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. HS000556

System Type: STANDARD

Situs: 16100 S 26 DR

Legal Description: T08N-R07E-S19-Lot 4

Owner:

Permit Fee:	$345.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$345.00

Issued:	10/25/2011
Expires:	10/24/2012

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

RAYMOND CONTRACTING
13800 NW 70TH
RAYMOND NE 68428

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

A

Permit Number H5000556

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 16100 S 240th St (no rural route) City Roca NE Zip 68430

Legal Description ~~NW~~ ~~1/4~~ ~~1/4~~ ~~Section~~ ~~Township~~ ~~Range~~ ~~Subdivison~~ Whitetail Ridge Addition Lot 4 Block ~~Lot~~ 22

15-19-101-004-000

Geographical Location (if known): Lat/Long: _____ PID ~~16-19-310-022-000~~

B. Owner

Name Ryan + Kathy Kohler Signature Kathleen A Kohler

Address 7715 S. 28th St City/State/Zip Lincoln NE 68516

Home Phone 402-423-3824 Work Phone 402-314-8703

C. Certified Installer

Name: Lloyd Jakoubek, Raymond Contracting Signature Rene L. Jakoubek for Lloyd

Address 13700 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 4 Is there a Whirlpool Bathtub? ☒ Yes ☐ No Total Acres 3.42

☐ 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. 92-30

1. Health Department
Site visits _____
Date rec'd 10/24/11
Date frwd 10/24/11
ACTION ☐ Approved ☐ Disapproved
Signature _____

2. Supt. Bldg. Insp. or Village Clerk
Comments _____
Date rec'd 10-24-11
Date frwd 10-24-11
ACTION ☒ Approved ☐ Disapproved
Signature _____

3. City or County Engineer
Comments _____
Date rec'd 10-24-11
Date frwd 10-24-11
ACTION ☒ Approved ☐ Disapproved
Signature Jim Planck

Installation Final Written Approval

_____

Date _____

Business Office Use Only
Date Received 10-25-11 Amount Paid 345.00
Received By B.H. Cash/Check No. 2093

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

Form A Updated: 5/10

facsimile

Raymond Contracting, Inc.

Raymond Contracting Inc
Terri L Jakoubek
13800 NW 70th Street
Raymond, NE 68428
402 783-2663 Telephone
402 890 3870 Cellular
402 783 2341 Fax

to **Deb**

fax number **402-~~434-3795~~ 477-7847**	company **Rezac Construction**
from **Terri Jakoubek**	date **September 28, 2011**
total number of pages including this cover sheet **5**	If you do not receive all pages, please call **402-783-2663 (Terri)**

comments **CONFIDENTIAL**

Deb,

Following please find the completed sewage disposal permit for Ryan & Kathy Kohler on S 26th St. Need to have the Homeowners sign on the A Sheet and Mike sign on the C Sheet as the Home Building Contractor.

Also including a map of where the perc test was done for Mike.

FYI – Sewage Disposal Permits are **$345.00** effective 9/27/11.

Please don't hesitate to call with any questions.

Thanks,
Terri Jakoubek
402-783-2663 (Office) 402-890-3870 (Mobile) 402-783-2341 (Fax)
jakoubek63@windstream.net (Email)

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

A

Permit Number

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 16100 S 70th St (no rural route) City Roca NE Zip 68430

Legal Description ~~NW~~ ~~19~~ 8 Whitetail Ridge ~~Pine Lake Heights~~ South 2 Lot 4 ~~7~~ ~~22~~
1/4 1/4 Section Township Range Subdivison Addition Block Lot

Geographical Location (if known): Lat/Long: _____ PID 15-19-101-004-000 ~~16-19-310-022-000~~

B. Owner

Name Ryan + Kathy Kohler Signature Kathleen A Kohler

Address 7715 S. 28th St City/State/Zip Lincoln NE 68516

Home Phone 402-423-3824 Work Phone 402-314-8703

C. Certified Installer

Name: Lloyd Jakubek, Raymond Contracting Signature Nicki L. Jakubek for Lloyd

Address 13700 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 4 Is there a Whirlpool Bathtub? ☒ Yes ☐ No Total Acres 3.42

☐ 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

_____

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 16100 S 26th St (no rural route) City Roca NE, Zip 68430

Owner Ryan & Kathy Kahler Addresss 7715 S. 28th St Lincoln NE 68514

Soil Type (SCS): Judson silt loam Percolation Rate: 30 min/inch

Date of Tests 3/21/2011 to 3/22/2011 Weather: Precipitation 0 Temperature 69°

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	26	3/21	11:00a	3/21	3:00p	3/22		6	3/22		30	1	30
2	29	"	"	"	"	"	"	"	"	"	"	15/16	15
3	32	"	"	"	"	"	"	"	"	"	"	1 7/8	16
4	31	"	"	"	"	"	"	"	"	"	"	4 1/16	7
5	27	"	"	"	"	"	"	"	"	"	"	2 1/16	12
6	27	"	"	"	"	"	"	"	"	"	"	2 1/2	12

Sum of Percolation Rates: 92
Average of Rates: 15
Rate Used for Calculation: 30 (20 min Variance)

Person Conducting Percolation Tests

Name: Terri L. Jahnebek, Raymond Contracting, Inc.
Phone: 402-783-2103 or 402-890-3870
Address: 13800 NW 70th St
Raymond, NE 68428 # C1198

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

C

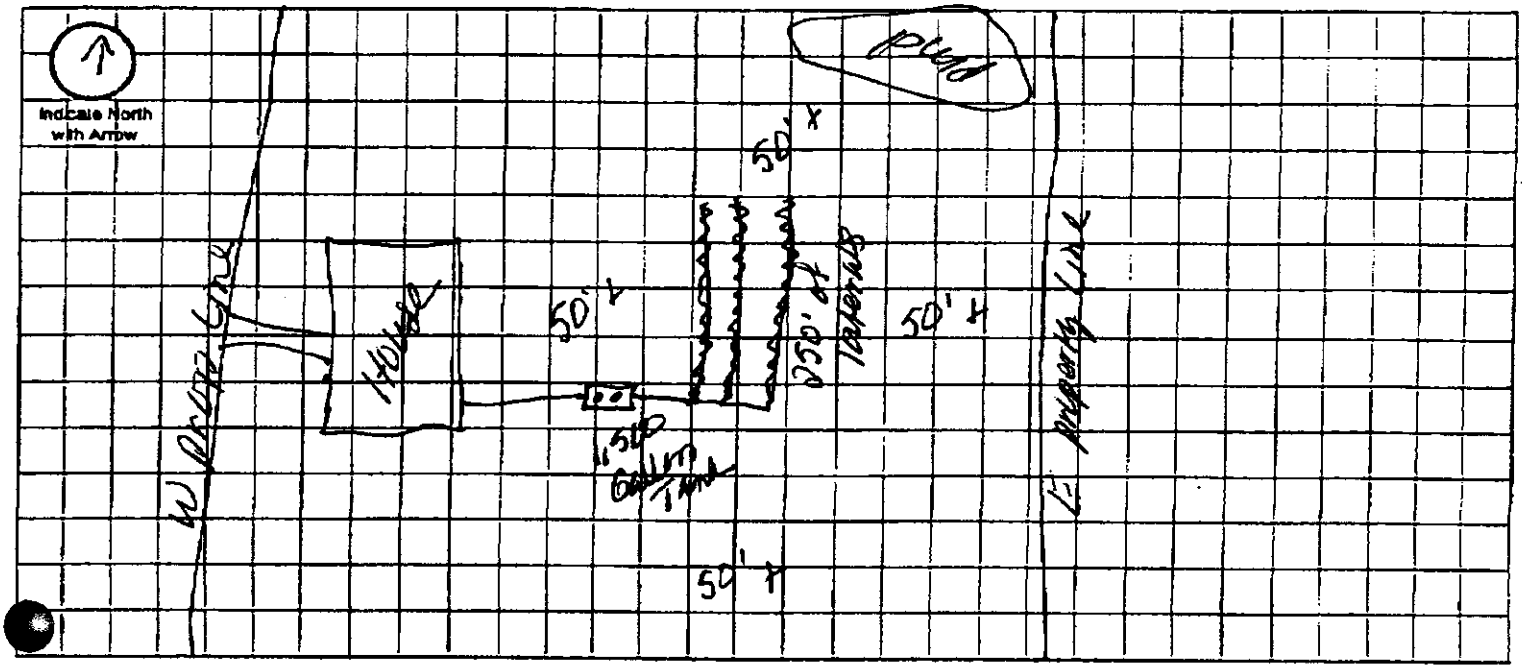
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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) 16100 S. 216th St City Roca NE Zip 68430

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 30 (min. per inch) Soil Type: Judson Land Slope: _____ %

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

Total Square Feet of Field Required: 1,000 sq. ft.

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

Capacity of Septic Tank 1,500 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 250 ft. Number of Trenches 3 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

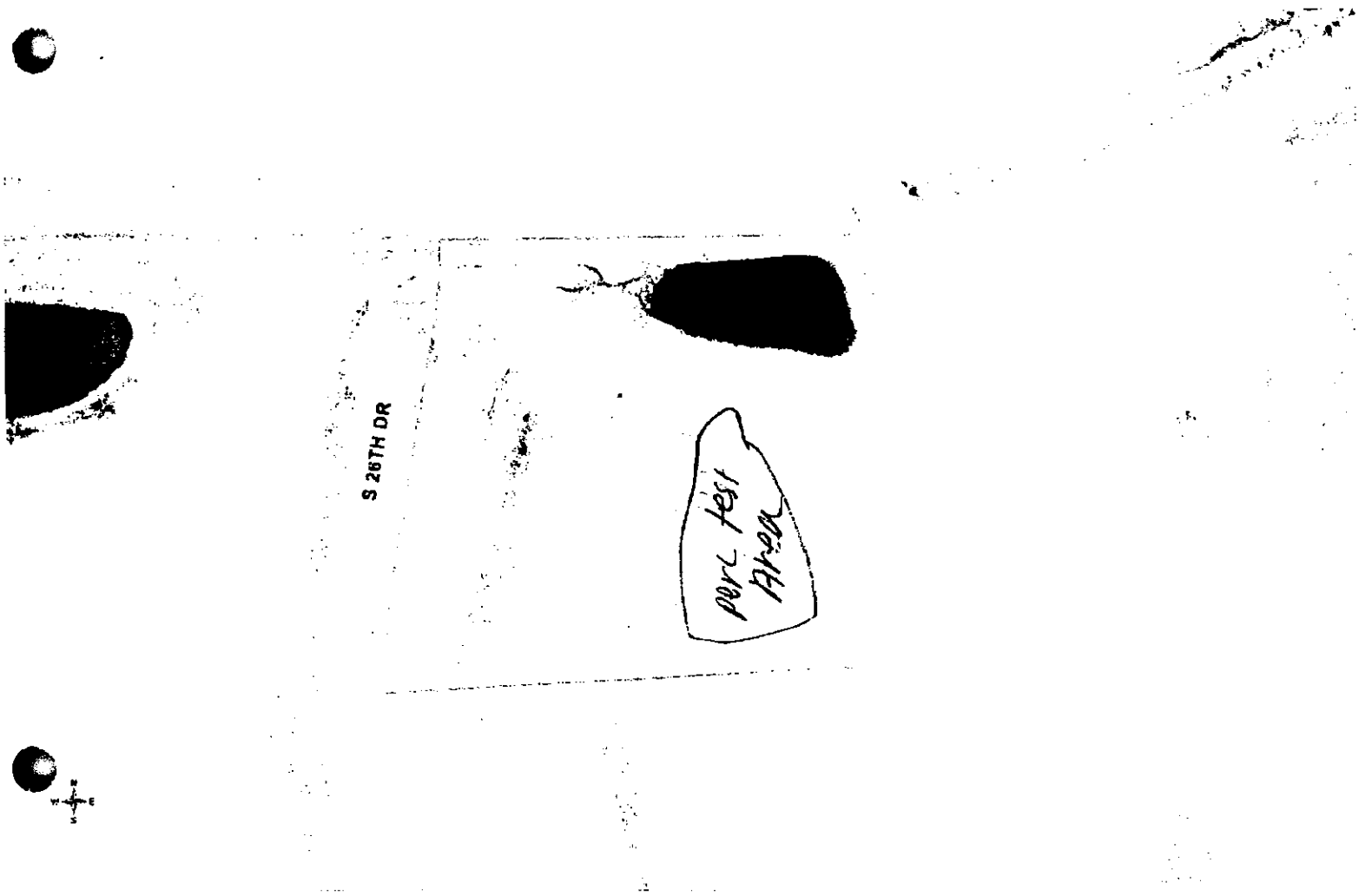
Home Building Contractor _____ Date 9/28/11

Installer _____ Date 9/28/11

FORM 23-102 10-96

City of Lincoln/Lancaster County GIS Map

Kohler/Rezac



Printed on Wed Sep 28 2011 08:07:05 AM.


MAYBERRY SILTY CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
26TH
19-08-07
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES