LLCHD HS000412

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

SEP 30 2010

A

Permit Number HS000412

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 9440 S 112th, Rd (no rural route) City Lincoln NE Zip 68526

Legal Description SW 15 9 5 24/74
1/4 1/4 Section Township Range Subdivison Addition Block Lot

Geographical Location (if known): Lat/Long: PID 03-15-300-026-000

B. Owner

Name Paul Fiscus Signature [illegible]

Address 6747 SW 61st St City/State/Zip Lincoln, NE 68526

Home Phone 402-610-6251 Work Phone

C. Certified Installer

Name: Lloyd Jirkovsky Septic Contracting Signature Lloyd J. Jirkovsky

Address 1200 N 70th St City/State/Zip Lincoln, NE 68505

Work Phone 402-466-1666

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 2 Is there a Whirlpool Bathtub? ☐ Yes ☑ No Total Acres 5.62

☐ 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. ~~02-36~~ 5

1. Health Department Date rec'd 10/4/10 **ACTION** ☑ Approved ☐ Disapproved
Site visits Date frwd 10/4/10 Signature

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

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 Amount Paid
Received By Cash/Check No.

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

Form A Updated: 5/10

10-4-2010 14:42:33

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

B

Permit Number: HS000412

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 9446 W. Denton, Rd (no rural route) City Denton NE, Zip 68339

Owner Paul Lucas Addresss 6416 SW 91st St Denton, NE 68339

Soil Type (SCS): Wymore Percolation Rate: 43 min./inch

Date of Tests 9/22/16 to 9/23/16 Weather: Precipitation -0- during test / Temperature 75° "1/8" overnight

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	32	9/22	9:00a	9/23	12:00p	9/23	12:15	6	9/23	12:30	15	1 3/4	9
2	28	"	"	"	"	"	2:30p	"	"	3:00p	30	3 1/2	9
3	25	"	"	"	"	"	"	"	"	"	"	4 3/16	7
4	23	"	"	"	"	"	"	"	"	"	"	1 5/8	11
5	20	"	"	"	"	"	"	"	"	"	"	1 3/16	13
6	30	"	"	"	"	"	"	"	"	"	"	11/16	43

Sum of Percolation Rates: 110

Average of Rates: 12

Rate Used for Calculation: 43 (20 minutes)

Person Conducting Percolation Tests

Name: Terri L. Jakoubek, Raymond Contracting, Inc.

Phone: 402-783-2663 or 402-890-3870

Address 13800 NW 70th St

Raymond, NE 68428 # C1198

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

C

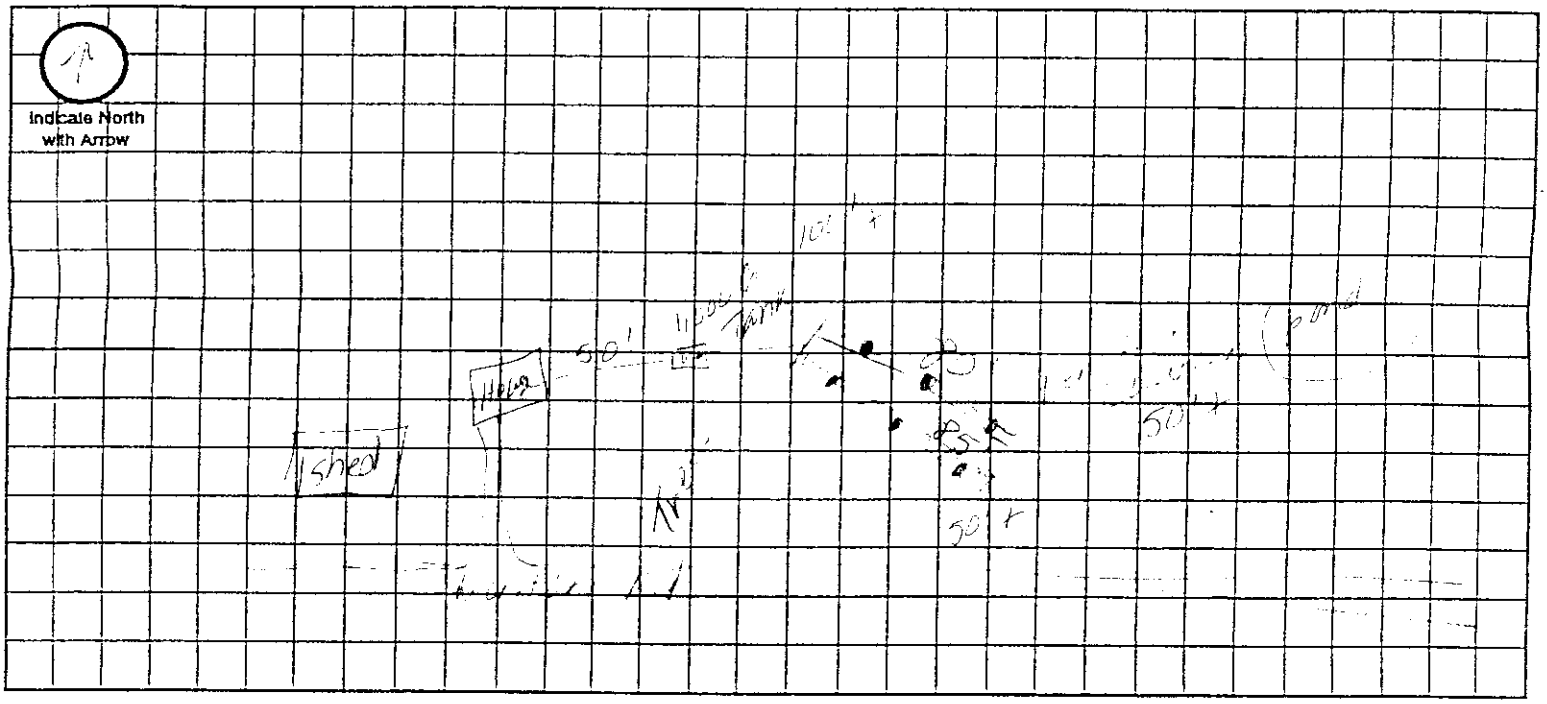
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

Permit Number:

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 _____ NE, Zip _____

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 _____

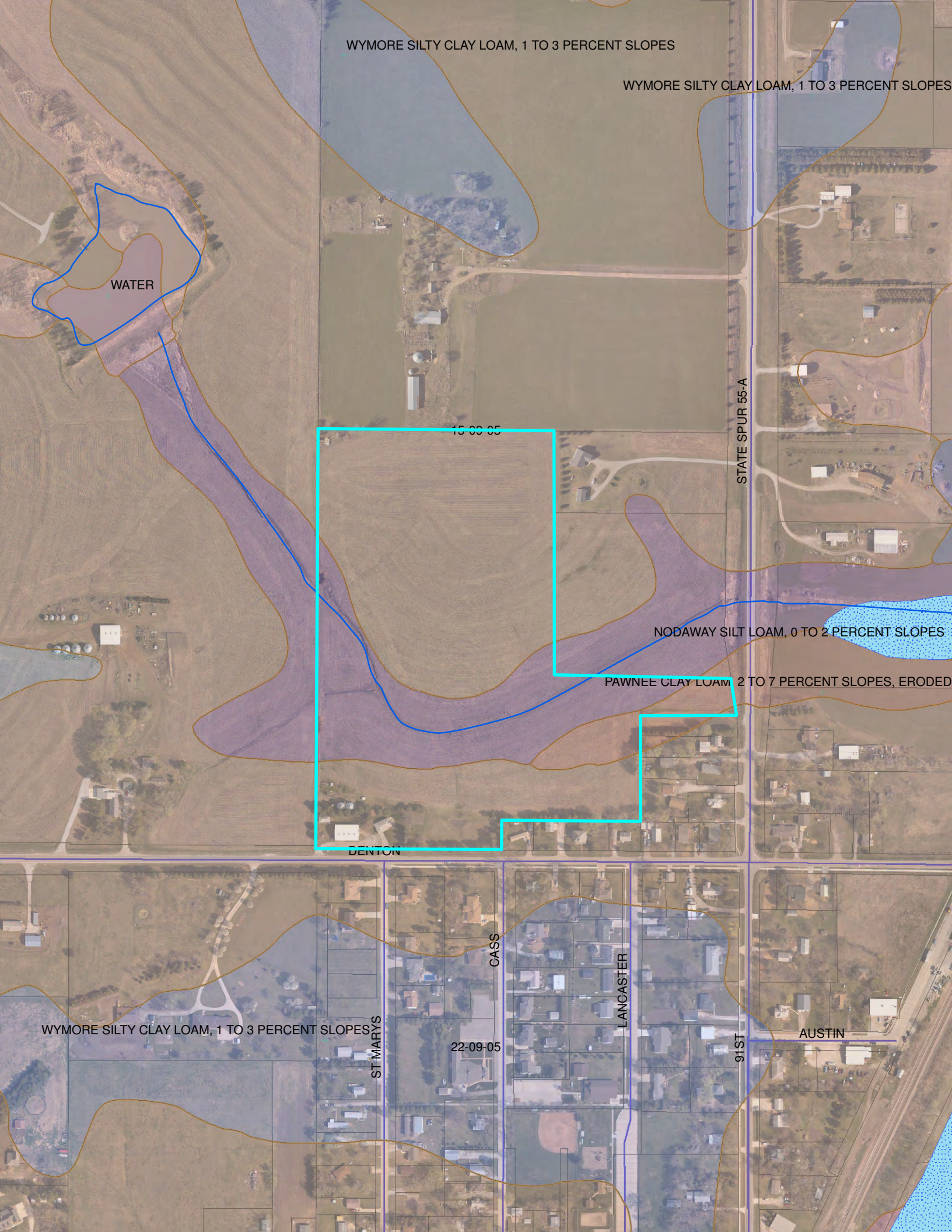
D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

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 _____ Date _____

Installer _____ Date _____


WYMORE SILTY CLAY LOAM, 1 TO 3 PERCENT SLOPES
WYMORE SILTY CLAY LOAM, 1 TO 3 PERCENT SLOPES
WATER
STATE SPUR 55-A
NODAWAY SILT LOAM, 0 TO 2 PERCENT SLOPES
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
DENTON
CASS
LANCASTER
ST MARYS
WYMORE SILTY CLAY LOAM, 1 TO 3 PERCENT SLOPES
22-09-05
91ST
AUSTIN

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. HS000412

System Type: STANDARD

Situs: 9400 W DENTON RD

Legal Description: T09N-R05E-S15-Lot 74

Owner: FRAAS, PAUL J
15924 FRANCES CIR
OMAHA NE
68130

Permit Fee:	$335.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$335.00
Issued:	10/04/2010
Expires:	10/04/2011

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 HS000412

SCANNED

A

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

SEP 30 2010

Permit Number HS000412

Onsite Wastewater Treatment System
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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 9400 W North Rd (no rural route) City Lincoln, NE Zip 68524

Legal Description SW 15 9 5 2174

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

Geographical Location (if known): Lat/Long: _____ PID 03-15-300-026-000

B. Owner

Name Paul Fiscus Signature [signature] by Tim Schram

Address 6747 SW 61st St City/State/Zip Lincoln, NE 68524

Home Phone 402-610-6251 Work Phone _____

C. Certified Installer

Name: Lloyd Jakubek Jakubek Irrigation & Construction Signature Lloyd J. Jakubek

Address 13200 W Van Dorn St City/State/Zip Lincoln, NE 68532

Work Phone 402-475-6626

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 2 Is there a Whirlpool Bathtub? ☐ Yes ☑ No Total Acres 5.02

☐ 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 10/4/10
Date frwd 10/4/10
ACTION ☑ Approved ☐ Disapproved
Signature [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 10/4/10 Amount Paid 335.00
Received By [illegible] Cash/Check No. 7459

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

Form A Updated: 5/10

10-5-2010 14:11: 4