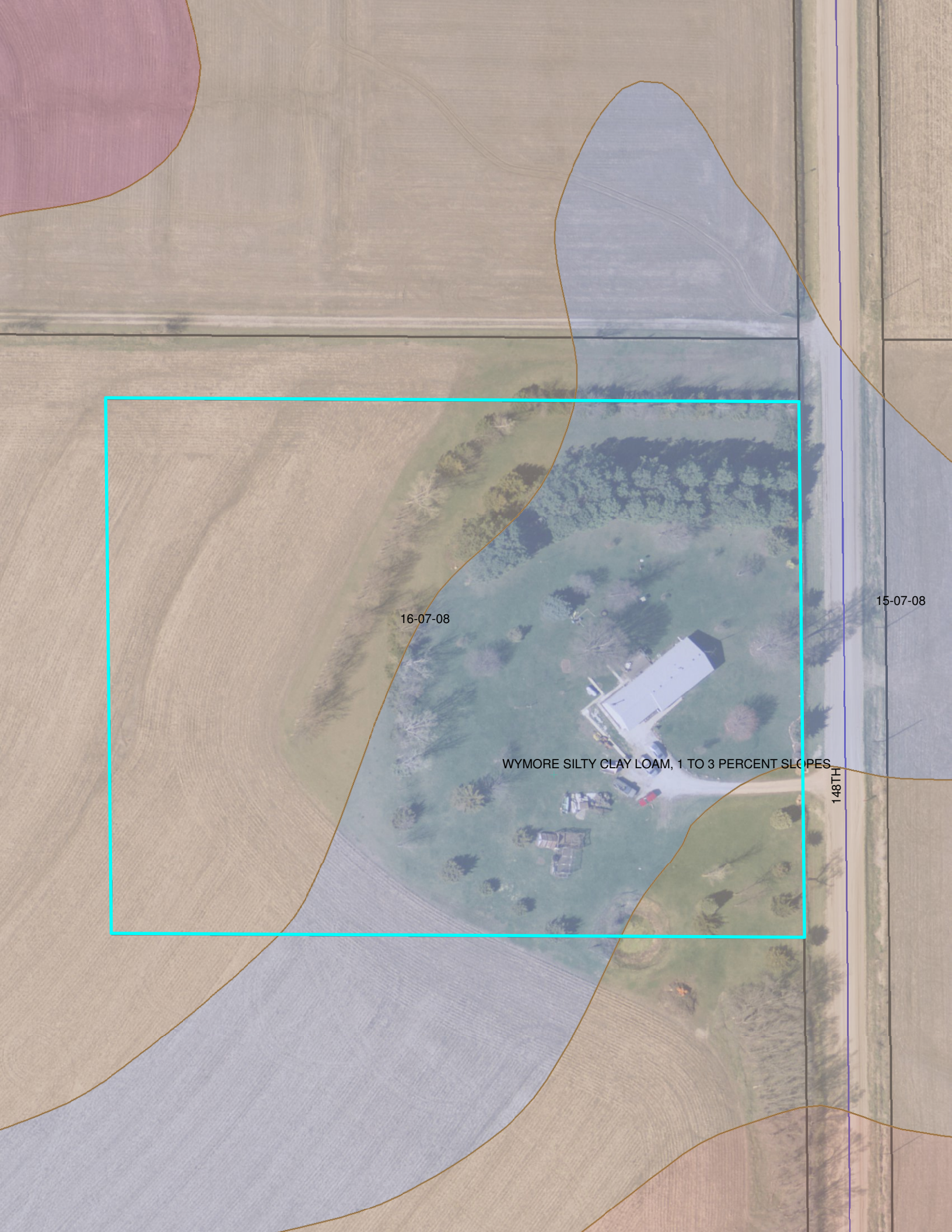

16-07-08
15-07-08
WYMORE SILTY CLAY LOAM, 1 TO 3 PERCENT SLOPES
148TH

Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3140 N Street Lincoln, NE 68510-1514

ON-SITE WASTE WATER SYSTEM
REPAIR PERMIT

No. HS000634

System Type:	LAGOON
Situs:	24401 S 148 ST
Legal Description:	T07N-R08E-S16-Lot 5
Owner:	BEADERMAN, JOSEPH F JR & SUSAN 24401 S 148 ST ADAMS NE 68301

Permit Fee:	$190.00
Total Fees:	$190.00
Issued:	06/22/2012
Expires	06/22/2013

Judith A Halstead

Judith A. Halstead, MS, Health Director

Dear Applicant:

The above document is your permit to repair an existing On-site Waste Water System at the location listed. Please contact this office once repairs are complete to obtain final approval before use.

Judith A Halstead

Judith A. Halstead, MS
Health Director

RAYMOND CONTRACTING
13800 NW 70TH
RAYMOND NE 68428

LLCHD HS000634

Application to Alter, Extend or Repair an Onsite Wastewater Treatment System

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

HS000634

The undersigned hereby applies for a permit to: ☒ **ALTER** ☐ **EXTEND** ☐ **REPAIR** an existing wastewater treatment system, complying with appropriate Ordinance or Resolution, as marked above with drawings attached.

1. **Legal description of property:**
   Township 7 Range 8 1/4 ____ 1/4 SE Section 16
   Block ____ Lot 5 Addition ____
   Parcel ID 20-16-460-063-000 (i.e. 99-99-999-999-999)

   Street Address (no rural route) ____

2. **Property use:** ☒ residential ☐ commercial ☐ other use
   Number of bedrooms 4 Describe ____

3. **Type of Present Individual Disposal System** ☐ septic system ☒ lagoon ☐ other

4. **Description of proposed alteration, extension or repair** Build new lagoon using one side of existing lagoon, fill in old lagoon, replace fence

5. **Work to be done by:** ☐ owner ☒ contractor's name Lloyd Jakoubek, Raymond Contracting

6. **Estimated project:** a. Repair, replace, or minor extension with a cost less than $400 (no fee required).
   b. Total cost is greater than $400 (Return fee with this application)
   c. A permit is required if the use, operation, location, or type of system is changed.

Print Name Joe Beaderman Address 24401 S 148th St Adams NE 68301 Phone: 402-580-0854 (C) 402-788-2570 (H)

Applicant Signature (owner or lessee) Lloyd Jakoubek for Joe Beaderman

Please contact LLCHD for the permit fee for this application
Fee must be included before the application will be processed. Incomplete information will delay processing

HEALTH DEPARTMENT USE ONLY

Date received 6/22/12 REVIEW: ☒ Approved ☐ Disapproved By: ____

Site visits
Date ____/____/____ By ____
Date ____/____/____ By ____
Date ____/____/____ By ____

Installation final written approval
Date 6/22/12 By ____

Return application to:
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: 441-8643

Business Office Use Only

Received: Date: 6/22/12 Amount 190.00 Check No. 7910 Initials BDA

Revised 3-09

6-22-2012 16:27:21

Application to Alter, Extend or Repair an Onsite Wastewater Treatment System

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

48000 N 176th

The undersigned hereby applies for a permit to: ☑ **ALTER** ☐ **EXTEND** ☐ **REPAIR** an existing wastewater treatment system, complying with appropriate Ordinance or Resolution, as marked above with drawings attached.

1. **Legal description of property:**
   Township 7 Range 8 1/4 ____ 1/4 SE Section 16
   Block ____ Lot 5 Addition ____
   Parcel ID 20-16-400-063-000 (i.e. 99-99-999-999-999)

   Street Address (no rural route) ____

2. **Property use:** ☑ residential ☐ commercial ☐ other use
   Number of bedrooms 4 Describe ____

3. **Type of Present Individual Disposal System** ☐ septic system ☑ lagoon ☐ other

4. **Description of proposed alteration, extension or repair** Build new lagoon using one side of existing lagoon, Fill in old lagoon, replace fence

5. **Work to be done by:** ☐ owner ☑ contractor's name Lloyd Jakoubek, Raymond Contracting

6. **Estimated project:**
   a. Repair, replace, or minor extension with a cost less than $400 (no fee required).
   b. Total cost is greater than $400 (Return fee with this application)
   c. A permit is required if the use, operation, location, or type of system is changed.

Print Name Joe Beaderman Address 24015 148th St Adams NE 68301 Phone: 402-580-0856 (O) 402-788-2570 (H)

Applicant Signature (owner or lessee) Lloyd Jakoubek for Joe Beaderman

Please contact LLCHD for the permit fee for this application
Fee must be included before the application will be processed. Incomplete information will delay processing

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HEALTH DEPARTMENT USE ONLY

Date received ____/____/____ REVIEW: ☐ Approved ☐ Disapproved By: ____

Site visits
Date ____/____/____ By ____
Date ____/____/____ By ____
Date ____/____/____ By ____

Installation final written approval
Date ____/____/____ By ____

Return application to:
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: 441-8643

Business Office Use Only

Received: Date: ____/____/____ Amount ____ Check No. ____ Initials ____

Revised 3-09

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 **Nate Hartman**

fax number **402-441-3890**	company **LLCHD**
from **Terri Jakoubek**	date **June 20, 2012**
total number of pages including this cover sheet **2**	If you do not receive all pages, please call **402-783-2663 (Terri)**

comments **CONFIDENTIAL**

Nate,

Following please find the Lagoon Permit I left you a message about (I was supposed to deliver it today but completely forgot). If we don't get rain, Lloyd plans to install tomorrow. I will send the original permit & $$ with him.

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

JUN 25 2012

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 6/22/12 Legal Description SE 1/4 16-7-8 Lot 5 (1/4 Section Township Range)

Onsite System Location

Address (no rural route) 24401 S 148th St City Adams NE, Zip 68301

Owner Joe Beaderman Address same.

A. Sewer Pipe

1. Material: SDR26
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: _____ ft.
4. Number of clean-outs: one
5. Distances to: well or suction line 56' New ft.
   stream 100+ ft.
   pressure line 100+ ft.
   property line 50' 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

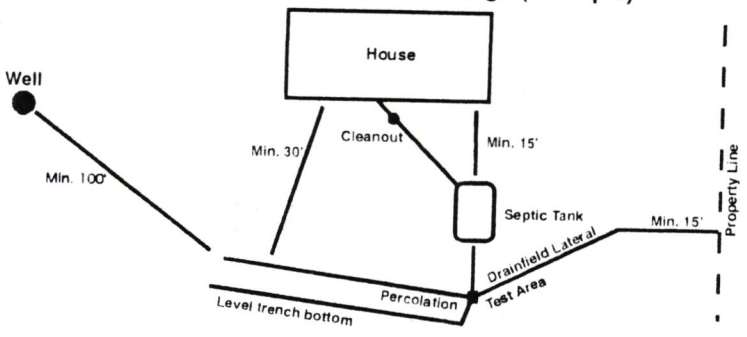
☐ Trench ☐ Bed ☐ Level Bottom

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.

Onsite Wastewater System Design (Example)

Indicate North with Arrow



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

6/22/12

