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

**A**

Permit Number HS000656

# 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 4300 W A St (no rural route) City Lincoln, NE Zip 68522

Legal Description SE 30 10 6 22
1/4 1/4 Section Township Range Subdivison Addition Block Lot

Geographical Location (if known): Lat/Long: PID 10-30-400-063-000

## B. Owner

Name mike Zimbelman Signature Mike Zimbelman

Address 4300 A St City/State/Zip Lincoln, NE 68522

Home Phone 402-435-4217 or 402-540-2345 Work Phone

## C. Certified Installer

Name: Lloyd Jakoubek / Raymond Contracting Signature Lloyd Jakoubek for Lloyd

Address 13760 NW 70th St City/State/Zip Raymond, NE 68428

Work Phone 402-796-6609 or 402-783-2663

## 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 3 Is there a Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 5

☐ 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 12/12/12 Date frwd 12/12/12
**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 12-14-12 Amount Paid $155
Received By BH Cash/Check No. 8027

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

### System Location (Indicate correct number and street)

Address 4300 W A St (no rural route) City Lincoln NE, Zip 68522

Owner Mike + Sara Zimbelman Address same

Soil Type (SCS): silt loam, clay loam Percolation Rate: _____ min./inch

Date of Tests 12/5/12 to 12/6/12 Weather: Precipitation 0 Temperature 49°

### 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 | 26 | 12/5 | 8:00a | 12/5 | 12:00p | 12/6 | 11:30a | 10 | 12/6 | 12:00p | 30 | 1 | 30 |
| 2 | 21 | " | " | " | " | " | " | " | " | " | " | 1 3/16 | 25 |
| 3 | 28 | " | " | " | " | " | " | " | " | " | " | 1/2 | 60 |
| 4 | 25 | " | " | " | " | " | " | " | " | " | " | 5/8 | 48 |
| 5 | 25 | " | " | " | " | " | " | " | " | " | " | 5/8 | 48 |
| 6 | 27 | " | " | " | " | " | " | " | " | " | " | 11/16 | 43 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

Sum of Percolation Rates: 254
Average of Rates: ~~45~~ 42
Rate Used for Calculation: 60 (20 ppi Variance)

### Person Conducting Percolation Tests

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

DO NOT WRITE BELOW THIS LINE

### Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

C

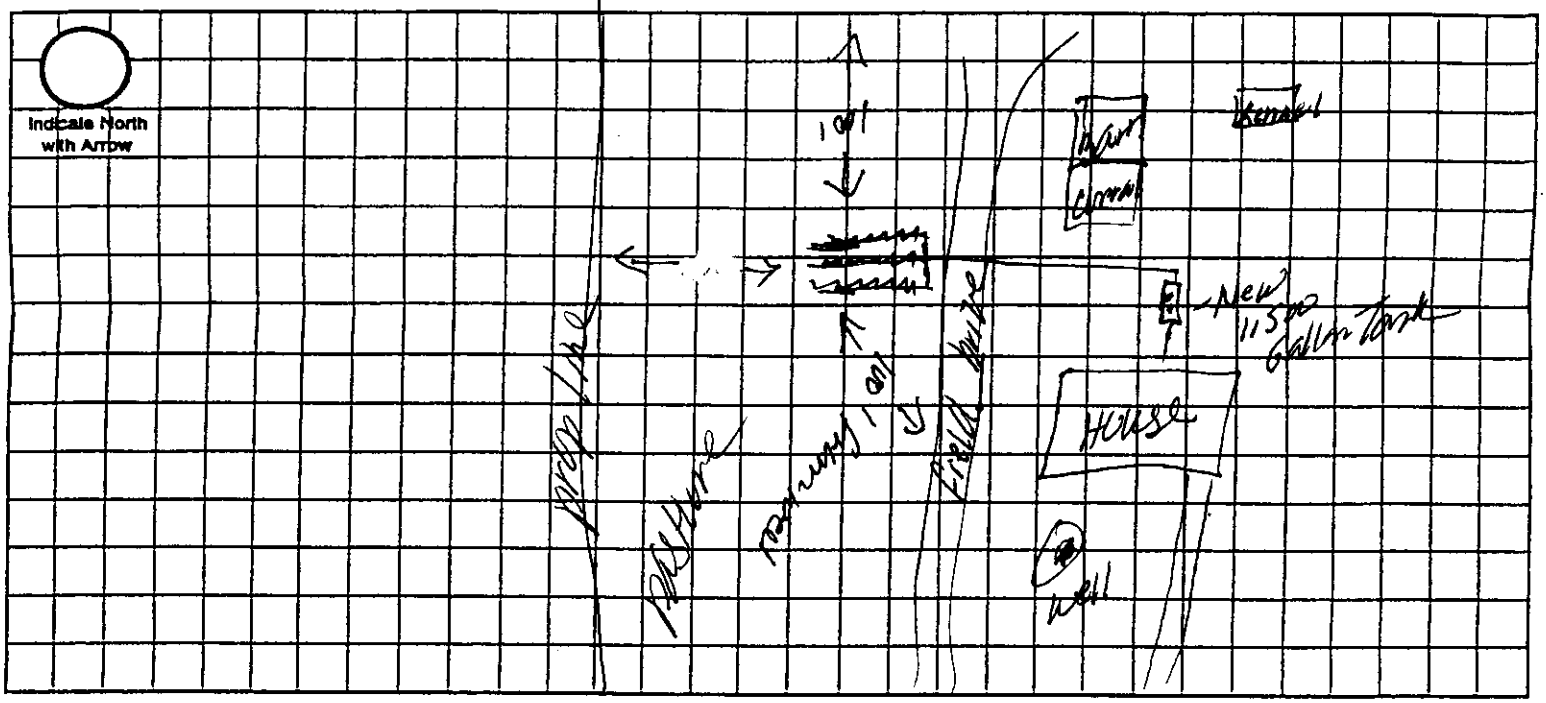
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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.




## A. System Location (Indicate correct number and street)

Address (no rural route) 4300 W A. St City Lincoln NE, Zip 68522

## B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 60 (min. per inch) Soil Type: Clay loam/ Silt Loam Land Slope: _____ %

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

Total Square Feet of Field Required: 1050 sq. ft.

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

Capacity of Septic Tank 1500 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 245 ft. Number of Trenches 2 or 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 _____ Date _____

Installer Kevin L. Jakobsen Date 12-11-12

**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. HS000656**

**System Type:** STANDARD

**Situs:** 4300 W A ST

**Legal Description:** T10N-R06E-S30-Lot 22

**Owner:** ZIMBELMAN, MIKE D & SARA A
4300 W A ST
LINCOLN NE
68522

| | |
|---|---|
| Permit Fee: | $345.00 |
| Variance Fee: | $0.00 |
| Extension Fee: | $0.00 |
| Total Fees: | $345.00 |
| Issued: | 12/14/2012 |
| Expires: | 12/14/2013 |

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

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

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

H5000 656

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 10 Range 6 1/4 ____ 1/4 SE Section 30
   Block ____ Lot 22 Addition ____
   Parcel ID 10 - 30 - 400 - 063 - 000 (i.e. 99-99-999-999-999)
   Street Address (no rural route) 4300 W A St Lincoln, NE 68522

2. **Property use:** ☒ residential ☐ commercial ☐ other use
   Number of bedrooms 3 Describe ____

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

4. **Description of proposed alteration, extension or repair** replace collapsed septic tank, with 1,500 Gallon Concrete tank

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 Mike Zimbelman Address 4300 W A St Lincoln Phone: 402-435-4217 402-540-2345

Applicant Signature (owner or lessee) Kimi K. Jakoubek for Mike Zimbelman

**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 8/20/12 REVIEW: ☑ Approved ☐ Disapproved By: ____

**Site visits**
Date 8/20/12 By ____
Date ___/___/___ By ____
Date ___/___/___ By ____

**Installation final written approval**
Date 8/20/12 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: 8/20/12 Amount 190.00 Check No. 7947 Initials ____

Revised 3-09

LLCHD HS000656

Aug 20 2012

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

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

HS000656

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 10 Range 6 1/4 _____ 1/4 SE Section 30
   Block _____ Lot 22 Addition _____
   Parcel ID 10 - 30 - 400 - 003 - 000 (i.e. 99-99-999-999-999)
   Street Address (no rural route) 4300 W A St Lincoln, NE 68522

2. **Property use:** ☒ residential ☐ commercial ☐ other use
   Number of bedrooms 3 Describe _____

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

4. **Description of proposed alteration, extension or repair** replace collapsed septic tank, with 1,500 gallon concrete tank

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).
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   c. A permit is required if the use, operation, location, or type of system is changed.

Print Name Mike Zimbelman Address 4300 W A St Lincoln Phone: 402-435-4217
402-540-2345

Applicant Signature (owner or lessee) Kim K. Jakoubek for Mike Zimbelman

**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 ____/____/____ 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

8-22-2012 11: 5:57

# 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 **August 17, 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 is a septic repair permit for Mike Zimbelman at 4300 W A St – replacing septic tank.

The original & $$ are in the mail today. Lloyd will be installing on Monday, August 20th.

Have a great Friday!!

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

# 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 **August 17, 2012** |
| total number of pages including this cover sheet **2** | If you do not receive all pages, please call **402-783-2663 (Terri)** |

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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**
**REPAIR PERMIT**

**No. HS000656**

| | |
|---|---|
| **System Type:** | STANDARD |
| **Situs:** | 4300 W A ST |
| **Legal Description:** | T10N-R06E-S30-Lot 22 |
| **Owner:** | ZIMBELMAN, MIKE D & SARA A<br>4300 W A ST<br>LINCOLN NE<br>68522 |

| | |
|---|---|
| Permit Fee: | $190.00 |
| Total Fees: | $190.00 |
| Issued: | 08/20/2012 |
| Expires | 08/20/2013 |

Judith A Halstead

Judith A. Halstead, MS, Health Director

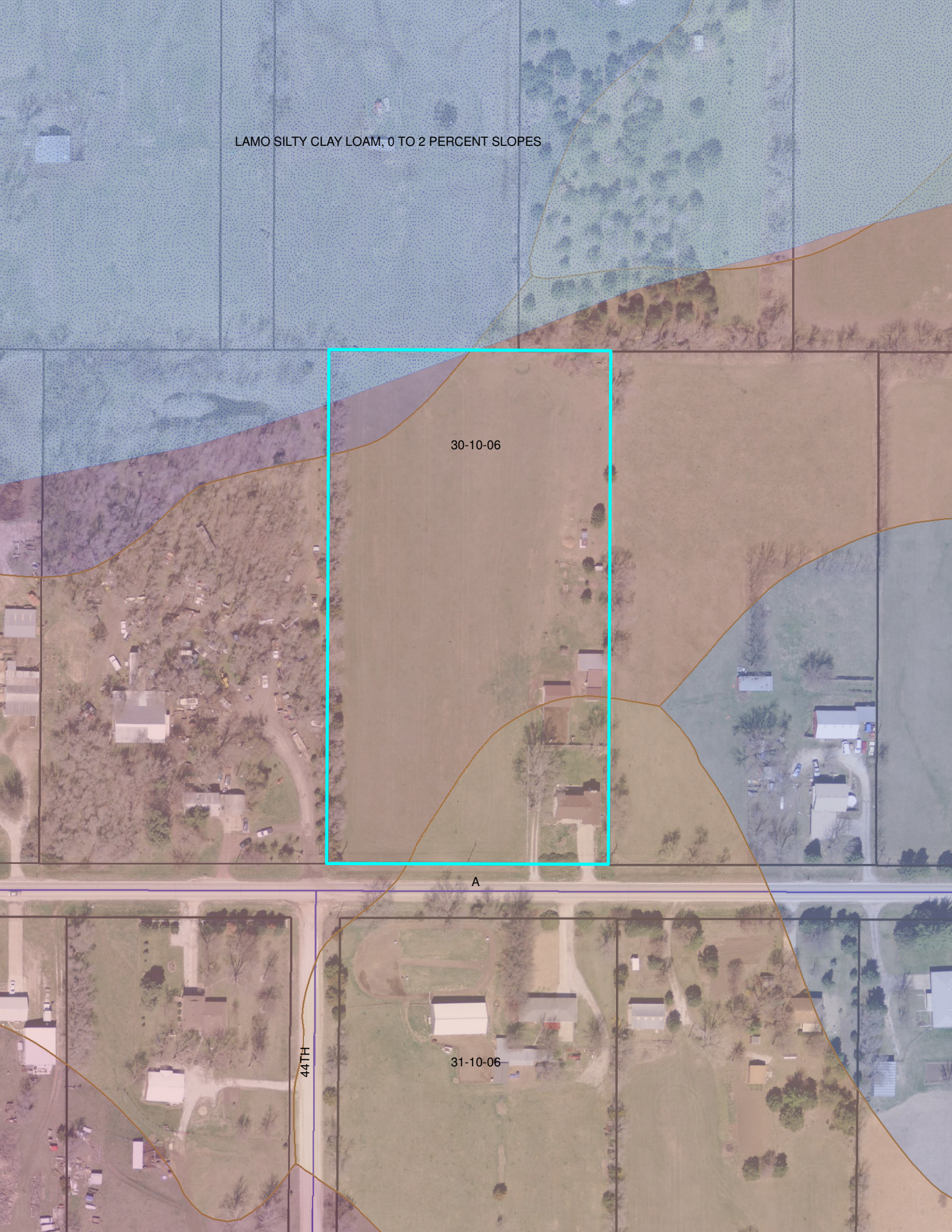
Dear Applicant:

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


LAMO SILTY CLAY LOAM, 0 TO 2 PERCENT SLOPES
30-10-06
A
44TH
31-10-06