LLCHD-HS000468

MAR 18 2011

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

A

Permit Number HS000468

(will charge later)

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 13801 W Lakeview Rd (no rural route) City Raymond, NE Zip 68428

Legal Description NW 19 12 5 Branched Oak Lakeside Acres 10
1/4 1/4 Section Township Range Subdivison Addition Block Lot

Geographical Location (if known): Lat/Long: PID 06-19-101-010-000

B. Owner

Name Wes & Mona Whitlake Signature See Attached

Address 1754 27 Road City/State/Zip Minden, NE 68959

Home Phone 308-832-1938 Work Phone

C. Certified Installer

Name: Lloyd Jahnsbek Raymond Contracting Signature Kevin L. Jahnsbek for Lloyd

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

Work Phone 402-890-6009 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 7.28

☐ 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. 82-30

1. Health Department
Site visits
Date rec'd 3/24/11
Date frwd 3/24/11
ACTION ☒ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd 3-23-11
Date frwd 3-23-11
ACTION ☒ Approved ☐ Disapproved
Signature

3. City or County Engineer
Comments
Date rec'd 3-23-11
Date frwd 3-23-11
ACTION ☒ Approved ☐ Disapproved
Signature Jim Rhoads

Business Office Use Only
Date Received 3-25-11 Amount Paid 335.-
Received By DM Cash/Check No. 7587

Installation Final Written Approval
By
Date

Taking Out Permit as a lagoon until passes Witnessed

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

Form A Updated: 5/10

3-30-2011 11:14:36

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

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Geographical Location (if known): Lat/Long: PID 06-19-101-010-000

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Name Wes & Mona Whitlake Signature Mona L Whitlake

Address 1754 27 Road City/State/Zip Minden, NE 68959

Home Phone 308-832-1938 Work Phone

C. Certified Installer

Name: Lloyd Jahnsbek Raymond Contracting Signature

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

Work Phone 402-890-6009 or 402-783-2603

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

Designer Name Firm Work Phone

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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 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 13801 W Lakeview Rd (no rural route) City Raymond NE, Zip 68428

Owner Westonna Whitlake Addresss 1754 27 Road Minden, NE 68959

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

Date of Tests 11/8/10 to 11/9/10 Weather: Precipitation -0- Temperature 50°

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	29	11/8	9:30a	11/8	1:30p	11/9	12:15p	6	11/9	12:45p	30	1/2	60
2	40	"	"	"	"	"	"	"	"	"	"	1/2	60
3	32	"	"	"	"	"	"	"	"	"	"	9/16	54
4	33	"	"	"	"	"	"	"	"	"	"	5/8	48
5	28	"	"	"	"	"	"	"	"	"	"	5/8	48
6	34	"	"	"	"	"	"	"	"	"	"	1/2	60

Sum of Percolation Rates: 330

Average of Rates: 55

Rate Used for Calculation: 55

Person Conducting Percolation Tests

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

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

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

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

C

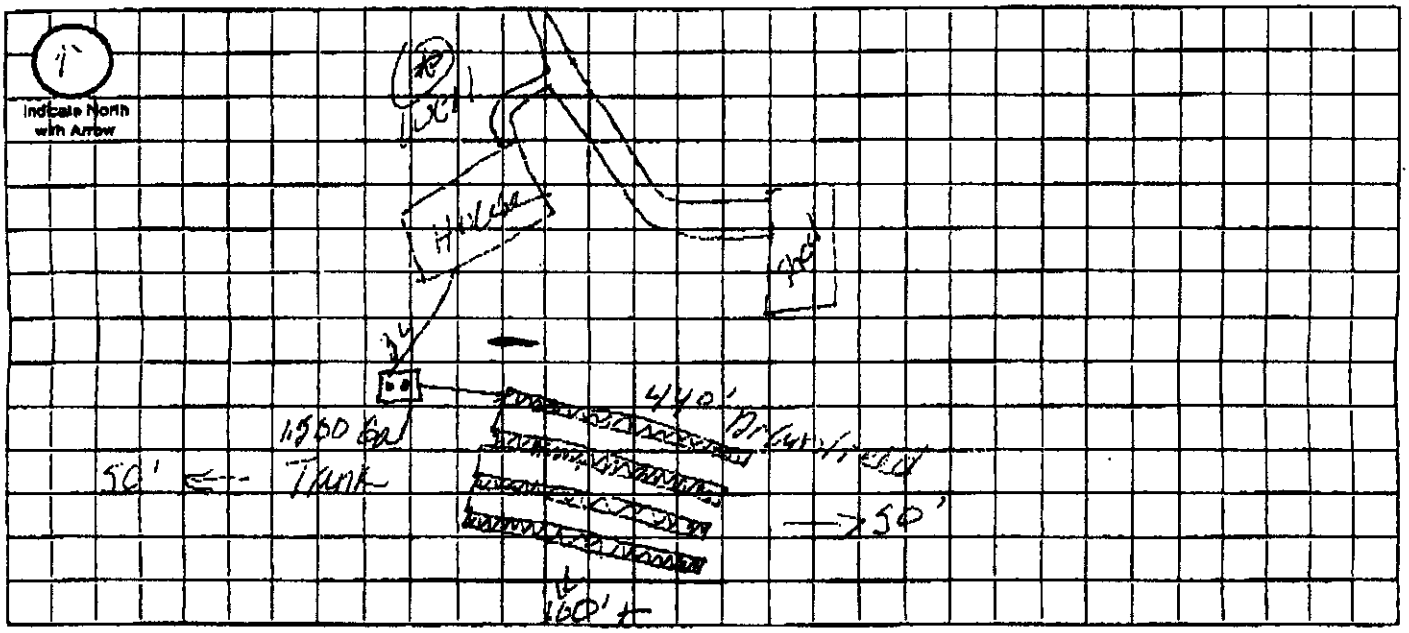
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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 lines

A. System Location (Indicate correct number and street)

Address (no rural route) 1380 Lakeview Rd City Raymond NE, Zip 68428

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 10 (min. per inch) Soil Type: Clay Loam Land Slope: _____ %

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

Total Square Feet of Field Required: 1750 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☒ Other Lateral Material: Arc-Less Chambers

Capacity of Septic Tank 1500 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 3-16-11

Installer _____ Date 3-14-11

FORM 23-102 10-96

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. HS000468

System Type: LAGOON

Situs: 13801 W LAKE VIEW RD

Legal Description: T12N-R05E-S19-Lot 10

Owner:

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

Issued: 03/25/2011
Expires: 03/24/2012

Judith A Halstead

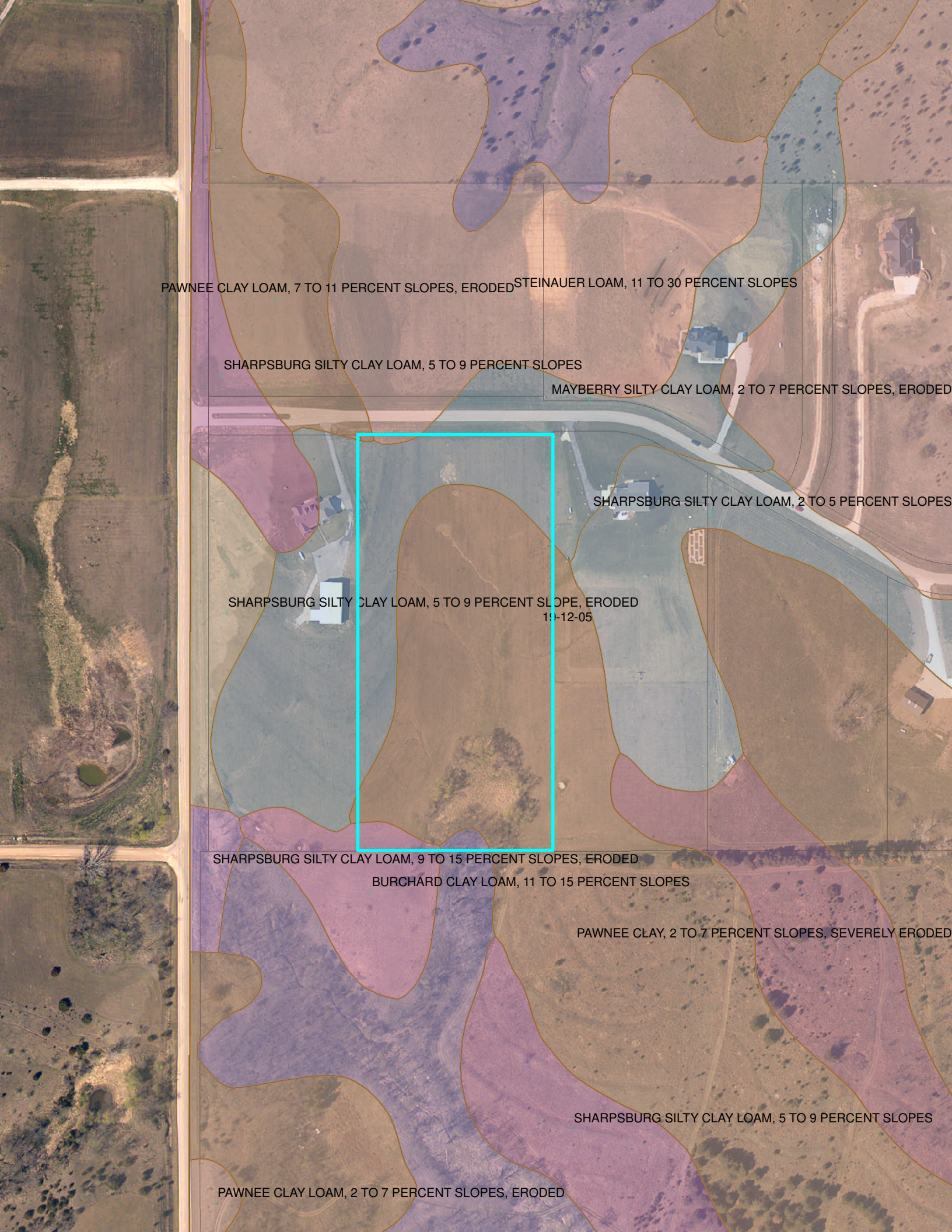
Judith A. Halstead, MS, Health Director

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


PAWNEE CLAY LOAM, 7 TO 11 PERCENT SLOPES, ERODED
STEINAUER LOAM, 11 TO 30 PERCENT SLOPES
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPES
MAYBERRY SILTY CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
SHARPSBURG SILTY CLAY LOAM, 2 TO 5 PERCENT SLOPES
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPE, ERODED
19-12-05
SHARPSBURG SILTY CLAY LOAM, 9 TO 15 PERCENT SLOPES, ERODED
BURCHARD CLAY LOAM, 11 TO 15 PERCENT SLOPES
PAWNEE CLAY, 2 TO 7 PERCENT SLOPES, SEVERELY ERODED
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPES
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED

011340

Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3140 N Street Lincoln, NE 68510-1514

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Health Director

MAR 18 2011

SCANNED

A

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

Permit Number H5000468

(will change later)

Onsite Wastewater Treatment System
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Name Wes & Mona Whitlake Signature See Attached

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Home Phone 308-832-1938 Work Phone

C. Certified Installer

Name: Lloyd Jahnbek Raymond Contracting Signature Kevin L. Jahnbek for Lloyd

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

Work Phone 402-890-6009 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 Lagoon sized to estimated usage LJJ

☑ Residential Dwelling Number of Bedrooms 5 Is there a Whirlpool Bathtub? ☐ Yes ☑ No Total Acres 7.28

☐ 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 6/8/11 line lagoon. Need fence
Date rec'd 3/24/11
Date frwd 3/24/11
ACTION ☑ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd 3-23-11
Date frwd 3-23-11
ACTION ☒ Approved ☐ Disapproved
Signature

3. City or County Engineer
Comments
Date rec'd 3-23-11
Date frwd 3-23-11
ACTION ☒ Approved ☐ Disapproved
Signature Jim Plauck

Installation Final Written Approval
By
Date 9/15/11

Business Office Use Only
Date Received 3-25-11 Amount Paid 335.-
Received By DM Cash/Check No. 7587

* Taking out permit as a lagoon until pipes witnessed

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

SCANNED

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 13801 W Lakeview Rd (no rural route) City Raymond NE, Zip 68428

Owner Wes & Mma Whittake Addresss 1754 27 Road Minden, NE 68959

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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	29	11/8	9:30A	11/8	1:30P	11/9	12:15P	6	11/9	12:45P	30	1/2	60
2	40	"	"	"	"	"	"	"	"	"	"	1/2	60
3	32	"	"	"	"	"	"	"	"	"	"	9/16	54
4	33	"	"	"	"	"	"	"	"	"	"	5/8	48
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Person Conducting Percolation Tests

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

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

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

Sum of Percolation Rates: 330

Average of Rates: 55

Rate Used for Calculation: 55

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

SCANNED

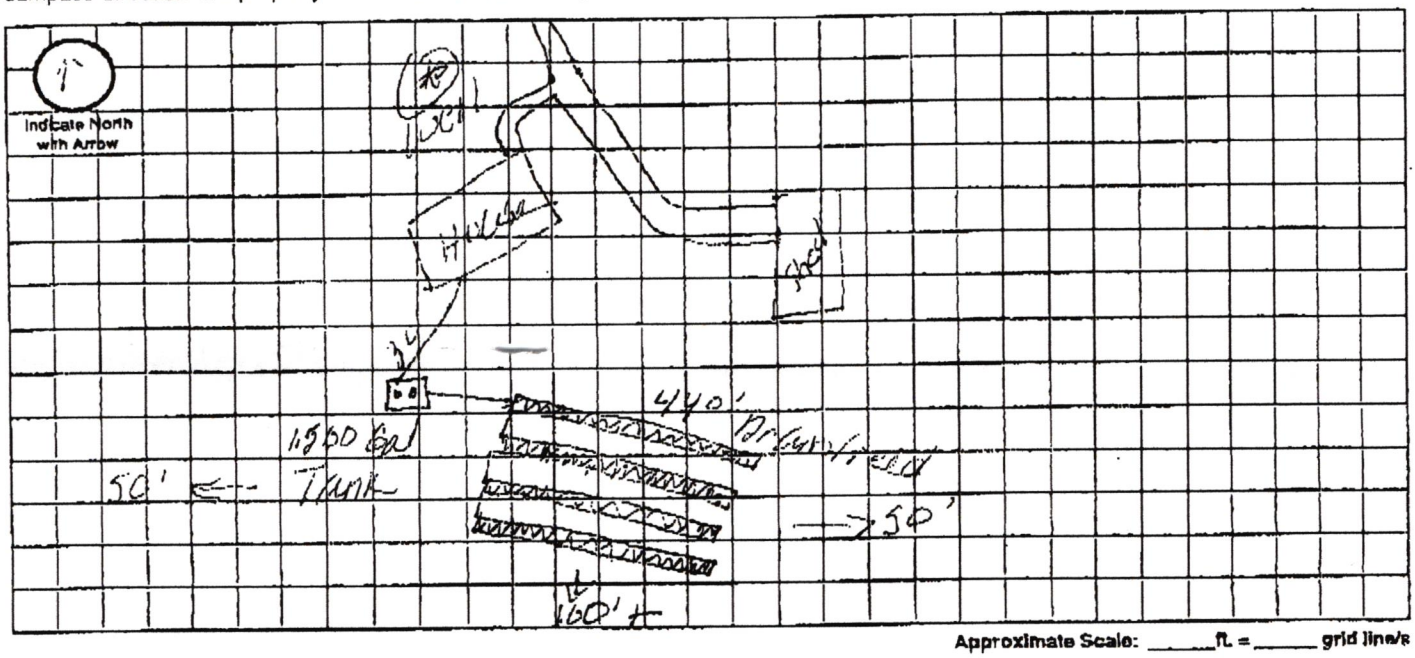
C

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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) 1380 W Lakewood Rd City Raymond NE, Zip 68428

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: Clay Loam Land Slope: _____ %

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

Total Square Feet of Field Required: 1750 sq. ft.

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

Capacity of Septic Tank 1500 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 ☑	☐
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Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

E. Required Signatures

Home Building Contractor _____ Date 3-16-11

Installer _____ Date 3-14-11

FORM 23-102 10-96

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

JUN 10 2011

D

Permit Number: HS0004608

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date 6/8/11 Legal Description NW 1/4 19 1/4 12 5 Section Township Range Branched Oak Lakeside Acres Lot 10

Onsite System Location

Address (no rural route) 13801 W Lakeview Rd City Raymond NE, Zip 68428

Owner Wes + Mina Whitlake Address 1754 27 Road Minden, NE 68959

A. Sewer Pipe

1. Material: SDR 26
   Diameter: 4" in.
2. Distance above basement floor: NA in.
   or distance below basement floor: 20" in.
3. Distance between dwelling and ~~septic tank~~: 549 ft.
4. Number of clean-outs: 7 Lagoon
5. Distances to: well or suction line 100' + ft.
   stream 100' + ft.
   pressure line NA ft.
   property line 50' + ft.

B. Septic Tank

☐ Label with Manufacturer, address and gallon capacity

1. Material:
   Number of compartments:
2. Capacity: gal.
3. Factory built: ☐ Yes ☐ No
4. Manholes: Over inlet, diameter in.
   Over outlet, diameter in.
   Riser: ☐ above ☐ below 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: in.
8. Distances to: Well or suction line ft.
   Stream ft.
   Pressure line ft.
   Property line 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

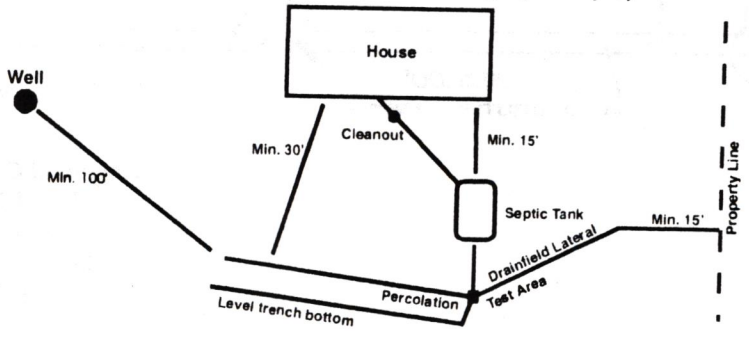
☐ Trench ☐ Bed ☐ Level Bottom

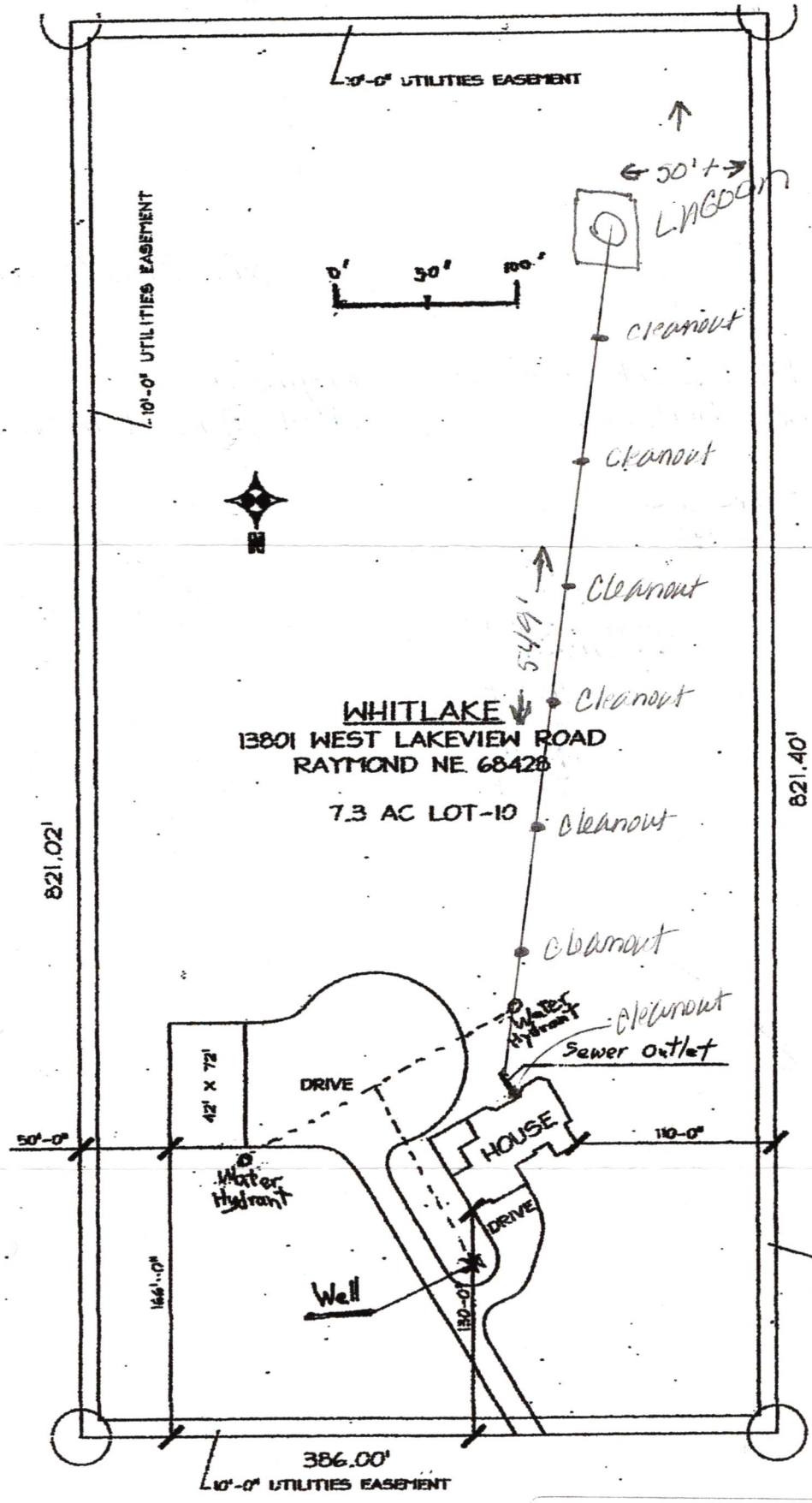
1. Type: ☐ Half rounds ☐ Perforated pipe ☐ Chambers
   Diameter or width:
   Number of distribution lines in bed
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other
2. Drainfield Laterals: Number
   Length of each line: ft. ft.
   ft. ft., ft.
3. Drainfield dimensions: Width ft.
   Distribution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

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