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. HS000436

System Type: STANDARD

Situs: T9N, R6E, SEC 32, N 1/2 of SW 1/4

Legal Description: T09N-R06E-S32-N1/2 of SW1/4

Owner:

Permit Fee:	$335.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$335.00

Issued: 11/10/2010
Expires: 11/10/2011

Judith A Halstead

Judith A. Halstead, MS, 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.

Judith A Halstead

Judith A. Halstead, MS
Health Director

RAYMOND CONTRACTING
13800 NW 70TH
RAYMOND NE 68428

LLCHD HS000436

NOV 5 2010

A

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

Permit Number HS000436

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 [illegible] (no rural route) City Lincoln NE Zip 68533

Legal Description SW 32 9 6

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

Geographical Location (if known): Lat/Long: _____ PID 09-32-300-002-000

B. Owner

Name Kevin Sander / Jonell Farm LLC Signature [signature]

Address 5330 Limestone Rd City/State/Zip Lincoln, NE 68512

Home Phone 402-432-0790 Work Phone _____

C. Certified Installer

Name: Lloyd Tiffenbach Signature Lloyd Tiffenbach (for Lloyd)

Address 13500 NW 70th St City/State/Zip Raymond, NE 68428

Work Phone 402-796-6669/402-783-2663

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 5 Is there a Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 50

☐ 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 11/10/10
Date frwd 11/10/10
ACTION ☒ Approved ☐ Disapproved
Signature [signature]

2. Supt. Bldg. Insp. or Village Clerk
Comments _____
Date rec'd 11-10-10
Date frwd 11-10-10
ACTION ☒ Approved ☐ Disapproved
Signature [signature]

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

11-10-2010 15:56:56

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

B

Permit Number:

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

perc 2

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

SW 1/4 SW 1/4 16-10N-6E 30 miles

Address 5W 40th & Saltillo (no rural route) City Lincoln NE, Zip 68523

Owner Bluff Farm LLC Addresss 5530 Limestone Rd Lincoln, NE 68512

Soil Type (SCS): Wymore Percolation Rate: 60 min./inch

Date of Tests 10/19/10 to 10/20/10 Weather: Precipitation 0 Temperature 74°

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	33	10/19	12:00p	10/19	4:00p	10/20	3:45p	6	10/20	3:15p	30	1/8	231
2	23	"	"	"	"	"	"	"	"	"	"	1/2	60 *
3	38	"	"	"	"	"	"	"	"	"	"	1/16	500
4	20	"	"	"	"	"	"	"	"	"	"	1/2	60 *
5	37	"	"	"	"	"	"	"	"	"	"	1 1/2	20 *
6	25	"	"	"	"	"	"	"	"	"	"	1/2	60 *
7	36	"	"	"	"	"	"	"	"	"	"	1 3/5	22 *
8	25	"	"	"	"	"	"	"	"	"	"	1 1/16	25 *
9	30	"	"	"	"	"	11:15a	"	"	11:45a	"	1/8	231
10	36	"	"	"	"	"	"	"	"	"	"	1/16	500

Sum of Percolation Rates: 247

Average of Rates: 42

Rate Used for Calculation: 60 (2 consecutive)

* used for test

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 _____

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

B

Permit Number:

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 5620 48th & Old Cliff (no rural route) City Lincoln NE, Zip 68523

Owner Brett Lowe LLC Addresss 2300 Winthrop Rd Lincoln NE 68512

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

Date of Tests 10/11/10 to 10/12/10 Weather: Precipitation C Temperature 60°

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	42	10/11	10:30AM	10/11	2:30PM	10/12	10:30AM	6	10/12	10:30AM	30	4 1/4	5.65
2	36	"	"	"	"	"	"	"	"	"	"	4 5/8	6.51
3	30	"	"	"	"	"	"	"	"	"	"	3 1/8	7.9
4	34	"	"	"	"	"	"	"	"	"	"	4 5/8	6.51
5	48	"	"	"	"	"	"	"	"	"	"	4 5/8	6.51
6	24	"	"	"	"	"	"	"	"	"	"	7 1/4	4.14

Person Conducting Percolation Tests

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

Phone: 402-783-2603 or 402-890-3870

Address 13800 NW 70th St
Raymond, NE 68428 # C1198

Sum of Percolation Rates: 1.342

Average of Rates: .452

Rate Used for Calculation: Failed

Water meeting is all that Marty requires please.

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

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

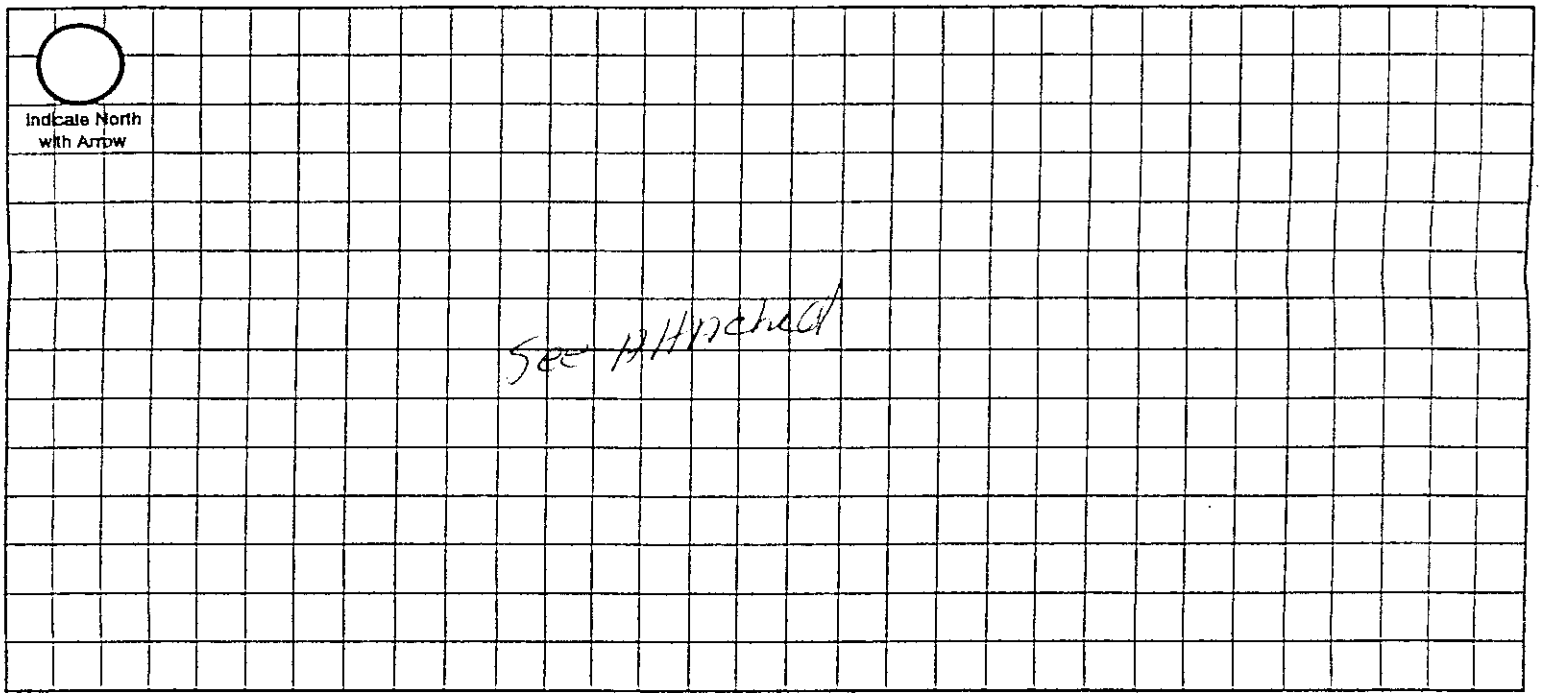
C

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) Not Yet Assigned 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 60 (min. per inch) Soil Type: Wymore Land Slope: _____ %

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

Total Square Feet of Field Required: 1,400 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☒ Other Lateral Material: NDS Cultec Chambers

Capacity of Septic Tank 1,500 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 440 ft. Number of Trenches 4 Trench Width 40"

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 10/27/10

Installer _____ Date 10/26/10

Nate C. Hartman

From: Ken D. Schroeder
Sent: Wednesday, November 10, 2010 3:06 PM
To: Nate C. Hartman
Subject: sewage disposal system permit section 32 (9-6)

Nate,
This is to follow up on our phone conversation today in reference to a sewage disposal system permit for the N 1/2 of the SW 1/4 of Section 32, T-9-N, R-6-E of the 6th P.M., Lancaster County, Nebraska.
Lancaster County Engineering Department indicates approval for a wastewater septic system on said N 1/2 of the SW 1/4 of Section 32 subject to confirmation of and compliance with any floodplain issues regarding system construction.
Please send me a copy of this permit for our records.
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
3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

NOV 5 2010 SCANNED

A

Permit Number H5000436

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 Lincoln, NE Zip 68523

Legal Description SW 32 9 6
1/4 1/4 Section Township Range Subdivison Addition Block Lot

Geographical Location (if known): Lat/Long: PID 09-32-300-002-000

B. Owner

Name Kevin Sander / Brett Farm LLC Signature

Address 5830 Limestone Rd City/State/Zip Lincoln, NE 68512

Home Phone 402-432-0790 Work Phone

C. Certified Installer

Name: Lloyd Jakoubek Signature Lloyd L. Jakoubek (for Lloyd)

Address 13800 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 5 Is there a Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 80

☐ 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 11/10/10
Date frwd 11/10/10
ACTION ☒ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd 11-10-10
Date frwd 11-10-10
ACTION ☒ Approved ☐ Disapproved
Signature

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

Installation Final Written Approval
By Doug Lincoln
Date 12/9/10

Business Office Use Only
Date Received 11-10-10 Amount Paid 335.00
Received By AA Cash/Check No. 7495

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

City of Lincoln/Lancaster County GIS Map



Printed on Tue Oct 26 2010 11:07:39 AM.

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

Date 12-9-10 Legal Description SW (1/4) 1/4 32-9-6e (Section Township Range)

Onsite System Location

Address (no rural route) 10950 SW 40th City Lincoln NE, Zip 68523

Owner Kevin Sander Address 5830 Limestone Rd Lincoln, NE 68512

A. Sewer Pipe

1. Material: SDR 26
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 42 in.
3. Distance between dwelling and septic tank: 256 ft.
4. Number of clean-outs: 4
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: 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: 18"-12" in.
8. Distances to: Well or suction line 100+ 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: 3 End Cap
   Number available outlets: 2per Cap
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 12'-196"-286" ft.

D. Drainfield Absorption

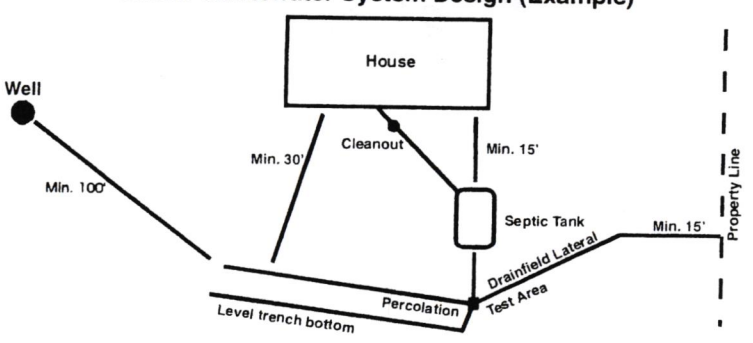
☑ Trench ☐ Bed ☐ Level Bottom

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 2
   Length of each line: 150 ft. 150 ft.
   140 ft. _____ ft., _____ ft.
3. Drainfield dimensions: Width 40" wide ft.
   Distribution Pipe Slope FLAT in/100 ft.
   Average depth 30-20 in
4. Filter material: DIRT
   Depth of material 30-20 in.
5. Distances to: Well or suction line 100+ ft.
   Pressure line 100+ ft.
   Property line 100+ ft.
   House or building 100+ ft.
   Lake or Stream 100+ ft.

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

Indicate North with Arrow

Onsite Wastewater System Design (Example)



Raymond Contracting.

12/9/2010

783-2663

