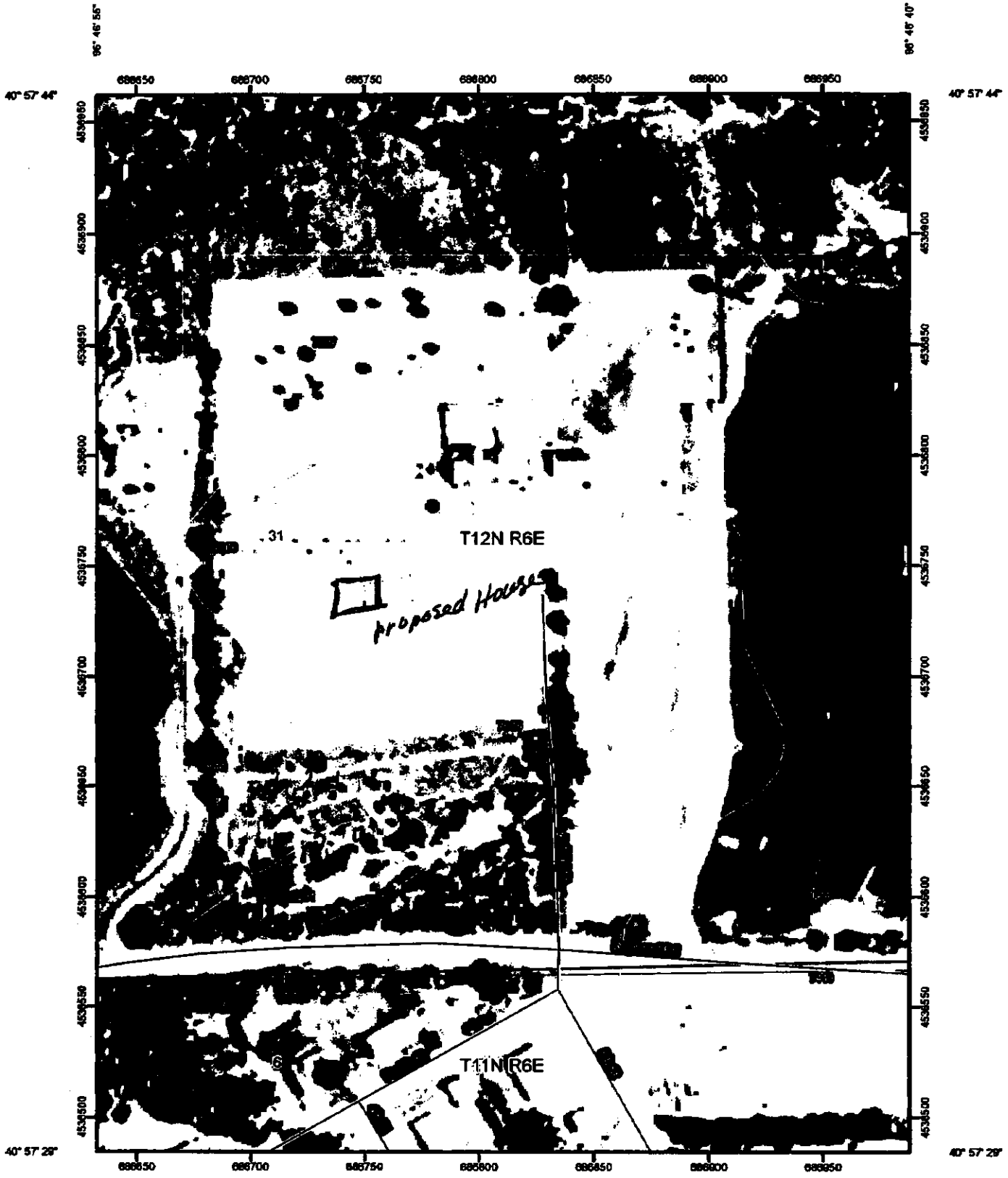
Soil Map—Lancaster County, Nebraska
(Stan Stoki)



From W Fence line
1 - 136'
2 - 160'
3 - 50'
4 - 58'
5 - 126'
6 - 140'

From S edge of proposed House
1 - 250'
2 - 250'
3 - 250'
4 - 260'
5 - 260'
6 - 260'

USDA Natural Resources Conservation Service

Web Soil Survey 2.1
National Cooperative Soil Survey

3/30/2009
Page 1 of 3

LLCHD HS000643

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

A

Permit Number
HS000643

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 4230 Raymond Rd (no rural route) City Raymond, NE Zip 68428

Legal Description Sun use Acres 8

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

Geographical Location (if known): Lat/Long: _____ PID _____

B. Owner

Name Mack Homes Signature Mack Homes

Address 4230 Raymond Rd City/State/Zip Raymond, NE 68428

Home Phone 402-432-0251 Work Phone _____

C. Certified Installer

Name: Tom King Signature _____

Address 1151 Saunders Av City/State/Zip Lincoln, NE 68521

Work Phone 402-486-0606

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 4/3 Is there a Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 9

☐ Commercial Establishment/Other Facility Specify _____ Design flow in gallons per day 300

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 7/16/12
Date frwd 7/16/12
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 _____

Business Office Use Only
Date Received 7-17-12 Amount Paid #345.00
Received By BH. Cash/Check No 20187

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

7-26-2012 9:10:22

Form A Updated: 5/10

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

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A. Onsite System Location

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Legal Description Sun use Acres 8

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

Geographical Location (if known): Lat/Long: PID

B. Owner

Name Mack Homes Signature Mack Homes

Address 4230 Raymond Rd City/State/Zip Raymond, NE 68421

Home Phone 402-432-0251 Work Phone

C. Certified Installer

Name: Tom King Signature

Address 1151 Saunders Ave City/State/Zip Lincoln, NE 68521

Work Phone 402-486-0606

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 9

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day 300

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 7-13-12
Date frwd 7-13-12
ACTION ☑ Approved ☐ Disapproved
Signature Everett Nissen

3. City or County Engineer
Comments
Date rec'd
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature

Installation Final Written Approval
By
Date

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

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

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

Sun Use Acres Replat Lot 8

System Location (Indicate correct number and street)

Address _____ (no rural route) City Raymond NE, Zip 68428

Owner Stan Stoki Address 1340 N. 107th St Lincoln, NE 68505

Soil Type (SCS): Sharpsburg Percolation Rate: 48 min./inch

Date of Tests 3/18/09 to 3/19/09 Weather: Precipitation 0 Temperature 62°

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	40	3/18	2:15p	3/18	4:15p	3/19	3:00p	6	3/19	3:30p	30	7/8	34
2	23	"	"	"	"	"	"	"	"	"	"	5/8	48
3	24	"	"	"	"	"	"	"	"	"	"	1 1/2	20
4	33	"	"	"	"	"	"	"	"	"	"	2 1/4	13
5	37	"	"	"	"	"	"	"	"	"	"	5/8	48
6	37	"	"	"	"	"	"	"	"	"	"	1 5/16	32

Person Conducting Percolation Tests

Name: Terri Jakowbek, Raymond Contracting Inc

Phone: 402-783-2163 or 402-890-3870

Address 13800 NW 70th St

Raymond, NE 68428 # C1198

Sum of Percolation Rates: 195

Average of Rates: 33

Rate Used for Calculation: 48 (20 mi Variance)

2nd Day Test Ran From 11:30am to 3:30pm

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-95

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 **July 13, 2012**
total number of pages including this cover sheet **3**	If you do not receive all pages, please call **402-783-2663 (Terri)**

comments **CONFIDENTIAL**

Nate,

Following please find the perc test results you inquired about.

Please call with any questions.

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

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. HS000643

System Type: STANDARD

Situs: 4230 Raymond Rd

Legal Description: T12N-R06E-S31-Lot 8

Owner:

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

Issued: 07/18/2012
Expires: 07/18/2013

Judith A Halstead

Judith A. Halstead, MS, Health Director

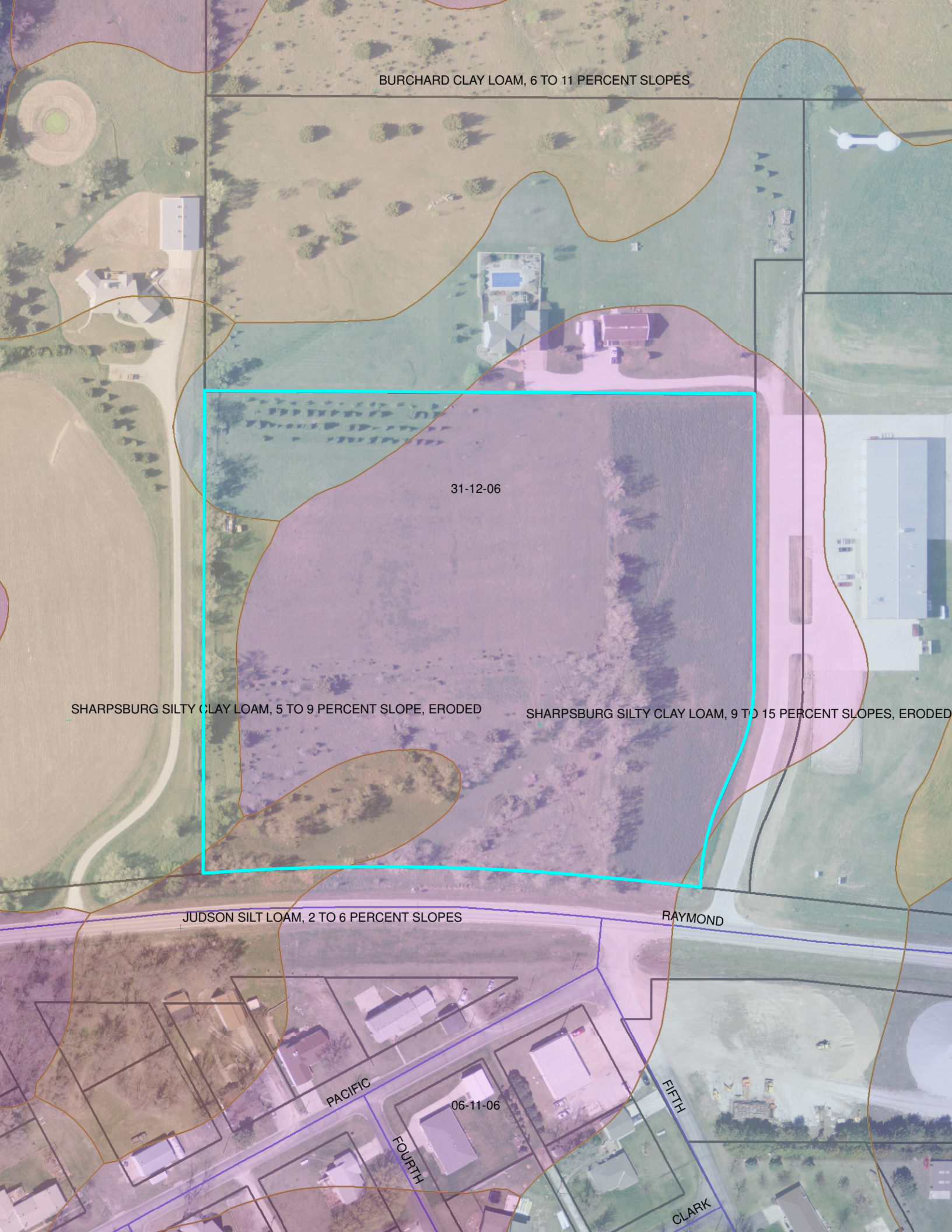
On-site Waste System Permit Holder:

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

KING AND SONS
1151 SAUNDERS AVE
LINCOLN NE 68521


BURCHARD CLAY LOAM, 6 TO 11 PERCENT SLOPES
31-12-06
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPE, ERODED
SHARPSBURG SILTY CLAY LOAM, 9 TO 15 PERCENT SLOPES, ERODED
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
RAYMOND
PACIFIC
FOURTH
06-11-06
FIFTH
CLARK