LLCHD-HS000660

AUG 29 2012

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

A

Permit Number HS000660

# 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 _____ City Lincoln NE Zip 68524
(no rural route)

Legal Description NE 5 10 5 Parkland Estates 5 7
1/4 1/4 Section Township Range Subdivison Addition Block Lot

Geographical Location (if known): Lat/Long: _____ PID 04-05-205-007-000

**B. Owner**

Name Mark & Nancy Murphy Signature Mark E Murphy / Nancy L Murphy
Address 885 2nd St City/State/Zip Utica, NE 68456
Home Phone 402-534-2097 Work Phone _____

**C. Certified Installer**

Name: Lloyd Jakowsek Signature _____
Address 13800 NW 70th St City/State/Zip Raymond, NE 68428
Work Phone 402-890-6009

**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 _____

☐ 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 8/30/12 ACTION ☒ Approved ☐ Disapproved
Date frwd 8/30/12 Signature _____

**2. Supt. Bldg. Insp. or Village Clerk**
Comments _____
Date rec'd _____ ACTION ☒ Approved ☐ Disapproved
Date frwd _____ Signature See attached

**3. City or County Engineer**
Comments _____
Date rec'd 8-29-12 ACTION ☒ Approved ☐ Disapproved
Date frwd 8-29-12 Signature Jim Blaugh

**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 Form A Updated: 5/10

9-6-2012 8:45:2 CK #7950 8-31-12 B. Hull $345.00

LLCHD HS000660

B AUG 29 2012

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

Permit Number:

# Sewage Disposal System
## Soil Absorption Test Data Report
## Annex to Application

PLEASE PRINT OR TYPE

Parkland Estates Block 5 Lot 7

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

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

Owner Mark & Nancy Murphy Addresss 885 2nd St, Utica NE 68456

Soil Type (SCS): Silt Loam Percolation Rate: 60 min./inch

Date of Tests 5/21/12 to 5/22/12 Weather: Precipitation 0 Temperature 83°

## 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 | 42 | 5/21 | 1:00pm | 5/21 | 5:00pm | 5/22 | 2:30pm | 6 | 5/22 | 3:00pm | 30 | 1/2 | 60 |
| 2 | 23 | " | " | " | " | " | " | " | " | " | " | 9/16 | 54 |
| 3 | 30 | " | " | " | " | " | " | " | " | " | " | 7/8 | 34 |
| 4 | 22 | " | " | " | " | " | " | " | " | " | " | 1/2 | 60 |
| 5 | 40 | " | " | " | " | " | " | " | " | " | " | 1/2 | 60 |
| 6 | 31 | " | " | " | " | " | " | " | " | " | " | 9/16 | 54 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

**Person Conducting Percolation Tests**

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

Sum of Percolation Rates: 322
Average of Rates: 54
Rate Used for Calculation: 60 (20 min variance)

DO NOT WRITE BELOW THIS LINE

**Reviewing Action**

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96
9-6-2012 8:35: 4

LLCHD HS000660

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

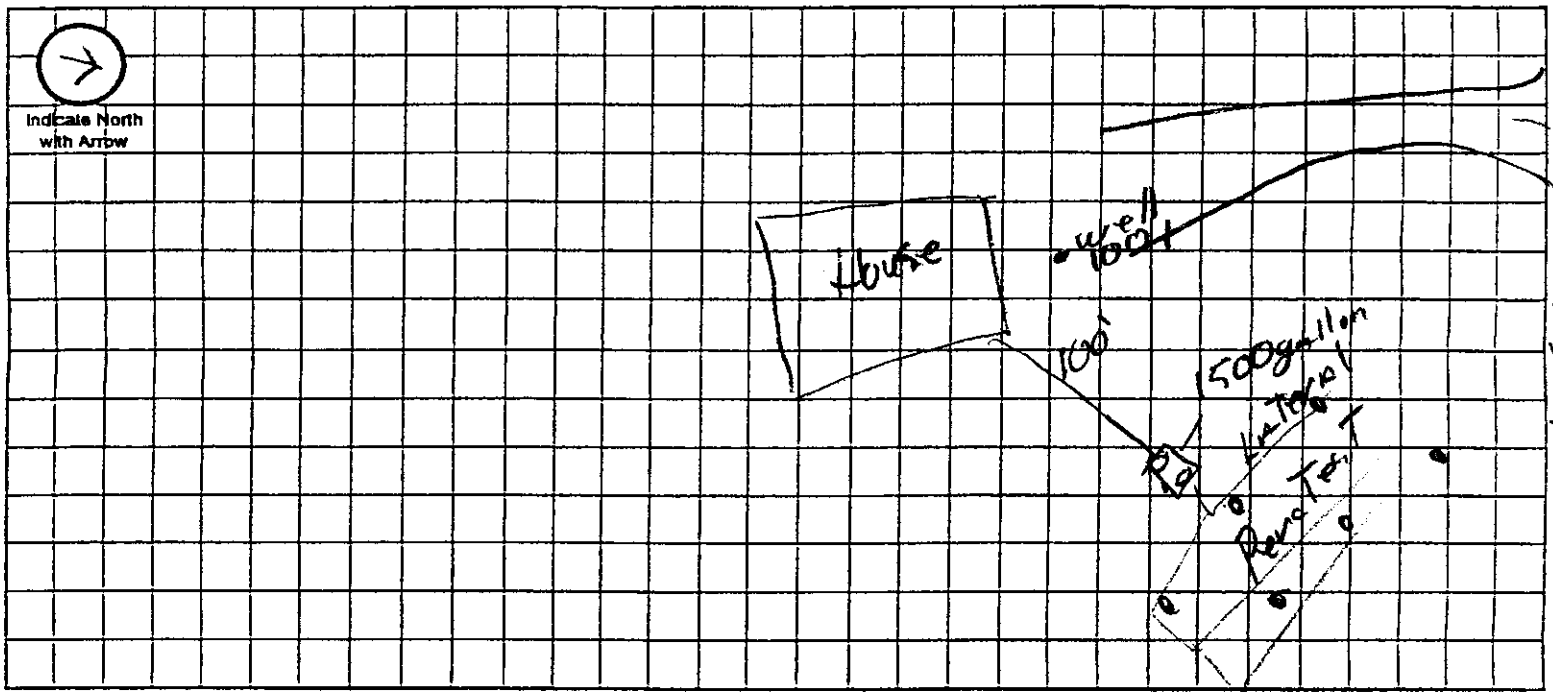
C AUG 29 2012

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) _____ City Lincoln NE, Zip 68524

## B. Proposed Septic Tank/s

Parkland Estates Block 5, Lot 7

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 60 (min. per inch) Soil Type: Silt 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 1500 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 265 ft. Number of Trenches _____ 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 DocuSigned by: Anatoliy Rybak 3BD4D3EF10D6498... Date 8/28/2012

Installer _____ Date 8/28/12

FORM 23-102 10-96

9-6-2012 8:35: 5

## Nate C. Hartman

**From:** Gordon McGill
**Sent:** Thursday, August 30, 2012 8:49 AM
**To:** Nate C. Hartman
**Subject:** RE:
**Attachments:** Gordon McGill2.vcf

lot 7 block 5 parkland estates

**Gordon McGill**
Building &Safety
Plans Examiner II / Building Inspector
402-441-6424 Work
gmcgill@lincoln.ne.gov

**From:** Nate C. Hartman
**Sent:** Thursday, August 30, 2012 8:14 AM
**To:** Gordon McGill
**Subject:** RE:

What is the legal for this address?

Nate Hartman, REHS
NPDES Program Specialist
Water Quality Section
Lincoln-Lancaster County Health Department
(402) 441-8643

**From:** Gordon McGill
**Sent:** Wednesday, August 29, 2012 2:23 PM
**To:** Nate C. Hartman
**Subject:**

11619 TRAILS END IS OK TO BUILD.....GORDON

**Gordon McGill**
Building &Safety
Plans Examiner II / Building Inspector
402-441-6424 Work
gmcgill@lincoln.ne.gov

**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. HS000660**

**System Type:** STANDARD

**Situs:** 11619 Trails End Rd.

**Legal Description:** T10N-R05E-S05-5-Lot 7

**Owner:**

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

| | |
|---|---|
| Issued: | 08/31/2012 |
| Expires: | 08/31/2013 |

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

AUG 29 2012

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

A

Permit Number HS000660

# Onsite Wastewater Treatment System
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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.

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(no rural route)

Legal Description NE 5 10 5 Parkland Estates 5 7
1/4 1/4 Section Township Range Subdivison Addition Block Lot

Geographical Location (if known): Lat/Long: _____ PID 04-05-205-007-000

**B. Owner**

Name Mark & Nancy Murphy Signature Mark E Murphy / Nancy L Murphy
Address 885 2nd St City/State/Zip Utica, NE 68456
Home Phone 402-534-2097 Work Phone _____

**C. Certified Installer**

Name: Lloyd Jakoubek Signature _____
Address 13800 NW 70th St City/State/Zip Raymond, NE 68428
Work Phone 402-890-6009

**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 _____

☐ 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 8/30/12 ACTION ☒ Approved ☐ Disapproved
Date frwd 8/30/12 Signature _____

**2. Supt. Bldg. Insp. or Village Clerk**
Comments _____
Date rec'd _____ ACTION ☒ Approved ☐ Disapproved
Date frwd _____ Signature See attached

**3. City or County Engineer**
Comments _____
Date rec'd 8-29-12 ACTION ☒ Approved ☐ Disapproved
Date frwd 8-29-12 Signature Jim Ploszek

**Installation Final Written Approval**
By _____
Date 11/26/12

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

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

Form A Updated: 5/10

CK# 7950 8-31-12 B. Hull #345.00

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

B AUG 29 2012

Permit Number:

# Sewage Disposal System
## Soil Absorption Test Data Report
## Annex to Application

PLEASE PRINT OR TYPE

Parkland Estates Block 5 Lot 7

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

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

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| | | 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 | 42 | 5/21 | 1:00pm | 5/21 | 5:00pm | 5/22 | 2:30pm | 6 | 5/22 | 3:00pm | 30 | 1/2 | 60 |
| 2 | 23 | " | " | " | " | " | " | " | " | " | " | 9/16 | 54 |
| 3 | 30 | " | " | " | " | " | " | " | " | " | " | 7/8 | 34 |
| 4 | 22 | " | " | " | " | " | " | " | " | " | " | 1/2 | 60 |
| 5 | 40 | " | " | " | " | " | " | " | " | " | " | 1/2 | 60 |
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Name: Terri L. Jakoubek, Raymond Contracting, Inc.
Phone: 402-783-2603 or 402-890-3870
Address 13800 NW 70th St
Raymond, NE 68428 # C1198

Sum of Percolation Rates: 322
Average of Rates: 54
Rate Used for Calculation: 60 (20 min variance)

DO NOT WRITE BELOW THIS LINE

**Reviewing Action**

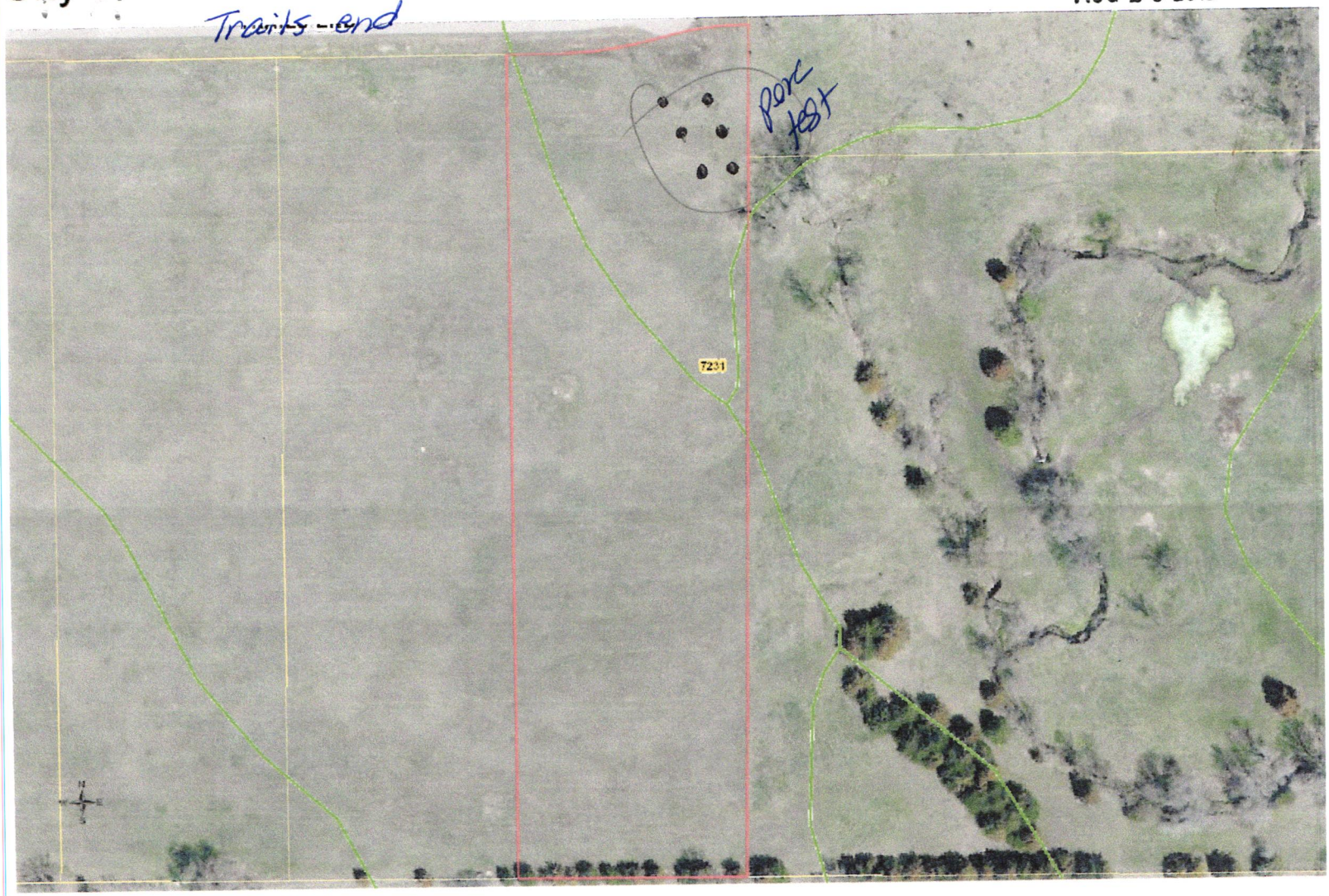
Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

# City of Lincoln/Lancaster County GIS Map

AUG 29 2012




Printed on Tue Apr 24 2012 05:01:53 PM.

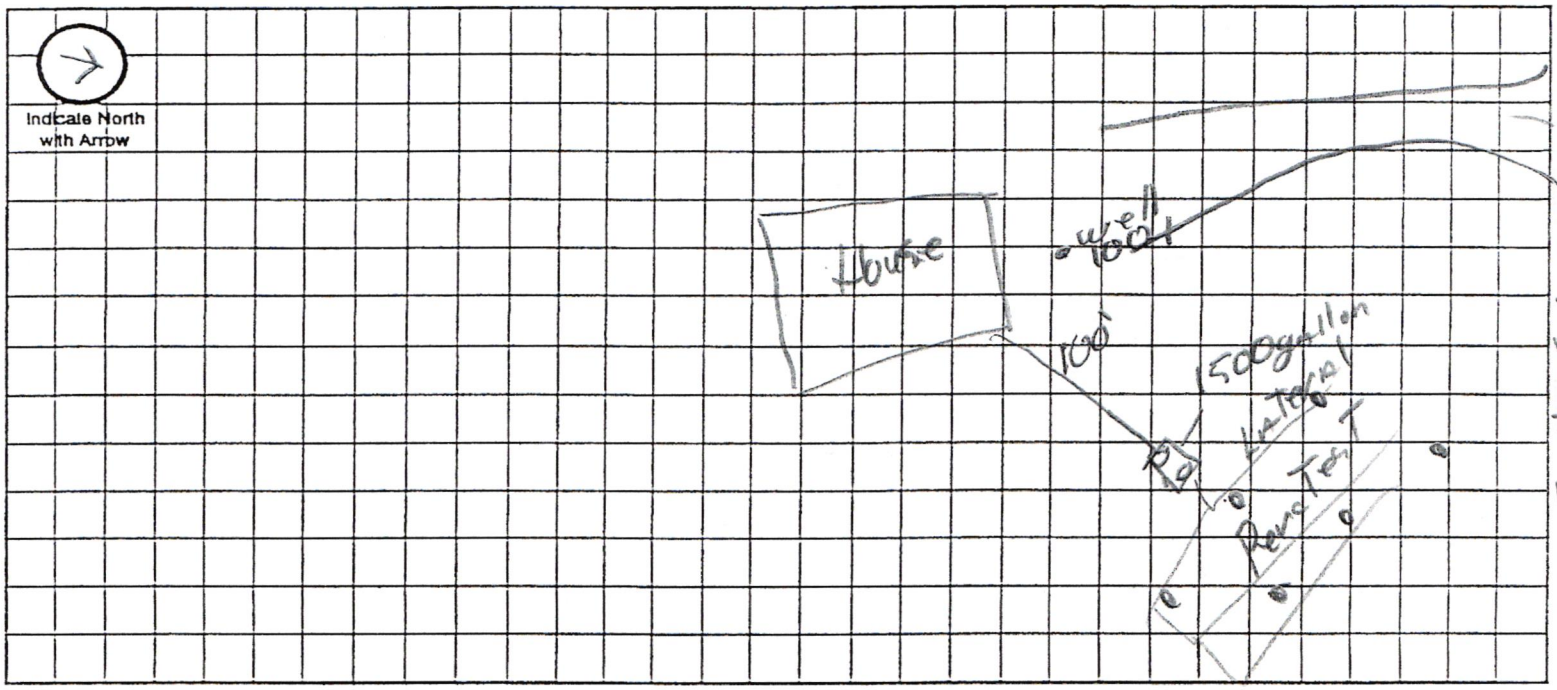
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

AUG 29 2012

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) _____ City Lincoln NE, Zip 68524

## B. Proposed Septic Tank/s

Parkland Estates Block 5, Lot 7

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 60 (min. per inch) Soil Type: Silt 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 1,500 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 265 ft. Number of Trenches _____ 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 DocuSigned by: Anatoliy Rybak 63D4D3EF10D6498... Date 8/28/2012

Installer _____ Date 8/28/12

FORM 23-102 10-96

NOV 27 2012

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

**D**

Permit Number: HS0001660

# Onsite Wastewater Treatment System

## As Built Plans & Specifications

Parkland Estates Block 5, Lot 7

Date Nov 21, 2012 Legal Description NE (1/4) 1/4 5-10-5 (Section Township Range)

### Onsite System Location

Address (no rural route) 1116 19 Trails End City Lincoln NE, Zip 68524

Owner Mark & Nancy Murphy Address 885 2nd St Utica, NE 68456

### A. Sewer Pipe

1. Material: SDR 26
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 24 in.
3. Distance between dwelling and septic tank: 100 ft.
4. Number of clean-outs: 2
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 _____ 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"-12" in.
8. Distances to: Well or suction line 100 ft.
   Stream 100 ft.
   Pressure line 100 ft.
   Property line 106 ft.

### C. ☐ Distribution Box ☐ Drop Boxes

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

1. Material: Plastic Switching Box
   Number available outlets: _____
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 8'-16' ft.

### D. Drainfield Absorption

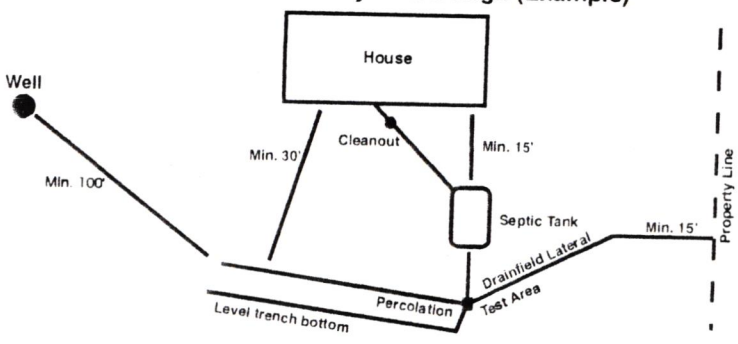
☑ Trench ☐ Bed ☐ Level Bottom

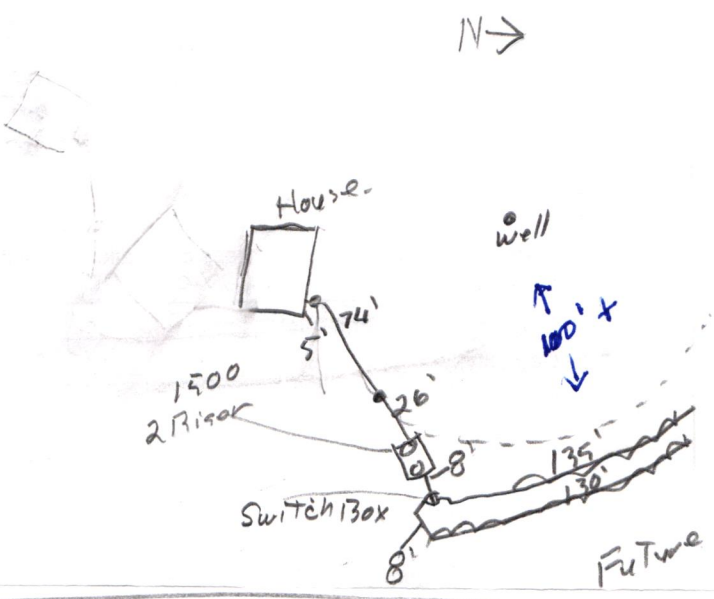
1. Type: ☐ Half rounds ☐ Perforated pipe ☐ Chambers
   Diameter or width: _____
   Number of distribution lines in bed _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Drainfield Laterals: Number 2
   Length of each line: 135 ft. 130 ft.
   _____ ft. _____ ft., _____ ft.
3. Drainfield dimensions: Width 40 ft.
   Distribution Pipe Slope Flat in/100 ft.
   Average depth 24-32 in
4. Filter material: Soil
   Depth of material 24"-32" in.
5. Distances to: Well or suction line 100 ft.
   Pressure line 100 ft.
   Property line 50 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
House
well
100' +
74'
5'
1500
2 Risor
26'
8'
135'
130'
Switch Box
8'
Future