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. HS000441

System Type: STANDARD

Situs: T10N, R5E, SEC 5, Parkland Estates Blo

Legal Description: T10N-R05E-S05-3-Lot 2

Owner:

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

Issued: 04/05/2011
Expires: 04/04/2012

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

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. HS000441

System Type: LAGOON

Situs: T10N, R5E, SEC 5, Parkland Estates Blo

Legal Description: T10N-R05E-S05-3-Lot 2

Owner:

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

Issued: 11/18/2010
Expires: 11/18/2011

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

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

SCANNED

A

Permit Number H5000441

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 Rural (no rural route) City Lincoln NE Zip 68524

Legal Description NE 5 10 5 Parkland Est 3 2

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

Geographical Location (if known): Lat/Long: PID 04-05-203-402-000

B. Owner

Name Todd & Melanie Miller Signature Melanie Miller

Address 2720 NW 53rd St City/State/Zip Lincoln, NE 68524

Home Phone 402-470-0227 Work Phone

C. Certified Installer

Name: Lloyd Jakoubek, Raymond Contracting Signature

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

Work Phone 402-890-4809 or 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 4.90

☐ 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. 02-38

1. Health Department
Site visits
Date rec'd 11/17/10
Date frwd 11/17/10
ACTION ☒ Approved ☐ Disapproved
Signature

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

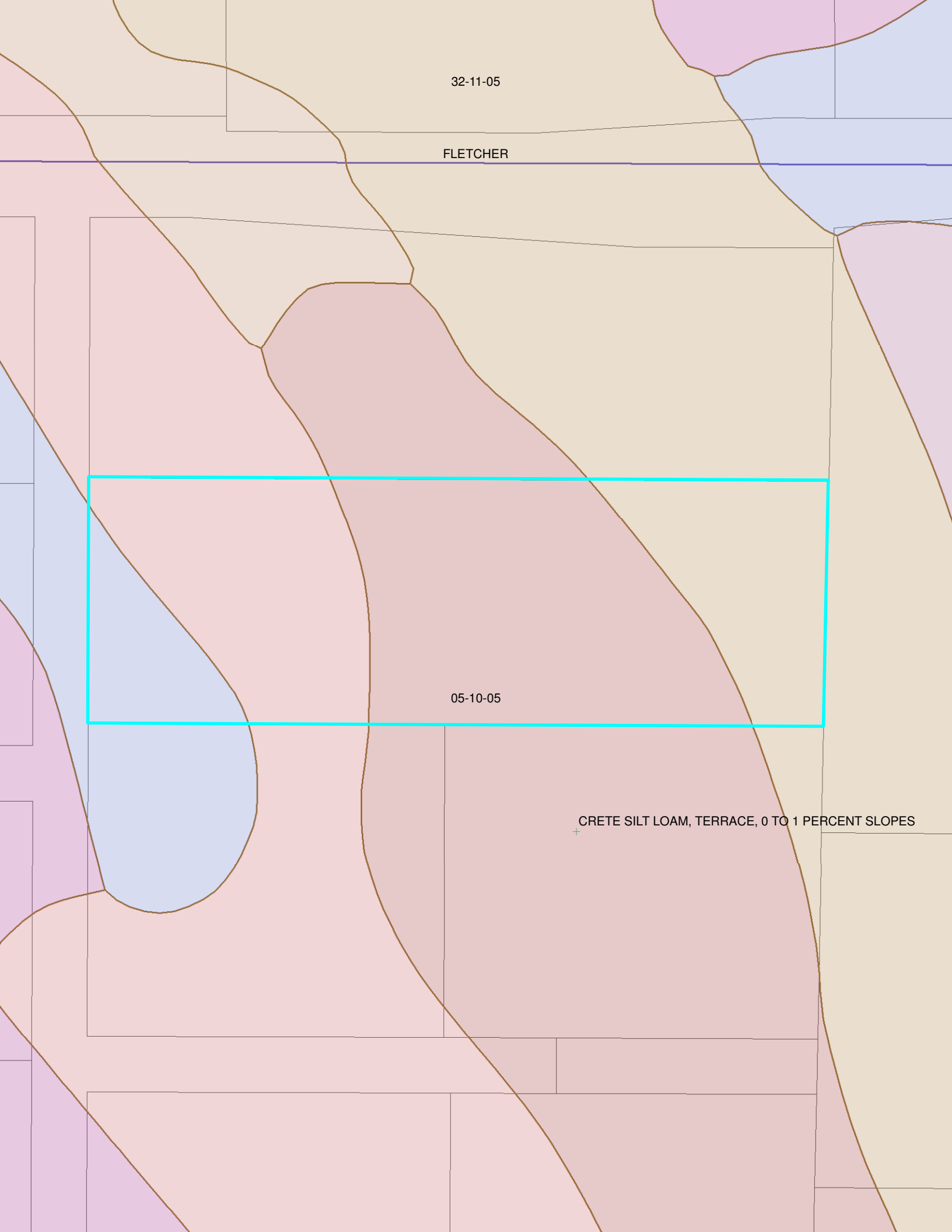
3. City or County Engineer
Comments
Date rec'd
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature

Installation Final Written Approval
By
Date

Business Office Use Only
Date Received 11/17/10 Amount Paid 345.00
Received By KM Cash/Check No. 7507

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

Form A Updated: 5/10


32-11-05
FLETCHER
05-10-05
CRETE SILT LOAM, TERRACE, 0 TO 1 PERCENT SLOPES

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

A

Permit Number HS000441

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 Avail/Addr (no rural route) City Lincoln NE Zip 68524

Legal Description NE 5 10 5 Parkland Est 3 2
1/4 1/4 Section Township Range Subdivison Addition Block Lot

Geographical Location (if known): Lat/Long: PID 04-05-202-402-000

B. Owner

Name Todd & Melanie Miller Signature Melanie Miller

Address 2220 NW 53rd St City/State/Zip Lincoln NE 68524

Home Phone 402-470-0227 Work Phone

C. Certified Installer

Name: Lloyd Jakoubek, Raymond Contracting Signature

Address 13860 NW 70th St City/State/Zip Raymond, NE 68428

Work Phone 402-783-6609 or 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 4.90

☐ 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. 02-38

1. Health Department
Site visits
Date rec'd 11/12/10
Date frwd 11/12/10
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

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

A

Permit Number H5000441

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 5880 NW 118th

A. Onsite System Location

Address Not Yet Available (no rural route) City Lincoln, NE Zip 68524

Legal Description NE 5 10 5 Parkland Est 3 2
1/4 1/4 Section Township Range Subdivison Addition Block Lot

Geographical Location (if known): Lat/Long: PID 04-05-202-602-000

B. Owner

Name Todd & Melanie Miller Signature Melanie Miller

Address 2720 NW 53rd St City/State/Zip Lincoln NE 68524

Home Phone 402-470-0227 Work Phone

C. Certified Installer

Name: Lloyd Jakoubek, Raymond Contracting Signature

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

Work Phone 402-890-6209 or 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 4.90

☐ 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. 02-38

1. Health Department
Site visits
Date rec'd 11/12/10
Date frwd 11/12/10
ACTION ☒ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd 11-18-10
Date frwd 11-18-10
ACTION ☒ Approved ☐ Disapproved
Signature

3. City or County Engineer
Comments
Date rec'd 11-18-2010
Date frwd 11-18-2010
ACTION ☒ Approved ☐ Disapproved
Signature Kenneth D. Schroeder

Installation Final Written Approval
By
Date 4/5/11

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: 402-441-8643

SCANNED

A

Permit Number HS000441

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 68524

Legal Description NE 5 10 5 Parkland Est 3 2
1/4 | 1/4 | Section | Township | Range | Subdivison | Addition | Block | Lot

Geographical Location (if known): Lat/Long: PID 04-05-203-602-000

B. Owner

Name Todd & Melanie Miller Signature Melanie Miller

Address 2720 NW 53rd St City/State/Zip Lincoln, NE 68524

Home Phone 402-470-0227 Work Phone

C. Certified Installer

Name: Lloyd Jakoubek, Raymond Contracting Signature

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

Work Phone 402-890-4600 or 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 4.90

☐ 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. 02-38

1. Health Department
Site visits
Date rec'd 11/17/10
Date frwd 11/17/10
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

SCANNED

Installation Final Written Approval
By
Date

Business Office Use Only
Date Received 11-18-10 Amount Paid 335.00
Received By bd Cash/Check No. 7517

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

Form A Updated: 5/10

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

B

Permit Number: HS000441

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

Parkland Estates Block 3 Lot 2

System Location (Indicate correct number and street)

Address _____ (no rural route) City Lincoln NE, Zip 68524

Owner Rybak Homes Address 12555 NW 98th St Malcolm NE 68402

Soil Type (SCS): Judson silt loam Percolation Rate: 35 min./inch

Date of Tests 11/20/11 to 11/21/11 Weather: Precipitation 0 Temperature 36°

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	35	11/20	10:00A	11/20	2:00 P	11/21	12:00P	0	11/21	12:30P	30	3/4	40
2	36	"	"	"	"	"	"	"	"	"	"	1 3/16	25
3	24	"	"	"	"	"	"	"	"	"	"	1 3/16	37
4	30	"	"	"	"	"	"	"	"	"	"	7/8	34
5	32	"	"	"	"	"	"	"	"	"	"	3/4	40
6	32	"	"	"	"	"	"	"	"	"	"	15/16	32

Person Conducting Percolation Tests

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

Phone: 402-783-2003 or 402-890-3870

Address 13800 NW 70th St

Raymond, NE 68428 # C1198

Sum of Percolation Rates: 208

Average of Rates: 34.66

Rate Used for Calculation: 35

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

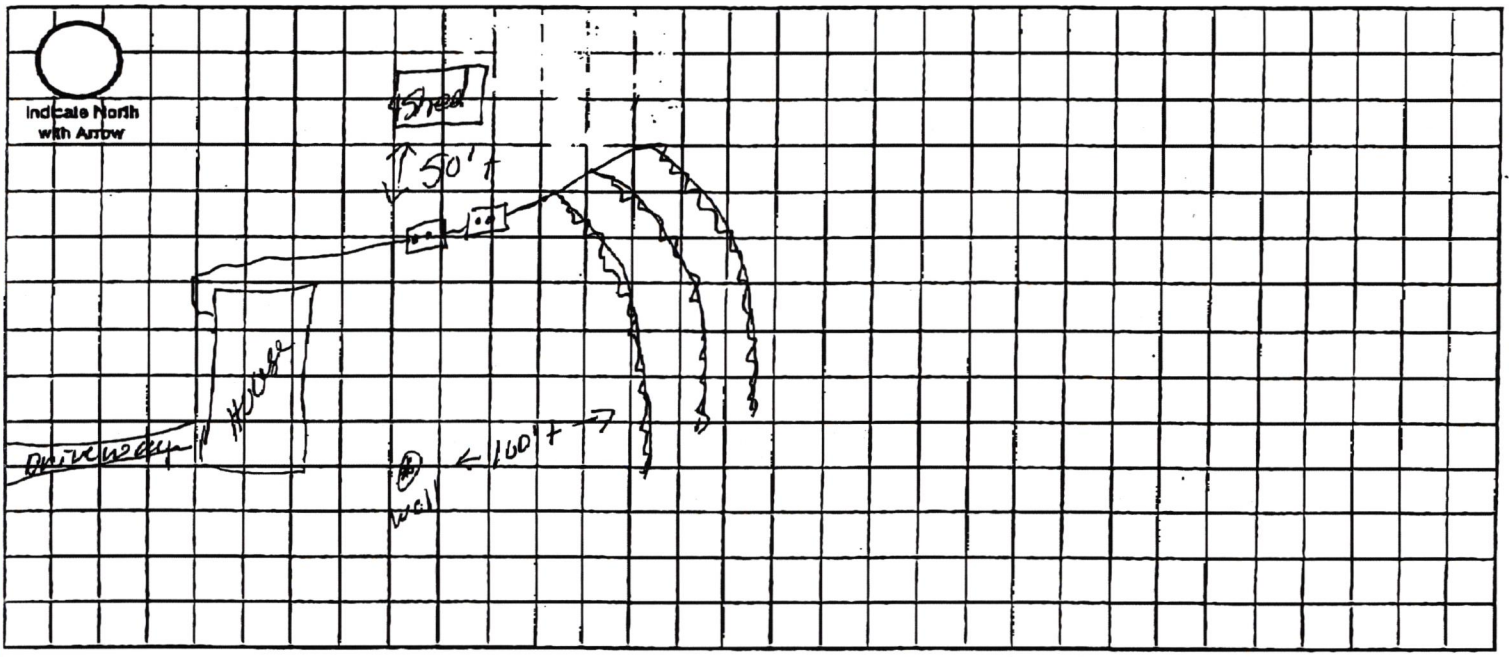
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 1TS000441

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) Parkland Estates Block 3 Lot 2 City Lincoln NE, Zip 68524

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate 35 (min. per inch) Soil Type: Judson Silt loam Land Slope: _____ %

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

Total Square Feet of Field Required: 1,375 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☒ Other Lateral Material: ADS Graveless Chambers

Capacity of Septic Tank 2,600 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 345 ft. Number of Trenches 3 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 _____

Installer [signature] Date 4/5/11

FORM 23-102 10-96

APR 08 2011

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 4-6-11 Legal Description NE 1/4 NE 1/4 6-10-5 Section Township Range Parkland Estates Block 3 Lot 2

Onsite System Location

Address (no rural route) 5880 NW 118th St City Lincoln NE, Zip 68524

Owner Todd & Melanie Miller Address 2720 NW 53rd St Lincoln, NE 68524

A. Sewer Pipe

1. Material: SDR 26
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 14 in.
3. Distance between dwelling and septic tank: 50' 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: 2 - 1000 gallon
   Number of compartments: one
2. Capacity: 2-1000 or 2000 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: 12" in.
8. Distances to: Well or suction line 100+ ft.
   Stream 100+ ft.
   Pressure line 90+ ft.
   Property line 100+ ft.

C. ☐ Distribution Box ☐ Drop Boxes

(≥ 12" inspection opening) (removable lid to inspect)

1. Material: Plastic 4 End chps.
   Number available outlets: 2 per on p.
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 30'-40'-50'-60' ft.

D. Drainfield Absorption

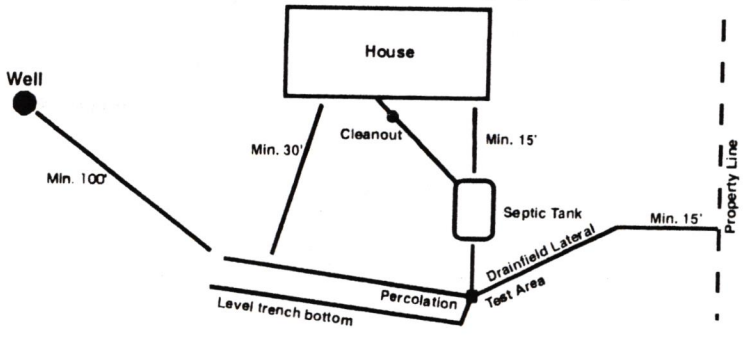
☐ Trench ☐ Bed ☐ Level Bottom

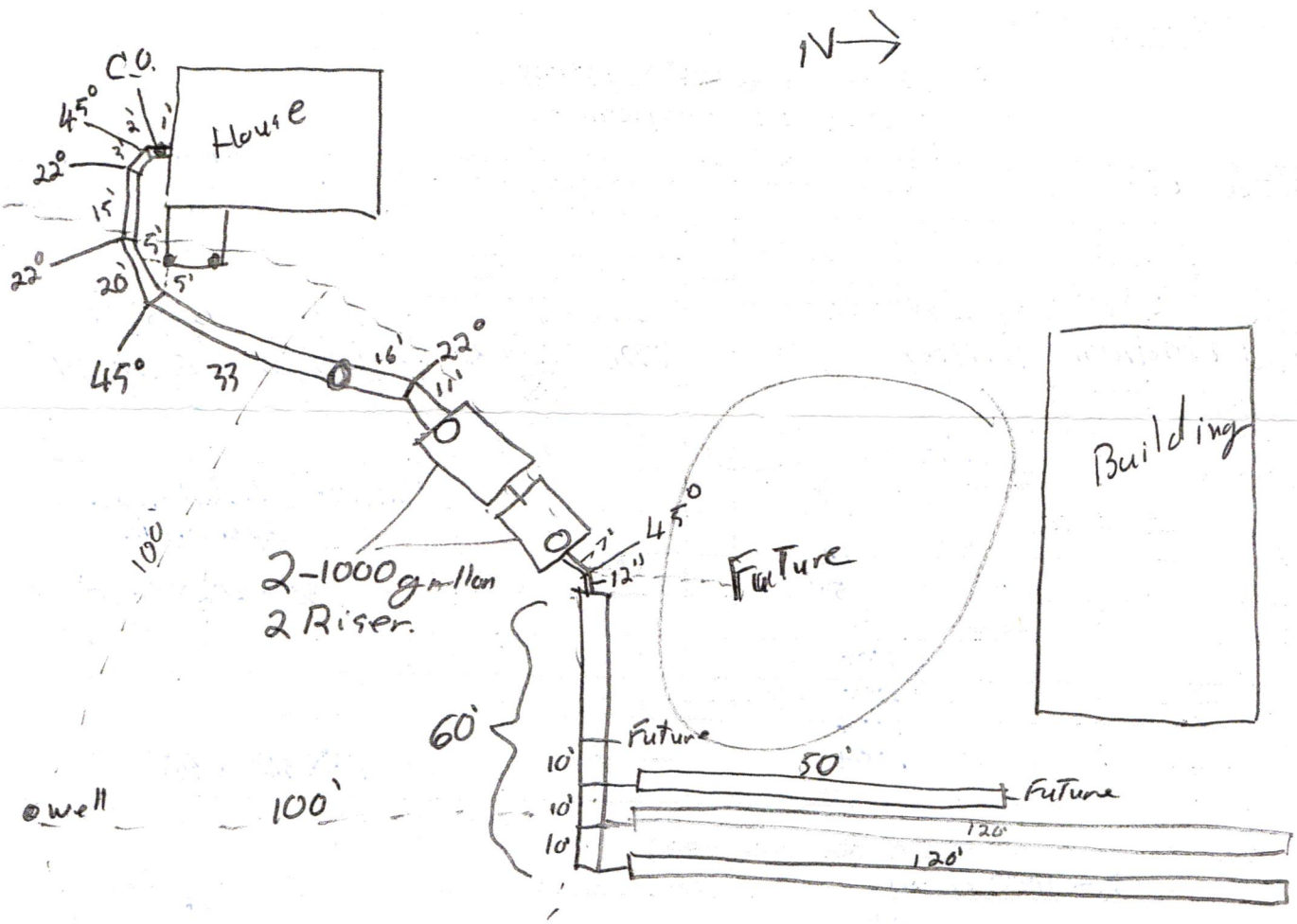
1. Type: ☐ Half rounds ☐ Perforated pipe ☐ Chambers
   Diameter or width: 12"x 34" x 350
   Number of distribution lines in bed _____
   Material: ☑ fiberglass ☑ plastic ☐ concrete
   ☐ other _____
2. Drainfield Laterals: Number 4
   Length of each line: 60 ft. 50 ft.
   120 ft. 120 ft., _____ ft.
3. Drainfield dimensions: Width 40" ft.
   Distribution Pipe Slope FLAT in/100 ft.
   Average depth 36"-18" in
4. Filter material: Dirt
   Depth of material 36"-18" in.
5. Distances to: Well or suction line 100+ ft.
   Pressure line 100+ ft.
   Property line 30+ ft.
   House or building 70+ ft.
   Lake or Stream 100+ ft.

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

Onsite Wastewater System Design (Example)

Indicate North with Arrow





Raymond Contracting, Inc.
Lloyd J Jakoubek
13800 NW 70th St
Raymond, NE 68428
402-783-2663