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. HS000567

System Type: STANDARD

Situs: 11933 W Adrienne St

Legal Description: T10N-R05E-S06-2-Lot 1

Owner:

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

Issued: 11/22/2011
Expires: 11/21/2012

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

NOV 17 2011

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

A

Permit Number 4800067

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 04-05-202-001-020

A. Onsite System Location

Address 11933 W Adrienne St (no rural route) City Lincoln, NE Zip 68524

Legal Description NE 5 10 5 Parkland Estates 2 1
(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: 2.02

B. Owner

Name SEAN SCHULZ + CORRIE STOHLMAN Signature Sean Schulz Corrie Stohlman

Address 2644 SW 16TH ST City/State/Zip LINCOLN, NE 68522

☐ Check if owner designed system Home Phone 402-326-3744 Work Phone 402-326-3743

C. Contractor

Name: Lloyd Imkoubeh Company Name Raymond Contracting Inc

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

☒ Check if contractor designed system Work Phone 402-890-4009

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 4 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 6/13/12
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 Doug Austin
Date 6/18/12

Business Office Use Only
Date Received _____ Amount Paid _____
Received By _____ Cash/Check No. _____

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

Form A Updated: 5-07

CK# 7783 $345.00 11-18-11 B Hall

well Permit # 4H000569

NOV 17 2011

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

A

Permit Number 4H000569

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 04-05-202-001-000

A. Onsite System Location

Address 11933 W Adrienne St (no rural route) City Lincoln, NE Zip 68524

Legal Description NE 5 10 5 Parkland Estates 2 1
(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: 2.02

B. Owner

Name SEAN SCHULZ + CORRIE STOHLMAN Signature Sean Schulz Corrie Stohlman

Address 2644 SW 16TH ST City/State/Zip LINCOLN, NE 68522

☐ Check if owner designed system Home Phone 402-326-3744 Work Phone 402-326-3743

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 402-890-4009

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 4 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 4/10/12
Date rec'd 11/8/11
Date frwd 11/8/11
ACTION ☑ Approved ☐ Disapproved
Signature _____

2. Supt. Bldg. Insp. or Village Clerk
Comments _____
Date rec'd 11/8/11
Date frwd 11/18/11
ACTION ☑ Approved ☐ Disapproved
Signature _____

3. City or County Engineer
Comments _____
Date rec'd 11-18-2011
Date frwd 11-18-2011
ACTION ☑ Approved ☐ Disapproved
Signature _____

Installation Final Written Approval
By Doug Rauch
Date 4/10/12

Business Office Use Only
Date Received _____ Amount Paid _____
Received By _____ Cash/Check No. _____

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

Form A Updated: 5-07

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

Parkland Estates Block 2 Lot 1

System Location (Indicate correct number and street)

Address _____ City Lincoln NE, Zip _____
(no rural route)

Owner _____ Addresss _____

Soil Type (SCS): Silty clay loam Percolation Rate: 48 min./inch

Date of Tests 10/27/11 to 10/28/11 Weather: Precipitation 0 Temperature 57°

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	22	10/27	2:00p	10/27	6:00p	10/27	4:30p	6	10/28	5:00p	30	5/8	48
2	22	10/27	"	"	"	"	"	"	"	"	"	1	30
3	25	"	"	"	"	"	"	"	"	"	"	5/8	48
4	19	"	"	"	"	"	"	"	"	"	"	3/4	40
5	28	"	"	"	"	"	"	"	"	"	"	2 1/2	12
6	21	"	"	"	"	"	"	"	"	"	"	1 3/16	25

Person Conducting Percolation Tests

Name: Terri L. Jakolubek, Raymond Contracting, Inc.
Phone: 402-783-2603 or 402-890-3870
Address 13800 NW 70th St
Raymond, NE 68428 # C1198

Sum of Percolation Rates: 203
Average of Rates: 34
Rate Used for Calculation: 48 (20 mpi. Variance)

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

C

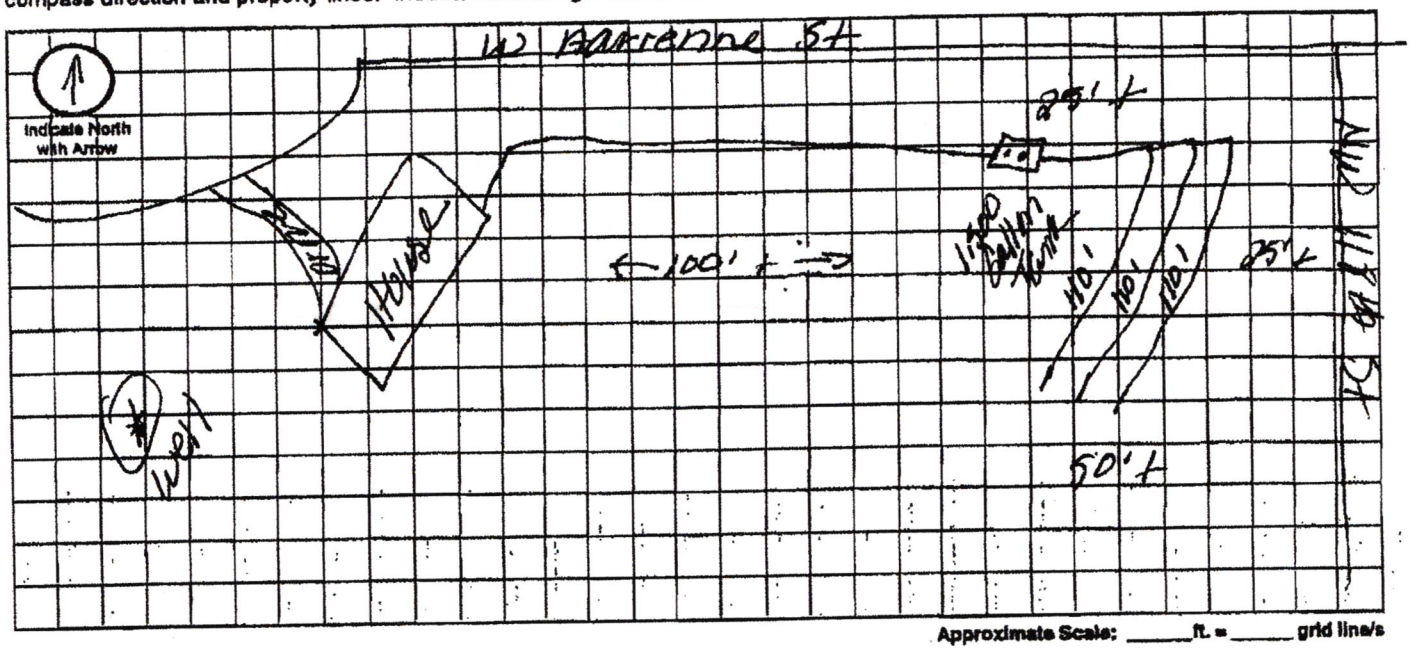
Permit Number:

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

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) 11933 W Barrenne St City Lincoln NE, Zip 68524

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 48 (min. per inch) Soil Type: Silty Clay Loam Land Slope: _____ %

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

Total Square Feet of Field Required: 1,320 sq. ft.

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

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

Total Length of Laterals 330 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 Robert D. Chase Date 11-14-2011

Installer Kevin S. Jakubisiak Date 11/14/11

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

APR 12 2012

D

Permit Number:

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date 4/10/12 Legal Description NE (1/4) 1/4 5-10-5 (Section Township Range) Parkland Estates Block 2, Lot 1

Onsite System Location

Address (no rural route) 11933 W Adrienne City Lincoln NE, Zip 68524

Owner Sean Schulz + Carrie Stahlman Address 2644 SW 16th St Lincoln, NE 68522

A. Sewer Pipe

1. Material: SDR26
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 12 in.
3. Distance between dwelling and septic tank: 86 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 50 ft.

B. Septic Tank

☐ Label with Manufacturer, address and gallon capacity

1. Material: concrete
   Number of compartments: one
2. Capacity: 1500 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter 24 in.
   Over outlet, diameter 24 in.
   Riser: ☐ above ☐ below grade At 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: 18 in.
8. Distances to: Well or suction line 100 ft.
   Stream 100 ft.
   Pressure line 100 ft.
   Property line 50 ft.

C. ☐ Distribution Box ☑ Drop Boxes

(≥ 12" inspection opening) (removable lid to inspect)

1. Material: Plastic End caps
   Number available outlets: 2 per end
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 9+9'+9' ft.

D. Drainfield Absorption

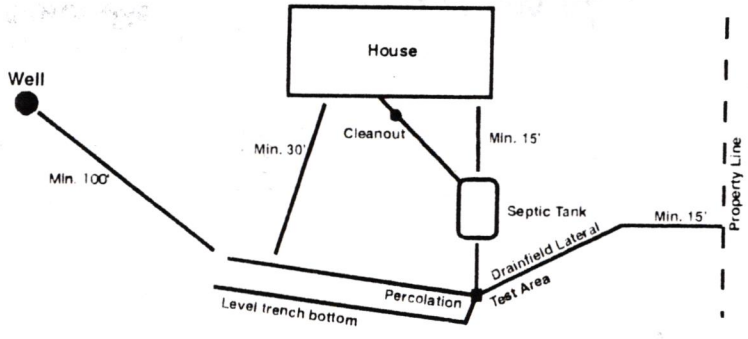
☑ Trench ☐ Bed ☐ Level Bottom

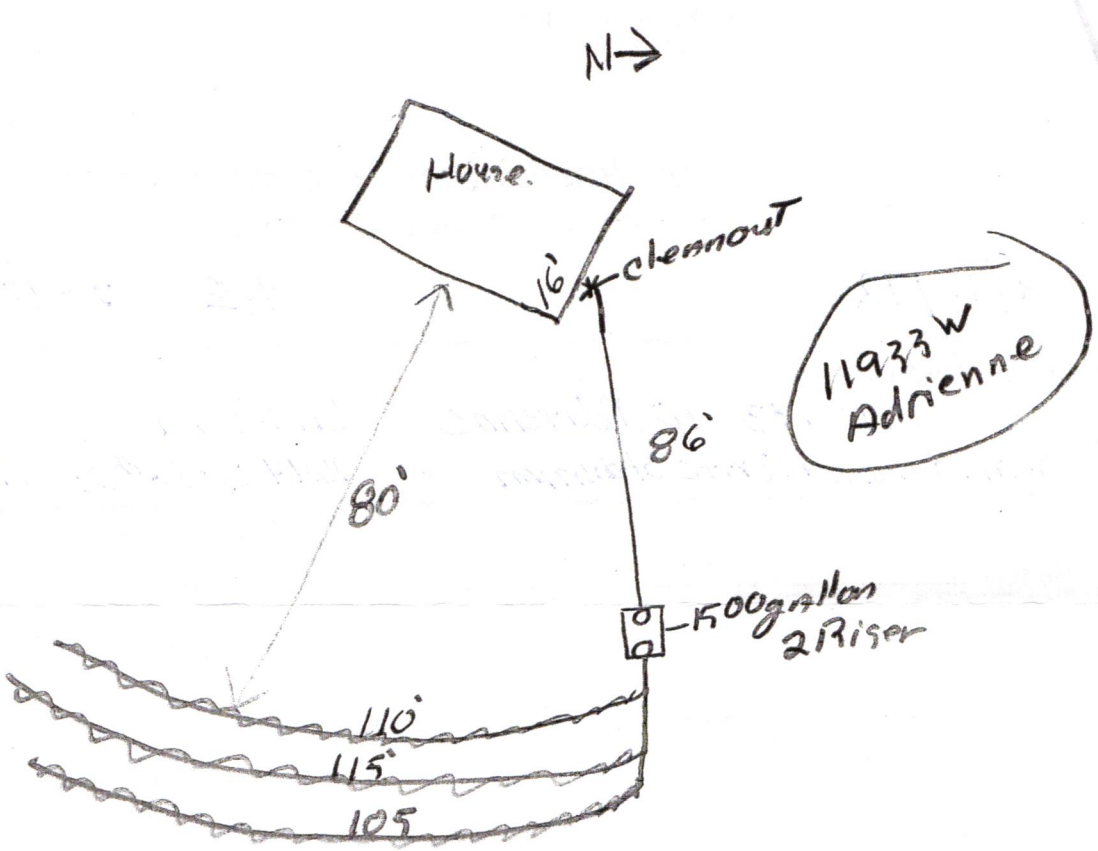
1. Type: ☐ Half rounds ☐ Perforated pipe ☐ Chambers
   Diameter or width: _____
   Number of distribution lines in bed _____
   Material: ☐ fiberglass ☑ plastic ☐ concrete
   ☐ other _____
2. Drainfield Laterals: Number 3
   Length of each line: 110 ft. 115 ft.
   105 ft. _____ ft., _____ ft.
3. Drainfield dimensions: Width 40" ft.
   Distribution Pipe Slope Flat in/100 ft.
   Average depth 20-32 in
4. Filter material: Soil
   Depth of material 20-32 in.
5. Distances to: Well or suction line 100+ ft.
   Pressure line 100+ ft.
   Property line 50 ft.
   House or building 87 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





Future site

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

4/10/2012

Adrienne St.

NW 118Th.