LLCHD HS000603

APR 05 2012

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

A

Permit Number HS000603

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 04-01-400-007-000

A. Onsite System Location

Address 5840 W Superior (no rural route) City Lincoln, NE Zip 6851

Legal Description SE 1 10 5 14

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: _____

B. Owner

Name Bill Oberg Signature Bill Oberg

Address 3716 X St City/State/Zip Lincoln, NE 68503

☐ Check if owner designed system Home Phone _____ 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 3 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 _____
Date rec'd 4/6/12
Date frwd 4/6/12
ACTION ☑ Approved ☐ Disapproved
Signature _____

2. Supt. Bldg. Insp. or Village Clerk
Comments _____
Date rec'd 4-6-12
Date frwd 4-6-12
ACTION ☑ Approved ☐ Disapproved
Signature _____

3. City or County Engineer
Comments _____
Date rec'd 4-6-2012
Date frwd 4-6-2012
ACTION ☐ Approved ☐ Disapproved
Signature _____

Installation Final Written Approval
By _____
Date _____

Business Office Use Only
Date Received 4-9-12 Amount Paid 345.00
Received By Bthall Cash/Check No. 7869

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

4-10-2012 15:42:11

Form A Updated: 5-07

RAYMOND CONTRACTING INC.

Nate,
Using 2 tests
for a total of 6
passing holes. Terri
402-783-2663

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 5840 W Superior (no rural route) City Lincoln NE, Zip 68524

Owner Bill Oberg Addresss 3716 X St Lincoln 68503

Soil Type (SCS): Clay Loam w/ strips of Sand Percolation Rate: 60 min./inch

Date of Tests 4/2/12 to 4/3/12 Weather: Precipitation 0 Temperature 60°

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	27	4/2	9:00a	4/2	1:00p	4/3	11:30a	6	4/3	12:00p	30	9/16	500
2	28	"	"	"	"	"	"	"	"	"	"	3/8	79
3	44	"	"	"	"	"	"	"	"	"	"	1/8	231
4	28	"	"	"	"	"	"	"	"	"	"	3/16	97
5	22	"	"	"	"	"	"	"	"	"	"	1/2	60
6	31	"	"	"	"	"	"	"	"	"	"	9/16	54

Person Conducting Percolation Tests

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

Phone: 402-783-2003 or 402-890-3870

Address 13800 NW 70th St
Raymond, NE 68428 # C1198

Sum of Percolation Rates: 1,081

Average of Rates: 170

Rate Used for Calculation: 60

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks Spoke w/ Lloyd - Stated that home is actually a cabin. He stated the soil had some sand spots so it should work well.

Signature of Reviewing Official _____ Date 4/6/12

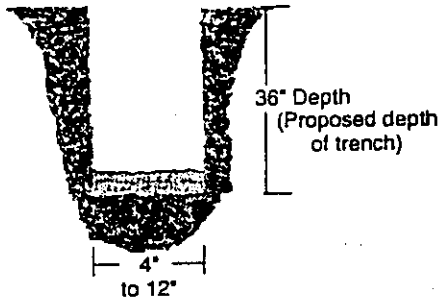
FORM 23-101 10-96
4-10-2012 15:42:14

READ THOROUGHLY

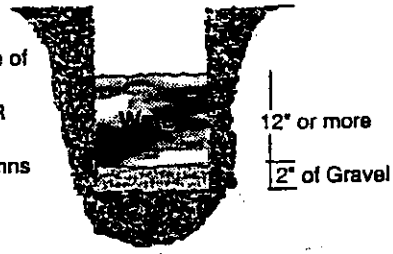
DIAGRAM OF PERCOLATION TEST PROCEDURE

Finished Grade or Natural Ground Level

I. Size, Number, and Location or Test Holes
   - A. Dig six or more holes spaced uniformly over proposed lateral field site.
   - B. Scratch smeared spots on sides of hole.
   - C. Remove loose material from hole.
   - D. Add 2" of gravel to hole.

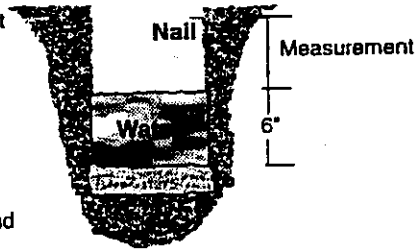


II. Saturation of Soil (Pre-soak)
   - A. Fill hole with 12" or more of water.
   - B. MAINTAIN THIS WATER LEVEL FOR 4 HOURS.
   - C. Record on Form B columns a thru f.



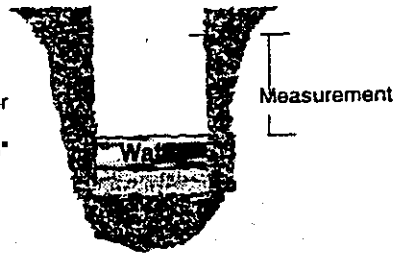
24 Hours Later

III. Percolation-rate Measurement **(refer to Instructions 5a, 5b, or 5c.)**
   - A. Add 6" of water.
   - B. Measure from fixed reference point (nail) to water.
   - C. Record measurement and time on front of Form B.



½ hour later
(30 minutes)

   - D. 30 minutes later remeasure and record time.
   - E. If water will be too low for another reading 30 minutes later, adjust to 6" of water and remeasure and record time.



   - F. Continue for 3½ hours taking readings every 30 minutes.
   - G. Last 30 minute reading is used in filling out Form B. Record date, time, intervals and water level drops in column g thru m.

Instructions

1. **Number and location of tests.** Percolation tests shall be made in 6 or more separate test holes which shall be spaced uniformly over the proposed lateral field site.
2. **Type of test hole.** Dig or bore a hole 3 feet deep with a diameter of 4 to 12 inches. (To save time, labor and the volume of water required per test, a 4-inch auger hole is recommended).
3. **Preparation of the test hole.** Scratch or roughen any smeared spots on the sides of the hole with a knife blade or sharp pointed instrument to provide a natural soil interface into which water may percolate. Remove all loose material from the hole. Add 2 inches of gravel to protect the bottom from scouring when water is poured into the hole.
4. **Saturation and swelling of the soil.** Fill the hole with clear water to a depth of 12 inches or more above the gravel and maintain this water level at least 4 hours and preferably overnight. The accuracy and true value of the percolation data depends on thorough saturation and swelling of the soil.
5. **Percolation-rate measurement.** Percolation-rate measurements shall be made 24 hours after starting the saturation and swelling procedure described above. Record results on the front of this form and complete all calculations.
   a. If water remains in the test hole after the overnight swelling period, adjust the depth to approximately 6 inches over the gravel. From a fixed reference point, measure the drop in water level over a 30 minute period to the nearest 1/8 of an inch. This drop is used to calculate the percolation rate.
   b. If no water remains in the test hole after the overnight swelling period, add clear water to bring the depth to approximately 6 inches over the gravel. From a fixed point, measure the drop in water level to the nearest 1/8 of an inch at 30-minute intervals for 4 hours. Refill to the 6 inch level over the gravel as often as necessary. The drop that occurs during the final 30 minutes is used to calculate the percolation rate.
   c. In sandy soils (or other soils in which the first 6 inches of water seeps away in less than 30 minutes after the overnight swelling period) the time interval between measurements shall be 10 minutes instead of 30 minutes and the test run for 1 hour instead of 4 hours. The drop that occurs during the final 10 minutes is used to calculate the percolation rate.
6. **Record the test results and complete all calculations on the front of this form.** The average of the percolation rates calculated for all holes in the last 30 (10) minutes will normally be the rate used for calculations to size the system. ***Exceptions are the use of the greatest percolation rate when rates vary more than 20 min/in between holes or when other soil analysis indicates potential percolation problems.***

LLCHD reserves the right to require additional testing based on knowledge of soil types, percolation tests results on nearby properties, or due to concerns with procedures followed. In some situations, LLCHD staff will require and perform on-site observation of percolation tests.

LLCHBHS060603 Survey property - soil absorption test data

SOIL ABSORPTION TEST DATA REPORT

Location: Precinct _____ Section _____ **Owner:** Bill Oberg

Township _____ Range _____ Address: 5901 West Superior

1/4 Section _____ - Northside project

Property Dimensions: _____ acres

Soil Type: Silty Clay ____ Silty Clay Loam ____ Sandy Loam ____ Silty Loam ____ Clay Loam X Sandy Clay ____

Dates of Tests: 8-20-11 to 8-21-11 **Weather:** Precip. Ø Temp. 90's

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	
		Pre-Saturation Period				Percolation Readings					Results		
		Start		End		Start			End			Water	
	Hole	Date	Time	Date	Time	Date	Time	Water	Time	Water	Elapsed	Level	
Hole	Depth	(Mo.	(Hr.	(Mo.	(Hr.	(Mo.	(Hr.	Level	(Hr.	Level	Time	Drop	
No.	(in.)	Day)	Min.)	Day)	Min.)	Day)	Min.)	(in.)	Min.)	(in.)	(Min.)	(in.)	
1	32	8-20	4:00pm	8-20	8:00pm	8-21	11:45am	6	12:15pm	5¾	30	¼	120
2	32	8-20	4:00pm	8-20	8:00pm	8-21	11:45am	6	12:15pm	5½	30	½	60
3	32	8-20	4:00pm	8-20	8:00pm	8-21	11:45am	6	12:15pm	5½	30	½	60
4	32	8-20	4:00pm	8-20	8:00pm	8-21	11:45am	6	12:15pm	5¾	30	¼	40
5	32	8-20	4:00pm	8-20	8:00pm	8-21	11:45am	6	12:15pm	5¾	30	¼	40
6	32	8-20	4:00pm	8-20	8:00pm	8-21	11:45am	6	12:15pm	5¾	30	¼	120

Sum of Water Level Drops (in.) [Column m]: 3 440

Average of Water Level Drops (in.) [Column m]: .5 73

~~Inches per Minute:~~ 60 MPI

PERSON CONDUCTING TEST:

Name: Justyn Peterson

Address: 322 238th Road

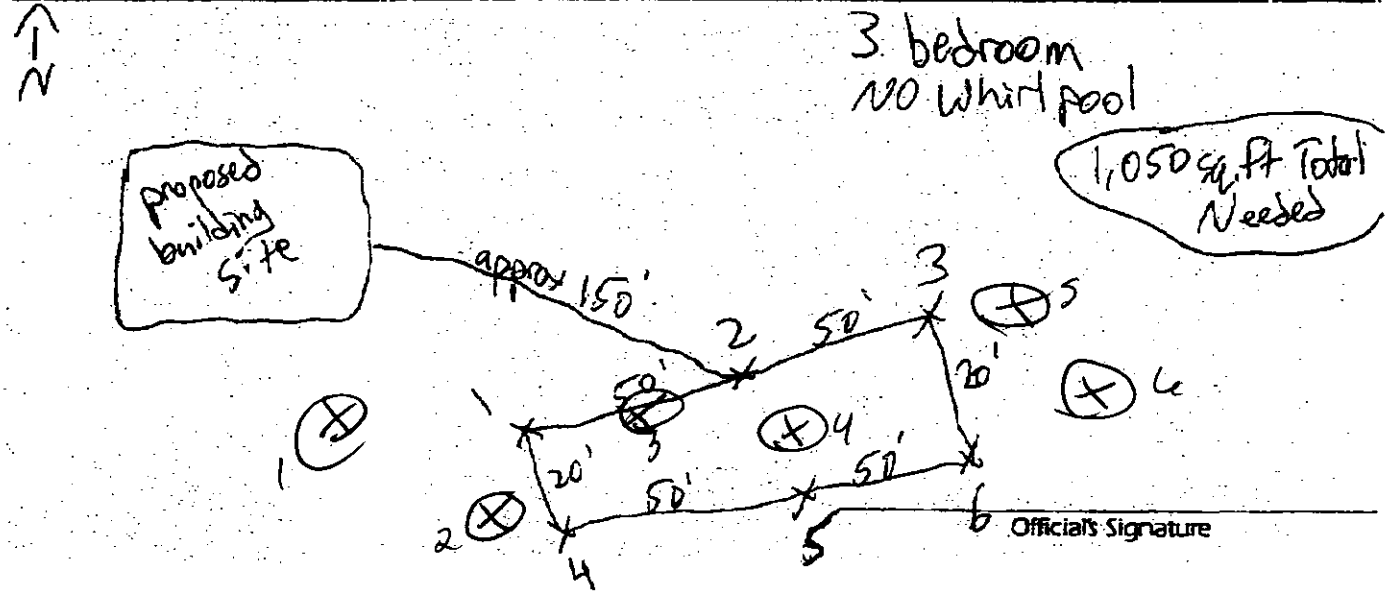
Milford NE 68405

Phone: 402-641-6174

Signature: [signature]

Square Feet of Lateral per Bedroom: 350

SKETCH SHOWING HOLE LOCATION:



Official's Signature

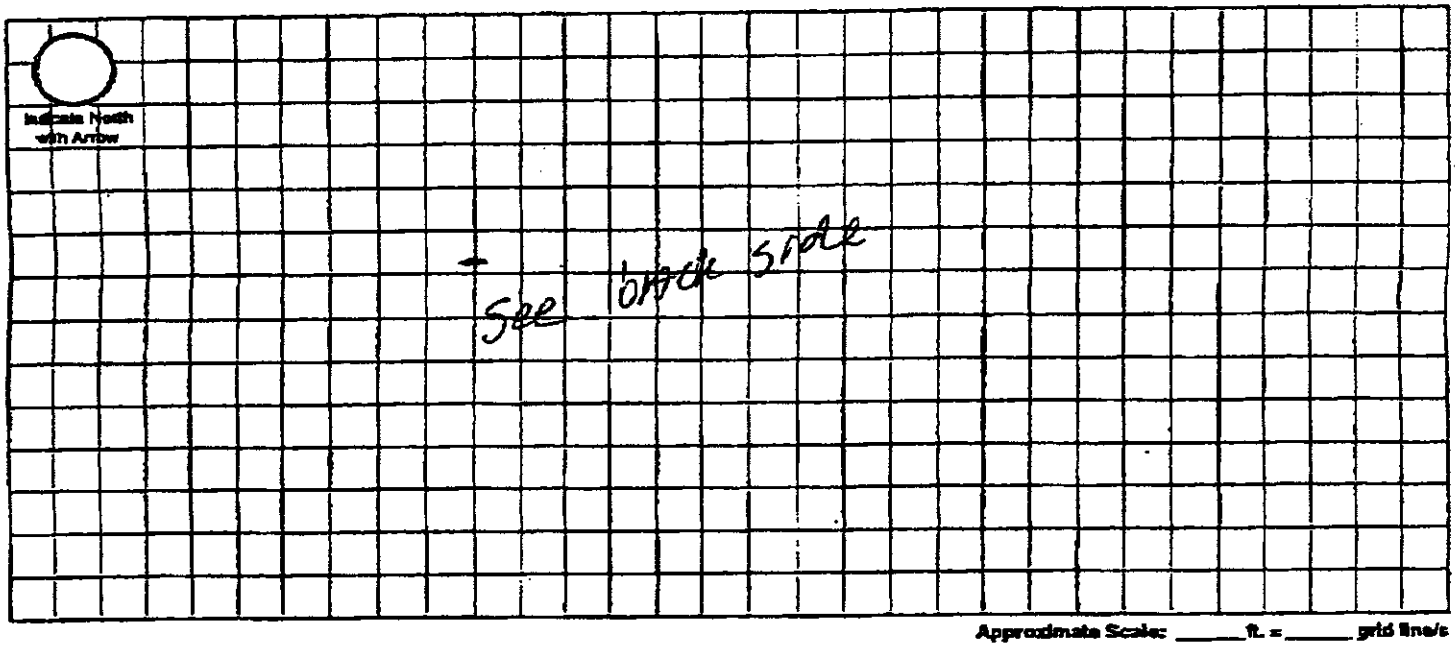
C

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) 5840 W Superior City Lincoln NE Zip _____

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 120 (min. per inch) Soil Type: silty clay loam Land Slope: _____ %

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

Total Square Feet of Field Required: 1,050 sq. ft.

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

Capacity of Septic Tank 1,000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 215 ft. Number of Trenches 2 Trench Width 40"

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

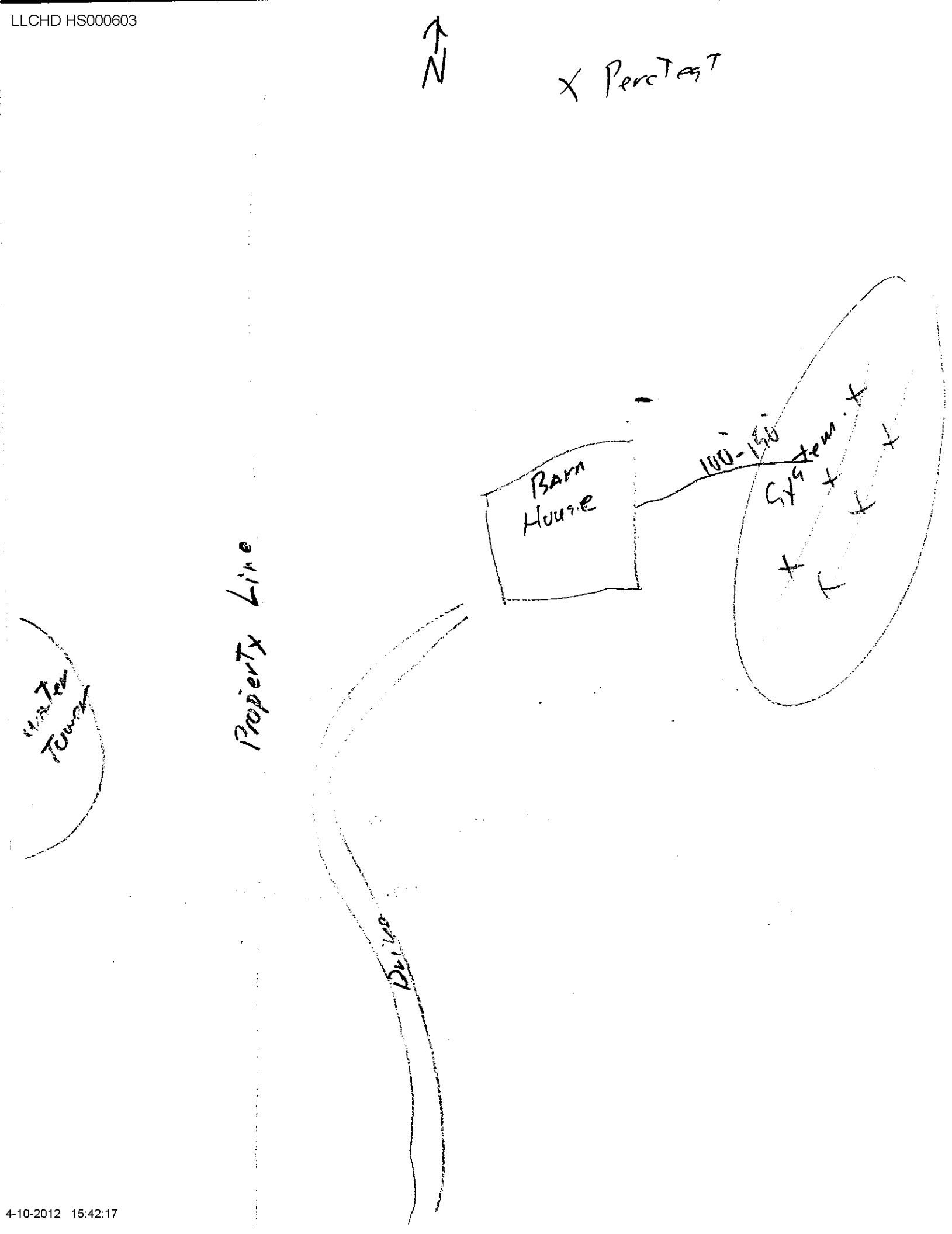
Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☑	500 ☑	50 ☑	NA ☐	25 ☑	20 ☑	15 ☑	25 ☑	☑
Field (ft)	100 ☑	500 ☑	50 ☑	4 ☑	30 ☑	20 ☑	30 ☑	40 ☑	☑
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

E. Required Signatures

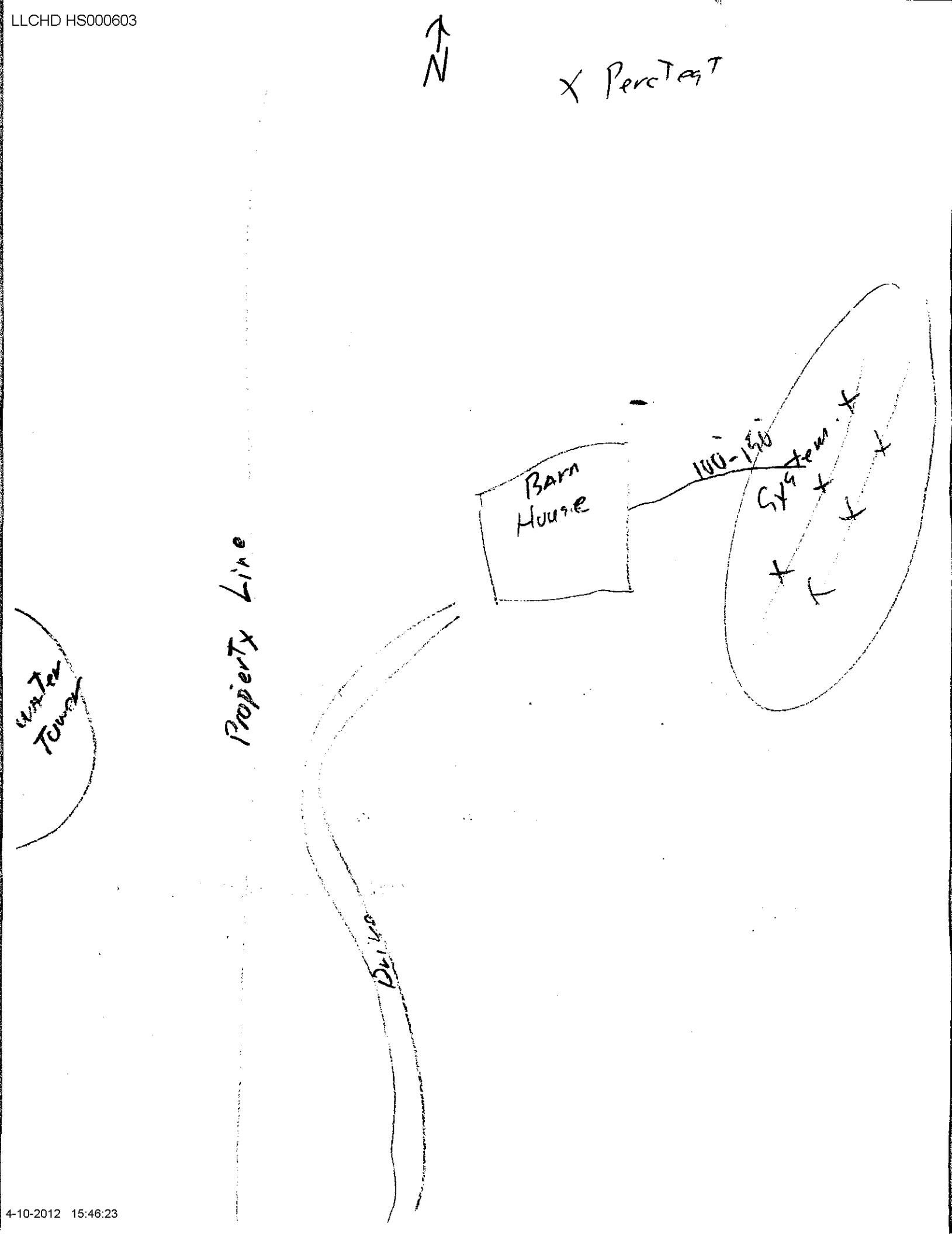
Home Building Contractor _____ Date _____

Installer Kevin R. Johnson Date 3/26/12

FORM 23-102 10-96


N
X PercTest
Barn
House
100-150' tem.
Gym
Property Line
Water Tower

LLCHD HS000603



4-10-2012 15:46:23

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. HS000603

System Type:	STANDARD
Situs:	5840 W. Superior
Legal Description:	T10N-R05E-S01-Lot 14
Owner:	

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

Issued:	04/09/2012
Expires:	04/09/2013

Judith A Halstead

Judith A. Halstead, MS, Health Director

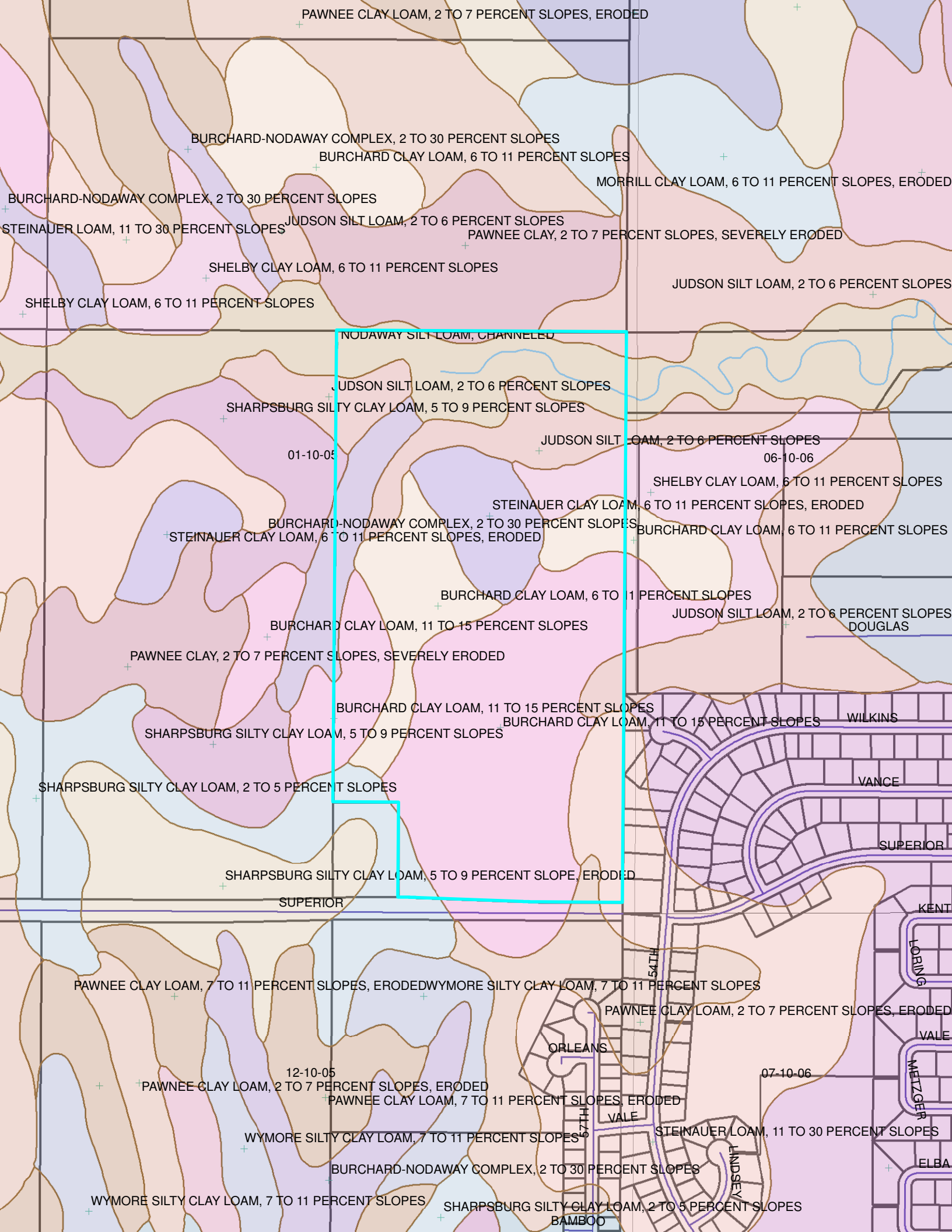
On-site Waste System Permit Holder:

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, 2 TO 7 PERCENT SLOPES, ERODED
BURCHARD-NODAWAY COMPLEX, 2 TO 30 PERCENT SLOPES
BURCHARD CLAY LOAM, 6 TO 11 PERCENT SLOPES
MORRILL CLAY LOAM, 6 TO 11 PERCENT SLOPES, ERODED
BURCHARD-NODAWAY COMPLEX, 2 TO 30 PERCENT SLOPES
STEINAUER LOAM, 11 TO 30 PERCENT SLOPES
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
PAWNEE CLAY, 2 TO 7 PERCENT SLOPES, SEVERELY ERODED
SHELBY CLAY LOAM, 6 TO 11 PERCENT SLOPES
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
SHELBY CLAY LOAM, 6 TO 11 PERCENT SLOPES
NODAWAY SILT LOAM, CHANNELED
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPES
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
01-10-05
06-10-06
SHELBY CLAY LOAM, 6 TO 11 PERCENT SLOPES
STEINAUER CLAY LOAM, 6 TO 11 PERCENT SLOPES, ERODED
BURCHARD-NODAWAY COMPLEX, 2 TO 30 PERCENT SLOPES
STEINAUER CLAY LOAM, 6 TO 11 PERCENT SLOPES, ERODED
BURCHARD CLAY LOAM, 6 TO 11 PERCENT SLOPES
BURCHARD CLAY LOAM, 6 TO 11 PERCENT SLOPES
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
DOUGLAS
BURCHARD CLAY LOAM, 11 TO 15 PERCENT SLOPES
PAWNEE CLAY, 2 TO 7 PERCENT SLOPES, SEVERELY ERODED
BURCHARD CLAY LOAM, 11 TO 15 PERCENT SLOPES
BURCHARD CLAY LOAM, 11 TO 15 PERCENT SLOPES
WILKINS
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPES
VANCE
SHARPSBURG SILTY CLAY LOAM, 2 TO 5 PERCENT SLOPES
SUPERIOR
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPE, ERODED
SUPERIOR
KENT
LORING
54TH
PAWNEE CLAY LOAM, 7 TO 11 PERCENT SLOPES, ERODEDWYMORE SILTY CLAY LOAM, 7 TO 11 PERCENT SLOPES
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
VALE
ORLEANS
12-10-05
07-10-06
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
PAWNEE CLAY LOAM, 7 TO 11 PERCENT SLOPES, ERODED
METZGER
VALE
HILL
WYMORE SILTY CLAY LOAM, 7 TO 11 PERCENT SLOPES
STEINAUER LOAM, 11 TO 30 PERCENT SLOPES
LINDSEY
BURCHARD-NODAWAY COMPLEX, 2 TO 30 PERCENT SLOPES
ELBA
WYMORE SILTY CLAY LOAM, 7 TO 11 PERCENT SLOPES
SHARPSBURG SILTY CLAY LOAM, 2 TO 5 PERCENT SLOPES
BAMBOO

APR 05 2012

SCANNED

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

A

Permit Number H5000603

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 04-01-400-007-000

A. Onsite System Location

Address 5840 W Superior (no rural route) City Lincoln, NE Zip 6853

Legal Description SE 1 10 5 14

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: _____

B. Owner

Name Bill Oberg Signature Bill Oberg

Address 3716 X St City/State/Zip Lincoln, NE 68503

☐ Check if owner designed system Home Phone _____ 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 3 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 _____
Date rec'd 4/6/12
Date frwd 4/6/12
ACTION ☒ Approved ☐ Disapproved
Signature _____

2. Supt. Bldg. Insp. or Village Clerk
Comments _____
Date rec'd 4-6-12
Date frwd 4-6-12
ACTION ☒ Approved ☐ Disapproved
Signature _____

3. City or County Engineer
Comments _____
Date rec'd 4-6-2012
Date frwd 4-6-2012
ACTION ☐ Approved ☐ Disapproved
Signature Kenneth D. Schroeder

Installation Final Written Approval
By _____
Date 4/12/12

Business Office Use Only
Date Received 4-9-12 Amount Paid 345.00
Received By Brtall Cash/Check No. 7869

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

Form A Updated: 5-07

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

D

Permit Number:

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date 4/11/12 Legal Description SE 1/4 1-10-5 Section Township Range Lot 14

Onsite System Location

Address (no rural route) 5840 W Superior City Lincoln NE. Zip 68524

Owner Bill Oberg Address 3716 X St Lincoln NE 68503

A. Sewer Pipe

1. Material: SDR26 Plastic
   Diameter: 4 in.
2. Distance above basement floor: ____ in.
   or distance below basement floor: 12 in.
3. Distance between dwelling and septic tank: 91 ft.
4. Number of clean-outs: 3
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: 1500 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter 24 in.
   Over outlet, diameter 24 in.
   Riser: ☐ above ☐ below (grade) AT 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 100 ft.

C. ☐ Distribution Box ☑ Drop Boxes

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

1. Material: Drop Box Endcaps (Plastic)
   Number available outlets: 2-per cap
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: See D-Sheet Drawing ft.

D. Drainfield Absorption

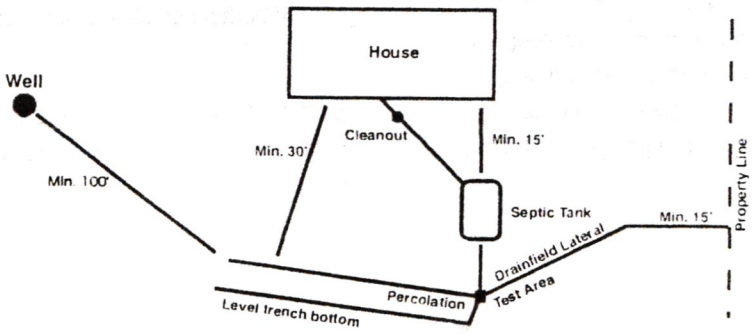
☑ Trench ☐ Bed ☐ Level Bottom

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 4 - 2 Zones
   Length of each line: 70 ft. 65 ft.
   65 ft. 65 ft., ____ ft.
3. Drainfield dimensions: Width 40 ft.
   Distribution Pipe Slope FLAT in/100 ft.
   Average depth 18" - 36" in
4. Filter material: Soil
   Depth of material 18-36 in.
5. Distances to: Well or suction line 100 ft.
   Pressure line 100 ft.
   Property line 100 ft.
   House or building 100 ft.
   Lake or Stream 100 ft.

Complete As-Built drawing on the back fo this form.

Indicate North with Arrow

Onsite Wastewater System Design (Example)



N→

(Nowell)

4/11/2012

Raymond Contracting, Inc.
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