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. HS000486

System Type: LAGOON

Situs: 3477 W BRANCHED OAK RD

Legal Description: T11N-R06E-S32-Lot 20

Owner:

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

Issued: 04/21/2011
Expires: 04/20/2012

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 HS000450

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

A

Permit Number HS000450

Onsite Wastewater Treatment System Request for Site Clearance and Permit

Include Form B and C. Submit correct fee with this Application

FAXED DEC 30 2010 BY:

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 3477 W Branched Oak Rd. (no rural route) City Raymond, NE Zip _____

Legal Description _____

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

Geographical Location (if known): Lat/Long: _____ PID _____

B. Owner

Name Keith or Peg Sorensen Signature _____

Address 3477 W Branched Oak Rd. City/State/Zip Raymond,

Home Phone _____ Work Phone 499-0949

C. Certified Installer

Name: _____ Signature _____

Address _____ City/State/Zip _____

Work Phone _____

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 _____

☐ 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 _____
Date frwd _____
ACTION ☑ Approved ☐ Disapproved
Signature _____

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

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

12-30-2010 13:54:58

Post-it® Fax Note 7671 | Date 12/27/10 | # of pages ▶ 1

To	From Jim
Co./Dept.	Co. LLCHD
Phone #	Phone # 441-8070
Fax # 783-2341	Fax # 441-3890

TO: A

Lincoln-La
Environmer
3140 N Stre
Phone: 402

Permit Number HS000450

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)

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PLEASE PRINT OR TYPE

A. Onsite System Location

Address 3477 W Branched Oak Rd. (no rural route) City Raymond NE Zip

Legal Description ____ ____ ____ ____ ____ ____ ____ ____

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

Geographical Location (if known): Lat/Long: ____ PID ____

B. Owner

Name Kath & Peg. Sorensen Signature ____

Address 3477 W Branched Oak Rd. City/State/Zip Raymond

Home Phone ____ Work Phone 499-0949

C. Certified Installer

Name Lloyd Jakubek, Raymond Contracting Signature Lloyd Jakubek

Address 12800 NW 70th St City/State/Zip Raymond, NE 68428

Work Phone 402-890-1809

D. Engineer

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

Designer Name ____ Firm ____ Work Phone ____

E. This system will serve a

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☐ Commercial Establishment/Other Facility Specify ____ Design flow in gallons per day ____

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Approval Process ☐ Municipal Code 24.38 ☐ County Resolution No. 02-30

1. **Health Department**
Site visits ____
Date rec'd 12/30/10 Date frwd 12/30/10 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

TOTAL P.01

Post-it® Fax Note 7671 | 12/21/10 | pages 1
To | From Jim
Co./Dept. | Co. LLCHD
Phone # | Phone # 441-8030
Fax # 783-2341 | Fax # 441-5890

TO: A

Lincoln-La
Environmer
3140 N Str
Phone: 402

Permit Number HS000450

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

Include Form B and C. Submit correct fee with this Application

FAXED DEC 30 2010 BY:

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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 3477 W. Bypass Oak Rd. (no rural route) City Raymond NE Zip

Legal Description

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

Geographical Location (if known): Lat/Long: PID

B. Owner

Name Kent & Peg. Sorgenson Signature

Address 3477 W. Bypass Oak Rd. City/State/Zip Raymond

Home Phone Work Phone 499-0999

C. Certified Installer

Name Lloyd Jakaubek - Raymond Construction Signature Lloyd Jakaubek

Address 13700 NW 201st St City/State/Zip Raymond, NE 68428

Work Phone 402-783-1009

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

☐ 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 — Date rec'd 12/30/10 — Date fwd 12/30/10 — ACTION ☑ Approved ☐ Disapproved — Signature
Site visits
Comments

2. Supt. Bldg. Insp. or Village Clerk — Date rec'd 12/30/10 — Date fwd 12/30/10 — ACTION ☑ Approved ☐ Disapproved — Signature
Comments

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

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

TOTAL P.01

TOTAL P.01

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. HS000450

System Type: LAGOON

Situs: 3477 W. Branched Oak Rd.

Legal Description: T12N-R06E-S32

Owner:

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

Issued:	12/30/2010
Expires:	12/30/2011

Judith A Halstead

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Judith A Halstead

Judith A. Halstead, MS
Health Director

REZAC CONSTRUCTION
140 N 1ST ST
LINCOLN NE 68508

DEC-27-2010 12:36 LLCHD 402 441 3890 P.01/01

Post-it® Fax Note 7671 | Date 12/27/10 | pages ▶ 1

To	From Jim
Co./Dept.	Co. LLCHD
Phone #	Phone # 441-8070
Fax # 783-2341	Fax # 441-3890

TO:

APR 19 2011

A

Lincoln-La
Environmer
3140 N Stre
Phone: 402

Permit Number H5000486

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

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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 3477 W. Branched Oak Rd. (no rural route) City Raymond, NE Zip 68428

Legal Description NW 32 12 6 20

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

Geographical Location (if known): Lat/Long: PID

B. Owner

Name Keith & Peg. Sorensen. Signature

Address 3477 W. Branched Oak Rd. City/State/Zip Raymond.

Home Phone Work Phone 499-0949

C. Certified Installer

Name: Lloyd Jakobek, Raymond Contracting Signature Lloyd Jakobek

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

Work Phone 402-890-6009

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

☐ 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 4/19/11
Date frwd 4/19/11
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 4-21-11 Amount Paid 335.-
Received By Barb Cash/Check No. 7616

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

TOTAL P.01

FAXED 12-27-10 12:03 pm

DEC-27-2010 12:36 LLCHD 402 441 3890 P.01/01

APR 19 2011

Lincoln-La
Environmer
3140 N Stre
Phone: 402

Post-it® Fax Note 7671	date 12/27/10 pages 1
To	From Jim
Co./Dept.	Co. LLCHD
Phone #	Phone # 441-8070
Fax # 783-2341	Fax # 441-3890

TO: A

Permit Number HS000486

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

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PLEASE PRINT OR TYPE

A. Onsite System Location

Address 3477 W. Branched Oak Rd. (no rural route) City Raymond NE Zip 68428

Legal Description NW 32 12 10 20
1/4 | 1/4 | Section | Township | Range | Subdivison | Addition | Block | Lot

Geographical Location (if known): Lat/Long: _____ PID _____

B. Owner

Name Keith & Peg. Sorensen. Signature _____

Address 3477 W Branched Oak Rd. City/State/Zip Raymond.

Home Phone _____ Work Phone 499-0999

C. Certified Installer

Name: Lloyd Jakobek, Raymond Contracting Signature Lloyd A Jakobek.

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

Work Phone 402-890-6009

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

Designer Name _____ Firm _____ Work Phone _____

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1. Health Department
Site visits _____
Date rec'd _____ Date fwd _____
ACTION ☐ Approved ☐ Disapproved
Signature _____

2. Supt. Bldg. Insp. or Village Clerk
Comments _____
Date rec'd 4-19-11 Date fwd _____
ACTION ☑ Approved ☐ Disapproved
Signature Everett Nissen

3. City or County Engineer
Comments _____
Date rec'd _____ Date fwd _____
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

TOTAL P.01

FAXED 12-27-10 12:03pm

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 4-14-11 Legal Description NW 1/4 NW 1/4 32-11-6 Lot 20 Section Township Range

Onsite System Location

Address (no rural route) 3477 W Branched Oak Rd City Raymond NE, Zip 68428

Owner 11500 NW 27th St Lincoln 68524 Address Keith & Peggy Sorensen

A. Sewer Pipe

1. Material: SDR26
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 16 in.
3. Distance between dwelling and ~~septic tank~~ Lagoon: 171 ft.
4. Number of clean-outs: _____
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: _____
   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

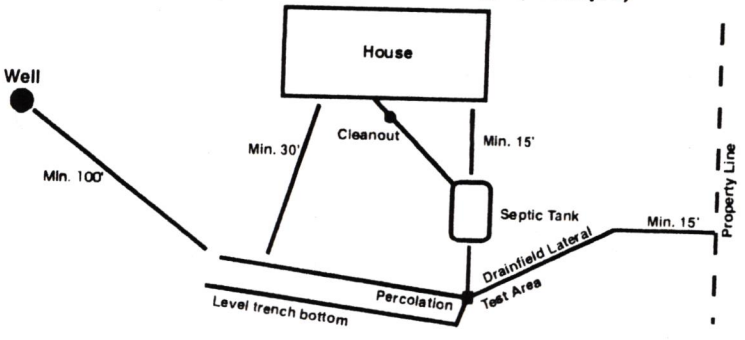
☐ Trench ☐ Bed ☐ Level Bottom

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.

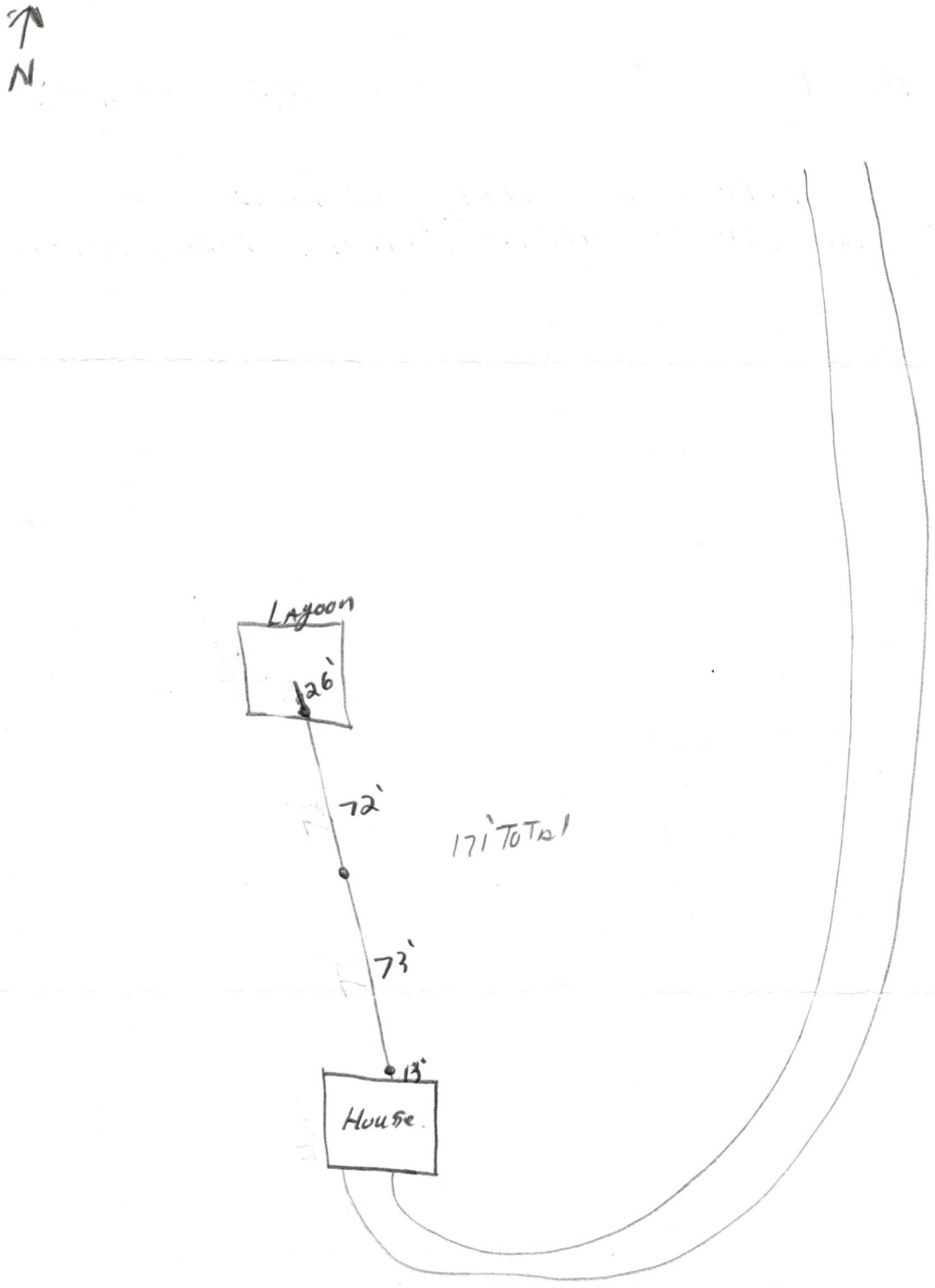
Complete As-Built drawing on the back fo this form.

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



100+
owell