facsimile

Raymond Contracting, Inc.

Raymond Contracting Inc
Lloyd J Jakoubek
13800 NW 70th Street
Raymond, NE 68428
402 783-2663 Telephone
402 890 6009 Cellular
402 783 2341 Fax

to **Nate**

fax number **402-441-3890**

company **LLCHD**

from **Terri Jakoubek**

date **May 3, 2010**

total number of pages including this cover sheet **4**

If you do not receive all pages, please call **402-783-2663 (Terri)**

comments **CONFIDENTIAL**

Nate,

Following please find the D-Sheet & Perc Test for Jason Schmeeckle 12601 Emma Walter Rd. I put the original in the mail so you can file a cleaner copy.

Please call if you have any questions.

Thanks,
Terri Jakoubek
402-783-2663 (Office) 402-890-3870 (Mobile) 402-783-2341 (Fax)

32nd St + O

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

B

Permit Number: HS 000 352

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (indicate correct number and street)

Address: Lot 8 12601 Emma Walker Rd (no rural route) City: Lincoln NE NE, Zip: 6

Owner: Jason Schmeeckle Address: -

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

Date of Tests: 10/24/03 to 10/25/03 Weather: Precipitation: Dry Temperature: _____

Percolation Test Data Table

A.	B.	C.	D.	E.	F.	G.	H.	I.	J.	K.	L.	M.	N.
		Pre-Saturation Period				Percolation Readings					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	36"	10/24	13:00	10/24	17:00	10/25	15:00	6"	10/25	19:00	30	1/8	34.29
2	36"	10/24	13:00	10/24	17:00	10/25	15:00	6"	10/25	19:00	30	1	30
3													
4	36"	10/24	13:00	10/24	17:00	10/25	15:00	6"	10/25	19:00	30	1/8	34.29
5	36"	10/24	13:00	10/24	17:00	10/25	15:00	6"	10/25	19:00	30	1/8	34.29
6	36	10/24	13:00	10/24	17:00	10/25	15:00	6"	10/25	19:00	30	1	30
7	36"	10/24	13:00	10/24	17:00	10/25	15:00	6"	10/25	19:00	30	1 1/8	26.66
8													
9	36"	10/24	13:00	10/24	17:00	10/25	15:00	6"	10/25	19:00	30	3/4	40
10													

Person Conducting Percolation Tests

Name: Phil Nellis

Phone: 304-4296

Address: _____

Sum of Percolation Rates: 229.33

Average of Rates: 30.33

Rate Used for Calculation: 33

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks: _____

Signature of Reviewing Official: _____ Date: _____

FORM 23-101 10-86

30 ND 5 E 0

B

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

Permit Number: HS000352

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address Lot 8 12601 Emma Walter Rd (no rural routes) City Lincoln NE NE, Zip 6

Owner Jason Schmeeckle Address -

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

Date of Tests 10/24/03 to 10/25/03 Weather: Precipitation Dry Temperature _____

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 Rate (Min/in)
1	36"	10/24	13:00	10/24	17:00	10/25	15:00	6"	10/25	19:00	30-	1/4	34.29
2	36"	10/24	13:00	10/24	17:00	10/25	15:00	6"	10/25	19:00	30-	1	30
3	—												
4	36"	10/24	13:00	10/24	17:00	10/25	15:00	6"	10/25	19:00	30-	1/8	34.29
5	36"	10/24	13:00	10/24	17:00	10/25	15:00	6"	10/25	19:00	30-	1/8	34.29
6	36	10/24	13:00	10/24	17:00	10/25	15:00	6"	10/25	19:00	30-	1	30
7	36"	10/24	13:00	10/24	17:00	10/25	15:00	6"	10/25	19:00	30-	1 1/8	26.66
8	—												
9	36	10/24	13:00	10/24	17:00	10/25	15:00	6"	10/25	19:00	30-	3/4	40
10	—												

Person Conducting Percolation Tests

Name: Phil N. Ilg

Phone: 304-4296

Address _____

Sum of Percolation Rates: 229.57

Average of Rates: 30.33

Rate Used for Calculation: 33

DO NOT WRITE BELOW THIS LINE

Reviewing Action

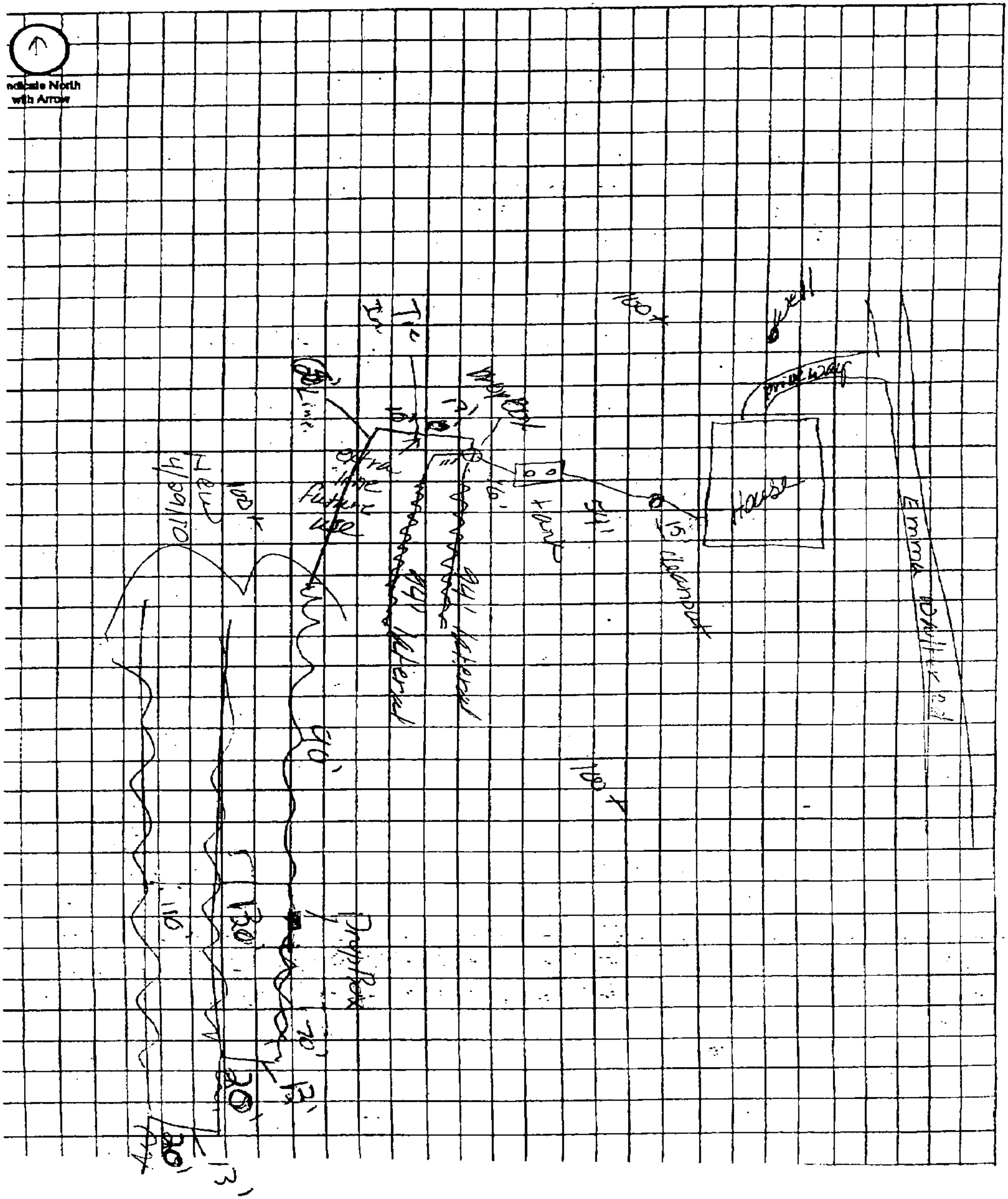
Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

LLCHD HS000352

ıs Built Drawing



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

D

Permit Number: HS000352

Sewage Disposal System
As Built Plans & Specifications

Date 4-21-04

System Location (Indicate correct number and street)

Address 12601 Emma Walter Rd (no rural route) City Lincoln NE, Zip 68517

A. Building Sewer

1. Material: Class 160 PVC
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 14 in.
3. Distance between dwelling and septic tank: 69 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line 100+ ft.
   stream 100+ ft.
   pressure line 100+ ft.
   property line 100+ ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: 1
2. Capacity: 1,500 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. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 12-18 in.
8. Distances to: Well or suction line 100+ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 100+ ft.

C. Distribution Box

1. Material: PVC
   Number available outlets: 3
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 16 ft. (from center of tan

D. Absorption Field

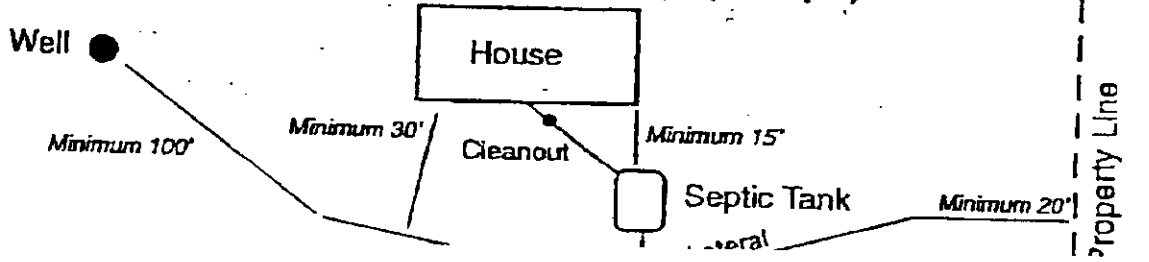
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: ADS H-10
   or perforated pipe: 34" wide 12" tall
   Material: ☒ fiberglass ☐ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 2
   Length of each line: 94 ft. 94 ft.
   Need → 90', 70' ft. 130', 20' ft. 110', 20' ft.
   4/29/10
3. Trench dimensions: Width 4 ft.
   Slope flat in/100 ft.
   Average depth 24" in
4. Filter material: dirt
   Depth of material 24" in.
5. Distances to: Well or suction line 100+ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 100+ ft.

Indicate North with Arrow

Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



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

D

Permit Number: HS000352

Sewage Disposal System

As Built Plans & Specifications

Date 4-21-04 & 4/29/10

System Location (Indicate correct number and street)

Address 12601 Emma Walter Rd (no rural route) City Lincoln NE, Zip 68517

A. Building Sewer

1. Material: Class 160 PVC
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 14 in.
3. Distance between dwelling and septic tank: 69 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line 100+ ft.
   stream 100+ ft.
   pressure line 100+ ft.
   property line 100+ ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: 1
2. Capacity: 1,500 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. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 12-18 in.
8. Distances to: Well or suction line 100+ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 100+ ft.

C. Distribution Box

1. Material: PVC
   Number available outlets: 3
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 16 ft. (from center of tan

D. Absorption Field

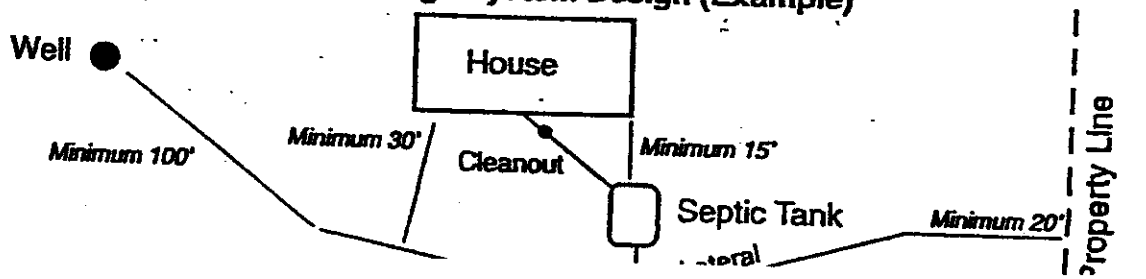
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: ADS H-10
   or perforated pipe: 34" wide 12" tall
   Material: ☒ fiberglass ☐ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 2
   Length of each line: 94 ft. 94 ft.
   New → 90', 70' ft. 130', 20' ft. 110', 20' ft.
   4/29/10
3. Trench dimensions: Width 4 ft.
   Slope flat in/100 ft.
   Average depth 24" in
4. Filter material: dirt
   Depth of material 24" in.
5. Distances to: Well or suction line 100+ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 100+ ft.

Complete "As Built" drawing on back of this form.

Indicate North with Arrow

Individual Sewage System Design (Example)



LLCHD HS00035

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

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

HS000352

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 11 Range 7 1/4 ____ 1/4 SE Section 9
   Block ____ Lot 8 Addition View Pointe North
   Parcel ID 18-09-401-668-000 (i.e. 99-99-999-999-999)

   Street Address (no rural route) 12601 Emma Walter Rd Lincoln, NE 68517

2. **Property use:** ☒ residential ☐ commercial ☐ other use
   Number of bedrooms 5 Describe ____

3. **Type of Present Individual Disposal System** ☑ septic system ☐ lagoon ☐ other

4. **Description of proposed alteration, extension or repair** replace drainfield, 440'

5. **Work to be done by:** ☐ owner ☒ contractor's name Lloyd Jakoubek 890-6006 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 Jason Schmeeckle Address same Phone: 402-730-1383

[redacted] Signature (owner or lessee):

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 5/3/10 REVIEW: ☑ Approved ☐ Disapproved By:

Site visits
Date ____/____/____ By ____
Date ____/____/____ By ____
Date ____/____/____ By ____

Installation final written approval
Date 5/7/2010 By

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: 5/5/10 Amount 180.00 Check No. 7331 Initials BH

Revised 3-09

5-6-2010 8:55:32

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. HS000352

Situs: 12601 EMMAWALTER RD

Permit Fee: $180.00

Legal Description: T11N-R07E-S09-Lot 8

Owner: SCHMEECKLE, JASON W & DEBBIE S
12601 EMMAWALTER RD
LINCOLN NE
68517

Total Fees: $180.00

Issued: 05/05/2010
Expires 05/05/2011

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

RAYMOND CONTRACTING
13800 NW 70TH
RAYMOND NE 68428

LLCHD HS0003

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

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

HS000352

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 11 Range 7 1/4 ____ 1/4 SE Section 9
   Block ____ Lot 8 Addition View Pointe North
   Parcel ID 18-09-401-608-000 (i.e. 99-99-999-999-999)
   Street Address (no rural route) 12601 Emma Walter Rd Lincoln, NE 68517

2. **Property use:** ☒ residential ☐ commercial ☐ other use
   Number of bedrooms 5 Describe ____

3. **Type of Present Individual Disposal System** ☒ septic system ☐ lagoon ☐ other

4. **Description of proposed alteration, extension or repair** replace drainfield, 440'

5. **Work to be done by:** ☐ owner ☒ contractor's name Lloyd Jakoubek 890-6004 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 Jason Schmeeckle Address same Phone: 402-730-1383

[redacted] Signature (owner or lessee):

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 5/3/10 REVIEW: ☑ Approved ☐ Disapproved By: [signature]

Site visits
Date ____/____/____ By ____
Date ____/____/____ By ____
Date ____/____/____ By ____

Installation final written approval
Date 5/7/2010 By [signature]

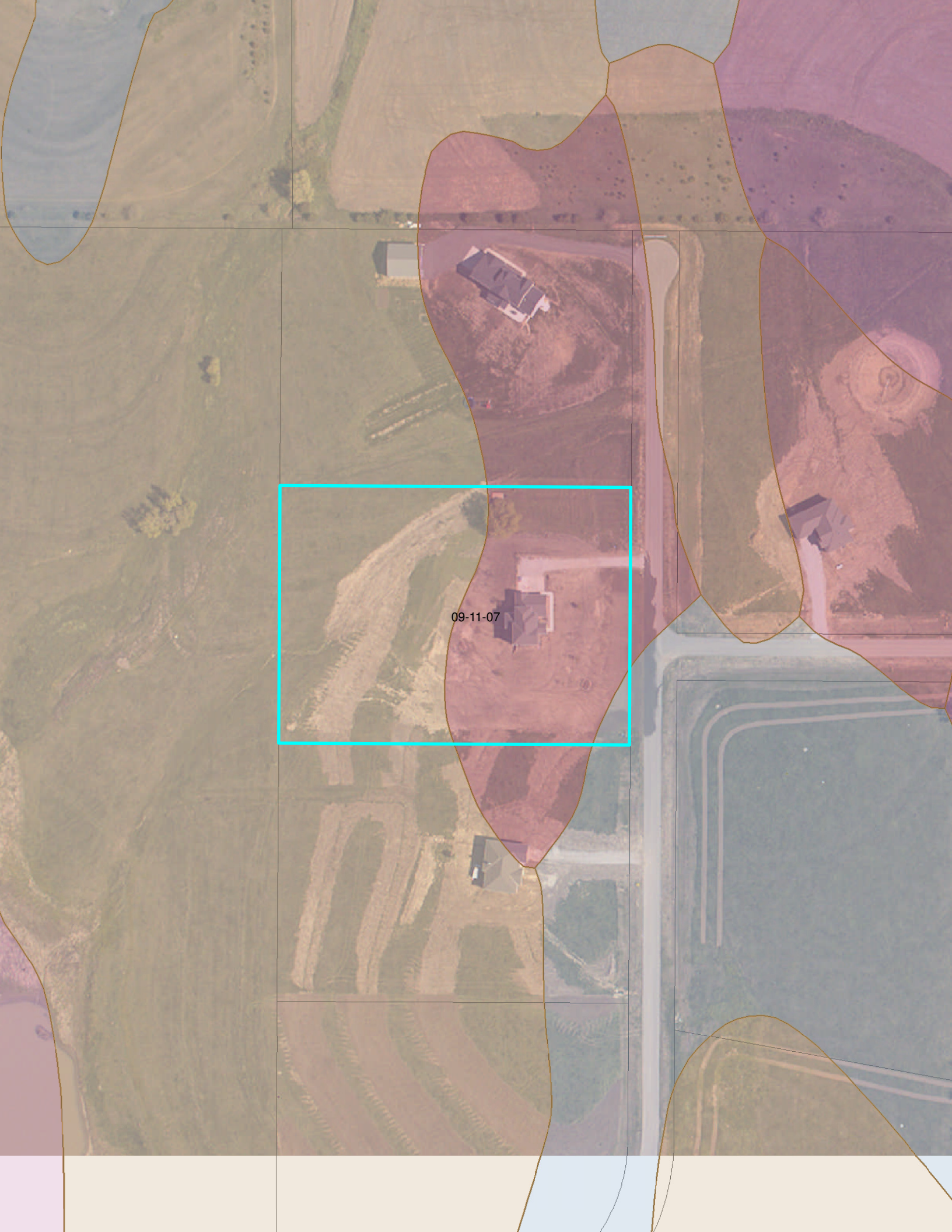
Return application to:
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: 441-8643

Business Office Use Only

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

Revised 3-09

5-5-2010 11:19:19


09-11-07