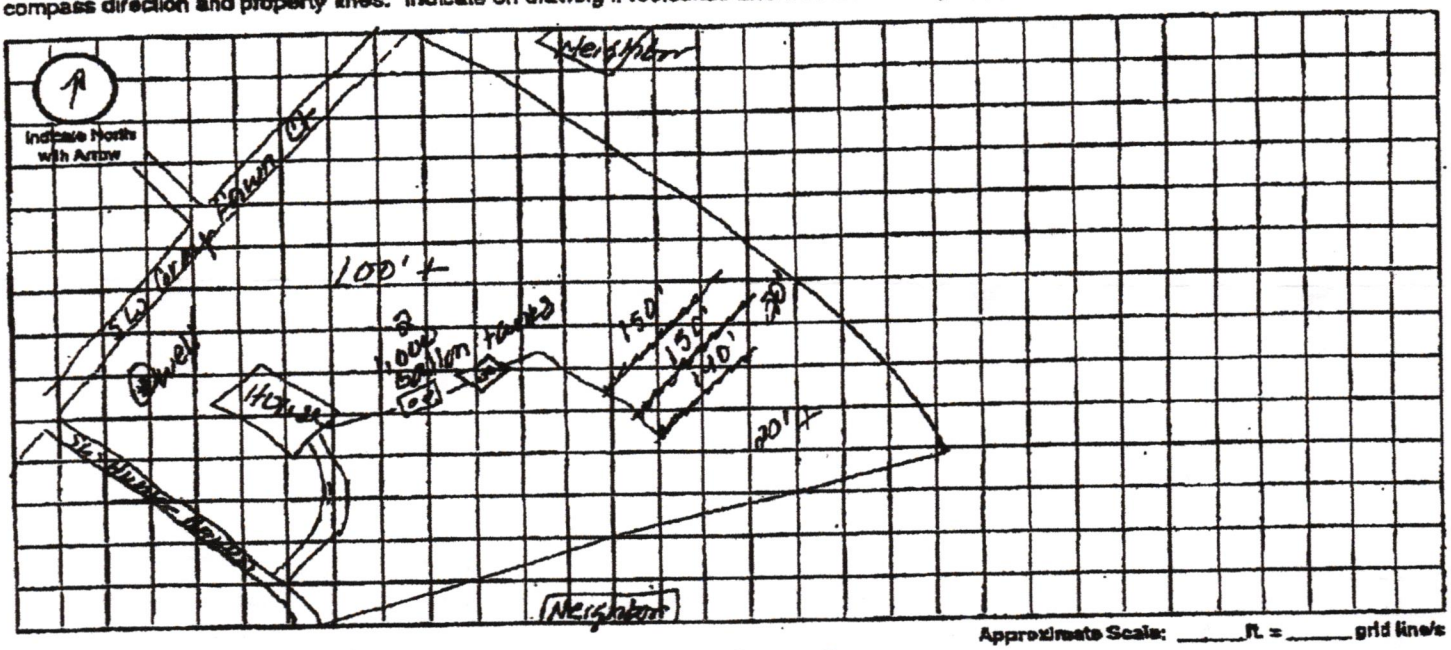
C

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 line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 12830 SW Hunterhaven Rd City Rolca NE Zip 68430

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 120 (min. per inch) Soil Type: Wymore Land Slope: _____ %

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

Total Square Feet of Field Required: 1,750 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☒ Other Lateral Material: ADS Driveless Chambers

Capacity of Septic Tank 2,000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 440 ft. Number of Trenches 3 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 ☑	600 ☑	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 5-3-10

Installer _____ Date 5-3-10

FORM 23-102 10-96

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

D

Permit Number:

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date 7-1-10 Legal Description SW 1/4 SW 1/4 3-8-6e SectionTownship Range Block 3 Lot 2 Whitetail Run

Onsite System Location

Address (no rural route) 12830 SW Hunterhaven Rd City Roca NE, Zip 68430

Owner Jeff & Kim Barnard Address 7936 McBride Ave Lincoln, NE 68516

A. Sewer Pipe

1. Material: SDR 26
   Diameter: 4 in.
2. ~~Distance above basement floor:~~ 22 in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: 106 ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line 30' 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: 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 10'+ ft.

C. ☐ Distribution Box ☐ Drop Boxes

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

1. Material: 4 End caps.
   Number available outlets: 2 Per cap
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 56' + 10' + 12' + 12' ft.

D. Drainfield Absorption

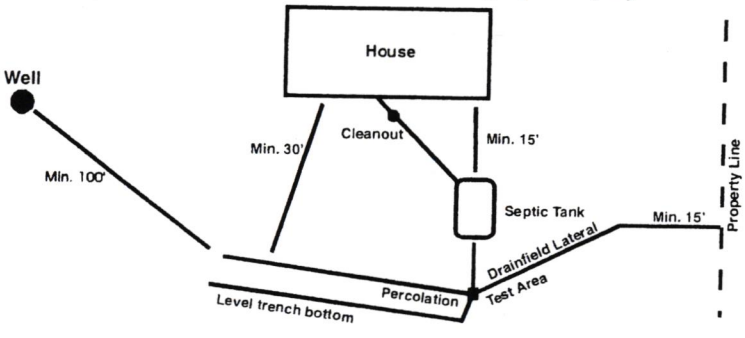
☑ Trench ☐ Bed ☐ Level Bottom

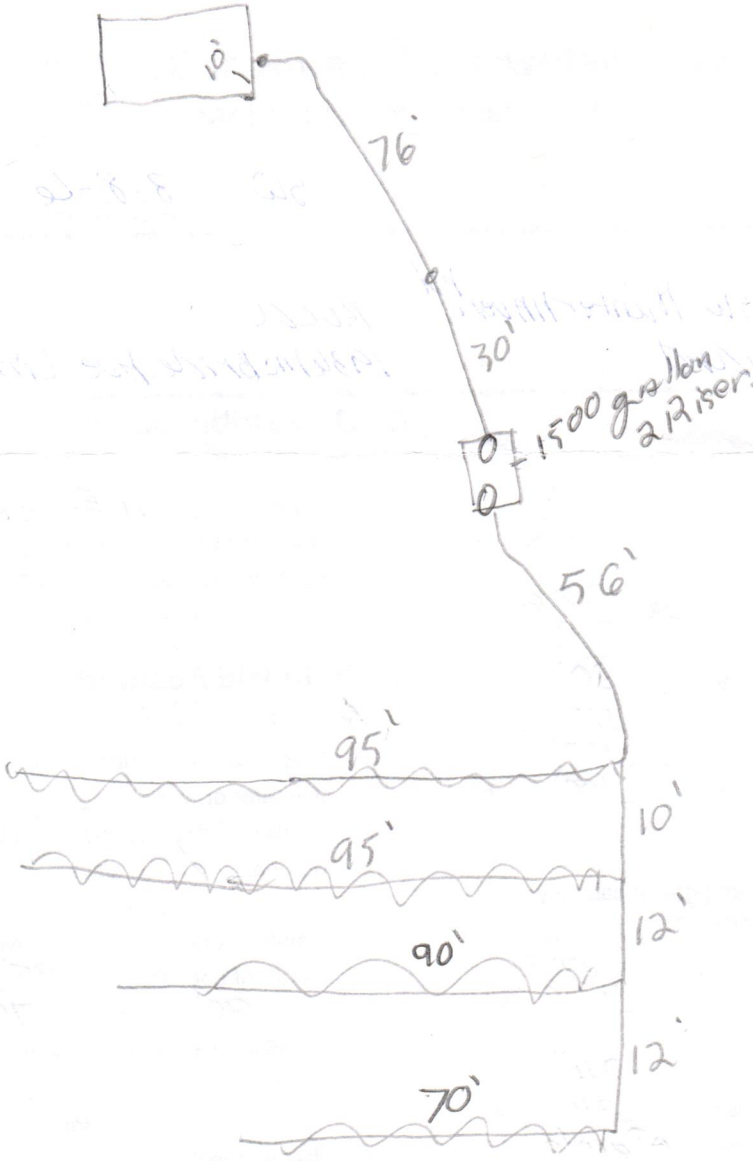
1. Type: ☐ Half rounds ☐ Perforated pipe ☐ Chambers
   Diameter or width: _____
   Number of distribution lines in bed _____
   Material: ☑ fiberglass ☐ plastic ☐ concrete
   ☐ other 350'
2. Drainfield Laterals: Number 4
   Length of each line: 95' ft. 95' ft.
   90' ft. 70' ft., _____ ft.
3. Drainfield dimensions: Width 40" wide ft.
   Distribution Pipe Slope Flat in/100 ft.
   Average depth 22-42 in
4. Filter material: Dirt
   Depth of material 22-42 in.
5. Distances to: Well or suction line 100+ ft.
   Pressure line 100+ ft.
   Property line 10'+ ft.
   House or building 100+ 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)




76'
30'
1500 gallon
2 risers
56'
95'
95'
90'
70'
10'
12'
12'