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. HS000498

System Type: LAGOON

Situs: 11875 W A ST

Legal Description: T10N-R05E-S32-Lot 15

Owner: FANCHER, MICHELLE J
11875 W A ST
LINCOLN NE
68532-9156

Permit Fee:	$335.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$335.00
Issued:	06/08/2011
Expires:	06/07/2012

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 HS000498

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

A

Permit Number HS000498

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 11875 W A St (no rural route) City Lincoln, NE Zip 68532

Legal Description NE 32 10 5 15
1/4 1/4 Section Township Range Subdivison Addition Block Lot

Geographical Location (if known): Lat/Long: PID 04-32-200-004-000

B. Owner

Name Michelle Fancher Signature See Attached

Address 11875 W A St City/State/Zip Lincoln NE 68532

Home Phone 402-430-8947 Work Phone

C. Certified Installer

Name: Lloyd Jakubek, Raymond Contracting Signature

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

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

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 4.07

☐ 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 **ACTION** ☒ Approved ☐ Disapproved
Site visits Date frwd Signature

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

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

Installation Final Written Approval
By

Date

Business Office Use Only
Date Received 6-8-11 Amount Paid $335.00
Received By BCA Cash/Check No. 7644

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

6-9-2011 12:41:37

Form A Updated: 5/10

LLCHD HS000498

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

A

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Onsite Wastewater Treatment System
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Legal Description NE 32 10 5 15

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

Geographical Location (if known): Lat/Long: PID 04-32-200-004-000

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Name Michelle Fancher Signature

Address 11875 W A St City/State/Zip Lincoln, NE 68532

Home Phone 402-430-8947 Work Phone

C. Certified Installer

Name: Lloyd Jakubek, Raymond Contracting Signature

Address 13820 Nw 70th St City/State/Zip Raymond, NE 68428

Work Phone 402-796-4009 or 402-783-2403

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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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

6-9-2011 13:41:38

20105-0477
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: 474-1541

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 10N ; Range 5E ; Section & ¼ Section NE¼ of 32
Property Dimensions: _____ ft. x _____ ft. Area: 4.36 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☒ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 6-12-82 to _____. Weather: Precip. -0- Temp. 76F .

OWNER: School District #39

Address: RFD 6, Lincoln, Nebraska

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				
Hold 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./Day)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
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2	31	6/12	2:10	6/12	6:15	6/12	6:15	15½	6:47	13	32	2½	12.8
3	36	6/12	2:10	6/12	6:15	6/12	6:15	22	6:47	19½	32	2 3/4	11.6
4	35	6/12	2:10	6/12	6:15	6/12	6:15	23½	6:47	19	32	4½	7.1
5	36	6/12	2:10	6/12	6:15	6/12	6:15	23	6:47	20	32	3	10.7
6	36	6/12	2:10	6/12	6:15	6/12	6:15	18	6:47	16	32	2	16

Sum of Percolation Rates: 71.2
Average of Rates: 12.1
Mean of Rates: 11.6

Mary Lee
Signature of Person Conducting Test

Address RFD 6, Lincoln, Nebraska Phone 475-1672

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Judson Silt Loam
Date: June 14, 1982

Approved Percolation Rate (a)
A. 11 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Wood
Signature of Reviewing Official

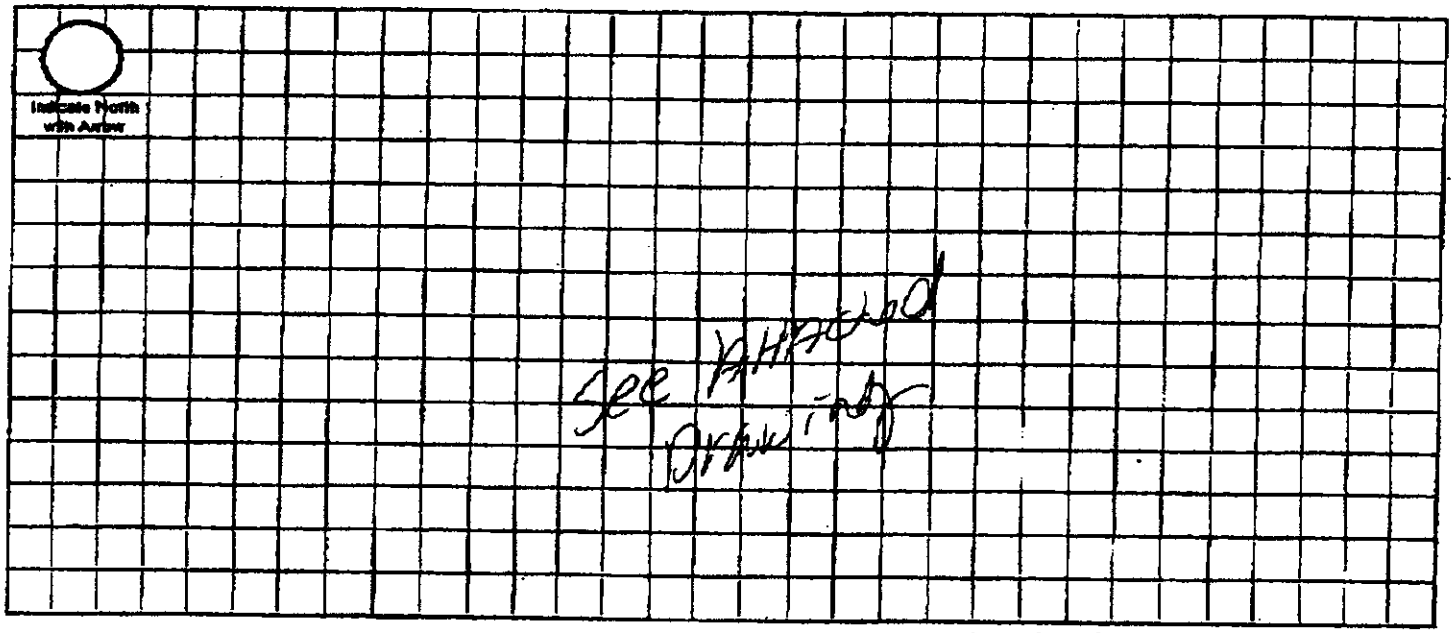
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

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) 1875 W A St City Lincoln NE Zip 68532

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 12 (min. per inch) Soil Type: Judson Land Slope: _____ %

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

Total Square Feet of Field Required: 1430 sq. ft.

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

Capacity of Septic Tank: 1000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 1160 ft. Number of Trenches 2 Trench Width 40"

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

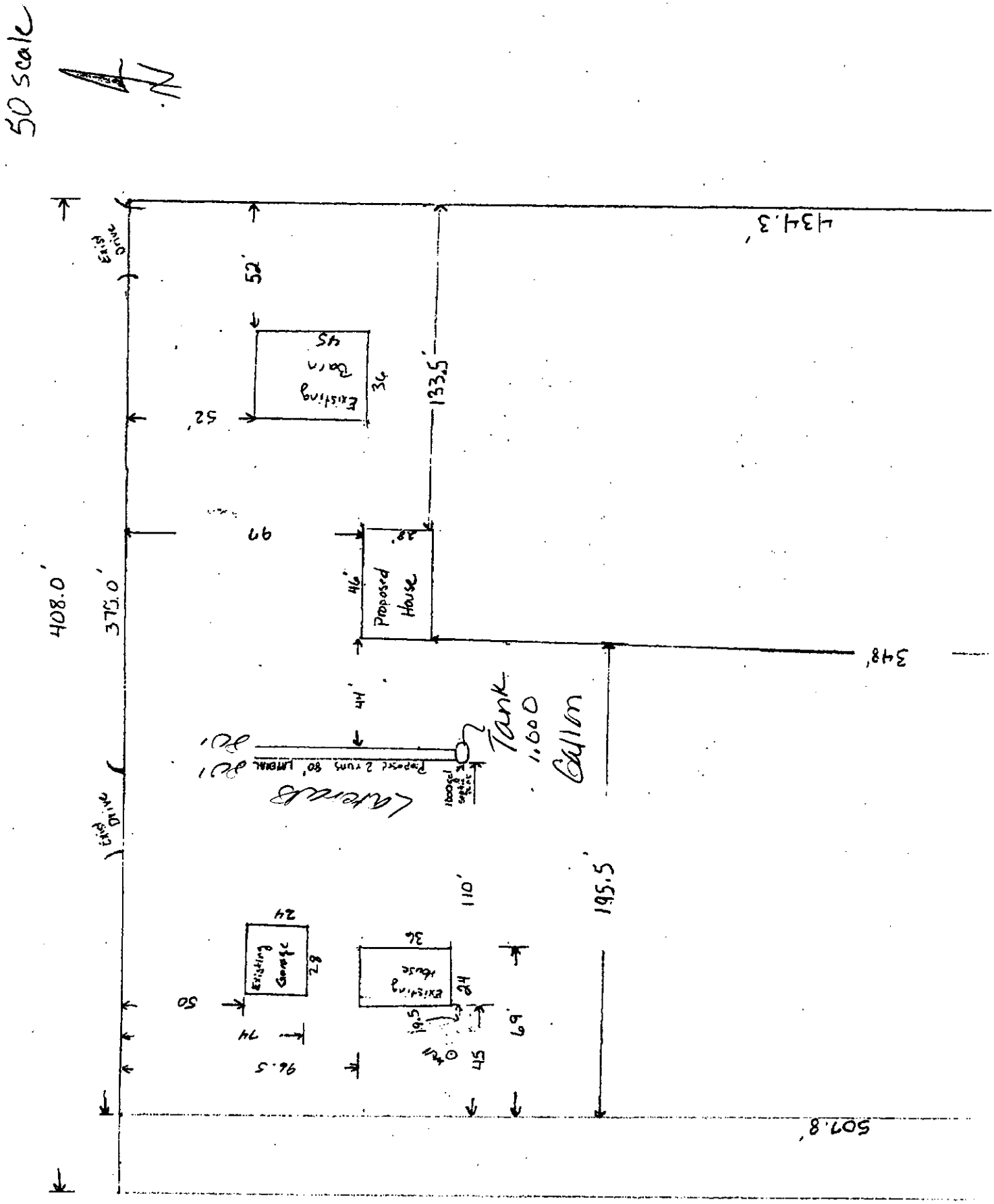
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Tank (ft)	50 ☑	500 ☑	50 ☑	NA ☐	25 ☑	20 ☑	15 ☑	25 ☑	☑
Field (ft)	100 ☑	500 ☑	50 ☑	4 ☑	30 ☑	20 ☑	30 ☑	40 ☑	☑
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

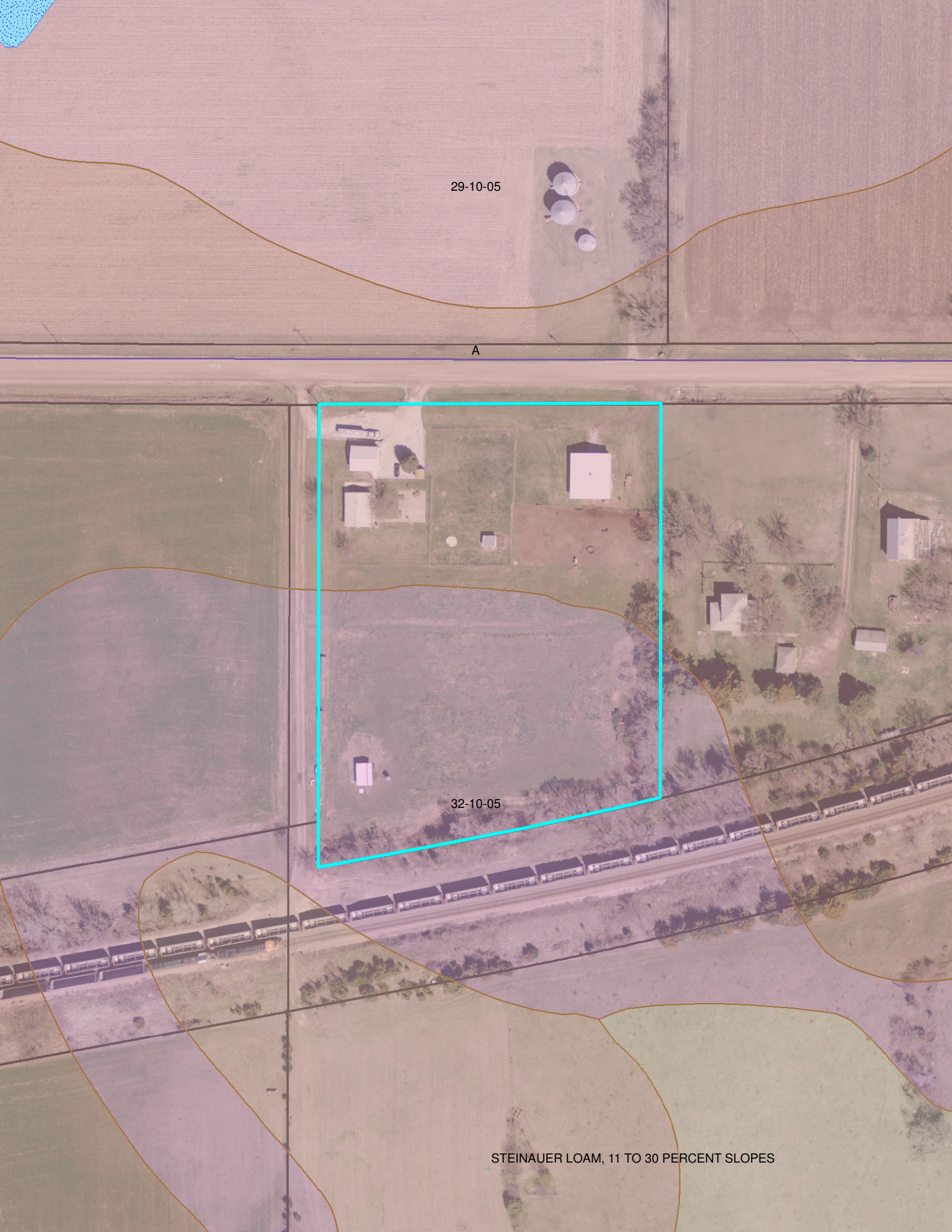
E. Required Signatures

Home Building Contractor _____ Date 6-2-11

Installer _____ Date 6-1-11

FORM 23-102 10-96


50 scale
N
Existing Drive
52'
Existing Barn
45
36
52'
133.5'
99
38'
46'
Proposed House
1343'
408.0'
375.0'
348'
44'
Tank
1,000
Gallon
Proposed 2 runs 80' LINEAR
Leach
Existing Drive
110'
195.5'
24
Existing Garage
28
36
Existing House
26
50
74
96.5
19.5
69'
45
507.8'


29-10-05
A
32-10-05
STEINAUER LOAM, 11 TO 30 PERCENT SLOPES

SCANNED

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

A

Permit Number H5000498

Onsite Wastewater Treatment System
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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 6/23/11 - Late winter early
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

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

Installation Final Written Approval
By Doug Rueter
Date 10/24/11

Business Office Use Only
Date Received 6-8-11 Amount Paid $335.00
Received By BAT Cash/Check No. 7644

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

Form A Updated: 5/10

Pre existing home

SCANNED

20105-0477
ABSORPTION TEST DATA REPORT
nnex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

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Signature of Reviewing Official

SCANNED

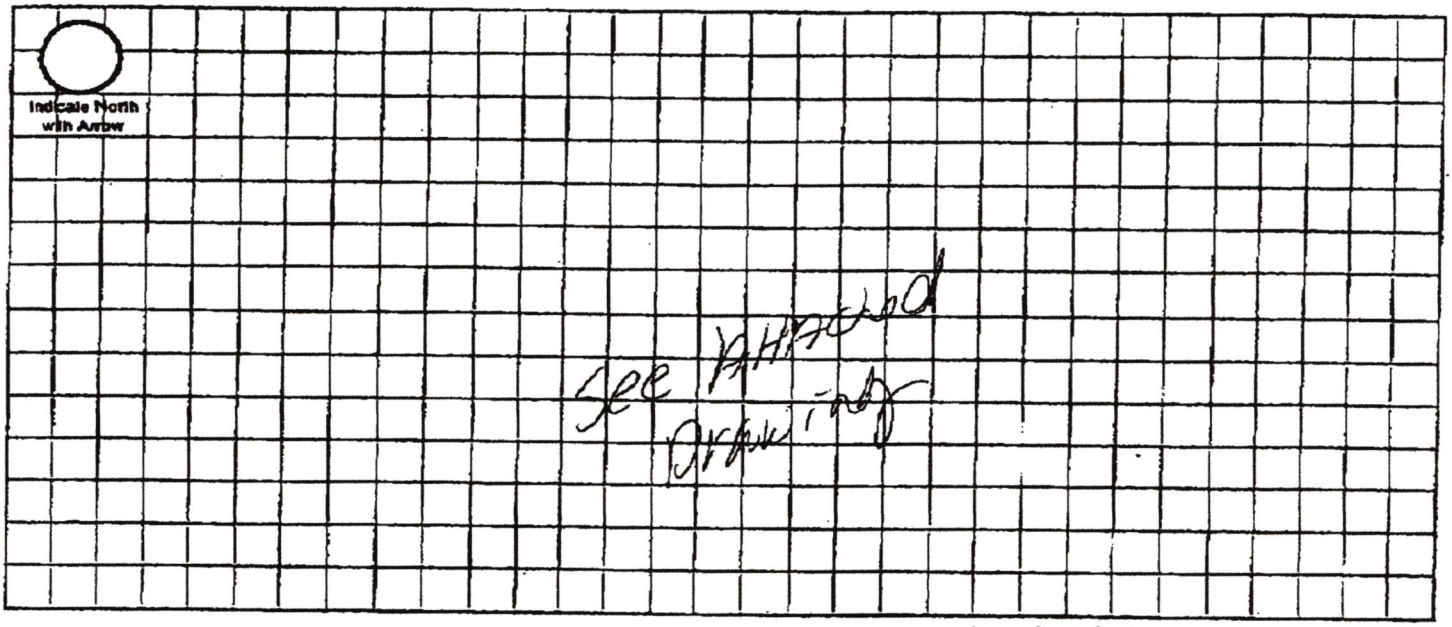
Lincoln-Lancaster County Health Department
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Permit Number:

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

Percolation Rate 12 (min. per inch) Soil Type: Judson Land Slope: _____ %

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

Total Square Feet of Field Required: 1630 sq. ft.

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

Capacity of Septic Tank 1000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 1160 ft. Number of Trenches 2 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
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Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

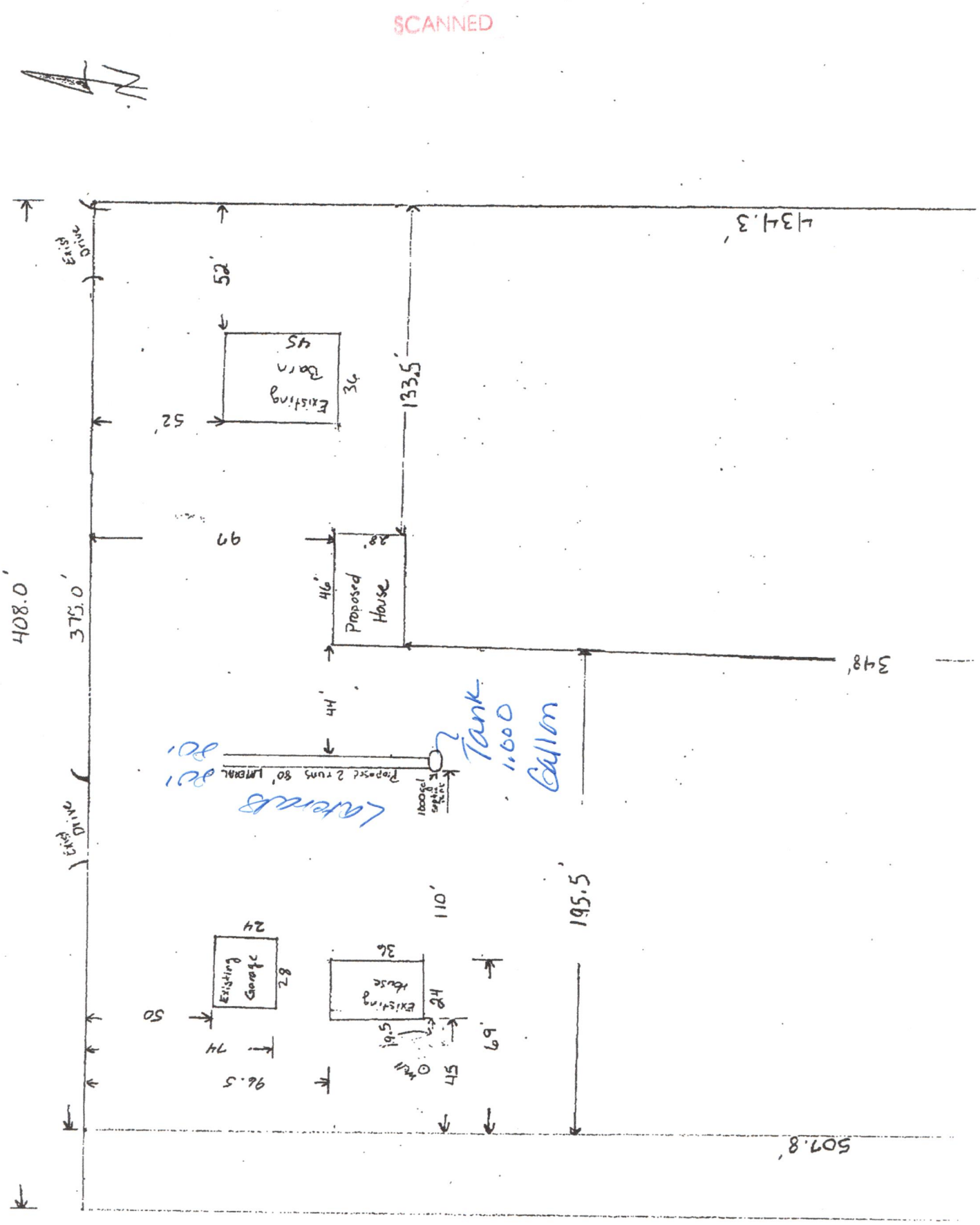
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FORM 23-102 10-96

SCANNED


50 scale
N
1341.3'
Exist. Drive
52'
Existing Barn
45
36
52'
133.5'
99'
88'
46'
Proposed House
408.0'
375.0'
348'
44'
Proposed 2 runs 80' Lateral
100 gal septic tank
80'
80'
Tank
1,000
Gallon
Exist. Drive
110'
195.5'
24
Existing Garage
28
36
Existing House
24
50
74
19.5
69'
96.5'
45
507.8'

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

OCT 14 2011

D

Permit Number: H5000498

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date 10/11/11 Legal Description NE 1/4 1/4 32-10-5 Lot 15 Section Township Range

Onsite System Location

Address (no rural route) 11875 W A St City Lincoln NE, Zip 68532

Owner Michelle Fancher Address Same

A. Sewer Pipe

1. Material: SDR 26
   Diameter: 4 in.
2. Distance above basement floor: 6'6" in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: 17' ft.
4. Number of clean-outs: one
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: 1000 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter 24 in.
   Over outlet, diameter 24 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: 12" 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: 2 End caps, Plastic.
   Number available outlets: 2 per cap
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 6+9' ft.

D. Drainfield Absorption

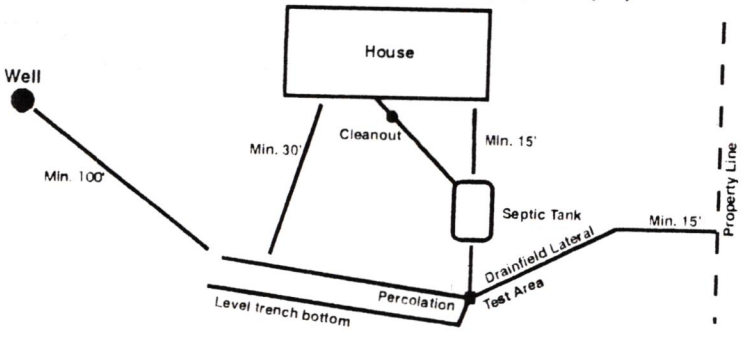
☑ Trench ☐ Bed ☐ Level Bottom

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 2
   Length of each line: 80 ft. 80 ft.
   _____ ft. _____ ft., _____ ft.
3. Drainfield dimensions: Width 40" ft.
   Distribution Pipe Slope Flat in/100 ft.
   Average depth 24-32 in
4. Filter material: Dirt
   Depth of material 24-32 in.
5. Distances to: Well or suction line 100+ ft.
   Pressure line 100+ ft.
   Property line 25+ ft.
   House or building 44+ 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

