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. HS000686

System Type: STANDARD

Situs: Parkland Estates-T10N, R5E, SEC 5, BLK

Legal Description: T10N-R05E-S05-4-Lot 5

Owner:

Permit Fee:	$355.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$355.00

Issued:	11/08/2012
Expires:	11/08/2013

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

LLCHD HS000686

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

A

Permit Number HS00686

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

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

Geographical Location (if known): Lat/Long: PID 04-05-264-005-000

B. Owner

Name Ironwood Builders Signature [signature]

Address P.O. Box 6515 City/State/Zip Lincoln, NE 68506

Home Phone Work Phone 402-580-7955

C. Certified Installer

Name: Lloyd Jakowitz, Raymond Contracting Signature [signature] for Lloyd

Address 13900 NW 70th St City/State/Zip Raymond, NE 68428

Work Phone 402-890-6009 or 402-783-2606 3

D. Engineer

☐ **Check and complete if engineer designed system** P.E. License Number:

Designer Name Firm Work Phone

E. This system will serve a

Garbage Disposal Yes

☒ Residential Dwelling Number of Bedrooms 5 Is there a Whirlpool Bathtub? ☒ Yes ☐ No Total Acres 3.02

☐ 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 11/2/12 ACTION ☒ Approved ☐ Disapproved
Date frwd 11/2/12 Signature [signature]

2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd 11-7-12 ACTION ☒ Approved ☐ Disapproved
Date frwd 11-7-12 Signature [signature]

3. City or County Engineer
Comments
Date rec'd 11-7-2012 ACTION ☒ Approved ☐ Disapproved
Date frwd 11-7-2012 Signature [signature]

Installation Final Written Approval
By
Date

Business Office Use Only
Date Received 11-8-12 Amount Paid 355.00
Received By BM Cash/Check No. 8003

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

Form A Updated: 5/10

11-8-2012 12:24:33

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

A

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Request for Site Clearance and Permit

Include Form B and C. Submit correct fee with this Application

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

Geographical Location (if known): Lat/Long: PID 04-05-204-005-000

B. Owner

Name Ironwood Builders Signature

Address P.O. Box 6515 City/State/Zip Lincoln NE 68506

Home Phone Work Phone 402-580-7955

C. Certified Installer

Name: Lloyd Jakowski, Raymond Contracting Signature Lloyd Jakowski for Lloyd

Address 13800 NW 70th St City/State/Zip Raymond NE 68428

Work Phone 402-890-6009 or 402-783-2603

D. Engineer

☐ Check and complete if engineer designed system

Designer Name Firm P.E. License Number: Work Phone

E. This system will serve a

Garbage Disposal Yes

☒ Residential Dwelling Number of Bedrooms 5 Is there a Whirlpool Bathtub? ☒ Yes ☐ No Total Acres 3.02

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Date frwd
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Signature

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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

Form A Updated: 5/10

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

Owner Ironwood Builders Addresss P.O. Box 6515 Lincoln, NE 68506

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

Date of Tests 10/31/2012 to 11/1/2012 Weather: Precipitation D Temperature 58°

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	23	10/31	10:00A	10/31	2:30P	11/1	12:00P	6	11/1	12:30P	30	2 1/16	11
2	30	"	"	"	"	"	"	"	"	"	"	3/4	40
3	26	"	"	"	"	"	"	"	"	"	"	2 1/8	14
4	31	"	"	"	"	"	"	"	"	"	"	1 15/16	15
5	34	"	"	"	"	"	"	"	"	"	"	1 1/16	43
6	29	"	"	"	"	"	"	"	"	"	"	1/2	60

Person Conducting Percolation Tests

Name: Terri Jakoubek, Raymond Contracting, Inc.

Phone: 402-783-2663 or 402-890-3870

Address 13800 NW 70th St

Raymond NE 68428 #C[redacted]1997

Sum of Percolation Rates: 183

Average of Rates: 31

Rate Used for Calculation: 60 (Lower Variance)

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

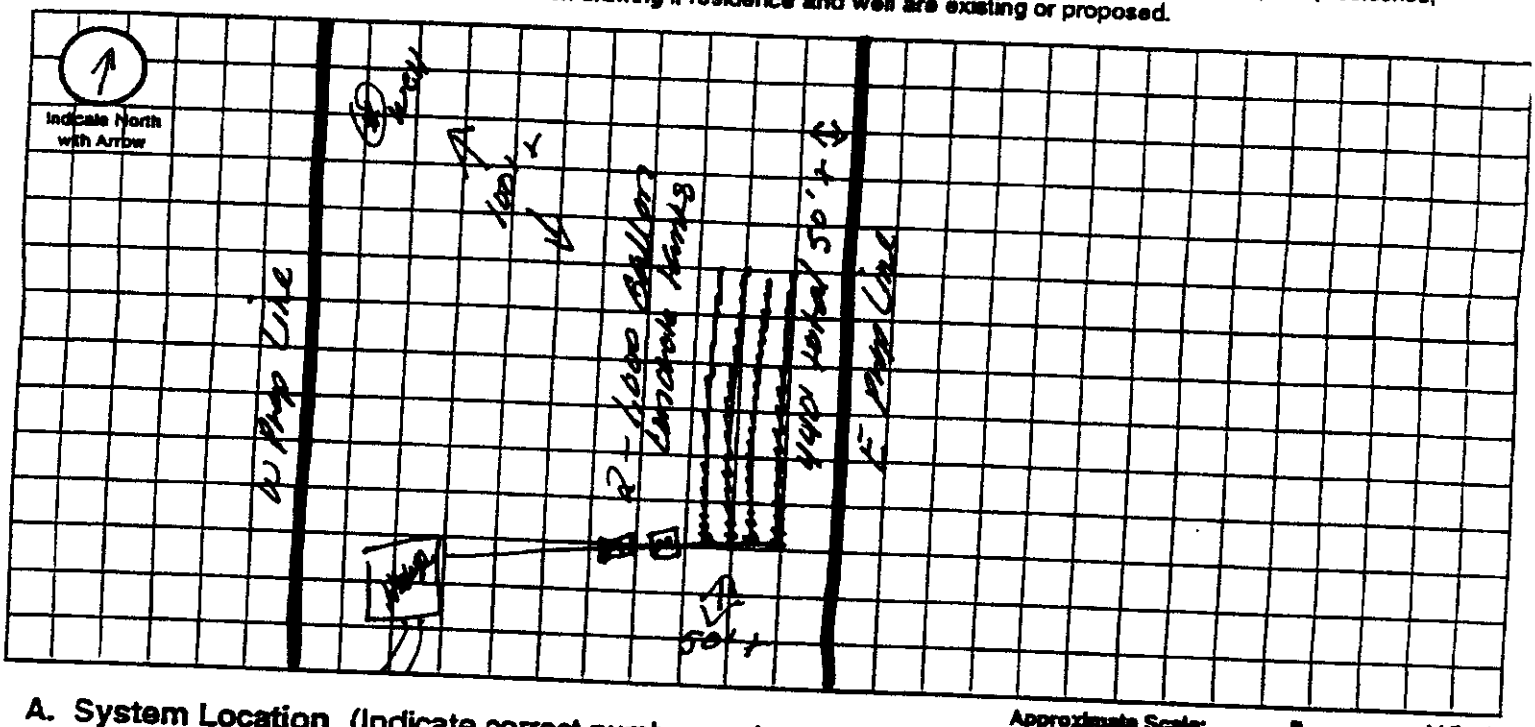
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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 lines

A. System Location (Indicate correct number and street)

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

B. Proposed Septic Tank/s

Parkland Estates Block 4 Lot 5 NW¼ 5-10-5

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 40 (min. per inch) Soil Type: Silt loam Land Slope: _____ %

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

Total Square Feet of Field Required: 1750 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☒ Other Lateral Material: ARC 6 Brandless Chambers

Capacity of Septic Tank 2600 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 440 ft. Number of Trenches 4 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 11-5-12

Installer _____ Date 11-5-2012

ORM 23-102 10-96

SCANNED

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

A

Permit Number H500686

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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PLEASE PRINT OR TYPE

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Name Ironwood Builders Signature attached

Address P.O. Box 6515 City/State/Zip Lincoln, NE 68506

Home Phone _____ Work Phone 402-580-7955

C. Certified Installer

Name: Lloyd Jakowsk, Raymond Contracting Signature Per Lloyd

Address 13800 NW 70th St City/State/Zip Raymond, NE 68428

Work Phone 402-890-6009 or 402-783-2606 3

D. Engineer ☐ Check and complete if engineer designed system

P.E. License Number: _____

Designer Name _____ Firm _____ Work Phone _____

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☒ Residential Dwelling Number of Bedrooms 5 Is there a Whirlpool Bathtub? ☑ Yes ☐ No Total Acres 3.02

☐ 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 11/7/12
Date frwd 11/7/12
ACTION ☑ Approved ☐ Disapproved
Signature _____

2. Supt. Bldg. Insp. or Village Clerk
Comments _____
Date rec'd 11-7-12
Date frwd 11-7-12
ACTION ☒ Approved ☐ Disapproved
Signature _____

3. City or County Engineer
Comments _____
Date rec'd 11-7-2012
Date frwd 11-7-2012
ACTION ☐ Approved ☐ Disapproved
Signature _____

Installation Final Written Approval
By _____
Date 7/3/13

Business Office Use Only
Date Received 11-8-12 Amount Paid 355.00
Received By BAS Cash/Check No. 8003

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

Form A Updated: 5/10

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

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6	29	"	"	"	"	"	"	"	"	"	"	1/2	60

Person Conducting Percolation Tests

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Average of Rates: 31

Rate Used for Calculation: 60 (20min Variance)

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Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

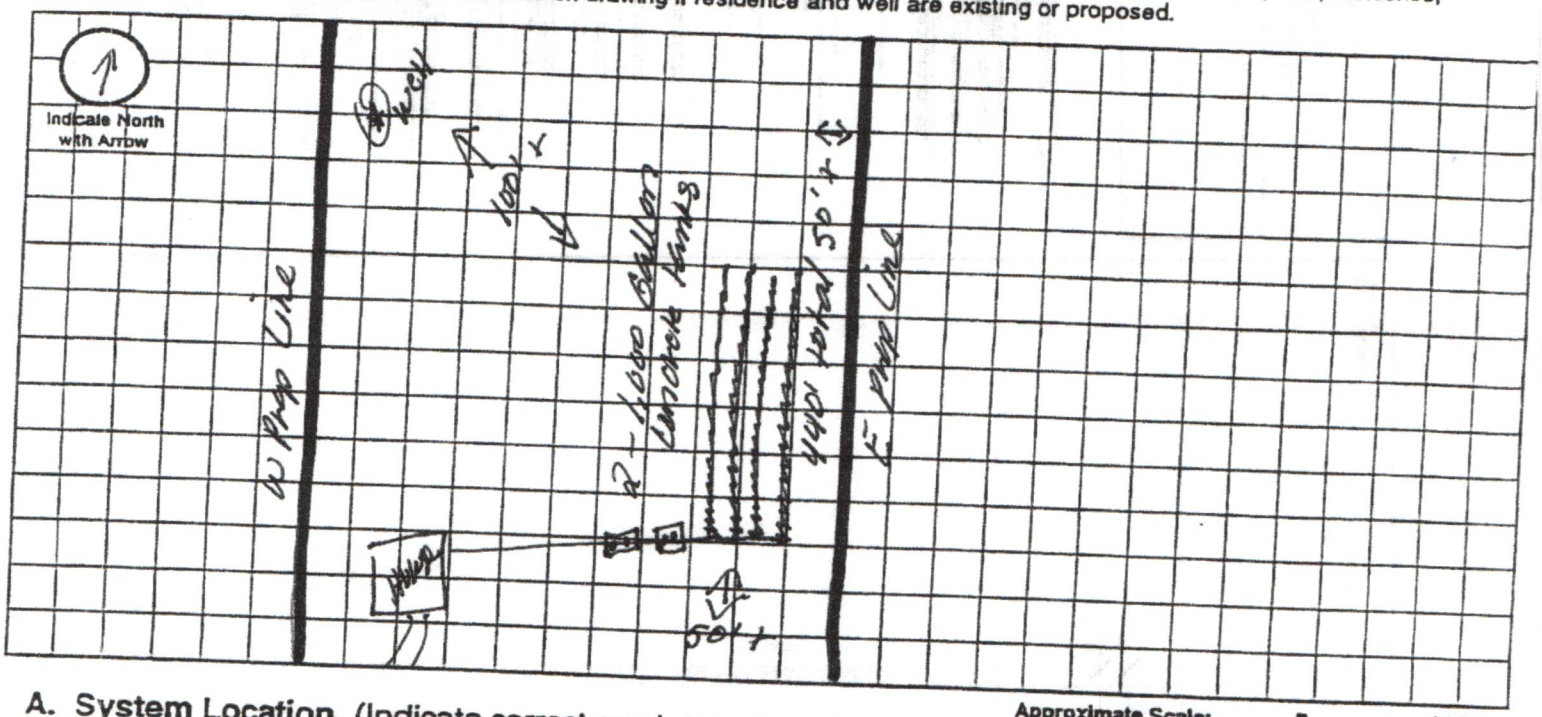
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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) Trails End City Lincoln NE, Zip 68524

B. Proposed Septic Tank/s

Parkland Estates Block 4 Lot 5 NW¼ 5-10-5

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 40 (min. per inch) Soil Type: Silt loam Land Slope: _____ %

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

Total Square Feet of Field Required: 1750 sq. ft.

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

Capacity of Septic Tank 2,000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 440 ft. Number of Trenches 4 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 11-5-12

Installer _____ Date 11-5-2012

JUL 03 2013

D

Permit Number: HS0006686

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

Onsite Wastewater Treatment System

As Built Plans & Specifications

Parkland Estates

Date 6/28/13 Legal Description NW 1/4 1/4 5-10-5 Block 4 Lot 5
Section Township Range

Onsite System Location

Address (no rural route) 11616 Trails End City Lincoln NE, Zip 68524

Owner Jon & Amber Bolliver Address Same

A. Sewer Pipe

1. Material: SDR26 Plastic
   Diameter: 4 in.
2. Distance above basement floor: Lift 4' in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: 62 ft.
4. Number of clean-outs: one
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: 2000 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: 12-18 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 4 End caps 1-Switching T30x
   Number available outlets: 2 per cap
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 49'+9+9+9 ft.

D. Drainfield Absorption

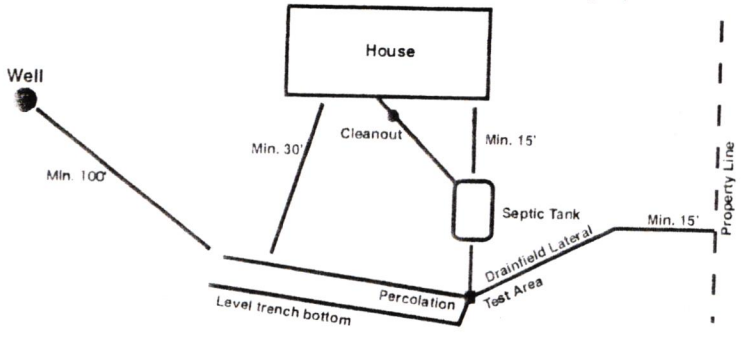
☑ Trench ☐ Bed ☐ Level Bottom

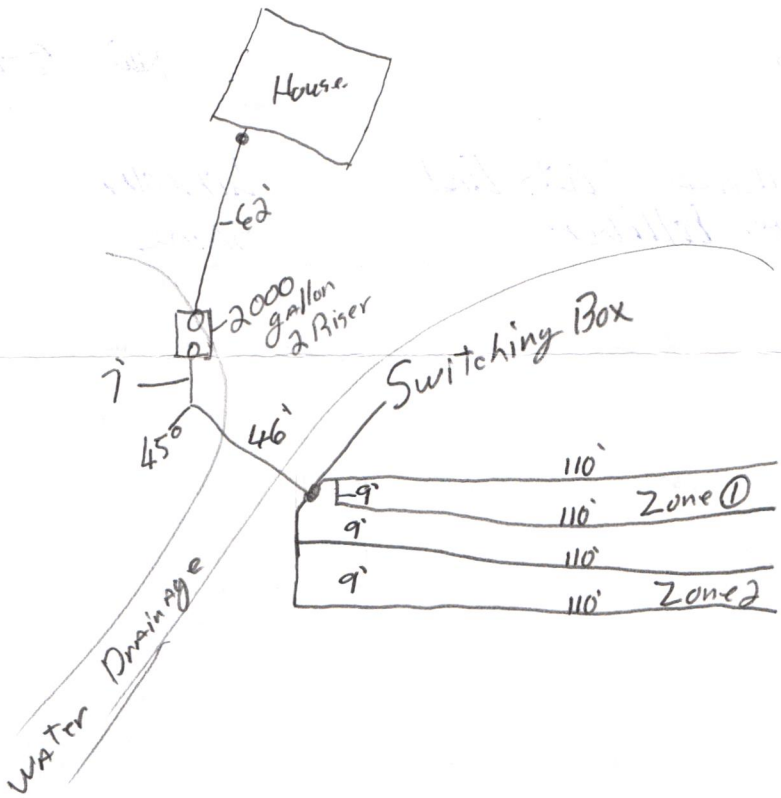
1. Type: ☐ Half rounds ☐ Perforated pipe ☐ Chambers
   Diameter or width: _____
   Number of distribution lines in bed _____
   Material: ☐ fiberglass ☑ plastic ☐ concrete
   ☐ other _____
2. Drainfield Laterals: Number 4 - 2-Zones
   Length of each line: 110 ft. 110 ft.
   110 ft. 110 ft., _____ ft.
3. Drainfield dimensions: Width 40" ft.
   Distribution Pipe Slope Flat in/100 ft.
   Average depth 29-46 in
4. Filter material: Soil
   Depth of material 29-46 in.
5. Distances to: Well or suction line 100 ft.
   Pressure line 30 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)





6/28/2013

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