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. HS000408

System Type:	LAGOON
Situs:	T9N, R5E, SEC 16, Lot 12
Legal Description:	T09N-R05E-S16-Lot 12
Owner:	

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

Issued:	10/05/2010
Expires:	10/05/2011

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 HS000408

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

SEP 22 2010

A

Permit Number HS000408

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 Not Yet Available (no rural route) City Denton, NE Zip 68339

Legal Description SW 1/4 1/4 Section 9 Township 5 Range ____ Subdivison ____ Addition ____ Block ____ Lot 12

Geographical Location (if known): Lat/Long: ____ PID 03-16-300-002-000

B. Owner mike Adams

Name Adams Enterprises Inc Signature on attached copy

Address 6547 Rolling Hills Ct City/State/Zip Lincoln, NE 68512

Home Phone ____ Work Phone 402-499-8635

C. Certified Installer

Name: Lloyd Jakoubek, Raymond Contracting Inc Signature ____

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

Work Phone 402-890-4609 / 402-783-2663

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 20.27

☑ Commercial Establishment/Other Facility Specify Shop Design flow in gallons per day 200

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

10-5-2010 11:7:2 7450 $ 325.00 10-4-10 Sold

Form A Updated: 5/10

LLCHD HS000408

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

SEP 22 2010

A

Permit Number HS000408

Onsite Wastewater Treatment System
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PLEASE PRINT OR TYPE

A. Onsite System Location

Address [illegible] (no rural route) City Denton, NE Zip 68339

Legal Description SW 1/4 1/4 Section 16 Township 9 Range 5 Subdivison _____ Addition _____ Block _____ Lot 12

Geographical Location (if known): Lat/Long: _____ PID 03-16-300-002-000

B. Owner mike Adams

Name Adams Enterprises Inc Signature on a Hand Carry

Address 6547 Rolling Hills Ct City/State/Zip Lincoln, NE 68512

Home Phone _____ Work Phone 402-499-8635

C. Certified Installer

Name: Lloyd J Hakonson, Raymond Contracting Inc Signature _____

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

Work Phone 402-890-4009 / 402-783-2643

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 20.27

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Approval Process ☐ Municipal Code 24.38 ☐ County Resolution No. 02-30

1. Health Department
Site visits _____
Date rec'd 9/27/10
Date frwd 9/27/10
ACTION ☑ Approved ☐ Disapproved
Signature [signature]

2. Supt. Bldg. Insp. or Village Clerk
Comments _____
Date rec'd 9/28/10
Date frwd 9/28/10
ACTION ☑ Approved ☐ Disapproved
Signature [signature]

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

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

9-28-2010 11:54:50

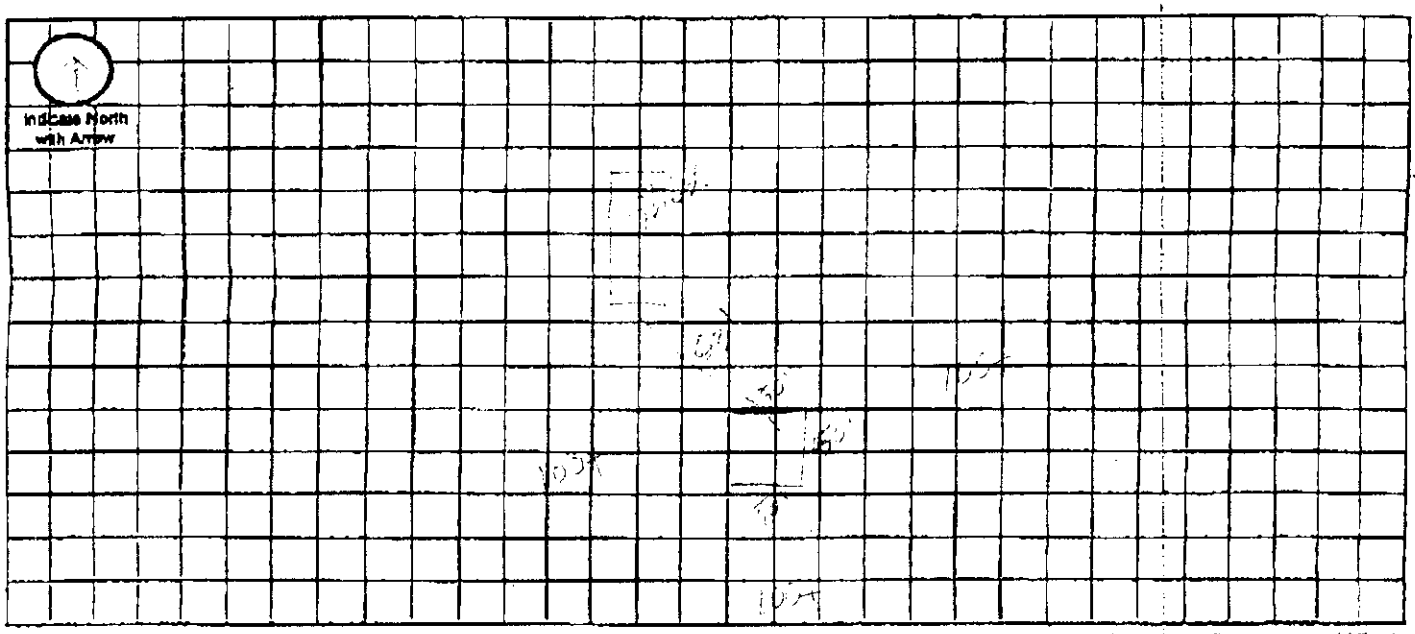
C

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

Permit Number: HS 000048

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) _____ City Ashland NE. Zip 68339

SW 14 16-9-5 Lot 12

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 ☑	N/A ☐	30 ☑	50 ☑	100 ☑	200 ☑	☐

E. Required Signatures

Home Building Contractor Mike A Adams Date 9-21-10

Installer Ronnie D. Johnson Date 9-21-10

FORM 23-102 10-96

LLCHD HS000408

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

SEP 22 2010

A

Permit Number HS000408

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 Not Yet Available (no rural route) City Denton, NE Zip 68339

Legal Description SW 1/4 1/4 Section 9 Township 5 Range ____ Subdivison ____ Addition ____ Block ____ Lot 12

Geographical Location (if known): Lat/Long: ____ PID 03-14-300-002-000

B. Owner Mike Adams

Name Adams Enterprises Inc Signature on attached copy

Address 6547 Rolling Hills Ct City/State/Zip Lincoln, NE 68512

Home Phone ____ Work Phone 402-499-8635

C. Certified Installer

Name: Lloyd J Akoubek, Raymond Contracting Inc Signature ____

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

Work Phone 402-890-4609 / 402-783-2663

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 20.27

☑ Commercial Establishment/Other Facility Specify Shop Design flow in gallons per day 200

Type of Wastewater ☒ Domestic ☐ Non-Domestic Well Permit Applied for ☐ Yes ☐ No ☐ Not Applicable

DO NOT WRITE BELOW THIS LINE

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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 ____
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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

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

SCANNED

SEP 22 2010

A

Permit Number H5000408

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 Not Yet available (no rural route) City Denton, NE Zip 68339

Legal Description SW 1/4 1/4 Section 11 Township 9 Range 5 Subdivison Addition Block Lot 12

Geographical Location (if known): Lat/Long: PID 03-11-300-002-000

B. Owner mike Adams

Name Adams Enterprises Inc Signature on attached copy

Address 6547 Rolling Hills Ct City/State/Zip Lincoln, NE 68512

Home Phone Work Phone 402-499-8635

C. Certified Installer

Name: Lloyd Jakoubek, Raymond Contracting Inc Signature

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

Work Phone 402-890-4009 / 402-783-2663

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 20.27

☑ Commercial Establishment/Other Facility Specify Shop Design flow in gallons per day 200

Type of Wastewater ☒ Domestic ☐ Non-Domestic Well Permit Applied for ☐ Yes ☐ No ☐ Not Applicable

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Approval Process ☐ Municipal Code 24.38 ☐ County Resolution No. 02-30

1. Health Department
Site visits
Date rec'd 9/27/10
Date frwd 9/27/10
ACTION ☑ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd 9/28/10
Date frwd 9/28/10
ACTION ☐ Approved ☐ Disapproved
Signature

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

Installation Final Written Approval
By Doug Mabel Time, lagoon + fence
Date 10/7/10

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

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

OCT 12 2010

D

Permit Number:

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date 10-6-10 Legal Description SW 1/4 SW 1/4 16-9-5 Section Township Range 2 of 12

Onsite System Location 6350 SW 1/2

Address (no rural route) Not Yet Available City Denton NE, Zip 68339

Owner Mike Adams/Adams Custom Homes Address P.O. Box 23108 Lincoln, NE 68542

A. Sewer Pipe

1. Material: SDR 26
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: 134 ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line 100+ ft.
   stream 100+ ft.
   pressure line 100+ ft.
   property line 100+ ft.

B. Septic Tank

☐ Label with Manufacturer, address and gallon capacity

1. Material: _____
   Number of compartments: _____
2. Capacity: _____ gal.
3. Factory built: ☐ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☐ above ☐ below 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 _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ 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

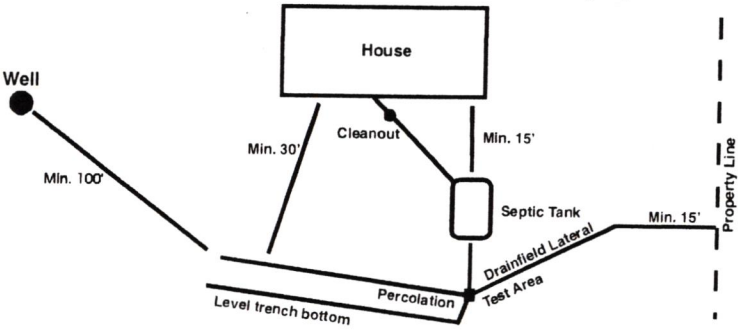
☐ Trench ☐ Bed ☐ Level Bottom

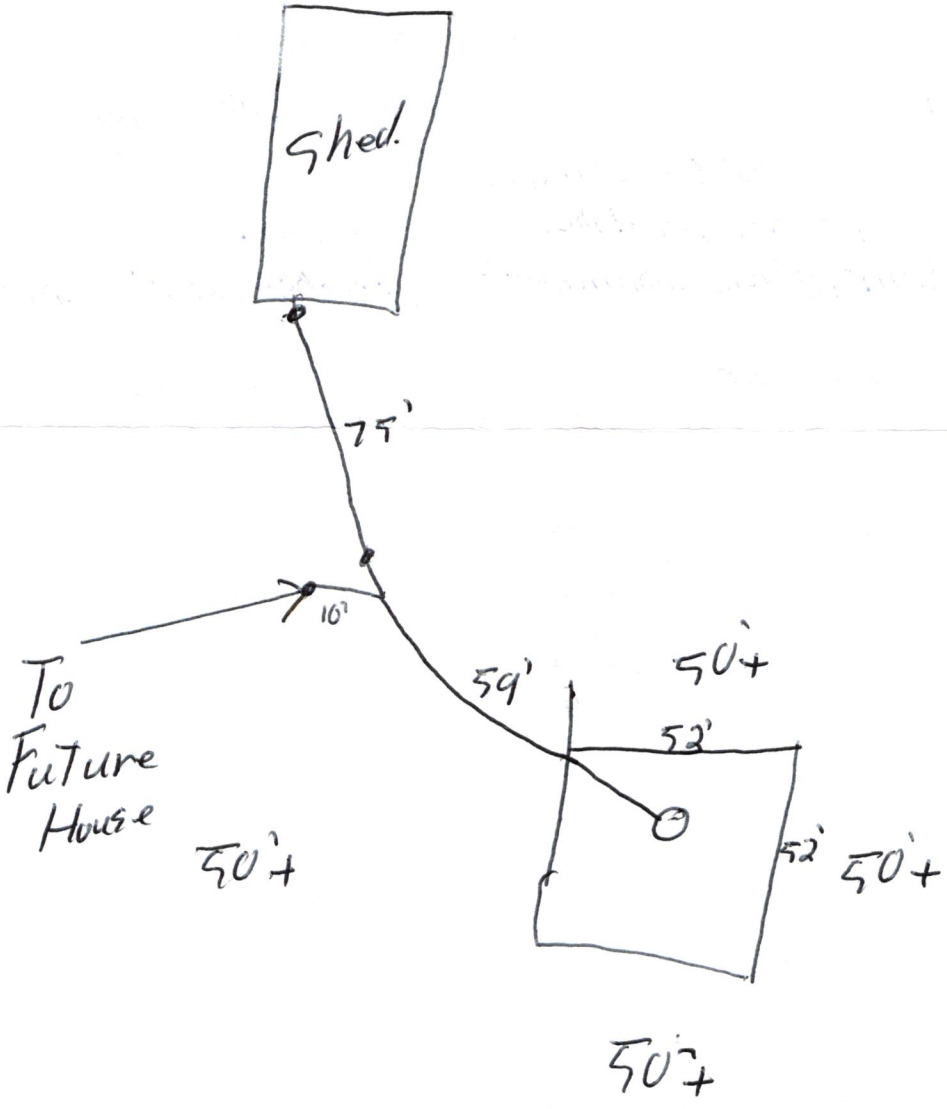
1. Type: ☐ Half rounds ☐ Perforated pipe ☐ Chambers
   Diameter or width: _____
   Number of distribution lines in bed _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other _____
2. Drainfield Laterals: Number _____
   Length of each line: _____ ft. _____ ft.
   _____ ft. _____ ft., _____ ft.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

Onsite Wastewater System Design (Example)

Indicate North with Arrow




Shed.
75'
10'
To
Future
House
50'+
59'
50'+
52'
52'
50'+
50'+