LLCHD HS000463

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

FEB 18 2011

A

Permit Number HS000463

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 _____ City Raymond, NE Zip 68428
(no rural route)

Legal Description NE 32 12 6 25
1/4 1/4 Section Township Range Subdivison Addition Block Lot

Geographical Location (if known): Lat/Long: _____ PID 13 32-200-009-000

B. Owner

Name Casey Morgan Signature 402-416-6787 Casey Morgan

Address 3927 S. 46th St City/State/Zip Lincoln, NE 68506

Home Phone 402-416-6787 Work Phone 402-416-6787

C. Certified Installer

Name: Lloyd Jakubek Professional Contracting Signature Kim L Jakubek for Lloyd

Address 13266 Nw 70th St City/State/Zip Raymond, NE 68428

Work Phone 402 796 6669 or 782-2663

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 3 Is there a Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 38.88

☐ 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 2/23/11
Date frwd 2/23/11
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 2-23-11 Amount Paid 335.00
Received By B.H. Cash/Check No 7572

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

Form A Updated: 5/10

2-24-2011 9:30:39

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. HS000463

System Type: STANDARD

Situs: T12N, R6E, SEC 32, Lot 25

Legal Description: T12N-R06E-S32-Lot 25

Owner:

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

Issued: 02/23/2011
Expires: 02/23/2012

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

LLCHD HS000463

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Address 3927 S. 40th St City/State/Zip Lincoln, NE 68506

Home Phone 402-416-6787 Work Phone 402-416-6787

C. Certified Installer

Name: Lloyd Jakubek - Raymond Contracting Signature Kim L Jakubek for Lloyd

Address 13216 Nw 70th St City/State/Zip Raymond, NE 68428

Work Phone 402 796 6669 or 783 2665

D. Engineer

☐ **Check and complete if engineer designed system** P.E. License Number: _____

Designer Name _____ Firm _____ Work Phone _____

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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

2-23-2011 14:39: 8

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Name: Lloyd Jakowatz Raymond Contracting Signature Kenneth Jakowatz for Lloyd

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

Work Phone 462-890-6009 or 783-2663

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Date frwd 2-23-11
ACTION ☑ Approved ☐ Disapproved
Signature Everett Nissen

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Date frwd _____
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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: HS 000463

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address _____ (no rural route) City Raymond NE, Zip 68428

Owner Sierra Land Inc Addresss P.O. Box 185 Raymond, NE 68428

Soil Type (SCS): Sharpes silty clay Percolation Rate: 60 min./inch

Date of Tests 5-15-08 to 5-16-08 Weather: Precipitation 0 Temperature 72°

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	41	5-15	10:00a	5-15	2:00p	5-16	9:00a	6	5-16	1:00p	30	1 15/16	15
2	32	"	"	"	"	"	"	"	"	"	"	9/16	54
3	33	"	"	"	"	"	"	"	"	"	"	1/2	60
4	38	"	"	"	"	"	"	"	"	"	"	1 13/16	17
5	27	"	"	"	"	"	"	"	"	"	"	1/2	60
6	35	"	"	"	"	"	"	"	"	"	"	1 1/16	60

Person Conducting Percolation Tests

Name: Terri Jakoubek, Raymond Contracting, Inc

Phone: 402-783-2663 or 402-890-3878

Address 13860 NW 70th St

Raymond, NE 68428 # C1197

Sum of Percolation Rates: 234

Average of Rates: 39

Rate Used for Calculation: 60 (20 min Variance)

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-95
2-23-2011 14:39:10

LLCHD HS000463

C

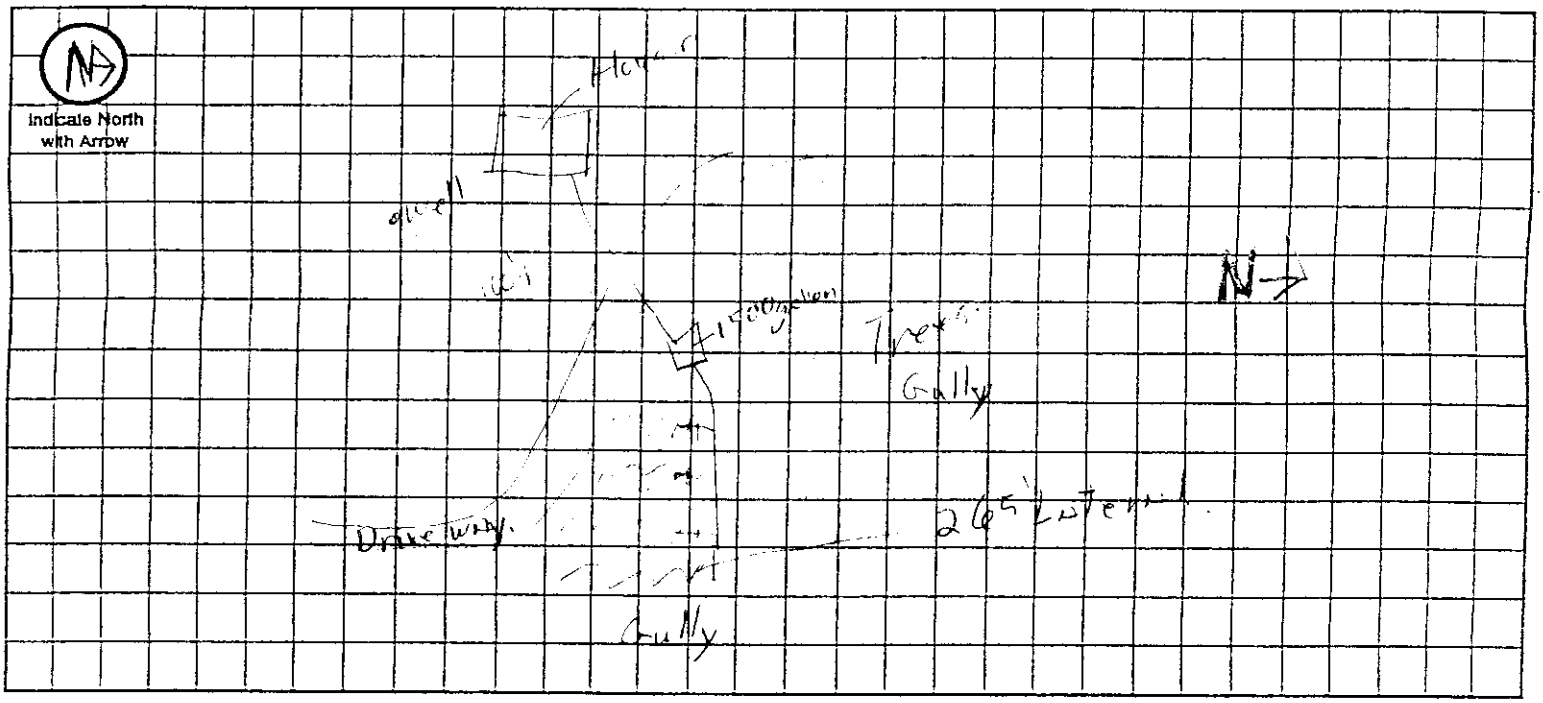
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

Permit Number: HS000463

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 Raymond NE, Zip 68428

B. Proposed Septic Tank/s

NL 11 500 TD PC 68025

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 60 (min. per inch) Soil Type: Silty clay loam Land Slope: _____ %

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

Total Square Feet of Field Required: 1050 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☒ Other Lateral Material: Gravel & Chambers

Capacity of Septic Tank 1500 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 265 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 Cory Monge Date 2-11-11

Installer _____ Date _____

2-[illegible]


31-12-07
40TH
32-12-07

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

SCANNED
FEB 18 2011

A

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Home Phone 402-416-6787 Work Phone 402-416-6787

C. Certified Installer

Name: Lloyd Jakoubek Raymond Contracting Signature Kevin Jakoubek for Lloyd

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

Work Phone 402-890-6609 or 783-2663

D. Engineer

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

SCANNED

Installation Final Written Approval
By _____
Date 4/14/11

Business Office Use Only
Date Received 2-23-11 Amount Paid 335.00
Received By B.H. Cash/Check No. 7572

SCANNED

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

Form A Updated: 5/10

SCANNED

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

APR 15 2011

D

Permit Number:

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date 4-13-11 Legal Description NE 1/4 1/4 32-12-6 Lot 25 Section Township Range

Onsite System Location

Address (no rural route) 16011 NW 32nd St City Raymond NE, Zip 68428

Owner Casey Morgan Address 3927 S. 40th St Lincoln 68506

A. Sewer Pipe

1. Material: SDR26
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 76" in.
3. Distance between dwelling and septic tank: 63 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: 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: 10 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: Endcap
   Number available outlets: 2
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: 12+96"+10'+10' ft.

D. Drainfield Absorption

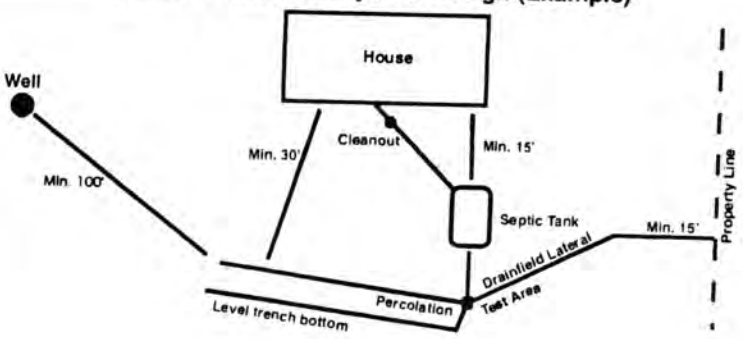
☒ Trench ☐ Bed ☐ Level Bottom

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 4
   Length of each line: 60 ft. 75 ft.
   65 ft. 65 ft., _____ ft.
3. Drainfield dimensions: Width 40" ft.
   Distribution Pipe Slope Flat in/100 ft.
   Average depth 32-24 in
4. Filter material: Dirt
   Depth of material 32-24 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.

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