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. HS000499

System Type: STANDARD

Situs: 2720 W Branched Oak Rd

Legal Description: T12N-R06E-S28-Lot 39

Owner:

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

Issued:	06/13/2011
Expires:	06/12/2012

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

MICK NEUKIRCH
5736 JUDSON ST
LINCOLN NE 68507

LLCHD HS000499

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

A

Permit Number HS000499

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 2720 West Branched oak Rd (no rural route) City Raymond, NE Zip 68428

Legal Description Lot 39 | 28 (1/4) | 12 (1/4) | Section | 6 Township | Range | Subdivison | Addition | 39 Block | Lot

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

B. Owner

Name_____ Signature_____

Address_____ City/State/Zip_____

Home Phone_____ Work Phone_____

C. Certified Installer

Name: Randall Jones Signature Randall J Jones

Address 4908 NW Fairway Dr City/State/Zip Lincoln NE 68521

Work Phone 402-217-9293

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 20+

☐ 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 6/10/11
Date frwd 6/10/11
ACTION ☑ Approved ☐ Disapproved
Signature_____

2. Supt. Bldg. Insp. or Village Clerk
Comments_____
Date rec'd_____
Date frwd_____
ACTION ☑ Approved ☐ Disapproved
Signature See attached

3. City or County Engineer
Comments_____
Date rec'd_____
Date frwd_____
ACTION ☑ Approved ☐ Disapproved
Signature See attached

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

6-13-2011 11:21:40

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 2720 W. Branched Oak Rd (no rural route) City Raymond NE, Zip 68428

Owner Judy Kracl Addresss 617 Trelawney

Soil Type (SCS): Malcolm Sandy Loam Percolation Rate: _____ min./inch

Date of Tests 05/03/11 to 05/04/11 Weather: Precipitation Dry Temperature 68°

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	36"	5/03	10:30	5/03	4:30	05/04	8:00	16	5/4	8:10	10	2	5
2	↓	↓	↓	↓	↓	↓	8:10	12	↓	8:20	10	2	5
3							8:20	15		8:30	10	2	5
4							8:30	21		8:40	10	3	3.3
5							8:40	23		8:50	10	3	3.3
6	↓	↓	↓	↓	↓	↓	8:50	15	↓	9:00	10	2	5

Person Conducting Percolation Tests

Name: Randall Jones

Phone: 402-217-9293

Address 4908 NW Fairway Dr
Lincoln NE 68521

Sum of Percolation Rates: 26.6

Average of Rates: 4.43

Rate Used for Calculation: 4.43

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

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

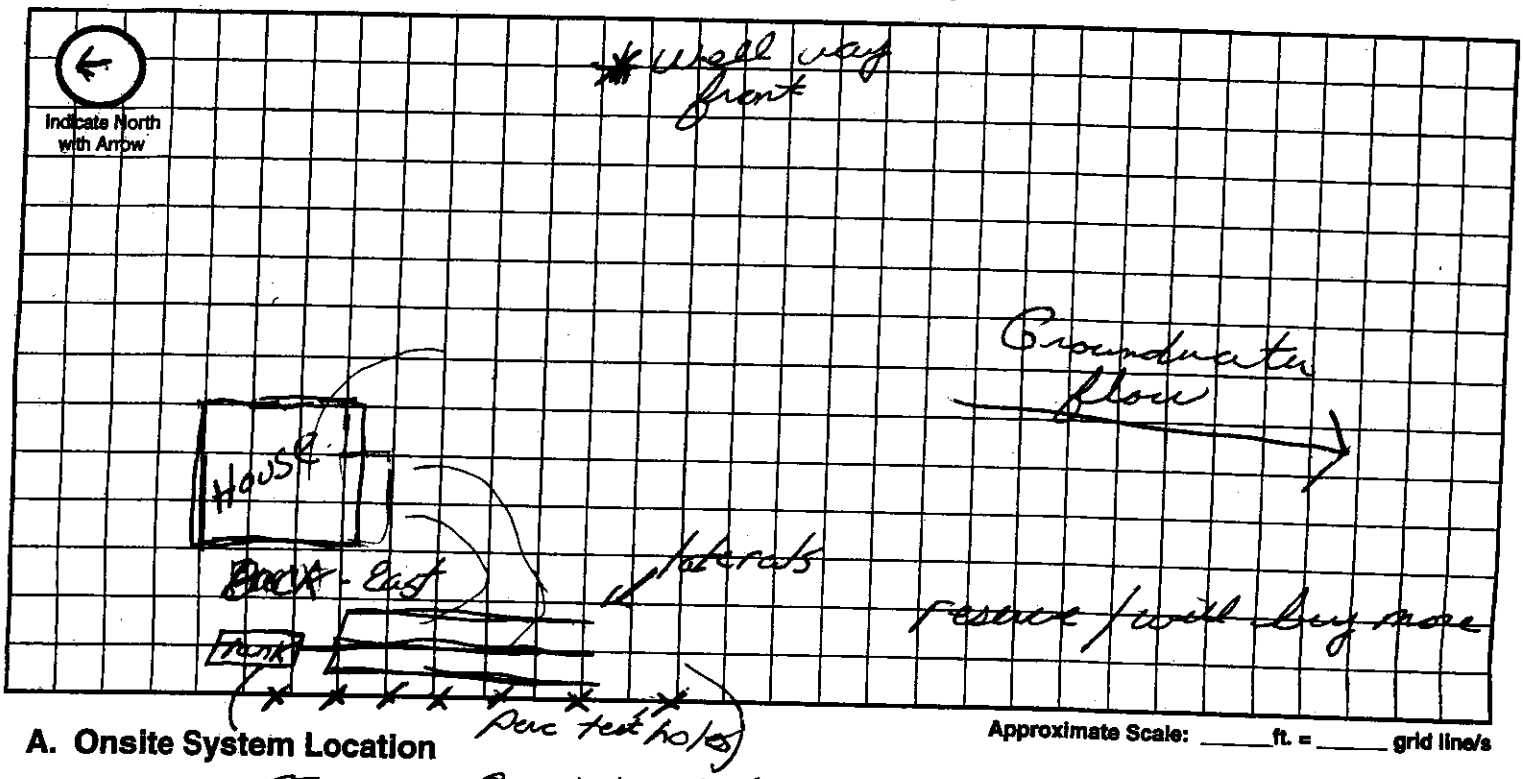
C

Permit Number:

Onsite Wastewater Treatment System

Preliminary Plan Specifications

Draw a plot plan showing onsite system sewer lines, drop of distribution boxes, tank, drainfields, percolation test holes, well, residence, direction of groundwater flow, property lines, and reserve area for replacement onsite system.



A. Onsite System Location

Address (no rural route) 2720 W. Branded Oak Rd City Raymond NE NE, Zip 68428

B. Proposed Septic Tank/s

Septic Tank Cap. 1500 gals Tank Material: ☑ Concrete ☐ Plastic ☐ Other ____ ☐ Lagoon (Max. seepage 1/8" per day)

C. Reserve Area for Replacement Onsite System

☑ Drainfield Absorption Area (percolation test required) ☐ Lagoon

D. Drainfield Absorption System

Percolation Rate 49.3 - 5 (min/inch = mpi) No. of Bedrooms 3 Soil Type Sandy loam Land Slope ____%

☑ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 720 sq.ft.

Total length of laterals 180 Type of distribution: ☐ Perforated pipe ☐ Half-Round ☑ Chamber ☐ Other

No. of absorption trenches 3 Width 40 No. of drop boxes 0 Distrubtion Box 1 - mega-D

No. of absorption beds 0 Width 0 No of Distribution lines per bed 0

E. 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 ☐	☐

F. Required Signatures

Home Building Contractor Mick L. Newkirch Date 6/6/11

Installer Randall J Jones Date 6/6/11

Nate C. Hartman

From: Gordon McGill
Sent: Friday, June 10, 2011 1:14 PM
To: Nate C. Hartman
Attachments: Gordon McGill.vcf

PROPERTY AT 2720 W. BRANCHED OAK RD IS APPROVED FOR CONTRUCTION, HOUSE IS OUT OF THE FLOOD PLAIN

Gordon McGill
Building &Safety
Plans Examiner II / Building Inspector

402-441-6424 Work
gmcgill@lincoln.ne.gov



Nate C. Hartman

From: Ken D. Schroeder
Sent: Friday, June 10, 2011 2:40 PM
To: Nate C. Hartman
Subject: sewage septic system permit for 2720 West Branched Oak Road

Nate,
Lancaster County Engineering Department indicates approval for a sewage disposal system for Lot 39 of irregular tracts located in the W 1/2 of Section 28, T12N, R6E together with and including Lot 33 of irregular tracts located in the E 1/2 of Section 29, T12N, R6E of the 6th P.M. Lancaster County, Nebraska subject to confirmation of and compliance with any floodplain issues regarding system construction.
(deed reference - inst. #2010-45451)
Please send me a copy of the permit for our records.
Ken

Kenneth D. Schroeder, RLS
Lancaster County Surveyor
444 Cherrycreek Road, Bldg. "C"
Lincoln, Nebraska 68528
kschroeder@lancaster.ne.gov
Phone (402) 441-7681
Fax (402) 441-8692

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

A

Permit Number HS000499

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 2720 West Branched oak Rd City Raymond, NE Zip 68428
(no rural route)

Legal Description Lot 39 28 12 6 39
1/4 1/4 Section Township Range Subdivison Addition Block Lot

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

B. Owner

Name _____ Signature _____

Address _____ City/State/Zip _____

Home Phone _____ Work Phone _____

C. Certified Installer

Name: Randall Jones Signature Randall J Jones

Address 4908 NW Fairway Dr City/State/Zip Lincoln NE 68521

Work Phone 402-217-9293

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 20+

☐ 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 _____

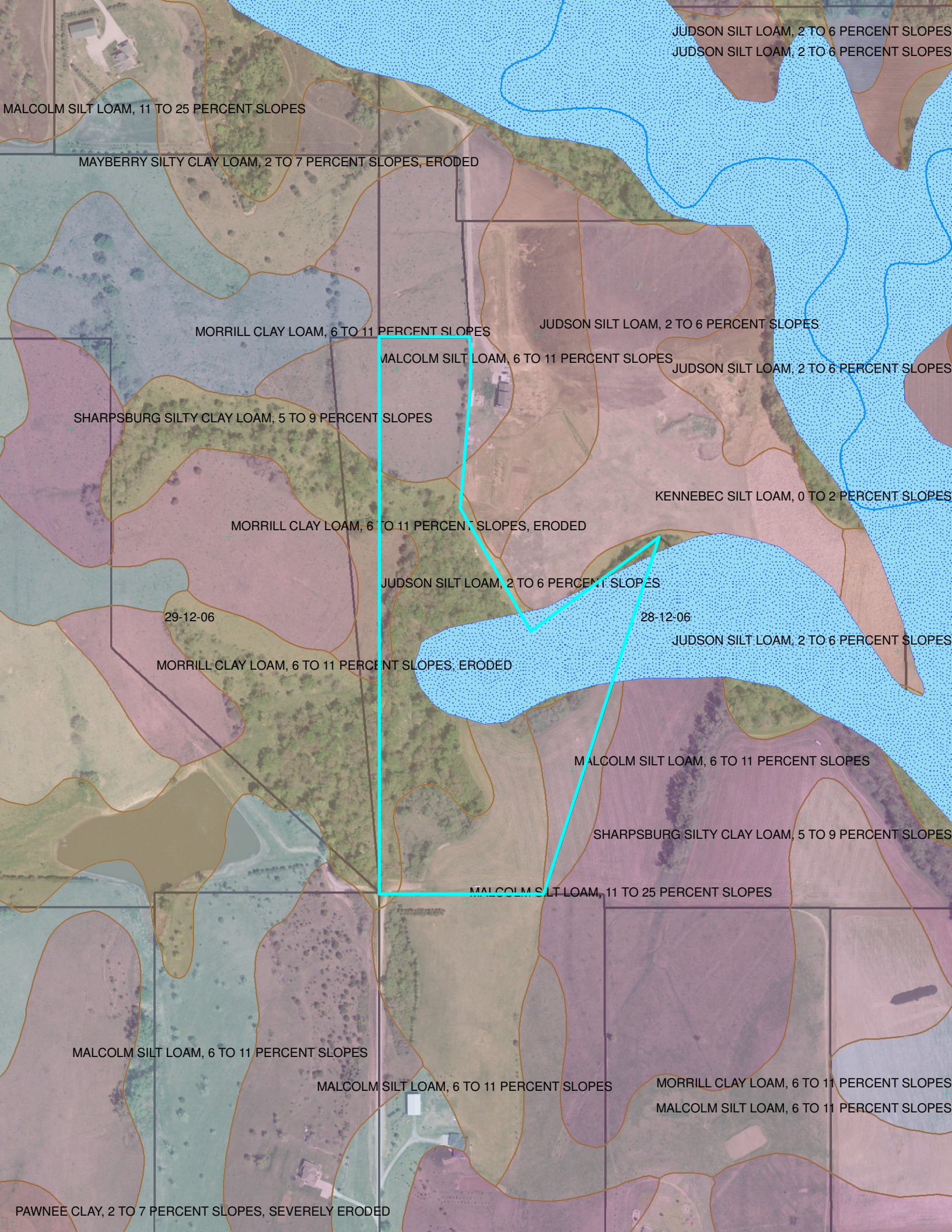
3. City or County Engineer
Comments _____
Date rec'd _____ Date frwd _____
ACTION ☐ Approved ☐ Disapproved
Signature _____

Installation Final Written Approval
By _____
Date _____

Business Office Use Only
Date Received 6-8-11 Amount Paid 335.00
Received By BA Cash/Check No. 3110

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

Form A Updated: 5/10


JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
MALCOLM SILT LOAM, 11 TO 25 PERCENT SLOPES
MAYBERRY SILTY CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
MORRILL CLAY LOAM, 6 TO 11 PERCENT SLOPES
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
MALCOLM SILT LOAM, 6 TO 11 PERCENT SLOPES
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPES
KENNEBEC SILT LOAM, 0 TO 2 PERCENT SLOPES
MORRILL CLAY LOAM, 6 TO 11 PERCENT SLOPES, ERODED
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
29-12-06
28-12-06
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
MORRILL CLAY LOAM, 6 TO 11 PERCENT SLOPES, ERODED
MALCOLM SILT LOAM, 6 TO 11 PERCENT SLOPES
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPES
MALCOLM SILT LOAM, 11 TO 25 PERCENT SLOPES
MALCOLM SILT LOAM, 6 TO 11 PERCENT SLOPES
MALCOLM SILT LOAM, 6 TO 11 PERCENT SLOPES
MORRILL CLAY LOAM, 6 TO 11 PERCENT SLOPES
MALCOLM SILT LOAM, 6 TO 11 PERCENT SLOPES
PAWNEE CLAY, 2 TO 7 PERCENT SLOPES, SEVERELY ERODED

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

SCANNED

A

Permit Number HE000499

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 2720 West Branched oak Rd (no rural route) City Raymond, NE Zip 68428

Legal Description Lot 39 | 1/4 | 1/4 | Section 28 | Township 12 | Range 6 | Subdivison | Addition | Block | Lot 39

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

B. Owner

Name _____ Signature _____

Address _____ City/State/Zip _____

Home Phone _____ Work Phone _____

C. Certified Installer

Name: Randall Jones Signature Randall J Jones

Address 4908 NW Fairway Dr City/State/Zip Lincoln NE 68521

Work Phone 402-217-9293

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 20+

☐ 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 5/10/11
Date frwd 5/10/11
ACTION ☑ Approved ☐ Disapproved
Signature _____

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

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

Installation Final Written Approval
By _____
Date 5/5/12

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

APR 05 2012

B

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

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 2720 W. Branched Oak Rd (no rural route) City Raymond NE, Zip 68428

Owner Judy Kracl Address 617 Tralawney

Soil Type (SCS): Malcolm Sandy Loam Percolation Rate: _____ min./inch

Date of Tests 5/3/11 to 5/4/11 Weather: Precipitation Dry Temperature 68°

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	36"	5/03	10:30	5/03	4:30	5/04	8:00	16	5/04	8:10	10	2	5
2	↓						8:10	12	↓	8:20	10	2	5
3							8:20	15		8:30	10	2	5
4							8:30	19		8:40	10	2	5
5							8:40	20		8:50	10	2	5
6	↓						8:50	15	↓	9:00	10	2	5

Person Conducting Percolation Tests

Name: Randall Jones

Phone: 402-217-9293

Address 4908 NW Fairway Dr
Lincoln NE 68521

Sum of Percolation Rates: ~~30~~

Average of Rates: 5

Rate Used for Calculation: 5

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

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 2720 W. Branched Oak Rd (no rural route) City Raymond NE, Zip 68428

Owner Judy Kracl Addresss 617 Trelawney

Soil Type (SCS): Malcolm Sandy Loam Percolation Rate: _____ min./inch

Date of Tests 05/03/11 to 05/04/11 Weather: Precipitation Dry Temperature 68°

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	36"	5/03	10:30	5/03	4:30	05/04	8:00	16	5/4	8:10	10	2	5
2	↓	↓	↓	↓	↓	↓	8:10	12	↓	8:20	10	2	5
3							8:20	15		8:30	10	2	5
4							8:30	21		8:40	10	3	3.3
5							8:40	23		8:50	10	3	3.3
6	↓	↓	↓	↓	↓	↓	8:50	15	↓	9:00	10	2	5

Person Conducting Percolation Tests

Name: Randall Jones
Phone: 402-217-9293
Address 4908 NW Fairway Dr
Lincoln NE 68521

Sum of Percolation Rates: 26.6
Average of Rates: 4.43
Rate Used for Calculation: 4.43

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks * Stone * Spoke w/ contractor about being too fast - said he would move the system downhill where rocks were

Signature of Reviewing Official _____ Date _____

SCANNED

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

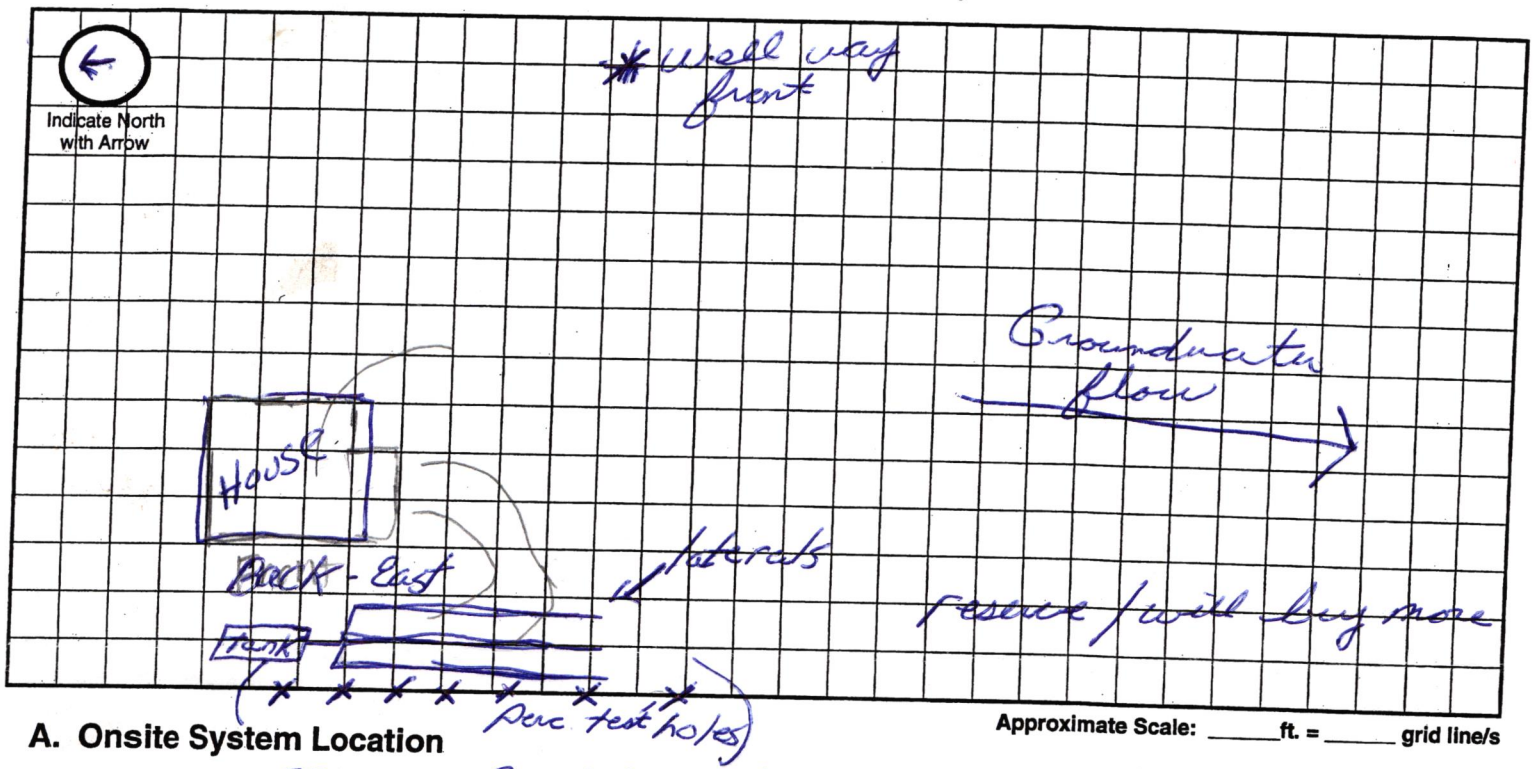
C

Permit Number:

Onsite Wastewater Treatment System

Preliminary Plan Specifications

Draw a plot plan showing onsite system sewer lines, drop of distribution boxes, tank, drainfields, percolation test holes, well, residence, direction of groundwater flow, property lines, and reserve area for replacement onsite system.



Approximate Scale: _____ ft. = _____ grid line/s

A. Onsite System Location

Address (no rural route) 2720 W Branded Oak Rd City Raymond NE NE, Zip 68428

B. Proposed Septic Tank/s

Septic Tank Cap. 1500 gals Tank Material: ☑ Concrete ☐ Plastic ☐ Other_____ ☐ Lagoon(Max. seepage 1/8" per day)

C. Reserve Area for Replacement Onsite System

☑ Drainfield Absorption Area (percoloation test required) ☐ Lagoon

D. Drainfield Absorption System

Percolation Rate 4.43 - 5 (min/inch = mpi) No. of Bedrooms 3 Soil Type Sandy loam Land Slope_____%

☑ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 720 (0 sq.ft.

Total length of laterals 180 Type of distribution: ☐ Perforated pipe ☐ Half-Round ☑ Chamber ☐ Other

No. of absorption trenches 3 Width 40 No. of drop boxes 0 Distrubtion Box 1 - mega - D

No. of absorption beds 0 Width 0 No of Distribution lines per bed 0

E. 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 ☐	☐

F. Required Signatures

Home Building Contractor Mick L. Newkirch Date 6/6/11

Installer Randall J Jones Date 6/6/11