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

A

Permit Number HS000384

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 13911 NW 56th St (no rural route) City Raymond, NE Zip 68428

Legal Description SE 1 11 5 Oak Valley 1st Addition Replat 2

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

Geographical Location (if known): Lat/Long: _____ PID 05-01-462-002-000

B. Owner

Name C. Alan Brandin Signature _____

Address 4824 W Mill Rd - 4004 City/State/Zip Raymond NE 68428

Home Phone 402-783-2200 Work Phone 402-890-0588

C. Certified Installer

Name: Lloyd Jakubek, Raymond Contracting Signature _____

Address 13811 NW 70th St City/State/Zip Raymond, NE 68428

Work Phone 402-890-6005

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 _____ Is there a Whirlpool Bathtub? ☐ Yes ☐ No Total Acres 3.11

☒ Commercial Establishment/Other Facility Specify Shop - portable toilet business Design flow in gallons per day < 100

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 Date rec'd 7/23/10 **ACTION** ☑ Approved ☐ Disapproved
Site visits _____ Date frwd 7/23/10 Signature _____

2. Supt. Bldg. Insp. or Village Clerk Date rec'd _____ **ACTION** ☑ Approved ☐ Disapproved
Comments _____ Date frwd _____ Signature See attached

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

Installation Final Written Approval
By _____
Date _____

Business Office Use Only
Date Received 7/26/10 Amount Paid $ 360.00
Received By DH Cash/Check No. 7462

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

Form A Updated: 5/10

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. HS000384

System Type: STANDARD

Situs: 13911 NW 56th

Legal Description: T11N-R05E-S01-Lot 2

Owner:

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

Issued: 07/27/2010
Expires: 07/27/2011

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 HS000384

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

SCANNED

D

Permit Number: 45000384

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date 7-16-10 Legal Description SE 1/4 1-11-5 1/4 Section Township Range off Valley Rd past Raymond Rd 2

Onsite System Location

Address (no rural route) 13411 Nw 56th St City Raymond NE, Zip 68428

Owner Alan Brackling Address 4284 W Raymond Rd Raymond NE 68428

A. Sewer Pipe

1. Material: SDR 26
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 20 in.
3. Distance between dwelling and septic tank: 17 ft.
4. Number of clean-outs: one
5. Distances to: well or suction line 50' 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: _____ in.
8. Distances to: Well or suction line 50' 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: _____
   Number available outlets: _____
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: _____ ft.

D. Drainfield Absorption

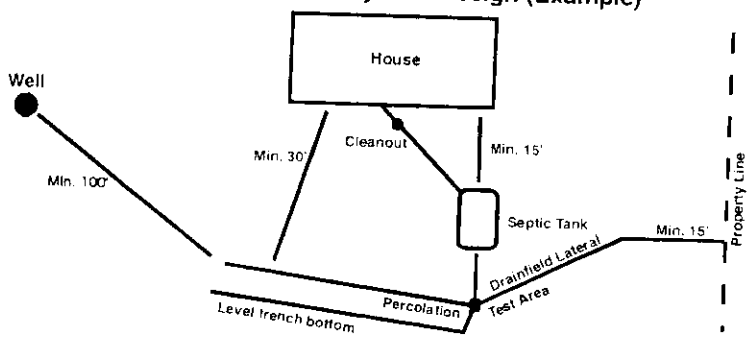
☐ Trench ☐ Bed ☐ Level Bottom

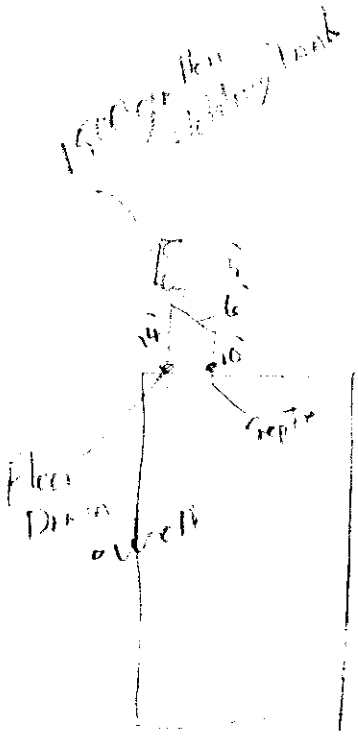
1. Type: ☐ Half rounds ☐ Perforated pipe ☐ Chambers
   Diameter or width: _____
   Number of distribution lines in bed _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other _____
2. Drainfield Laterals: Number _____
   Length of each line: _____ ft. _____ ft.
   _____ ft. _____ ft., _____ ft.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




Failure
Septic
14'
10'
Septic

LLCHD HS000384

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

A

Permit Number HS000384

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 13911 NW 56th St (no rural route) City Raymond, NE Zip 68428

Legal Description SE 1 11 5 Oak Valley 3rd Park Replat 3

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

Geographical Location (if known): Lat/Long: _____ PID 05-01-402-002-000

B. Owner

Name G. Alan Branding. Signature _____

Address 4884 W Mill Rd - 4934 City/State/Zip Raymond NE 68428

Home Phone 402-783-2260 Work Phone 402-890-0588

C. Certified Installer

Name: Lloyd Jakubek, Raymond Contracting. Signature _____

Address 13800 NW 70th St City/State/Zip Raymond, NE 68428

Work Phone 402-890-1005

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 _____ Is there a Whirlpool Bathtub? ☐ Yes ☐ No Total Acres 3.11

☑ Commercial Establishment/Other Facility Specify Shop - portable toilet business Design flow in gallons per day 100

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 7/23/10
Date frwd 7/23/10
ACTION ☑ Approved ☐ Disapproved
Signature _____

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

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

7-23-2010 15:57:47

LLCHD HS000384

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

D

Permit Number: H5000 384

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date 7-16-10 Legal Description SE 1-11-5 (1/4 1/4 Section Township Range) on: Valley Trail past Rapid Lot 2

Onsite System Location

Address (no rural route) 13411 Nw 56th St City Raymond NE, Zip 68428

Owner Alan Beardsley Address 4224 W Mallard Raymond NE 68428

A. Sewer Pipe

1. Material: SDR 26
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 20 in.
3. Distance between dwelling and septic tank: 17 ft.
4. Number of clean-outs: one
5. Distances to: well or suction line 50' 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: _____ in.
8. Distances to: Well or suction line 50' 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: _____
   Number available outlets: _____
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: _____ ft.

D. Drainfield Absorption

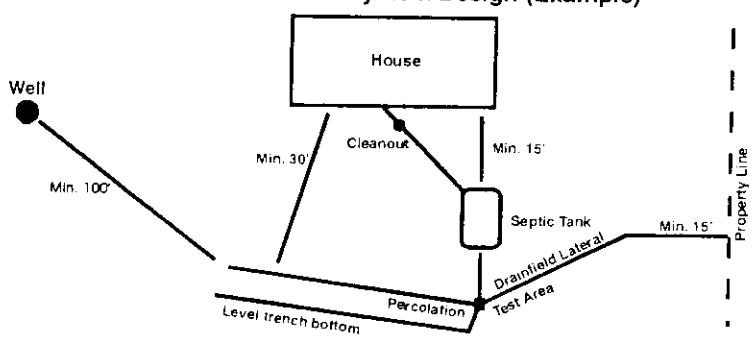
☐ Trench ☐ Bed ☐ Level Bottom

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 _____
   Length of each line: _____ ft. _____ 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 _____ 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)



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

A

Permit Number
HS000384

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

Include Form B and Submit correct fo with th s Applicati

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 13911 NW 56th St (no rural route) City Raymond NE Zip 68428

Legal Description SE 1 11 5 Oak Valley 1st Park replat

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

Geograph cal Location (f known): Lat/Long: PID 05-01-402-002-000

B. Owner

Name G. Alan Brandinger Signature

Address 4884 W Mill Rd City/State/Zip Raymond, NE 68428

Home Phone 402-783-2200 Work Phone 402-890-0588

C. Certified Installer

Name: Lloyd Schmidt, Raymond Contracting Signature

Address 13800 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 Is there a Whirlpool Bathtub? ☐ Yes ☐ No Total Acres 3.11

☒ Commercial Establishment/Other Facility Specify Shop - portable toilet business Design flow in gallons per day 400

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 — Date rec'd — Date frwd — Site visits — ACTION ☐ Approved ☐ Disapproved — Signature

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

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

Installation Final Written Approval

By

Date

Business Office Use Only

Date Received Amount Paid

Received By Cash/Check No.

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

D

Permit Number: HS000384

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date 7-16-10 Legal Description SE 1/4 1-11-5 SectionTownship Range Off Valley Rd from Kepler Lot 2

Onsite System Location

Address (no rural route) 13411 Nw 56th St City Raymond NE, Zip 68428

Owner Alan Brandt Address 4204 W Mill Rd Raymond NE 68428

A. Sewer Pipe

1. Material: SDR 26
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 20 in.
3. Distance between dwelling and septic tank: 17 ft.
4. Number of clean-outs: one
5. Distances to: well or suction line 50' 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: _____ in.
8. Distances to: Well or suction line 50' 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: _____
   Number available outlets: _____
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: _____ ft.

D. Drainfield Absorption

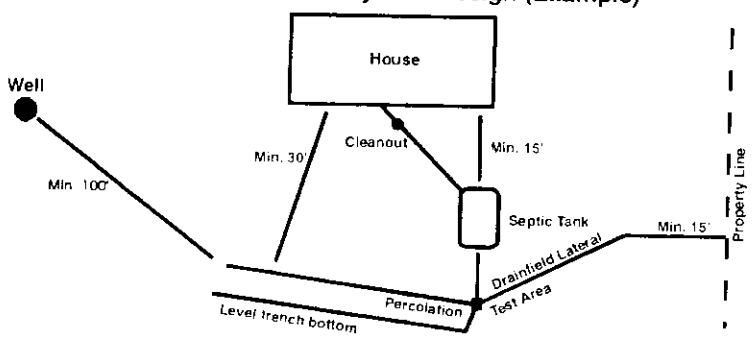
☐ Trench ☐ Bed ☐ Level Bottom

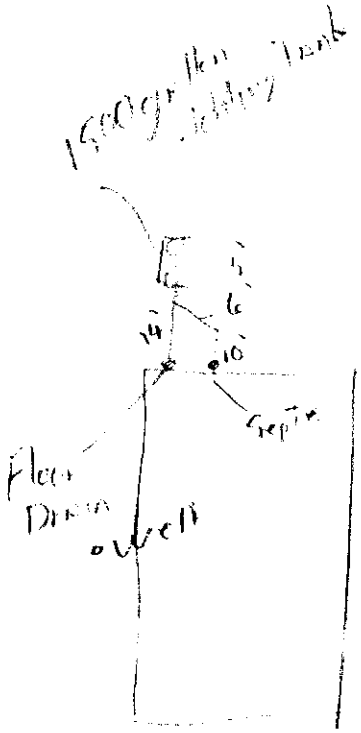
1. Type: ☐ Half rounds ☐ Perforated pipe ☐ Chambers
   Diameter or width: _____
   Number of distribution lines in bed _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other _____
2. Drainfield Laterals: Number _____
   Length of each line: _____ ft. _____ ft.
   _____ ft. _____ ft., _____ ft.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




1500 gallon holding Tank
Future
Septic.
14'
6'
10'
Septic
Flow
Drain
Well