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. HS000564

System Type: LAGOON

Situs: 18600 NW 40 ST

Legal Description: T12N-R06E-S20-Lot 12

Owner:

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

Issued:	11/18/2011
Expires:	11/17/2012

Judith A Halstead

Judith A. Halstead, MS, Health Director

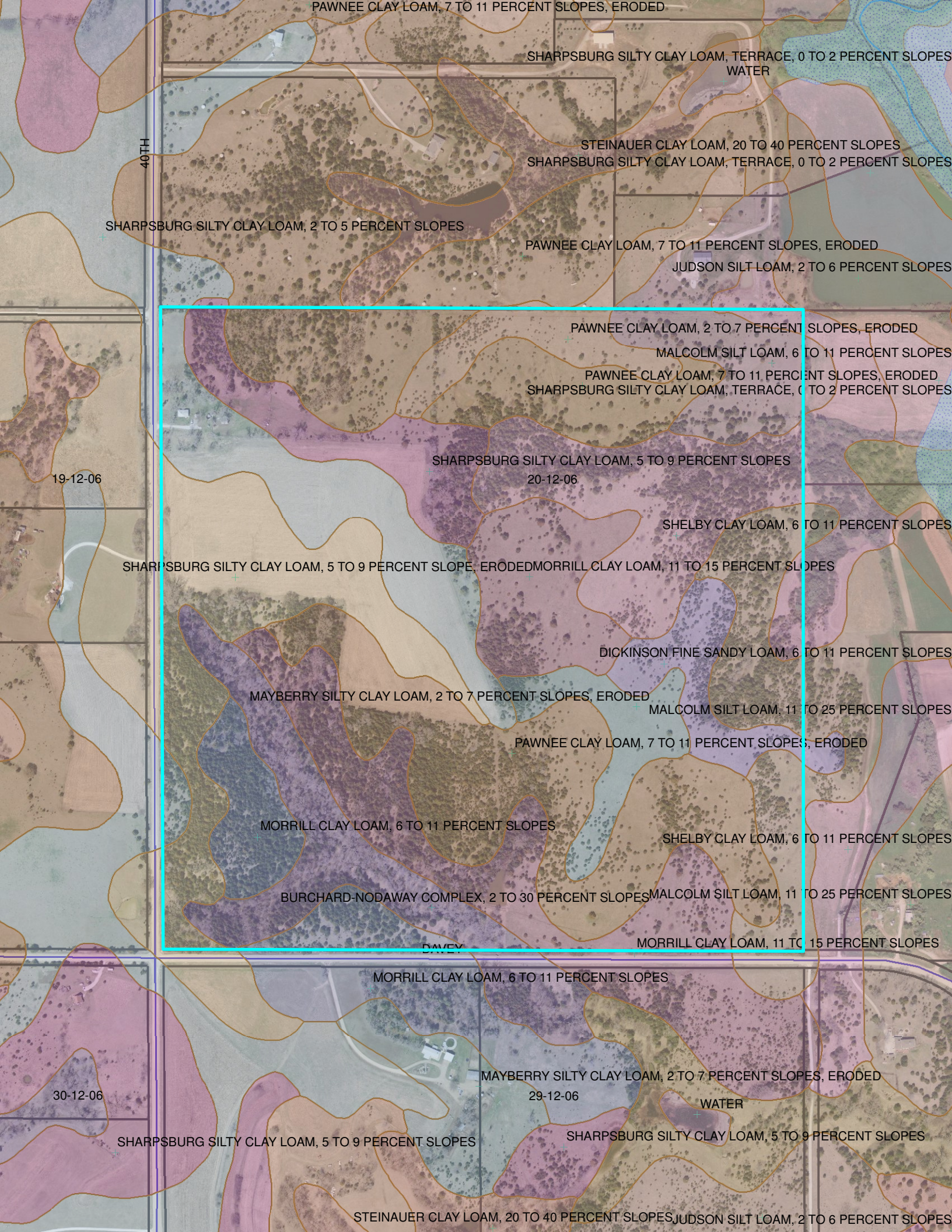
On-site Waste System Permit Holder:

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


PAWNEE CLAY LOAM, 7 TO 11 PERCENT SLOPES, ERODED
SHARPSBURG SILTY CLAY LOAM, TERRACE, 0 TO 2 PERCENT SLOPES
WATER
40TH
STEINAUER CLAY LOAM, 20 TO 40 PERCENT SLOPES
SHARPSBURG SILTY CLAY LOAM, TERRACE, 0 TO 2 PERCENT SLOPES
SHARPSBURG SILTY CLAY LOAM, 2 TO 5 PERCENT SLOPES
PAWNEE CLAY LOAM, 7 TO 11 PERCENT SLOPES, ERODED
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
MALCOLM SILT LOAM, 6 TO 11 PERCENT SLOPES
PAWNEE CLAY LOAM, 7 TO 11 PERCENT SLOPES, ERODED
SHARPSBURG SILTY CLAY LOAM, TERRACE, 0 TO 2 PERCENT SLOPES
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPES
19-12-06
20-12-06
SHELBY CLAY LOAM, 6 TO 11 PERCENT SLOPES
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPE, ERODED
MORRILL CLAY LOAM, 11 TO 15 PERCENT SLOPES
DICKINSON FINE SANDY LOAM, 6 TO 11 PERCENT SLOPES
MAYBERRY SILTY CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
MALCOLM SILT LOAM, 11 TO 25 PERCENT SLOPES
PAWNEE CLAY LOAM, 7 TO 11 PERCENT SLOPES, ERODED
MORRILL CLAY LOAM, 6 TO 11 PERCENT SLOPES
SHELBY CLAY LOAM, 6 TO 11 PERCENT SLOPES
BURCHARD-NODAWAY COMPLEX, 2 TO 30 PERCENT SLOPES
MALCOLM SILT LOAM, 11 TO 25 PERCENT SLOPES
DAVEY
MORRILL CLAY LOAM, 11 TO 15 PERCENT SLOPES
MORRILL CLAY LOAM, 6 TO 11 PERCENT SLOPES
MAYBERRY SILTY CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
30-12-06
29-12-06
WATER
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPES
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPES
STEINAUER CLAY LOAM, 20 TO 40 PERCENT SLOPES
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES

NOV 15 2011

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

A

Permit Number H5000564

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 13-20-300-001-000 Part

A. Onsite System Location

Address 18600 NW 40th St (no rural route) City Raymond, NE Zip 68428

Legal Description SW 20 12 6e 13

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

Geographical Location (if known): Longitude: _____ Latitude: _____

☐ Check if system mail address is not the same as the owner's address Total Acres: 158.07

B. Owner

Name Richard Hellerich Signature Richard Hellerich

Address 3700 Indian Hts City/State/Zip Schuyler, NE 68661

☐ Check if owner designed system Home Phone 402-615-1243 Work Phone _____

C. Contractor

Name: Lloyd Jakoubek Company Name Raymond Contracting Inc

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

☒ Check if contractor designed system Work Phone 402-890-6009

D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name _____ Firm _____ Work Phone _____

E. This system will serve a

☒ Residential Dwelling Number of Bedrooms 2 Is there a Whirlpool Bathtub? ☐ Yes ☒ No

☐ 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 12/22/11 line for lagoon, D.C. Needs fence
Date rec'd 11/18/11 Date frwd 11/18/11
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 6/18/12

Business Office Use Only
Date Received 11-18-11 Amount Paid 345.-
Received By Bonnie Cash/Check No. 7778

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

Form A Updated: 5-07

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 18600 NW 40th St (no rural route) City Raymond NE, Zip 68428

Owner Richard Hellerich Addresss 3700 Indian Hills Schuyler, NE 68661

Soil Type (SCS): silty clay loam Percolation Rate: failed min./inch

Date of Tests 11/4/11 to 11/10/11 Weather: Precipitation 0 Temperature 48°

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	21	11/9	12:00p	11/9	5:00p	11/10	2:30p	6	11/10	3:00p	30	3/8	79
2	23	"	"	"	"	"	"	"	"	"	"	1/16	500
3	25	"	"	"	"	"	"	"	"	"	"	1/16	500
4	22	"	"	"	"	"	"	"	"	"	"	1/8	231
5	20	"	"	"	"	"	"	"	"	"	"	1/8	231
6	25	"	"	"	"	"	"	"	"	"	"	1/8	231

Person Conducting Percolation Tests

Name: Terri L. Jakoubek, Raymond Contracting, Inc.

Phone: 402-783-2603 or 402-890-3870

Address 13800 NW 70th St

Raymond, NE 68428 # C1198

Sum of Percolation Rates: 1,772

Average of Rates: 295

Rate Used for Calculation: Failed

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

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

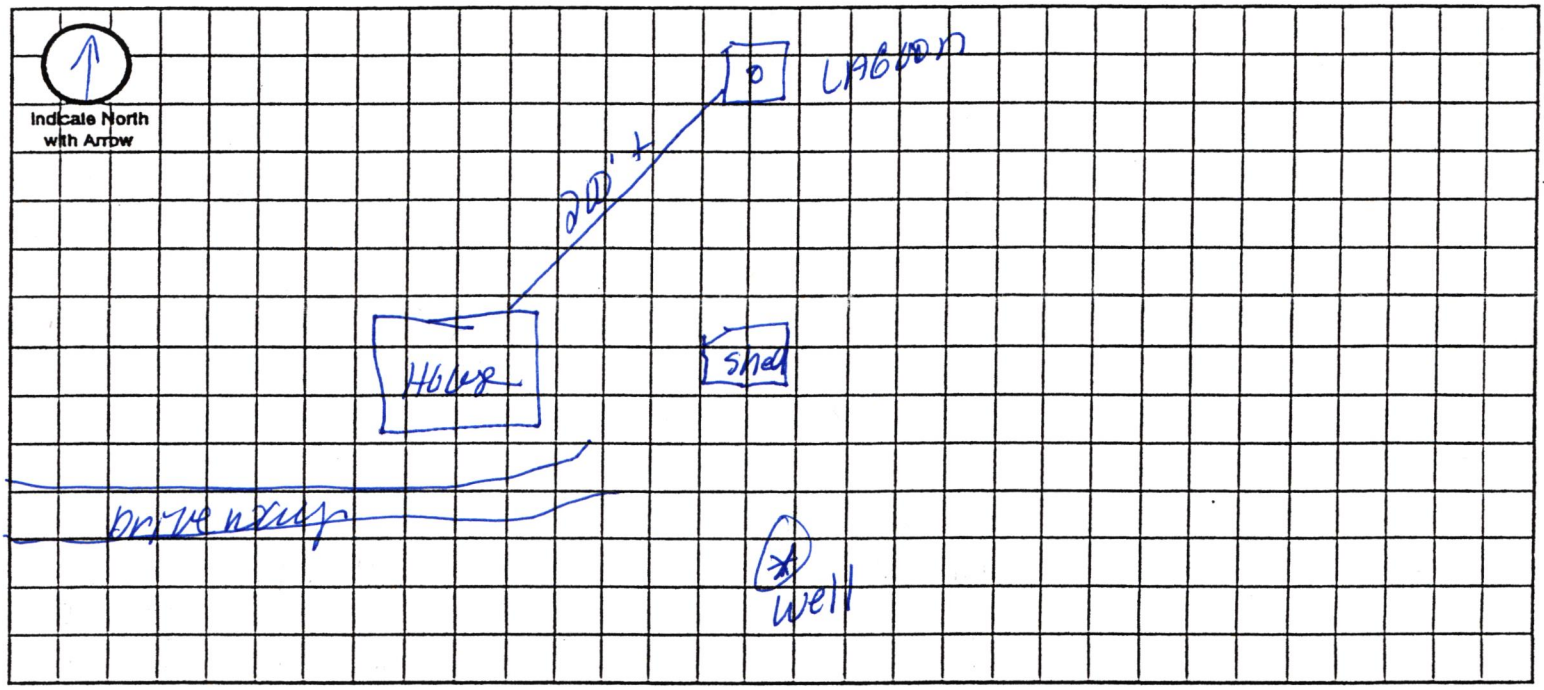
C

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 line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 18600 NW 40th St 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 [signature] Date 11/12/11

FORM 23-102 10-96

DEC 28 2011

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

D

Permit Number: HS0005604

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date 12/22/11 Legal Description SW 1/4 20 1/4 12 Section 6 Township Range Lot 13

Onsite System Location

Address (no rural route) 18600 NW 40th St City Raymond NE, Zip 68428

Owner Richard Hellerich Address 3700 Indianhills Schuyler, NE 68661

A. Sewer Pipe

1. Material: SDR 26
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 18 in.
3. Distance between dwelling and septic tank: LABELED 151 ft.
4. Number of clean-outs: 2
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

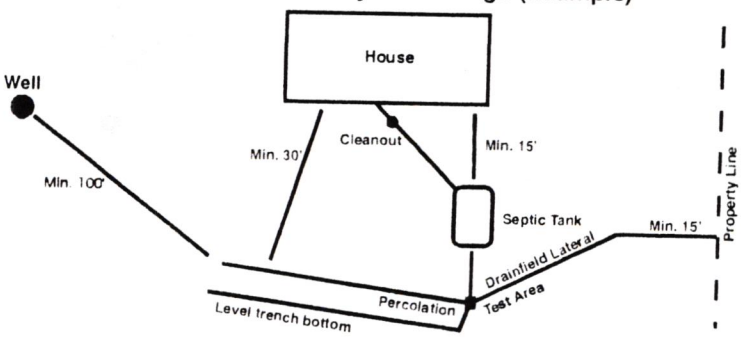
☐ Trench ☐ Bed ☐ Level Bottom

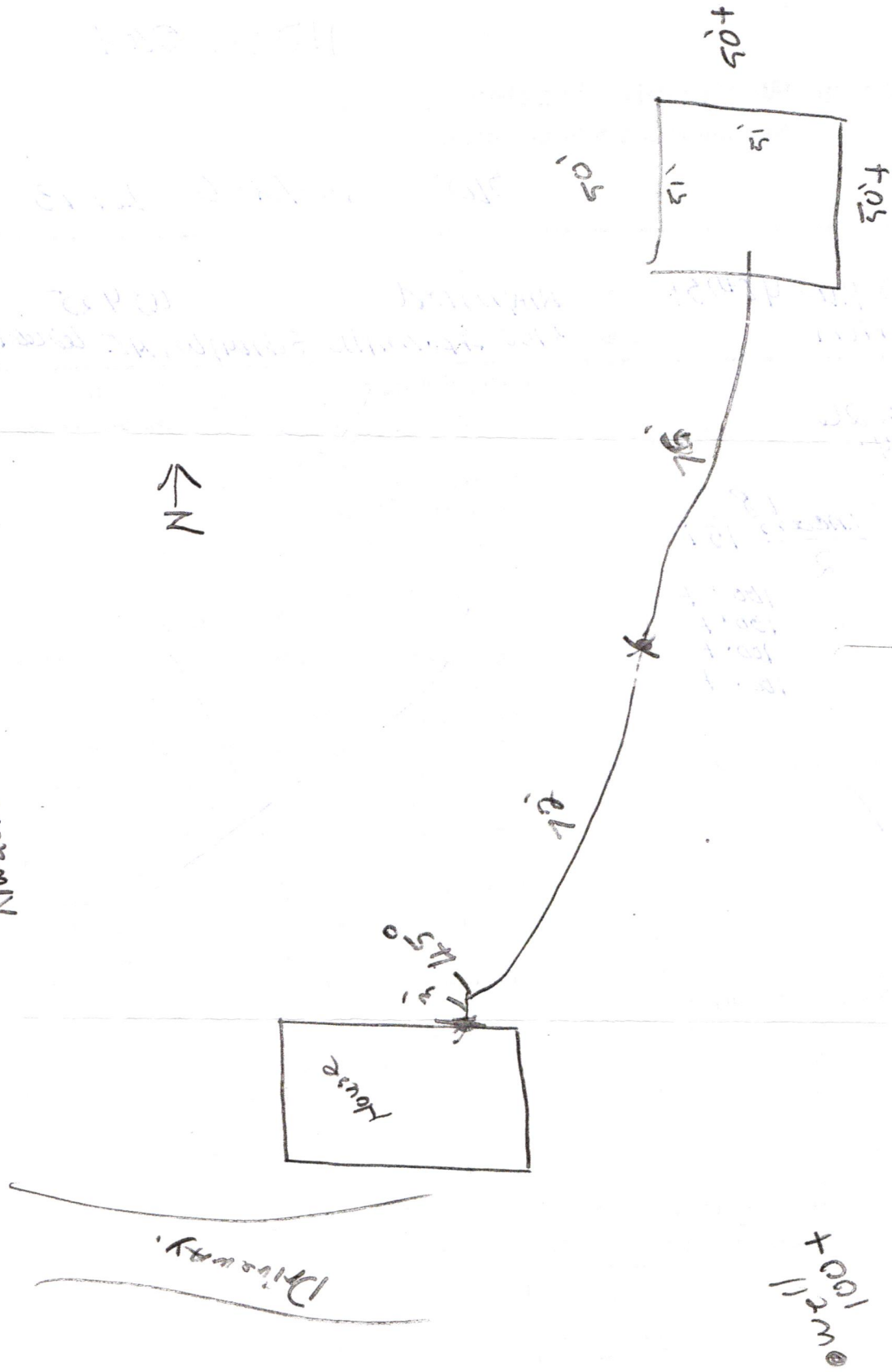
1. Type: ☐ Half rounds ☐ Perforated pipe ☐ Chambers
   Diameter or width: _____
   Number of distribution lines in bed _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other _____
2. Drainfield Laterals: Number _____
   Length of each line: _____ ft. _____ ft.
   _____ ft. _____ ft., _____ ft.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





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

12/22/2011