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. HS000490

System Type:	LAGOON
Situs:	5900 W RAYMOND RD
Legal Description:	T12N-R05E-S36-Lot 16
Owner:	MCWILLIAMS, VICTOR S & LOUTRIC 5900 W RAYMOND RD RAYMOND NE 68428

Permit Fee:	$335.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$335.00
Issued:	05/03/2011
Expires:	05/02/2012

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 HS000490

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

APR 29 2011

A

Permit Number HS000490

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 5900 W Raymond Rd (no rural route) City Raymond, NE Zip 68428

Legal Description SE 36 12 5 16

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

Geographical Location (if known): Lat/Long: _____ PID 06-36-400-007-600

B. Owner

Name Victor McWilliams Signature Lloyd J. Jakubek

Address 5900 W Raymond Rd City/State/Zip Raymond, NE 68428

Home Phone 402-783-2051 Work Phone 402-525-5047

C. Certified Installer

Name: Lloyd Jakoubek, Raymond Contracting Signature Victor McWilliams

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

Work Phone 402-890-1006 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 3 Is there a Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 4.38

☐ 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 5/3/11
Date frwd 5/3/11
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 5-3-11 Amount Paid 335 -
Received By AL Cash/Check No. 7422

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

Form A Updated: 5/10

5-4-2011 14:32:40

LLCHD HS000490

Eliminating failing septic, installing new LAGOON

C

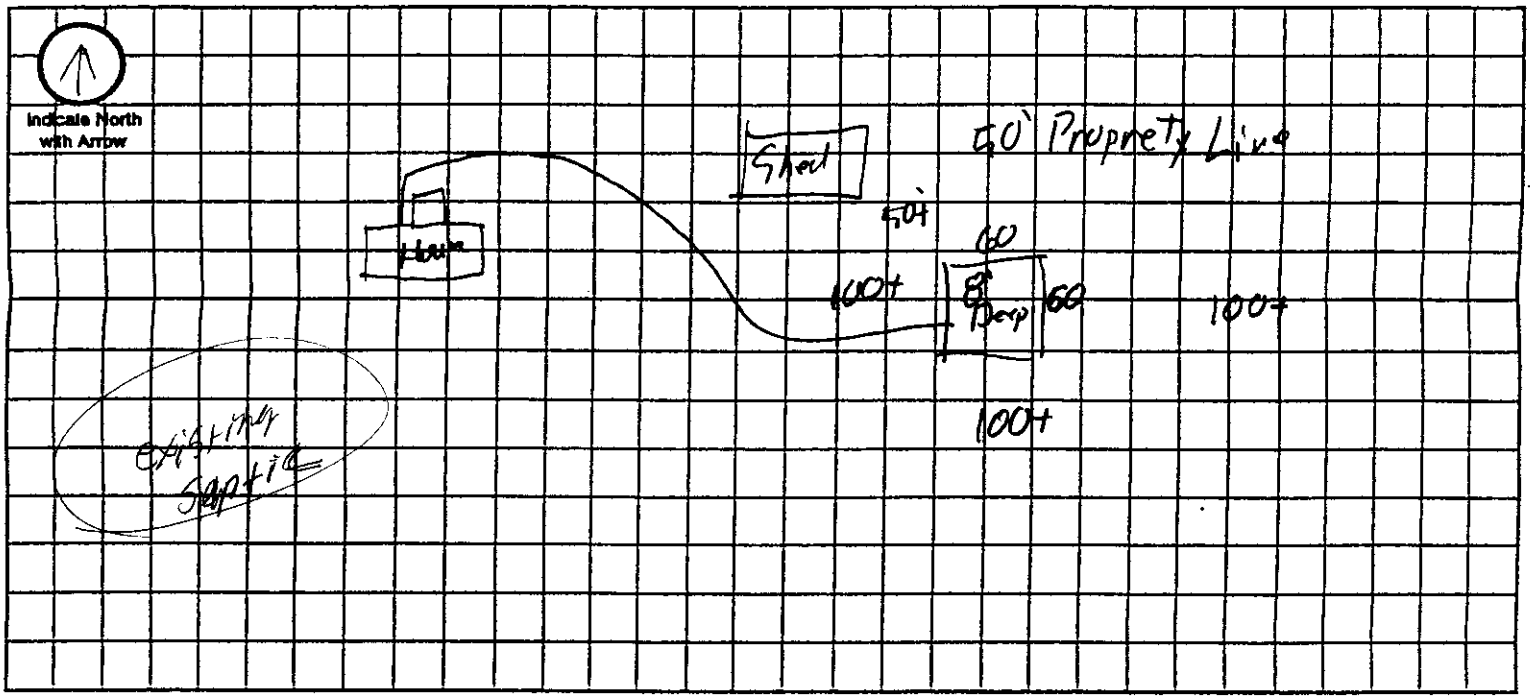
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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 line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 5960 W Raymond 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 _____ (min. per inch) Soil Type: _____ Land Slope: _____ %

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

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

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: _____

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

Total Length of Laterals _____ ft. Number of Trenches _____ Trench Width _____

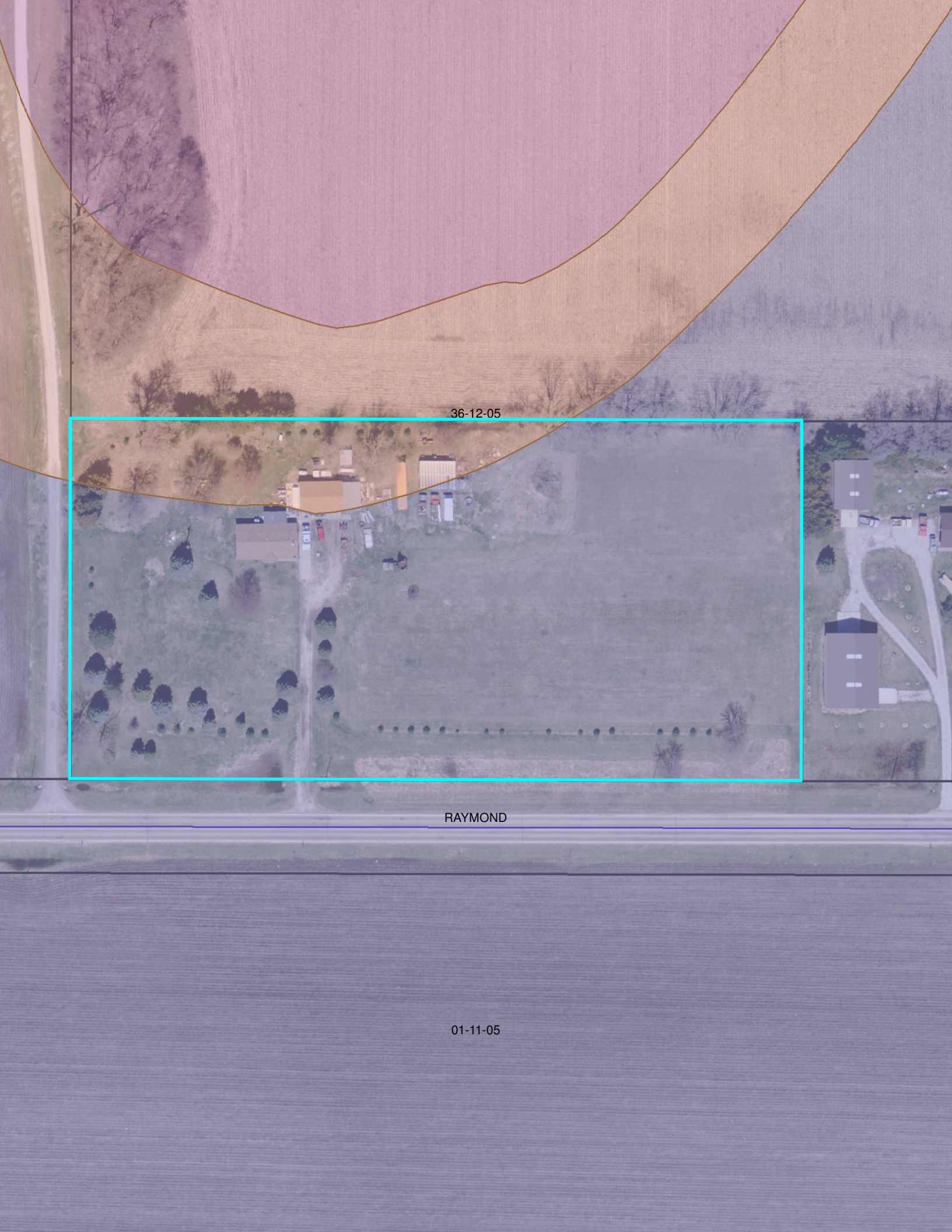
D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

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 Existing Date _____

Installer Kevin L. Jablonski Date 4-26-11


36-12-05
RAYMOND
01-11-05

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET
Lincoln, NE 68510-1514
(402) 441-8000

ENVIRONMENTAL HEALTH DIVISION

NON TRANSFERABLE

PERMIT

Permit
SEWAGE SYSTEM REPAIR

No. 96390049501

Issued 03/26/96
Expires 09/26/96
Revenue Code 18754

Establishment
L D LEWIS
T12N R5E SEC 36
LOT 8
5500 W RAYMOND ROAD

FEES: $50.00

TOTAL $50.00

Permittee
L D LEWIS
5900 W RAYMOND RD
RAYMOND NE 68428

Issued By M. Jane Ford
Health Director

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

FORM HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☐

County Resolution No. 2832 ☒

Lincoln-Lancaster County
HEALTH DEPARTMENT
3140 "N" STREET LINCOLN, NE 68510-1514

FILE NO. _____

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: 3-30-96

The undersigned hereby applies for a permit to ALTER ☐, EXTEND ☐, or REPAIR ☑ an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. Legal description of property: Twp. 12N ; Range 5E ; Section 36 ;
Block _____ ; Lot 8 I.T. ; Addition _____
Street Address 5900 W. Raymond Rd Raymond, Ne. 68428

2. Property Use: Residential ☑ ☐; Commercial _____ ☐
No. Bedrooms 3
Describe _____
Other Use ☐
Describe _____

3. Type of existing Individual Sewage Disposal System: Septic Tank ☑; Other ☐

4. Description of proposed alteration, extension or repair: Replace tank, Junction Box + 150' of lateral

5. Work to be done by: Owner ☑ ; or Contractor ☑, Rick Mangel
Contractor's Name

6. Estimated cost of project:

a. Materials	$	2000
b. Labor	$	200
c. Other	$	
TOTAL	$	2200

L.D. Lewis
Signature of Applicant (owner or lessee)

5900 W. Raymond Rd Raymond, Ne. 68428
Address

(Do not write below this line)

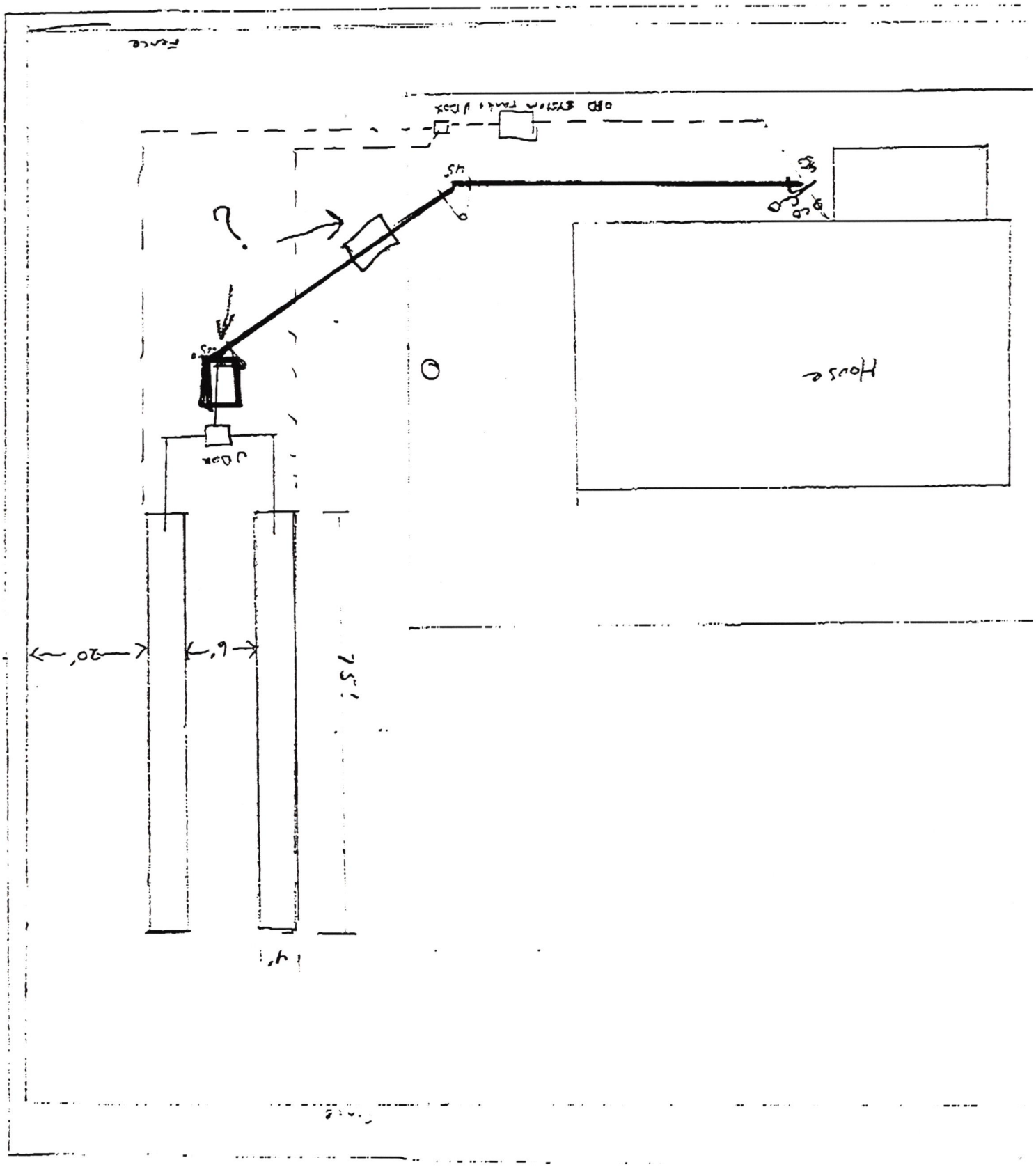
REVIEWING ACTION

1. Date Rec'd: 3-20-96
Filing Fee: $ 50.00

2. Site Visits:
Date: 3-28-96 by: RM
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved ☒; Disapproved ☐
by: Ron Mayhew

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 3-29-96 by: Ron Mayhew


N
House
20'
6'
306.5

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1014-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

September 17, 1977 — THIS PERMIT EXPIRES

Chuck Predmore — ISSUED TO

Route 1, Malcolm, NE 68402 — ADDRESS

T12N, R5E, Section 36, Lot 8. I.T.

LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$30.00	$	$	$ 30.00

ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
	110.16	148.14	6-2

RECEIPTED BY — DATE — AMOUNT

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

Health — ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. 2832

FORM HD-40(73) REQUEST FOR SITE CLEARANCE FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 475-6221)

FILE NO. 1014-C

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: _____

The undersigned hereby requests SITE CLEARANCE to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

1. Legal description of property: Twp. 12N ; Range 5E ; Section 36
Block _____; Lot B.I.T. ; Addition _____
Street Address _____

2. Property Use: Residential _____ ☒ ; Commercial _____ ☐
No. of Bedrooms 3 . Describe: _____
Other Use _____ ☐
Describe: _____

3. Type of Individual Sewage Disposal System: Septic Tank ☒ ; Other ☐

4. Distance to public sewer: _____ ft.

CHUCK PREDMORE
Signature of Applicant (Owner or Lessee)

Raymond, Nebraska
Address

Wesley W Bowring
Chairman
of Raymond

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 3/17/77 . ACTION: Approved ☒ Disapproved ☐
Date Frwd. 3/17/77 . Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. _____ . ACTION: Approved ☐ Disapproved ☐
Date Frwd. _____ . Signature: _____

3. City or County Engineer: Date Rec'd. 3/17/77 . ACTION: Approved ☒ Disapproved ☐
Date Frwd. 3/17/77 . Signature: Henry Graff

REMARKS OR REASONS FOR DISAPPROVAL _____

White: Health Dept. Copy
Yellow: Engineers Copy
Pink: Bldg. Inspector's Copy

FORM HD-42(73) APPLICATION FOR PERMIT TO CONSTRUCT INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 475-6221)

FILE NO. 1014-C

DATE: NOV 1-76

TO: Director of Health
Lincoln-Lancaster County Health Dept.

The undersigned hereby applies for a permit to construct an Individual Sewage Disposal System in conformance with appropriate Ordinance or Resolution, as described in this application and the annexed forms attached hereto.

1. Legal description of property: Twp. 12N ; Range 5E ; Section 36 ; Block ; Lot 8 I.T. ; Addition SE 1/4 .
Street Address .

2. Property Use: Residential ☒ Commercial ☐
No. of Bedrooms 3
Other Use
Describe:

3. Type of Individual Sewage Disposal System: Septic Tank ☒ Other ☐

4. Plans and Specifications of Proposed System. (See FORM HD-45(73) PLANS & SPECIFICATIONS, SEWAGE DISPOSAL SYSTEM, attached hereto.)

5. Soil Absorption Properties. (See FORM HD-43(73) SOIL ABSORPTION TEST DATA REPORT, attached hereto).

L. C. PREDMORE
Signature of Applicant (owner or lessee)
RT # 1 BOX 84
RAYMOND NE 68482
Address

(Do not write below double line)

REVIEWING ACTION

1. Date Rec'd;
Filing Fee: $ 30.00

2. Site Visits:
Date: 3-17-77 by: jw
Date: by:
Date: by:

3. Date: Approved ☒; Disapproved ☐ 3/17/77
by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 3-17-77 by: James Wevenka

FORM HD- 43(73) SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone 475-6221)

FILE NO. 1014-C

PROPERTY WHERE SOIL TESTED:
Location: Township 12 N; Range 5 E
Section & ¼ Sect. 36 SE ¼
Property Dimensions: ____ ft. x ____ ft.
Area: ____ acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ☐; Silty Clay Loam ☐; Sandy Loam ☐
Silty Loam ☒; Clay Loam ☐; Sandy Clay ☐

Owner: CHUCK PRADMORE
Address ____

Dates of Tests: Mar 2 - 77 to Mar 3-77. Weather: Precip. ____ Temp. ____°

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
		Pre-Saturation Period				Percolation Readings					Results		
		Start		End		Start			End				
Hole No.	Hole Depth (in.)	Date (Mo. Day)	Time (Hr. Min.)	Date (Mo. Day)	Time (Hr. Min.)	Date (Mo. Day)	Time (Hr. Min.)	Water Level (in.)	Time (Hr. Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./inch)
1	30	3/2	10:00	3/3	10:00	3/3	12:15	20⅛	12:45	23	30	2⅛	
2	1'	"	"	"	"	"	"	23½	"	25⅛	"	2⅜	
3	"	"	"	"	"	"	"	21⅜	"	23¼	"	1⅞	
4	"	"	"	"	"	"	"	23	"	25¼	"	2¼	
5	"	"	"	"	"	"	"	19¼	"	21½	"	1¾	
6	"	"	"	"	"	"	"	21	"	22⅞	"	1⅞	

Sum of Percolation Rates ____
Average of Rates: ____
Mean of Rates: ____

Norm Bengtson
Signature of Person Conducting Test

Address 3306 N 53
Phone: 466 5210

(Do not write below this line)

REVIEWING ACTION

REMARKS: ____

Approved Percolation Rate(s)
A. 15 min./inch
B. ____ min./inch
C. ____ min./inch

DATE: March 14, 1977

Jerrold C. Hood
Signature of Reviewing Official

FORM HD- 45(73) PLANS & SPECIFICATIONS
SEWAGE DISPOSAL SYSTEM

(Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 475-6221)

FILE NO. 1014-C

SPECIFICATIONS

DATE: NOV 1 - 76

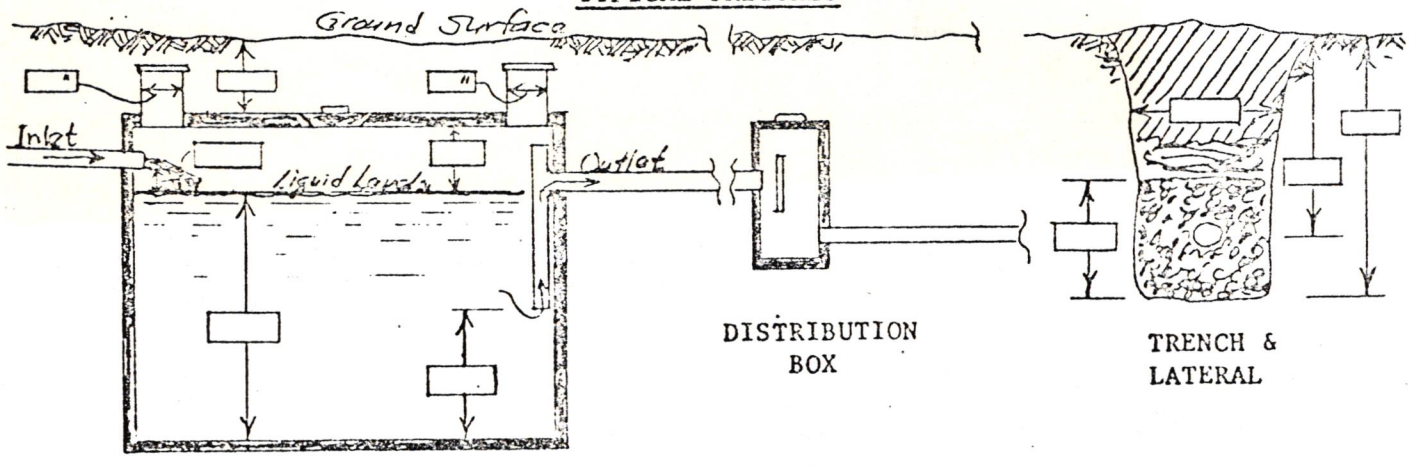
A. BUILDING SEWER:
1. Material _____; Diameter ____ in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank ____ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line ____ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material _____; No. of compartments _____.
2. Capacity 1000 gals.; Liquid depth ____in.
3. Factory Built: Yes ☐ (Company _____)
No ☐
4. Manholes: Over Inlet; diam. ____in.
Over Outlet; diam. ___in.
Below Grade _____in.
5. Inlet: Baffle ☐; or Tee ☐
6. Outlet: Baffle ☐; or Tee ☐
Depth of outlet below inlet ___in.
7. Depth of top of tank below finished grade ____in.
8. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line ____ft.

C. DISTRIBUTION BOX
1. Material _____; No. available outlets _____.
2. Factory Built: Yes ☐, (Company _____
_____ No ☐
3. Dimension: Length ____in.; Width ___in.
Depth ____in.
4. Distance from Septic Tank ____ft.
5. Serial Distribution: Yes ☐, No ☐
(If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: HALF ROUND
2. Lateral Lines: Depth below grade ___in.
Number ____; Length of each line ___ft
Total length of Laterals 143 ft.;
Slope ____in/100 ft. Diameter of pipe ____ in.; Shape _____
Material: concrete ☐; fiber asbestos ☐; clay ☐; other _____
Distance between lateral lines ____ft.
3. Trench Dimensions: Depth ___in.;
Width 48 in.
4. Filter Material: GRAVEL.
Depth of material from trench bottom _____in.
5. Distances To:
Well or Suction Line ____ft.;
Stream _____ft.; Pressure Line ____ft.
Property Line ____ft.
6. Percolation Rate: _____minutes/inch

TYPICAL SKETCHES



SEPTIC TANK

L. C. PREDMORE
Signature of Applicant

FORM HD- 45(73) PLANS & SPECIFICATIONS
SEWAGE DISPOSAL SYSTEM
(Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 475-6221)

FILE NO. 1014-C

SPECIFICATIONS

DATE: _____

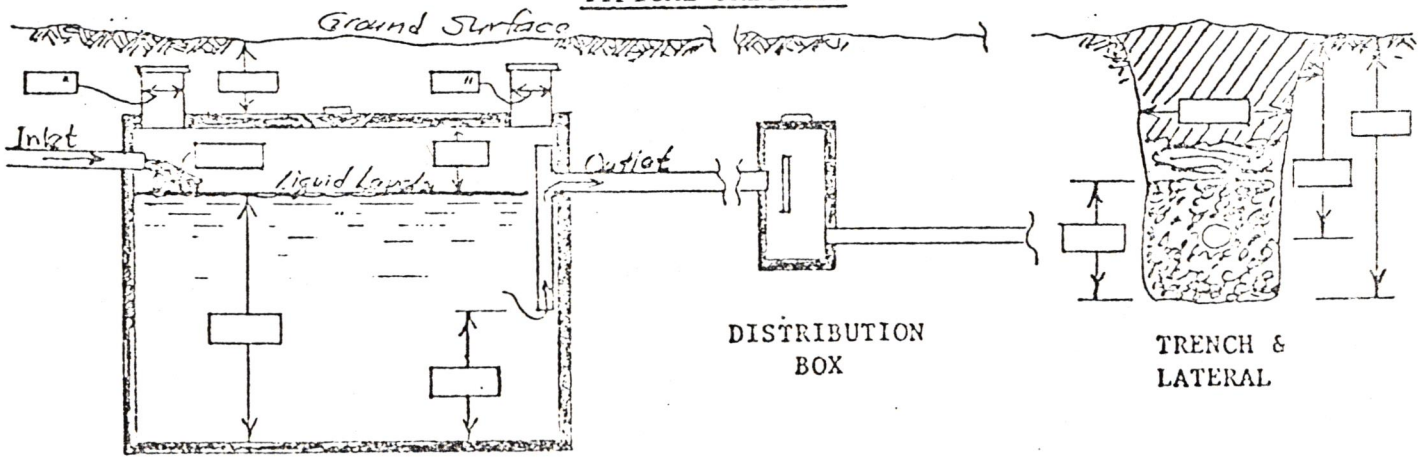
A. BUILDING SEWER:
1. Material _____; Diameter ____ in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank ____ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line ____ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material _____; No. of compartments _____.
2. Capacity _____gals.; Liquid depth ____in.
3. Factory Built: Yes ☐ (Company _____)
No ☐
4. Manholes: Over Inlet; diam. ____in.
Over Outlet; diam. ___in.
Below Grade _____in.
5. Inlet: Baffle ☐; or Tee ☐
6. Outlet: Baffle ☐; or Tee ☐
Depth of outlet below inlet ___in.
7. Depth of top of tank below finished grade ____in.
8. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line ____ft.

C. DISTRIBUTION BOX
1. Material _____; No. available outlets _____.
2. Factory Built: Yes ☐, (Company _____)
No ☐
3. Dimension: Length ____in.; Width ___in.
Depth ____in.
4. Distance from Septic Tank ____ft.
5. Serial Distribution: Yes ☐, No ☐
(If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: _____
2. Lateral Lines: Depth below grade ___in.
Number ____; Length of each line ___ft
Total length of Laterals ____ft.;
Slope ____in/100 ft. Diameter of pipe ____ in.; Shape _____
Material: concrete ☐; fiber asbestos ☐; clay ☐; other _____
Distance between lateral lines ____ft.
3. Trench Dimensions. Depth ___in.;
Width ____in.
4. Filter Material: _____
Depth of material from trench bottom _____in.
5. Distances To:
Well or Suction Line ____ft.;
Stream _____ft.; Pressure Line ____ft.
Property Line ____ft.
6. Percolation Rate: _____minutes/inch

TYPICAL SKETCHES

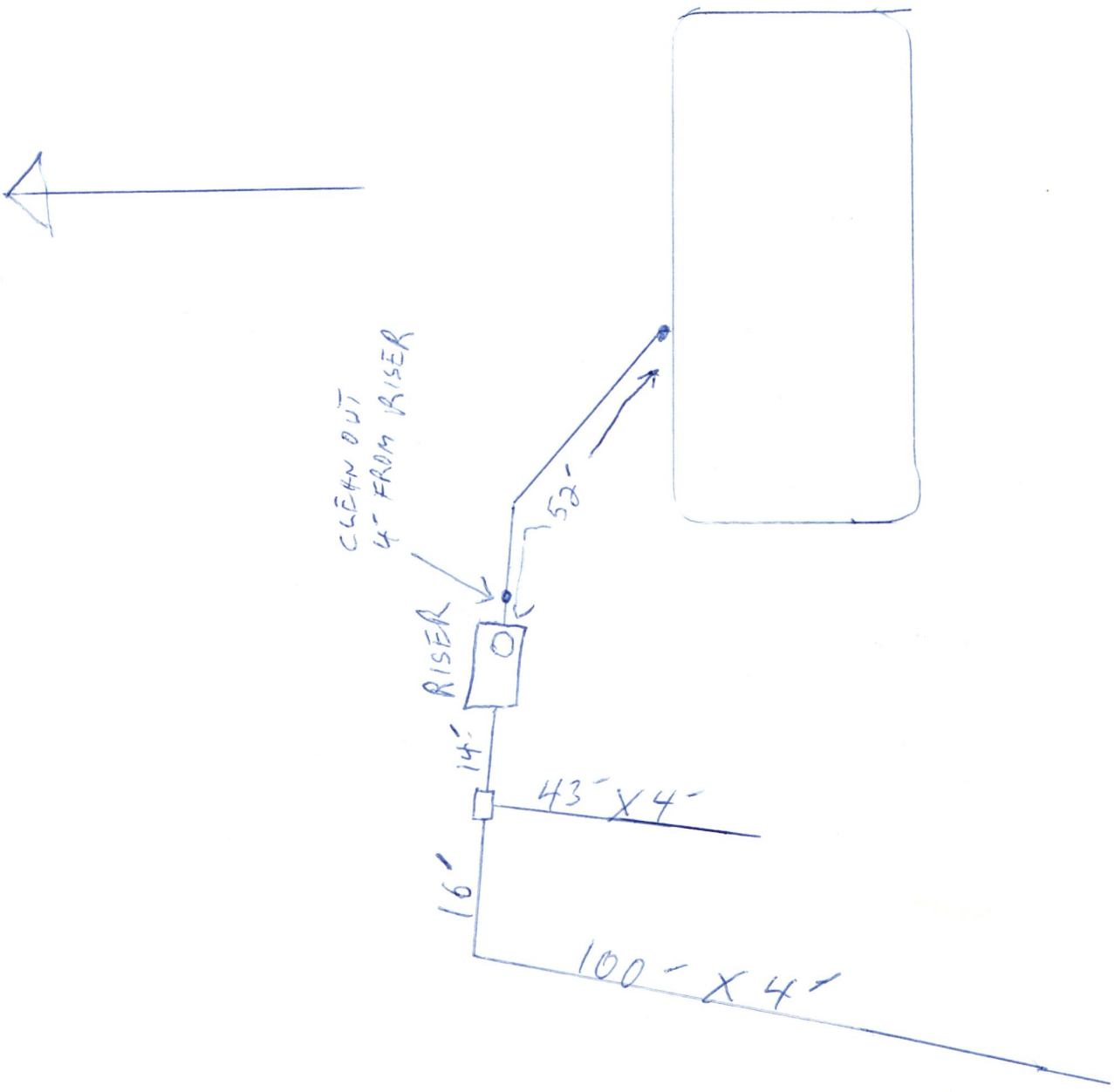


SEPTIC TANK

DISTRIBUTION BOX

TRENCH & LATERAL

_____
Signature of Applicant



Norm Bergsma
Mar 17 - 77

FEB 1 8 2003

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

FOR PROPERTY IN **LANCASTER COUNTY** ONLY

Copy sent

This form must be completed and returned with payment to request a real estate transfer inspection.

MAKE CHECK PAYABLE TO: "Lincoln-Lancaster County Health Department" or "LLCHD"

☒ Enclosed is $200.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 5900 W. Raymond Road

Parcel ID ____-____-____-____-____ (i.e. 99-99-999-999-999)

Twp 9N Range 5E Section 36 1/4 ____ 1/4 ____ Block ____ Lot 16 Addition ____

Directions to Property ____

Location of Well East of driveway - brick enclosure around Tap Location: Inside ☒ Outside ☒

Location of Sewage System Front of house running SW Year Installed 1998 or 99

Site Hazards (dogs, etc.) ____

	NAME	ADDRESS	PHONE
Present Owner:	Dallas + Leslie Lewis	10101 N.W. 40th Lincoln, NE 68524	499-7950 783-3865
Tenant/Buyer:	Victor McWilliams	3044 "V" Street Lincoln, NE 68503	438-5257
Return to:	Craig Loecker	7141 "A" Lincoln, NE 68510	434-3872 434-8037 (Fax)

Signature of Applicant Victor McWilliams BY PL Address 3044 "V" Lincoln NE. Date 02/17/03

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 2/18/03 Amount $200.00 Check No. 4780 Initials CW

DATA ENTRY Date ____/____/____ Case No. ____ Initials ____

PRELIMINARY STATUS--By Ron Marquart **DATE:** 2/20/03

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM		Additional Site Visits
Construction	☒ corrected	☒ small well cap	Approved	☐	Date 2/25/03 by RM
Bacteria	☒ 0 /ml	☐ ____ /ml	Provisional	☐	Date ____/____/____ by ____
Nitrate	☒ 3.6 ppm	☐ ____ ppm	Disapproved	☒ Floodplain	Date ____/____/____ by ____

Comments: Floodplain maps were not available for previous sales of this property. LLCHD now knows this property is within the 100yr. floodplain. Consequently, the onsite septic system cannot be approved as installed. There was no visible malfunction at the time of inspection. Recommend checking to see if septic tank needs pumping. In 1996 a tank and 150 ft of drainfield lateral were installed to replace a failing system. See Attached Letter ☐

FINAL STATUS * Well appears to be above floodplain * see above

WATER SYSTEM: Approved ☒ **SEWAGE DISPOSAL SYSTEM:** Approved ☐ Provisional Approval ☐

Approved by Ron Marquart R.S Date 2/28/03

Approval or disapproval is based on State and local standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operations.

White - Applicant after approval Yellow - Environmental Health Pink - File

Revised/Reprint: 9-00

P22409-11

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St. Marys Avenue Phone (402) 471-7800 441-8000 Lincoln, Nebraska 68502

ORIGINAL LOAN APPROVAL FILE
PREVIOUS HISTORY UNKNOWN

REAL ESTATE TRANSFER /

This form must be completed and returned to reque

MAKE CHECKS PAYABLE TO: Lincoln-Lancaster County Health Department.

☒ Evaluation of the Individual Water System Date: 1-6-95

☒ Evaluation of the Sewage Disposal System ☐ Enclosed is $75.00 150.00

Legal Description of Property: TWP. 12N; RANGE 5E; SECTION 26; BLOCK ____

LOT ____; ADDITION _____; Street Address 5900 W. Raymond RD.

Directions to Property ½ mile west of Hwy 79 on Raymond Rd.

Location of Well East of House in Br. Corner Tap Location: Inside ☐ Outside ☒

Location of Sewage System NW corner of main Year Installed 1986

	NAME	ADDRESS	PHONE
Present Owner:	Les Lewis	5900 W Raymond Rd	783-3865
Tenant/Buyer:	Jim Vitta	112 Seward #4	
Return to:	Jim Vitta	112 Seward #4	

NOTE: Allow two weeks for processing. Incomplete information will delay processing.

Signature of Applicant _____ Address _____

==========

HEALTH DEPARTMENT USE ONLY

Date Received 1/10/95 Received ~~$75.00~~ 150.00 Check ☒ Cash ☐ #697

PRELIMINARY STATUS--DATE 1-11-95

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☐	Date 1-11-95 by [illegible]
Bacteria	☒	☐	Provisional:	☒	Date _____ by ____
Nitrate	☒ 3.8 ppm	☐	Disapproved:	☐	Date _____ by ____

Comments: _____

See Attached Letter ☒

FINAL STATUS

WATER SYSTEM:	SEWAGE DISPOSAL SYSTEM:	
Approved: ☒	Approved: ☐	Provisional Approval: ☒

APPROVED BY Ron Mayfield RS DATE 1-20-95

Approval or disapproval is based on written standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operation. WELLS - Nebraska Safe Drinking Water Act,
- Standards for A Private Well in Nebraska

FG.4120 INDIVIDUAL SEWAGE SYSTEMS - County Resolution #2832

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St. Marys Avenue Phone (402) 471-7800 Lincoln, Nebraska 68502

REAL ESTATE TRANSFER / LOAN APPROVAL

This form must be completed and returned to request a real estate transfer inspection.

MAKE CHECKS PAYABLE TO: Lincoln-Lancaster County Health Department.

[X] Evaluation of the Individual Water System Date: 2-15-89

[X] Evaluation of the Sewage Disposal System [X] Enclosed is $75.00

Legal Description of Property: TWP. 12N ; RANGE 5 E ; SECTION (SE 4) 36 ; BLOCK ____

LOT ____; ADDITION _____; Street Address 5900 W. Raymond Road, Lancaster County

Directions to Property Approx. 1/4 mile west of Junction of Hwy # 79 and Raymond Road. House is located north side of road. Home Real Estate sign in front yard.

Location of Well East side of house Tap Location: Inside [X] Outside [X]

Location of Sewage System _____ Year Installed 1979

	NAME	ADDRESS	PHONE
Present Owner:	Scott G. Stoehr	5900 W. Raymond Road	783-3368
Tenant/Buyer:	Leslie D. Lewis 4330	Witherbee, Lincoln, NE 68510	483-2932
Return to:	Home Real Estate % Jack Coupe	225 No. Cotner Blvd. Lincoln, NE 68505	467-4663

NOTE: Allow two weeks for processing. Incomplete information will delay processing.

Signature of Applicant Les Lewis Address 4330 Witherbee Lincoln NE (10)

==========

HEALTH DEPARTMENT USE ONLY

Date Received FEBRUARY 16, 1989 Received $75.00 Check [X] Cash [ ]

PRELIMINARY STATUS--DATE 2-16-89

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	[X]	[ ]	Approved:	[ ]	Date 2-16-89 by [illegible]
Bacteria	[X]	[ ]	Provisional:	[X]	Date _____ by ____
Nitrate	[X]	[ ]	Disapproved:	[ ]	Date _____ by ____

Comments: Heavy snow & weed cover made a thorough inspection of septic system difficult, thus a provisional approval. The septic tank should be checked to see if it needs pumping. See Attached Letter [ ]

FINAL STATUS

WATER SYSTEM:	SEWAGE DISPOSAL SYSTEM:	
Approved: [X]	Approved: [ ]	Provisional Approval: [X]

APPROVED BY Ron Morgan DATE 2-23-89

Approval or disapproval is based on written standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operation. WELLS - Nebraska Safe Drinking Water Act,
- Standards for A Private Well in Nebraska

FG.4120 INDIVIDUAL SEWAGE SYSTEMS - County Resolution #2832

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

APR 29 2011

A

Permit Number
HS000490

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 5900 W Raymond Rd (no rural route) City Raymond, NE Zip 68428

Legal Description SE 36 12 5 16

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

Geographical Location (if known): Lat/Long: PID 06-36-400-007-600

B. Owner

Name Victor McWilliams Signature Lloyd J. Jakoubek

Address 5900 W Raymond Rd City/State/Zip Raymond, NE 68428

Home Phone 402-783-2051 Work Phone 402-525-5047

C. Certified Installer

Name: Lloyd Jakoubek, Raymond Contracting Signature Victor McWilliams

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

Work Phone 402-890-6000 or 402-783-2163

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 4.38

☐ 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 5/6/11 – Need fence
Date rec'd 5/3/11
Date frwd 5/3/11
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 6/13/12

Business Office Use Only
Date Received 5-3-11 Amount Paid 335 –
Received By AL Cash/Check No. 7622

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

Form A Updated: 5/10

Eliminating failing septic, installing new LAGOON

C

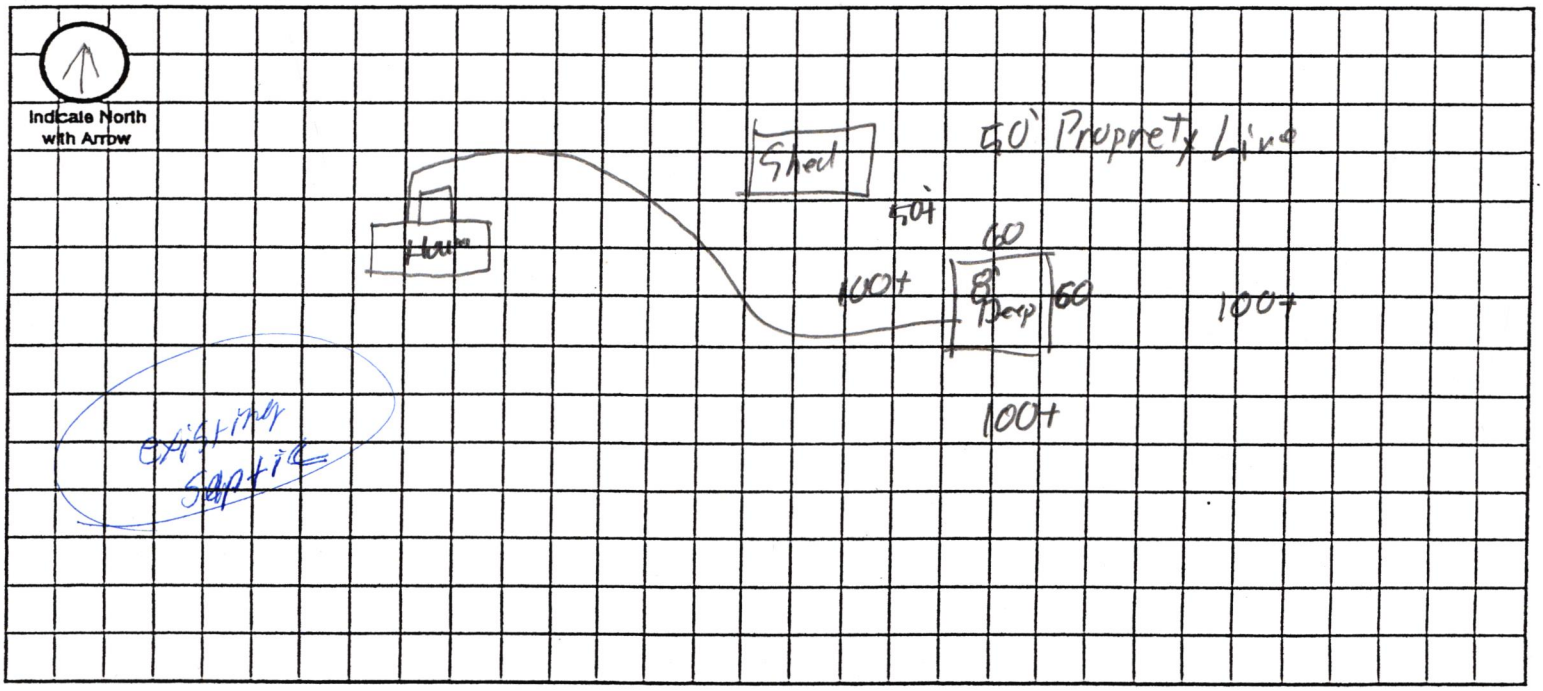
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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 line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 5960 W Raymond 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 _____ (min. per inch) Soil Type: _____ Land Slope: _____ %

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

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

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: _____

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

Total Length of Laterals _____ ft. Number of Trenches _____ Trench Width _____

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 Existing Date _____

Installer Kevin L. Jablonski Date 4-26-11

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

MAY 09 2011

D

Permit Number: HS000490

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date 5-6-11 Legal Description SE 1/4 36-12-5 Lot 16
1/4 Section Township Range

Onsite System Location

Address (no rural route) 5900 W Raymond Rd City Raymond NE, Zip 68428

Owner Victor McWilliams Address Same

A. Sewer Pipe

1. Material: SDR 26
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 16 in.
3. Distance between dwelling and ~~septic tank~~ Lagoon: 260 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: _____
   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

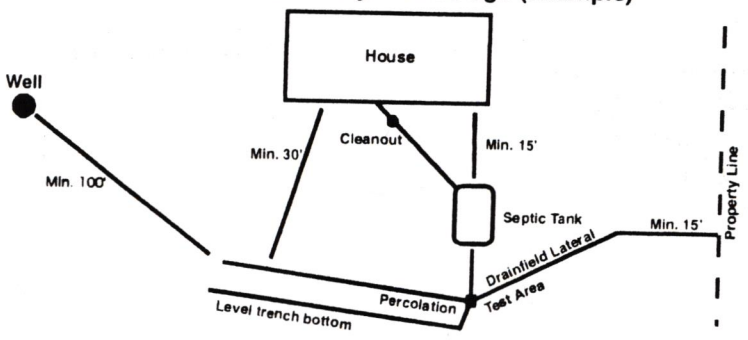
☐ Trench ☐ Bed ☐ Level Bottom

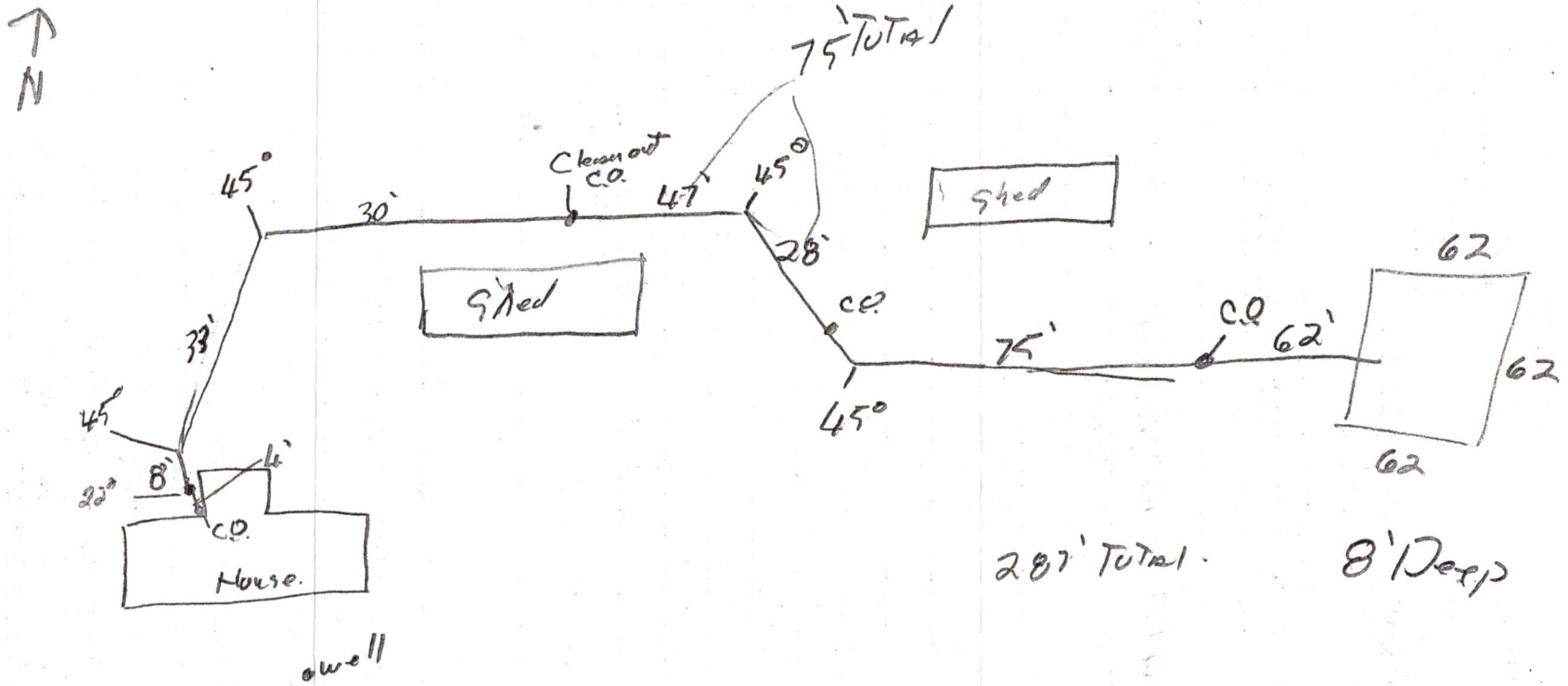
1. Type: ☐ Half rounds ☐ Perforated pipe ☐ Chambers
   Diameter or width: _____
   Number of distribution lines in bed _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other _____
2. Drainfield Laterals: Number _____
   Length of each line: _____ ft. _____ ft.
   _____ ft. _____ ft., _____ ft.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

Indicate North with Arrow

Onsite Wastewater System Design (Example)





287' TOTAL · 8' Dep

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