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. HS000409

System Type:	LAGOON
Situs:	900 W ROKEBY RD
Legal Description:	T09N-R06E-S27-2-Lot 2
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 HS000409

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

SEP 23 2010

A

Permit Number HS000409

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 900 W Rokeby Rd (no rural route) City Lincoln, NE Zip 68523

Legal Description SW 27 9 6 Vantage Pointe Estates 1st Add 2 2
(1/4 | 1/4 | Section | Township | Range | Subdivison | Addition | Block | Lot)

Geographical Location (if known): Lat/Long: _____ PID 09-27-305-602-000

B. Owner

Name Vantage Pointe Homes (Dan Kwor) * Signature on attached sheet

Address 1000 W Rokeby Rd City/State/Zip Lincoln, NE 68523

Home Phone 402-560-2124 Work Phone 402-423-8661

C. Certified Installer

Name: Lloyd Jakowbek, Raymond Contracting Inc Signature _____

Address 13900 NW 70th St City/State/Zip Raymond, NE 68428

Work Phone 402-890-6009 / 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 4 Is there a Whirlpool Bathtub? ☒ Yes ☐ No Total Acres .98

☐ 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

10-5-2010 14:8:21
CK# 7451 $325.00

LLCHD HS000409

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

SEP 23 2010

A

Permit Number
HS000409

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 900 w Rokeby Rd (no rural route) City Lincoln, NE Zip 68523

Legal Description SW 27 9 6 Vantage Pointe Estates 1st Add 2 2
1/4 1/4 Section Township Range Subdivison Addition Block Lot

Geographical Location (if known): Lat/Long: PID 04-27-305-002-000

B. Owner

Name Vantage Pointe Homes Dan Kubr * Signature on attached sheet

Address 1000 w Rokeby Rd City/State/Zip Lincoln, NE 68523

Home Phone 402-560-2124 Work Phone 402 423-2661

C. Certified Installer

Name: Lloyd Jakubek Raymond Contracting Signature

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

Work Phone 402-890-6004 / 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 4 Is there a Whirlpool Bathtub? ☒ Yes ☐ No Total Acres .95

☐ 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 9/22/10
Date frwd 9/23/10
ACTION ☒ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd 9/27/10
Date frwd 9/28/10
ACTION ☐ Approved ☐ Disapproved
Signature

3. City or County Engineer
Comments
Date rec'd 9-27-10
Date frwd 9-27-10
ACTION ☒ Approved ☐ Disapproved
Signature Jim Blouzek

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 12: 6:47

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

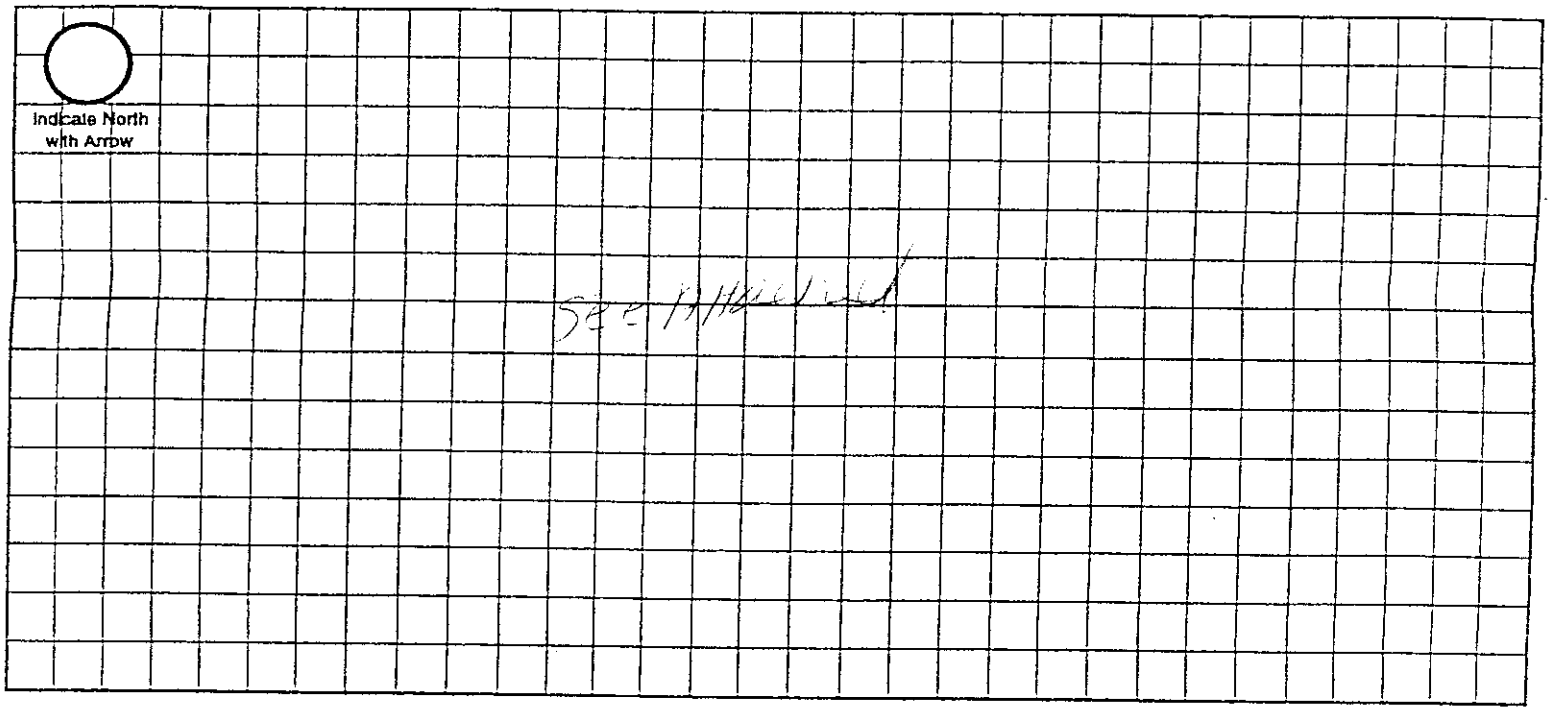
C

Permit Number: HS000409

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) 400 W Rokeby Rd City Lincoln NE, Zip 68523

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	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 Ryan Hunt Date _____

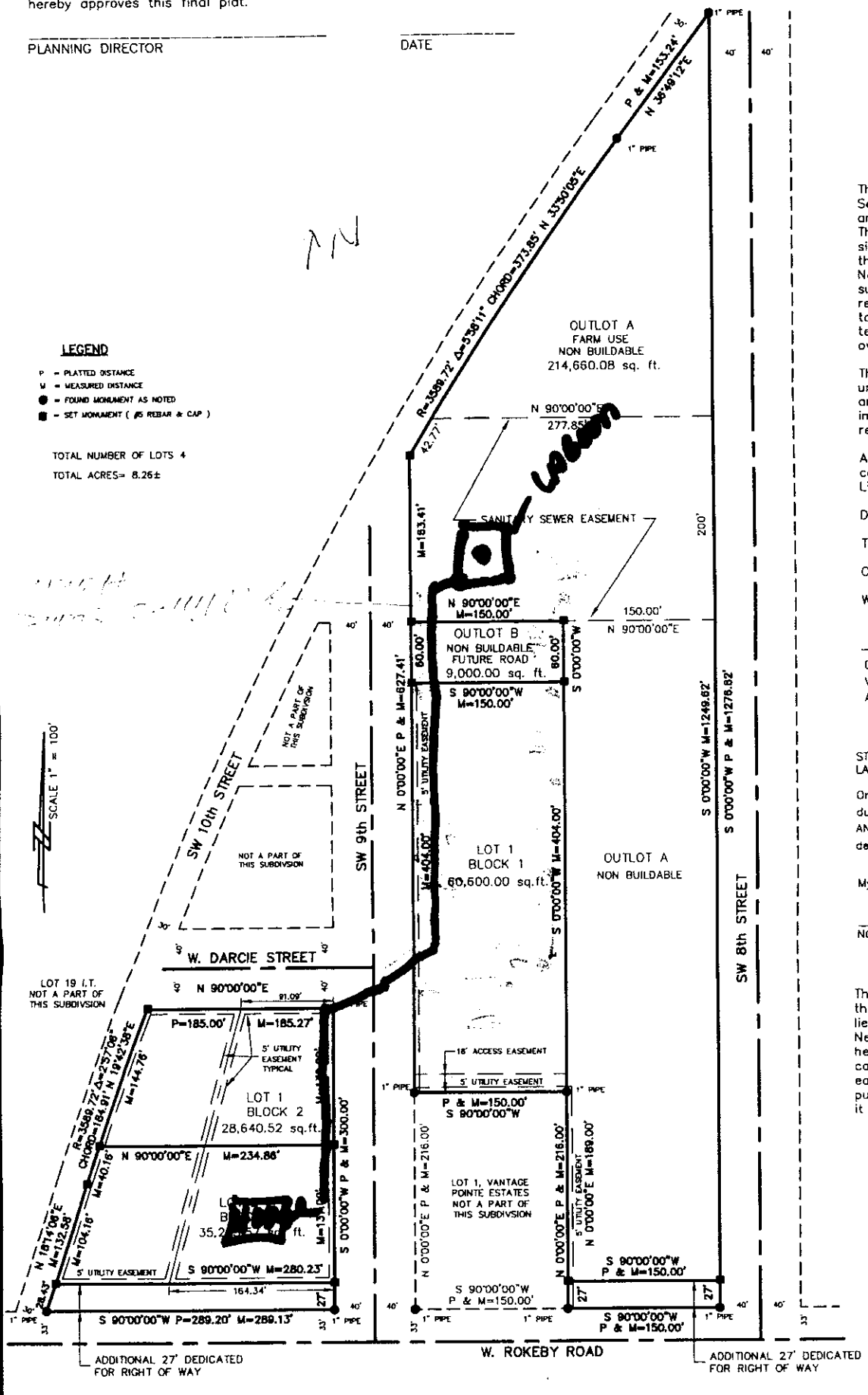
Installer Ryan L. Johnson Date 9-21-12

VANTAGE POINTE ESTATES
FINAL PLAT

PLANNING DIRECTOR'S APPROVAL

The planning director pursuant to Section 26.11.060 of the L.M.C., hereby approves this final plat.

PLANNING DIRECTOR _____ DATE _____



DEDICA

The Foregoing plat of VANTAGE POINTE ESTATE Section 27, Township 9 North, Range 6 East o and being more fully described by metes and This Dedication is made with free consent and signed, sole owners and the easements shown the City of Lincoln, Nebraska, a municipal corp Nebraska, Inc., Time Warner Entertainment–Adv successors and assigns to allow entry for the replacement, repairs, operation and maintenanc towers, pipes and equipment for distribution of television, wastewater collectors; storm drains; over, upon, or under the easement as shown

The construction or location of any building or under any easement shown thereon shall be pr and assigns are hereby held harmless for the improvement or vegetation over, upon or under relocation of existing facilities will be at the o

Any construction or grade changes in Lincoln E corridors are subject to Lincoln Electric System Lincoln Electric System design and safety stan

Direct vehicular access to W. Rokeby Road is h

The streets shown thereon are hereby dedicate

Only one residential access per lot is permitte

WITNESS my hand this _____ day of ___

_____
DAN KUBR
VANTAGE POINTE HOMES, INC.
A NEBRASKA CORPORATION

ACKNOWLEDGMEN

STATE OF NEBRASKA
LANCASTER COUNTY

On this _____day of _____
duly commissioned, qualified for and residing in said ANNE C. KUBR, husband and wife, known to be the dedication to the foregoing plat and they acknowled

My Commission Expires the _____day of _____

_____
NOTARY PUBLIC

LIEN HOLDER CONSENT

The undersigned, holder of that certain lien agc the plat known as VANTAGE POINTE ESTATES 1s lien being recorded in the Office of the Regist Nebraska, as Instrument No. 2000–25044 & 20 hereby consent to the dedication of the Lien to cable TV, telephone, natural gas) easements, or easements, and access easements and relinquis public, all as shown on the Plat, but not other it is the holder of the lien and has not assigne

FIRST STATE BANK

By: _____

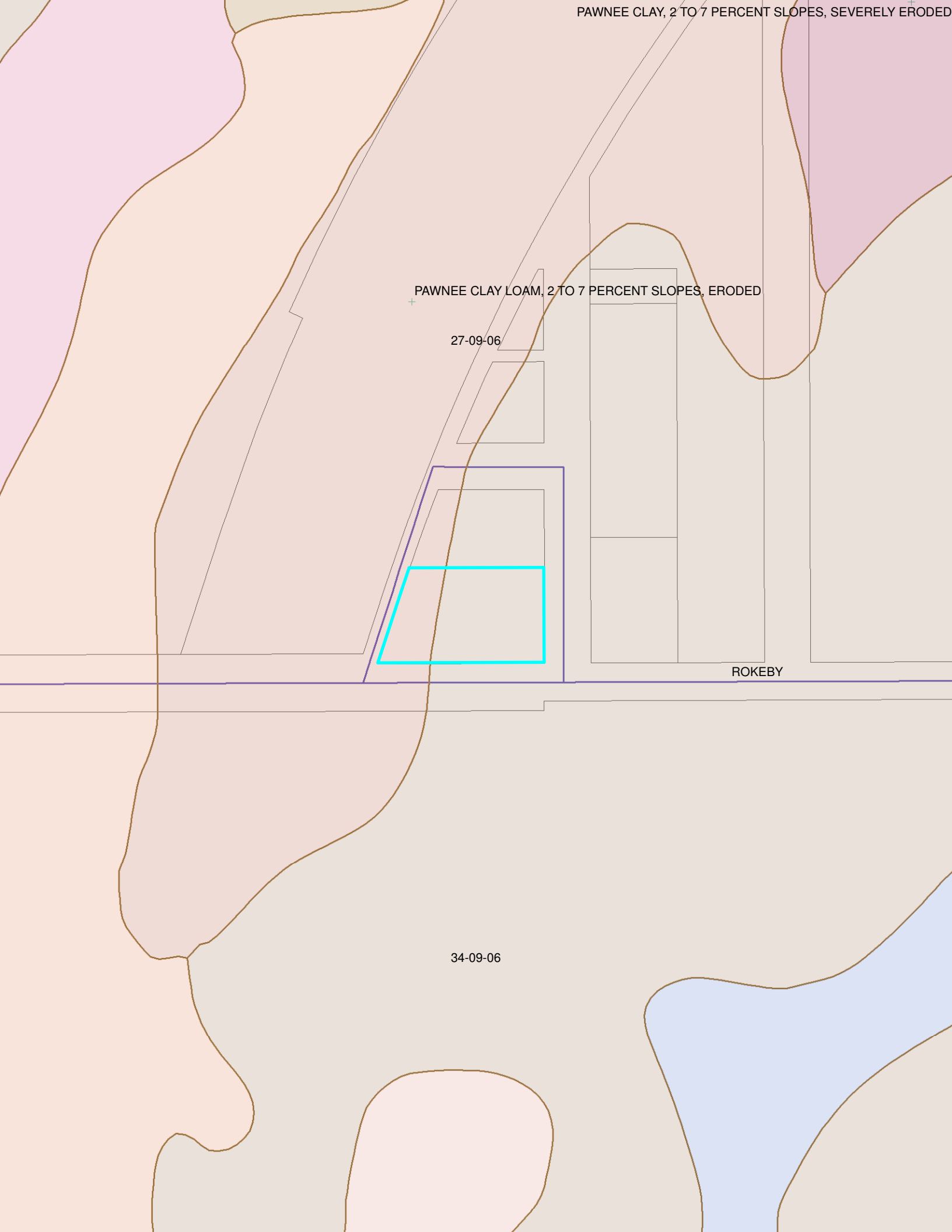
Title: _____

ACKNOWLEDGEM

STATE OF NEBRASKA }
LANCASTER COUNTY } s

The foregoing instrument was ackn
_____, 2009,
of FIRST STATE BANK.

Notary Public _____


PAWNEE CLAY, 2 TO 7 PERCENT SLOPES, SEVERELY ERODED
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
27-09-06
ROKEBY
34-09-06

LLCHD HS000409

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

SEP 23 2010

A

Permit Number HS000409

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 900 W Rokeby Rd (no rural route) City Lincoln, NE Zip 68523

Legal Description SW 27 9 6 Vantage Pointe Estates 1st Add 2 2
(1/4 | 1/4 | Section | Township | Range | Subdivison | Addition | Block | Lot)

Geographical Location (if known): Lat/Long: _____ PID 09-27-305-602-000

B. Owner

Name Vantage Pointe Homes (Dan Kwbr) * Signature on attached sheet

Address 1000 W Rokeby Rd City/State/Zip Lincoln, NE 68523

Home Phone 402-560-2124 Work Phone 402-423-8661

C. Certified Installer

Name: Lloyd Jakowski, Raymond Contracting Inc Signature _____

Address 13900 NW 70th St City/State/Zip Raymond, NE 68428

Work Phone 402-890-6009 / 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 4 Is there a Whirlpool Bathtub? ☒ Yes ☐ No Total Acres .98

☐ 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

9-27-2010 14:22:24

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

SEP 23 2010

SCANNED

A

Permit Number
H5000409

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

Include Form B and C. Submit correct fee with this Application

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Home Phone 402-560-2124 Work Phone 402-423-8661

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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 9/27/10
Date frwd 9/27/10
ACTION ☒ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd 9/27/10
Date frwd 9/28/10
ACTION ☐ Approved ☐ Disapproved
Signature

3. City or County Engineer
Comments
Date rec'd 9-27-10
Date frwd 9-27-10
ACTION ☒ Approved ☐ Disapproved
Signature Jim Plouzek

Installation Final Written Approval
By Doug Ruhl
Date 9/30/10

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

OCT 04 2010

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

Vantage Pointe Lot 1st Add

Date 9-29-10 Legal Description SW 1/4 27-9-6 1/4 Section Township Range Block 2 Lot 2

Onsite System Location

Address (no rural route) 900 W Rokeby Rd City Lincoln NE, Zip 68523

Owner Vantage Pointe Homes Address 1000 W Rokeby Rd Lincoln NE 68523

A. Sewer Pipe

1. Material: SDR26
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 36 in.
3. Distance between dwelling and septic tank: 17' ft.
4. Number of clean-outs: _____
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: 2comp
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 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: 48 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

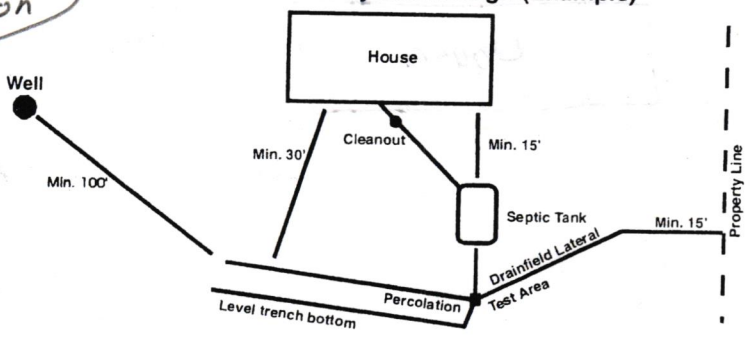
1. Type: ☐ Half rounds ☐ Perforated pipe ☐ Chambers
   Diameter or width: _____
   Number of distribution lines in bed _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other _____
2. Drainfield Laterals: Number _____
   Length of each line: _____ ft. _____ ft.
   _____ ft. _____ ft., _____ ft.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

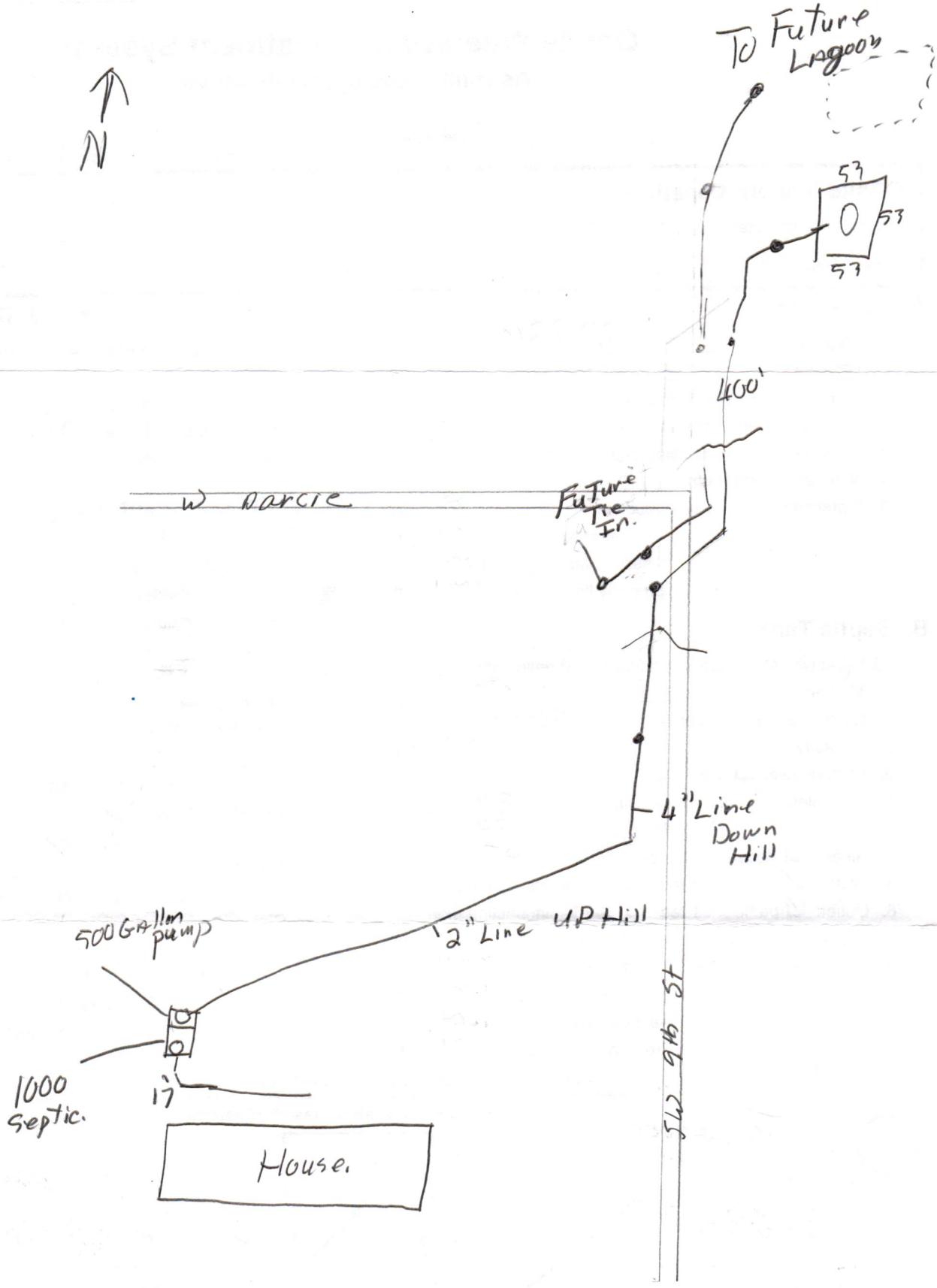
Complete As-Built drawing on the back fo this form.

Indicate North with Arrow

To Lagoon

Onsite Wastewater System Design (Example)




To Future Lagoon
N
53
53
53
400'
w Parcie
Future Tie In.
4" Line Down Hill
2" Line UP Hill
500 Gallon pump
1000 Septic.
17'
House.
SW 96 St