LLCHD HS000675

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

OCT 15 2012

A

Permit Number
HS000675

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 5147 W Raymond Rd (no rural route) City Raymond, NE Zip 68428

Legal Description NW 1/4 6 Section 11 Township 6 Range ____ Subdivison ____ Addition ____ Block ____ Lot 37

Geographical Location (if known): Lat/Long: ____ PID 12-06-100-004-000

B. Owner

Name Gene + Betty Silverstrand Signature -See Attached

Address 5147 W Raymond Rd City/State/Zip Raymond, NE 68428

Home Phone 402-525-0023 ~~Work Phone~~ 402-310-0903 (Marty - Son)

C. Certified Installer

Name: Lloyd Jakoubek, Raymond Contracting Signature Kevin Jakoubek for Lloyd

Address 13960 NW 70th St City/State/Zip Raymond, NE 68428

Work Phone 402-783-2663 or 890-1009

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 3.08

☐ 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

38 ☐ County Resolution No. 02-30

d ____ ACTION ☒ Approved ☐ Disapproved
l ____ Signature Dan Smith / John Chess

d ____ ACTION ☐ Approved ☐ Disapproved
l ____ Signature ____

d ____ ACTION ☐ Approved ☐ Disapproved
l ____ Signature ____

- Existing Property — No B+S or Engineer Sign-off needed

Business Office Use Only
Date Received 10-22-12 Amount Paid 345.00
Received By BA Cash/Check No. 7986

Yellow - Engineer Pink - Building & Safety

LLCHD HS000675

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

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

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 11 Range 6 1/4 _____ 1/4 NW Section 6
   Block _____ Lot 37 Addition _____
   Parcel ID 12-06-100-004-000 (i.e. 99-99-999-999-999)
   Street Address (no rural route) 5147 W Raymond Rd, Raymond, NE 68428

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 560 gallon tank with a new 1,000 gallon Tank, add new drainfield of 125'

5. **Work to be done by:** ☐ owner ☒ contractor's name Lloyd Jahnke, 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 Gene Silverstrand Address 5147 W Raymond Rd Phone: 402-310-0903

Applicant Signature (owner or lessee) Marty Silverstrand for Gene

Please include the permit fee ($160) with 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: 441-8022

Business Office Use Only

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

White - Division Copy Pink - Business Office Revised 9-06

10-23-2012 14:6:19
11-1-2012 11:52:14

LLCHD HS000675

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 5147 W Raymond Rd (no rural route) City Raymond NE, Zip 68428

Owner Betty Silverstrand Address Same

Soil Type (SCS): Kennebec silt loam Percolation Rate: 7 min./inch

Date of Tests 10/10/2012 to 10/11/2012 Weather: Precipitation 0 Temperature 63°

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	10/10	1:30P	10/10	5:30P	10/11	3:20P	6	10/11	3:30P	30	1½	7
2	26	"	"	"	"	"	"	"	"	"	10	1 7/8	5
3	28	"	"	"	"	"	"	"	"	"	10	1 3/8	7
4	23	"	"	"	"	"	"	"	"	"	10	2	5
5	24	"	"	"	"	"	"	"	"	"	10	1 7/16	7
6	27	"	"	"	"	"	"	"	"	"	10	1	10

Person Conducting Percolation Tests

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

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

Address 13800 NW 70th St

Raymond, NE 68428 # C1198

Sum of Percolation Rates: 41

Average of Rates: 6-8

Rate Used for Calculation: 7

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

FORM 23-101 10-96
10-23-2012 14: 6:21
11-1-2012 11:52:15

LLCHD HS000675

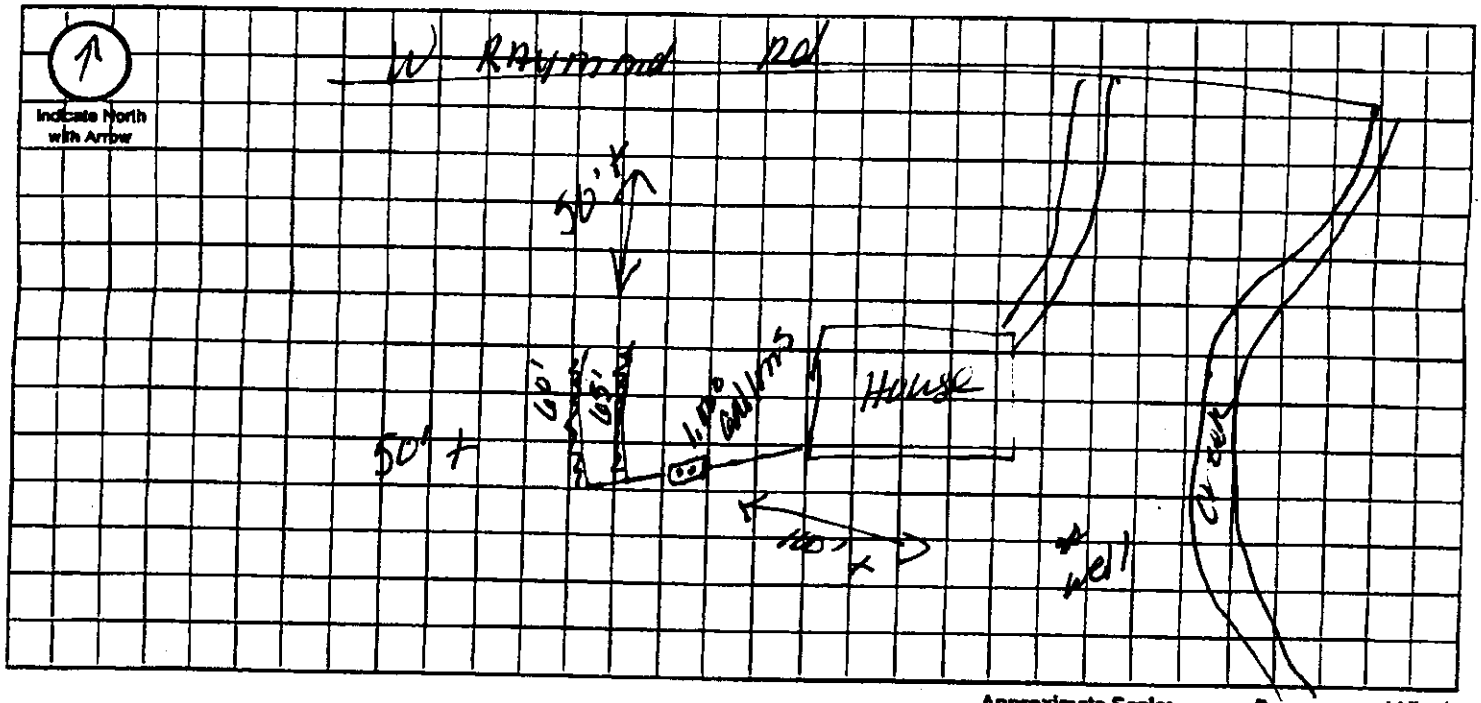
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

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) 5147 W Raymond Rd City Raymond NE, Zip 68428

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other ____

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

Percolation Rate 7 (min. per inch) Soil Type: Silt Loam Land Slope: ____ %

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

Total Square Feet of Field Required: 495 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☒ Other Lateral Material: HDS Eco Plus Chambers

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

Total Length of Laterals 125 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 Existing Home Date ____

Installer [signature] Date 10/12/12

LLCHD HS000675

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

OCT 26 2012

D

Permit Number:

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date 10/24/2012 Legal Description NW 1/4 6 1/4 11-Le Section Township Range Lot 37

Onsite System Location

Address (no rural route) 5147 W Raymond Rd City Raymond NE, Zip 68428

Owner Buffy Silverstrand Address Same

A. Sewer Pipe

1. Material: SDR 26
   Diameter: 4 in.
2. Distance above basement floor: 4' in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: 53 ft.
4. Number of clean-outs: Double sweep 2
5. Distances to: well or suction line 50+ 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: 1000 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: 12 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: Plastic / Endcap - Drop Boxes.
   Number available outlets: 2-per CAP
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 5' ft.

D. Drainfield Absorption

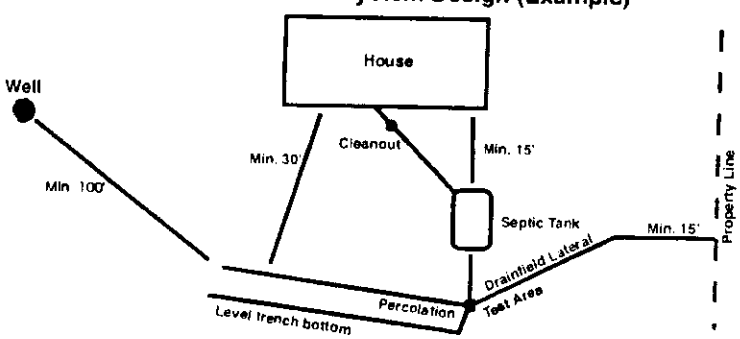
☑ Trench ☐ Bed ☐ Level Bottom

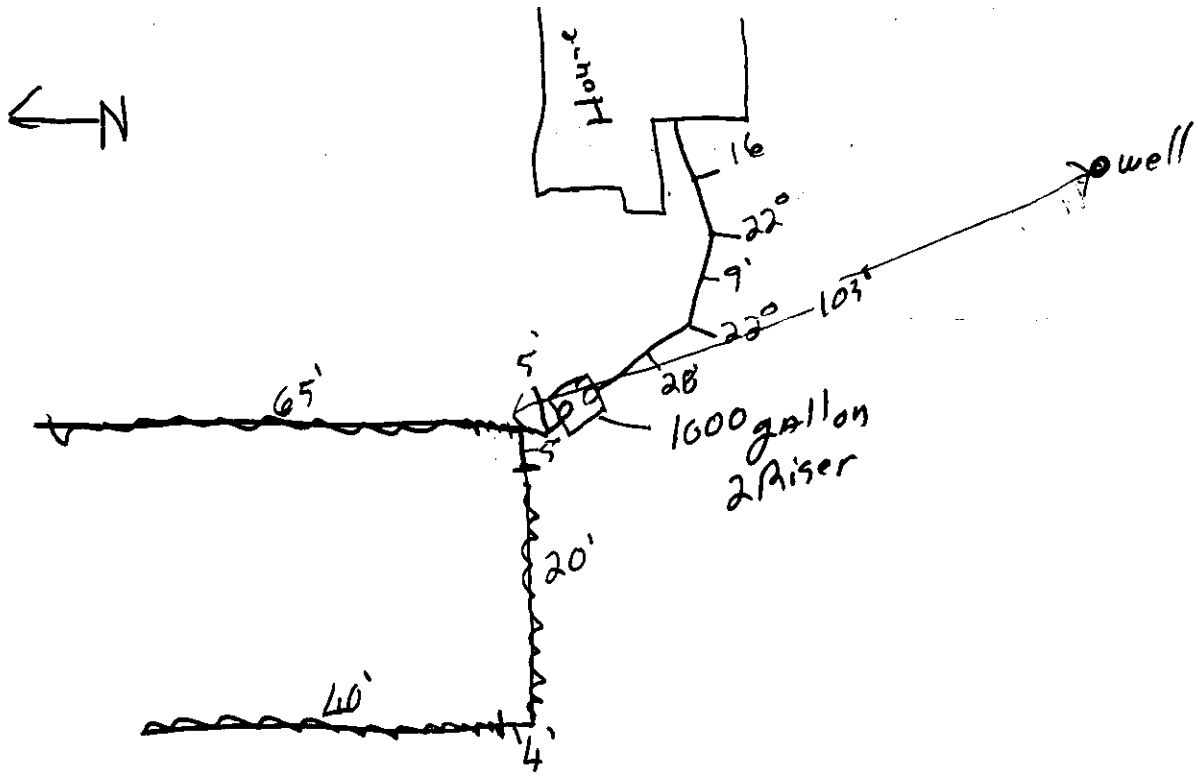
1. Type: ☐ Half rounds ☐ Perforated pipe ☐ Chambers
   Diameter or width: _____
   Number of distribution lines in bed _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other _____
2. Drainfield Laterals: Number 3
   Length of each line: 65' ft. 20' ft.
   40' ft. _____ ft., _____ ft.
3. Drainfield dimensions: Width 40" wide ft.
   Distribution Pipe Slope Flat in/100 ft.
   Average depth 36 - 30 in
4. Filter material: Soil
   Depth of material 36-30 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.

Onsite Wastewater System Design (Example)

Indicate North with Arrow





10/24/2012

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

LLCHD HS000675

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

OCT 15 2012

A

Permit Number
HS000675

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 5147 W Raymond Rd (no rural route) City Raymond, NE Zip 68428

Legal Description NW 1/4 6 1/4 Section 11 Township 6 Range Subdivison Addition Block 37 Lot

Geographical Location (if known): Lat/Long: PID 12-06-100-004-000

B. Owner

Name Gene + Betty Silverstrand Signature -See Attached

Address 5147 W Raymond Rd City/State/Zip Raymond, NE 68428

Home Phone 402-525-0623 ~~Work Phone~~ 402-310-0903 (Marty - Son)

C. Certified Installer

Name: Lloyd Jakoubek, Raymond Contracting Signature Ken Jakoubek for Lloyd

Address 13960 NW 70th St City/State/Zip Raymond, NE 68428

Work Phone 402-783-2663 or 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 3.07

☐ 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

38 ☐ County Resolution No. 02-30

d ____ l ____ **ACTION** ☑ Approved ☐ Disapproved Signature Dan Smith / John Chess

d ____ l ____ **ACTION** ☐ Approved ☐ Disapproved Signature

d ____ l ____ **ACTION** ☐ Approved ☐ Disapproved Signature

- Existing Property — No B+S or Engineer Sign-off needed

Business Office Use Only
Date Received 10-22-12 Amount Paid 345.00
Received By BA Cash/Check No. 7986

Yellow - Engineer Pink - Building & Safety

10-23-2012 14:6:18

Form A Updated: 5/10

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

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

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 11 Range 6 1/4 _____ 1/4 NW Section 6
   Block _____ Lot 37 Addition _____
   Parcel ID 12 - 06 - 100 - 004 - 000 (i.e. 99-99-999-999-999)
   Street Address (no rural route) 5147 W Raymond Rd, Raymond, NE 68428

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 500 gallon tank with a new 1,000 gallon tank, add new drainfield of 125'

5. **Work to be done by:** ☐ owner ☒ contractor's name Lloyd Jahnke, 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 Gene Silverstrand Address 5147 W Raymond Rd Phone: 402-216-0903

Applicant Signature (owner or lessee) Marty Silverstrand for Gene

Please include the permit fee ($160) with 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: 441-8022

Business Office Use Only

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

White - Division Copy Pink - Business Office Revised 9-06

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 5147 W Raymond Rd (no rural route) City Raymond NE, Zip 68428

Owner Betty Silverstrand Addresss Same

Soil Type (SCS): Kennebec silt loam Percolation Rate: 7 min./inch

Date of Tests 10/10/2012 to 10/11/2012 Weather: Precipitation 0 Temperature 63°

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)
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2	26	"	"	"	"	"	"	"	"	"	10	1 7/8	5
3	28	"	"	"	"	"	"	"	"	"	10	1 3/8	7
4	23	"	"	"	"	"	"	"	"	"	10	2	5
5	24	"	"	"	"	"	"	"	"	"	10	1 7/16	7
6	27	"	"	"	"	"	"	"	"	"	10	1	10

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: 41

Average of Rates: 6-8

Rate Used for Calculation: 7

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96
10-23-2012 14: 6:21

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

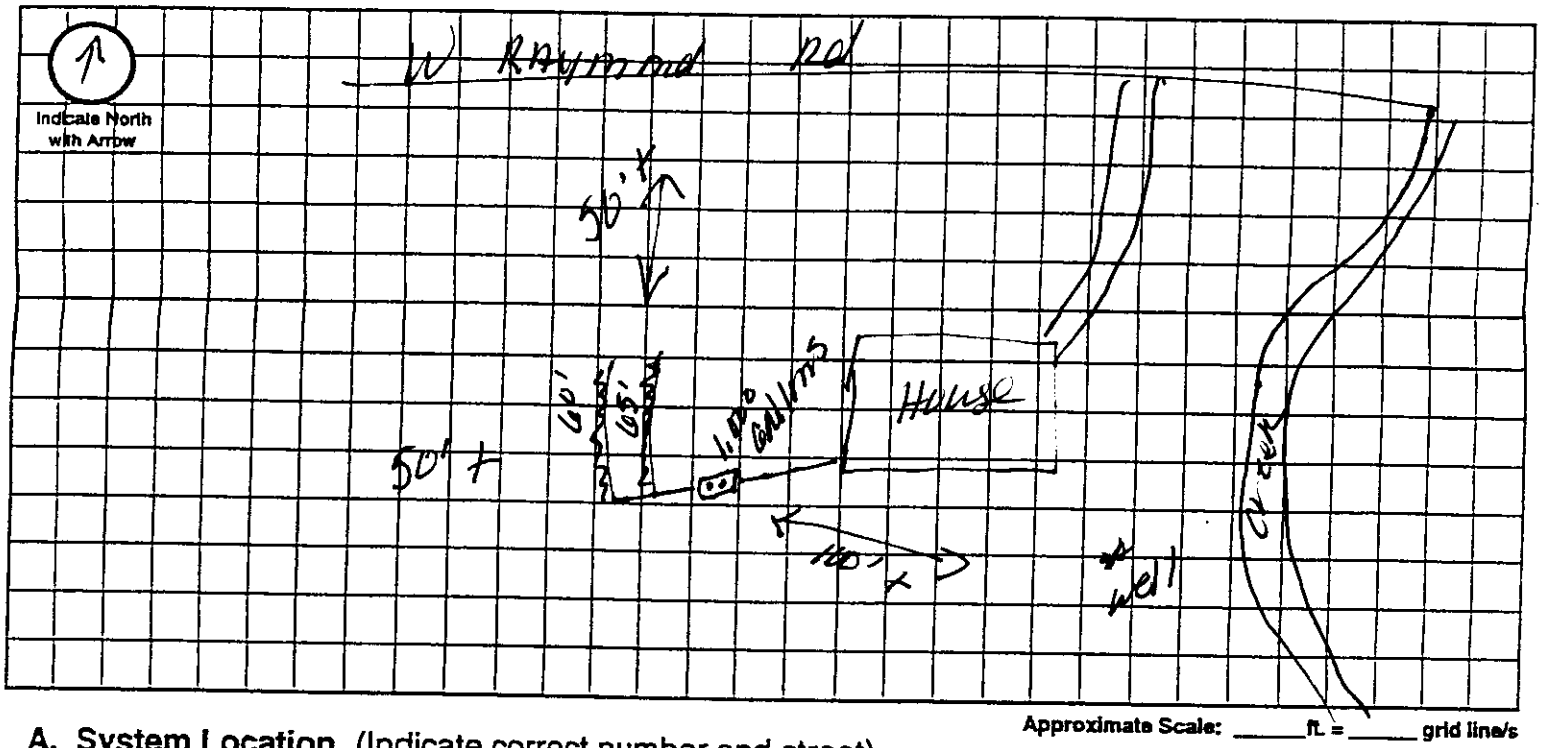
C

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) 5147 W Raymond Rd City Raymond NE, Zip 68428

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 7 (min. per inch) Soil Type: Silt Loam Land Slope: _____ %

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

Total Square Feet of Field Required: 495 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☒ Other Lateral Material: HDS Gr'Aquless Chambers

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

Total Length of Laterals 125 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 Existing Home Date _____

Installer [signature] Date 10/12/12

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. HS000675

System Type:	STANDARD
Situs:	5147 W RAYMOND RD
Legal Description:	T11N-R06E-S06-Lot 37
Owner:	SILVERSTRAND, GENE R & BETTY A 5147 W RAYMOND RD RAYMOND NE 68428

Permit Fee:	$345.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$345.00
Issued:	10/23/2012
Expires:	10/23/2013

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

LLOYD JAKOUBEK