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

A

Permit Number HS000355

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 01-08-200-001c-1000 / 01-08-200-005-000

A. Onsite System Location

Address 22401 SW 114th St (no rural route) City Crete NE Zip 68333

Legal Description NE 8 7 5 16
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 Ken Tesar Signature Ken Tesar

Address 22401 SW 114th St City/State/Zip Crete, NE 68333

☐ Check if owner designed system Home Phone 402-826-0389 Work Phone

C. Contractor

Name: mike Rezac Company Name Rezac Construction

Address 140 N. 1st St Ste A City/State/Zip Lincoln NE 68508

☐ Check if contractor designed system Work Phone 402-610-2746

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

Designer Name Lloyd Jahnke Firm Raymond Contracting Inc Work Phone 402-890-4009

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 5/5/10
Date frwd 5/5/10
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 See attached

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

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

B

Permit Number: HS000355

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 22401 S. 112th St (no rural route) City Ceresco (Kramer) NE, Zip 68333

Owner Ken Tessar Address Same

Soil Type (SCS): Wahoo Percolation Rate: 55 min./inch

Date of Tests 11/3/09 to 12/1/09 Weather: Precipitation 0 Temperature 59°

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	36	11/30	11:30a	11/30	5:00p	12/1	4:30p	0	12/1	5:00p	30	5/8	48
2	38	"	"	"	"	"	"	"	"	"	"	1/2	60
3	26	"	"	"	"	"	"	"	"	"	"	9/16	54
4	38	"	"	"	"	"	"	"	"	"	"	9/16	54
5	37	"	"	"	"	"	"	"	"	"	"	9/16	54
6	40	"	"	"	"	"	"	"	"	"	"	1/2	60

Person Conducting Percolation Tests

Name: Terri L. Jakubek, Raymond Contracting, Inc.
Phone: 402-783-2103 or 402-890-3870
Address 13800 N. 70th St
Raymond, NE 68428 # C1198

Sum of Percolation Rates: 330
Average of Rates: 55
Rate Used for Calculation: 55

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

RM 23-101 10-96

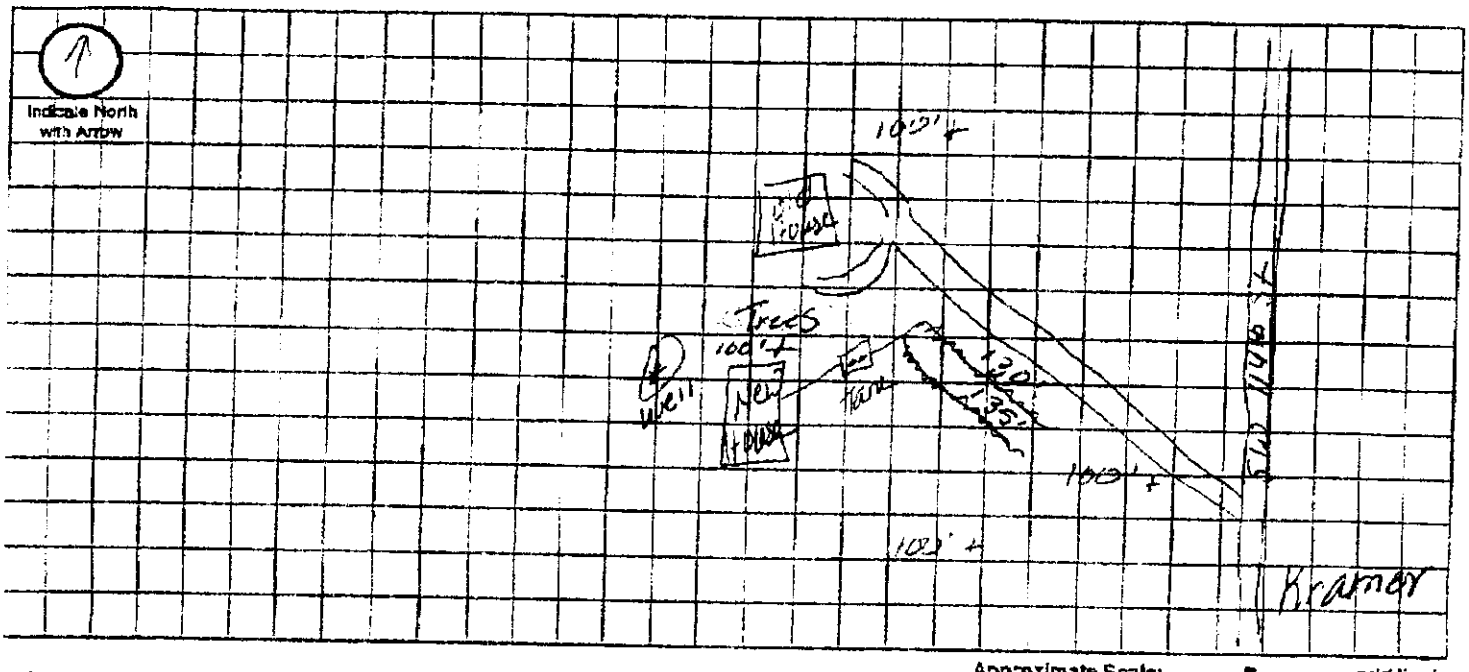
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: HS000355

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) 22401 Sw2 114th St City Crete NE, Zip 68333

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other: _____

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

Percolation Rate 10 (min. per inch) Soil Type: Muybern/Wymore Land Slope: _____ %

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

Total Square Feet of Field Required: 1050 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☒ Other Lateral Material: RIS Drainless Chambers

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

Total Length of Laterals 213 ft. Number of Trenches 2 Trench Width 4'

D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

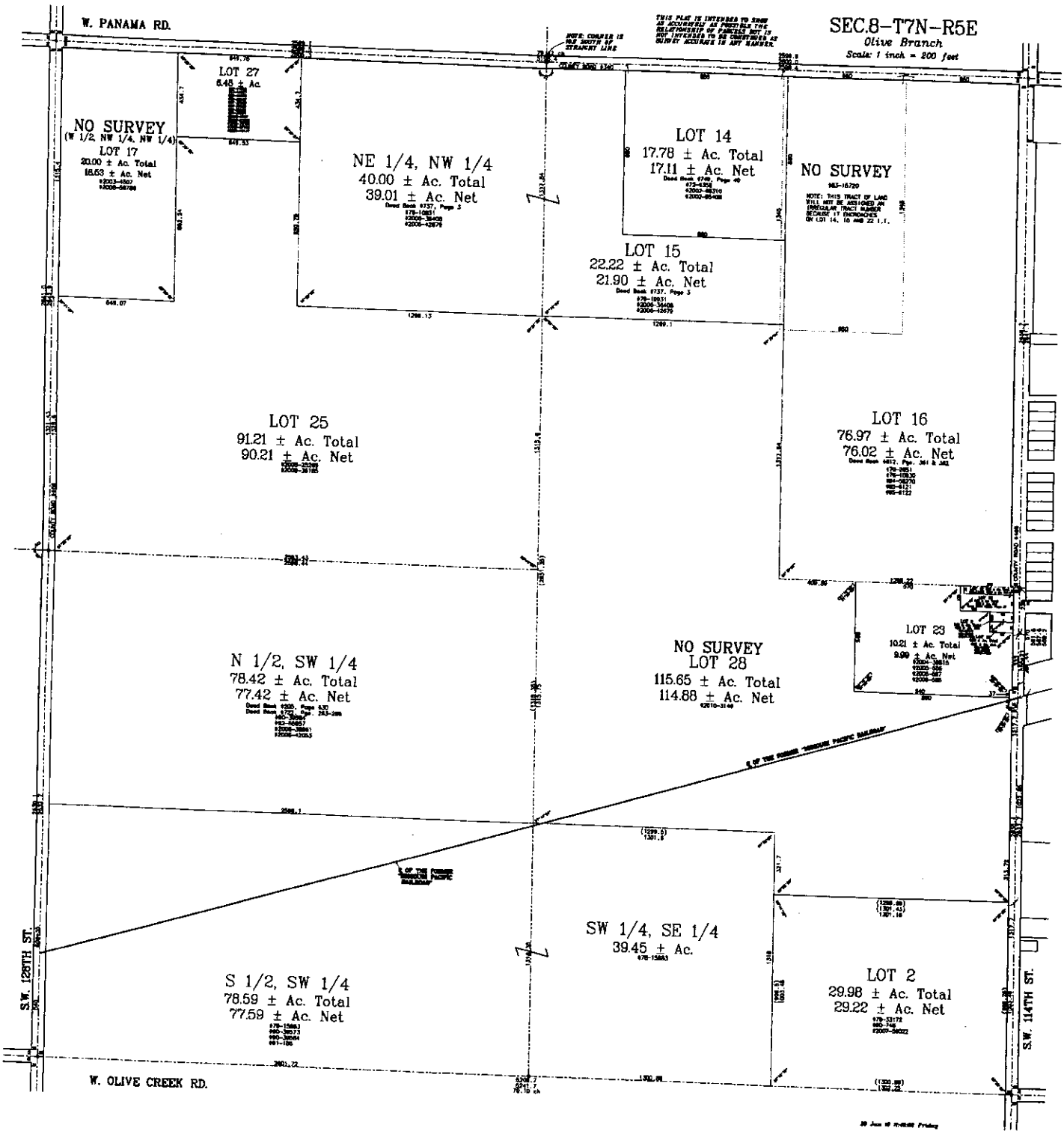
Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☑	500 ☑	50 ☑	NA ☐	25 ☑	20 ☑	15 ☑	25 ☑	☑
Field (ft)	100 ☑	500 ☑	50 ☐	4 ☑	30 ☑	20 ☑	30 ☑	40 ☑	☑
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

E. Required Signatures

Home Building Contractor _____ Date 5/4/2010

Installer _____ Date 5-4-10

ORM 23-102 10-96


W. PANAMA RD.
SEC.8-T7N-R5E
Olive Branch
Scale: 1 inch = 200 feet
LOT 27
5.45 ± Ac.
NO SURVEY
(W 1/2, NW 1/4, NW 1/4)
LOT 17
20.00 ± Ac. Total
16.53 ± Ac. Net
NE 1/4, NW 1/4
40.00 ± Ac. Total
39.01 ± Ac. Net
LOT 14
17.78 ± Ac. Total
17.11 ± Ac. Net
NO SURVEY
LOT 15
22.22 ± Ac. Total
21.90 ± Ac. Net
LOT 25
91.21 ± Ac. Total
90.21 ± Ac. Net
LOT 16
76.97 ± Ac. Total
76.02 ± Ac. Net
LOT 23
10.21 ± Ac. Total
9.99 ± Ac. Net
N 1/2, SW 1/4
78.42 ± Ac. Total
77.42 ± Ac. Net
NO SURVEY
LOT 28
115.65 ± Ac. Total
114.88 ± Ac. Net
SW 1/4, SE 1/4
39.45 ± Ac.
S 1/2, SW 1/4
78.59 ± Ac. Total
77.59 ± Ac. Net
LOT 2
29.98 ± Ac. Total
29.22 ± Ac. Net
S.W. 128TH ST.
S.W. 114TH ST.
W. OLIVE CREEK RD.

Nate C. Hartman

From: Ken D. Schroeder
Sent: Wednesday, May 05, 2010 2:39 PM
To: Nate C. Hartman
Subject: sewage disposal system
Attachments: SEC 8 7-5.pdf

Nate,

This is to follow up on our phone conversation today in reference to a Sewage Disposal System Permit for Lot 16 Irregular Tract located in the NE 1/4 of Section 8, T-7-N, R-5-E of the 6th P.M., Lancaster County, Nebraska.
Attached is a copy of the sectional plat showing lots 16 for your reference.
Lancaster County Engineering Department indicates approval for a wastewater system on said Lot 16 I.T. subject to confirmation of any flood plain elevation issues prior to construction.
Ken

Kenneth D. Schroeder, RLS
Lancaster County Surveyor
444 Cherrycreek Road, Bldg. "C"
Lincoln, NE 68528
kschroeder@lancaster.ne.gov
Phone (402)-441-7681
Fax (402)-441-8692

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. HS000355

System Type: STANDARD

Situs: 22401 SW 114th

Legal Description: T07N-R05E-S08-Lot 16

Owner:

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

Issued: 05/11/2010
Expires: 05/11/2011

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

REZAC CONSTRUCTION
140 N 1ST SUITE A
LINCOLN NE 68508

LLCHD HS000355

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

SCANNED

A

Permit Number HS000355

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 01-08-200-001a-000 / 01-08-200-005-000

A. Onsite System Location

Address 22401 SW 114th St (no rural route) City Crete NE Zip 68333

Legal Description NE 8 7 5 16

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 Ken Tesar Signature Ken Tesar

Address 22401 SW 114th St City/State/Zip Crete, NE 68333

☐ Check if owner designed system Home Phone 402-826-0389 Work Phone _____

C. Contractor

Name: mike Rezac Company Name Rezac Construction

Address 140 N. 1st St Ste A City/State/Zip Lincoln, NE 68508

☐ Check if contractor designed system Work Phone 402-610-2746

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

Designer Name Lloyd Jakubek 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 24.33 ☐ 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. _____

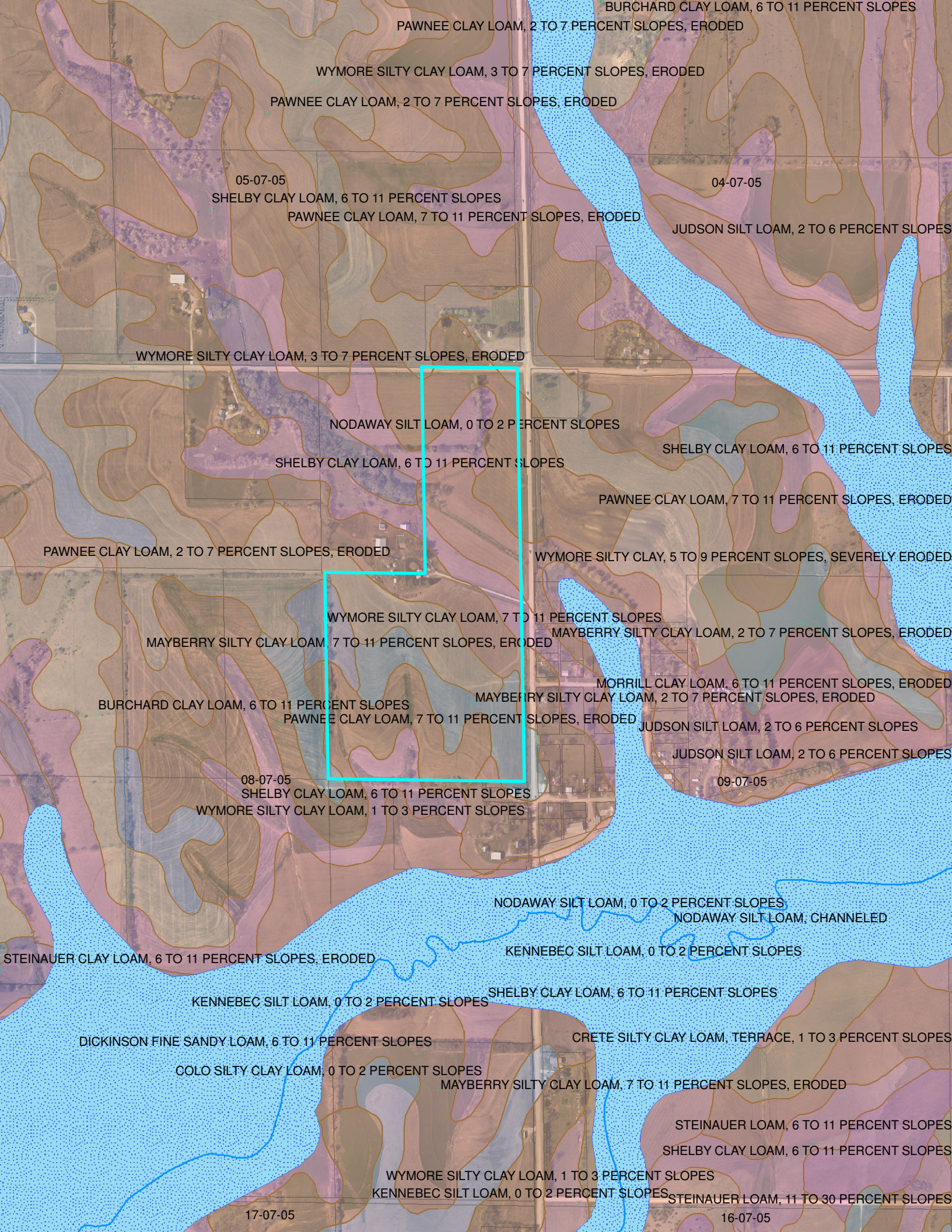
White - Health Department Yellow - Engineer Pink - Building & Safety

Form A Updated: 5-07

SCANNED

5-6-2010 8:57:19

CK#5057 $325.00 5-5-10 BB


BURCHARD CLAY LOAM, 6 TO 11 PERCENT SLOPES
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
WYMORE SILTY CLAY LOAM, 3 TO 7 PERCENT SLOPES, ERODED
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
05-07-05
SHELBY CLAY LOAM, 6 TO 11 PERCENT SLOPES
PAWNEE CLAY LOAM, 7 TO 11 PERCENT SLOPES, ERODED
04-07-05
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
WYMORE SILTY CLAY LOAM, 3 TO 7 PERCENT SLOPES, ERODED
NODAWAY SILT LOAM, 0 TO 2 PERCENT SLOPES
SHELBY CLAY LOAM, 6 TO 11 PERCENT SLOPES
SHELBY CLAY LOAM, 6 TO 11 PERCENT SLOPES
PAWNEE CLAY LOAM, 7 TO 11 PERCENT SLOPES, ERODED
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
WYMORE SILTY CLAY, 5 TO 9 PERCENT SLOPES, SEVERELY ERODED
WYMORE SILTY CLAY LOAM, 7 TO 11 PERCENT SLOPES
MAYBERRY SILTY CLAY LOAM, 7 TO 11 PERCENT SLOPES, ERODED
MAYBERRY SILTY CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
MORRILL CLAY LOAM, 6 TO 11 PERCENT SLOPES, ERODED
MAYBERRY SILTY CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
BURCHARD CLAY LOAM, 6 TO 11 PERCENT SLOPES
PAWNEE CLAY LOAM, 7 TO 11 PERCENT SLOPES, ERODED
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
08-07-05
SHELBY CLAY LOAM, 6 TO 11 PERCENT SLOPES
WYMORE SILTY CLAY LOAM, 1 TO 3 PERCENT SLOPES
09-07-05
NODAWAY SILT LOAM, 0 TO 2 PERCENT SLOPES
NODAWAY SILT LOAM, CHANNELED
STEINAUER CLAY LOAM, 6 TO 11 PERCENT SLOPES, ERODED
KENNEBEC SILT LOAM, 0 TO 2 PERCENT SLOPES
SHELBY CLAY LOAM, 6 TO 11 PERCENT SLOPES
KENNEBEC SILT LOAM, 0 TO 2 PERCENT SLOPES
DICKINSON FINE SANDY LOAM, 6 TO 11 PERCENT SLOPES
CRETE SILTY CLAY LOAM, TERRACE, 1 TO 3 PERCENT SLOPES
COLO SILTY CLAY LOAM, 0 TO 2 PERCENT SLOPES
MAYBERRY SILTY CLAY LOAM, 7 TO 11 PERCENT SLOPES, ERODED
STEINAUER LOAM, 6 TO 11 PERCENT SLOPES
SHELBY CLAY LOAM, 6 TO 11 PERCENT SLOPES
WYMORE SILTY CLAY LOAM, 1 TO 3 PERCENT SLOPES
KENNEBEC SILT LOAM, 0 TO 2 PERCENT SLOPES
STEINAUER LOAM, 11 TO 30 PERCENT SLOPES
17-07-05
16-07-05

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

A

Permit Number HS000355

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)

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Legal Description NE 8 7 5 16

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

Geographical Location (if known): Longitude: Latitude:

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Name Ken Tesar Signature Ken Tesar

Address 22401 SW 114th St City/State/Zip Crete, NE 68333

☐ Check if owner designed system Home Phone 402-826-0389 Work Phone

C. Contractor

Name: mike Rezac Company Name Rezac Construction

Address 140 N. 1st St Ste A City/State/Zip Lincoln, NE 68508

☐ Check if contractor designed system Work Phone 402-610-2746

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

Designer Name Lloyd Jakobek Firm Raymond Contracting Inc Work Phone 402-890-6009

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☐ 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: 5-07

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

B

Permit Number: HS000353

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 1530 W STOCKWELL ST (no rural route) City LINCOLN NE, Zip 68522

Owner Gary Hoke Addresss 1530 W STOCKWELL ST

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

Date of Tests 4/29/10 to 4/30/10 Weather: Precipitation NONE Temperature 76°

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	4/29	9 am	4/30	10 am	4/30	11 am	12"	4/30	3 pm	30 Min	3.0	10.0
2	23	"	"	"	"	"	"	12"	"	"	"	2.75	10.9
3	23	"	"	"	"	"	"	12"	"	"	"	3.5	8.57
4	22	"	"	"	"	"	"	12"	"	"	"	3.0	10.0
5	23	"	"	"	"	"	"	12"	"	"	"	3.25	9.2
6	24	"	"	"	"	"	"	12"	"	"	"	3	10.0

Person Conducting Percolation Tests

Name: Scott Haes

Phone: 402-499-1166

Address 4760 [illegible] Hill Rd
Lincoln, NE 68516

Sum of Percolation Rates: 58.67

Average of Rates: 9.78

Rate Used for Calculation: _____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

LLCHD HS000355

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

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

HS000353

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 9 Range 6 1/4 4 1/4 _____ Section _____
   Block _____ Lot _____ Addition _____
   Parcel ID ____-____-_____-_____-_____ (i.e. 99-99-999-999-999)

   Street Address (no rural route) 1530 W STOCKWELL LINCOLN, NE 68522

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

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

4. **Description of proposed alteration, extension or repair** ADD 100 feet of Lateral

5. **Work to be done by:** ☐ owner ☒ contractor's name Haes 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 Scott Haes Address 4760 Union Hill Rd Phone: 402-499-1066

Applicant Signature (owner or lessee) Scott Haes

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

Site visits
Date ____/____/____ By_____
Date ____/____/____ By_____
Date ____/____/____ By_____

Installation final written approval
Date____/____/____ 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:____/____/____ Amount_____ Check No. _____ Initials_____

Revised 3-09

5-5-2010 11:15:49