LLCHD HS000690

Lincoln-Lancaster County Health Department NOV 8 2012
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

A

Permit Number HS000696

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 4201 S 1st St (no rural route) City Lincoln, NE Zip 68502

Legal Description SE 3 9 6 Lowes Sub 12

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

Geographical Location (if known): Lat/Long: _____ PID 09-03-402-012-000

B. Owner

Name Jon & Cathy Johnson Signature attached

Address 102 W Pioneers Blvd City/State/Zip Lincoln, NE 68522

Home Phone 402-890-7730 Work Phone 402-477-7730

C. Certified Installer

Name: Lloyd Jakoubek, Raymond Contracting Signature Kevin L. Johnson for Lloyd

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

Work Phone 402-783-2663 or 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

Garbage Disposal - yes

☒ Residential Dwelling Number of Bedrooms 4 Is there a Whirlpool Bathtub? ☒ Yes ☐ No Total Acres 1.77

☐ 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 11/13/12
Date frwd 11/13/12
ACTION ☒ Approved ☐ Disapproved
Signature _____

2. Supt. Bldg. Insp. or Village Clerk
Comments _____
Date rec'd 11/13/12
Date frwd 11/13/12
ACTION ☒ Approved ☐ Disapproved
Signature _____

3. City or County Engineer
Comments _____
Date rec'd 11-13-2012
Date frwd 11-13-2012
ACTION ☒ Approved ☐ Disapproved
Signature _____

Installation Final Written Approval
By _____
Date _____

Business Office Use Only
Date Received 11-13-12 Amount Paid 355.00
Received By BH Cash/Check No. 8005

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

11-14-2012 12:12:50

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 4201 S. 1st St (no rural route) City Lincoln NE, Zip 68502

Owner Jon + Cathy Johnson Address 102 W Pioneers Blvd Lincoln, NE 68522

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

Date of Tests 10/31/2012 to 11/1/2012 Weather: Precipitation 0 Temperature 60°

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	36	10/31	2:30p	10/31	6:30p	11/1	5:30p	Le	11/1	6:00p	30	15/16	32
2	31	"	"	"	"	"	"	"	"	"	"	3 3/16	9
3	38	"	"	"	"	"	"	"	"	"	"	2	15
4	24	"	"	"	"	"	"	"	"	"	"	5/8	48
5	30	"	"	"	"	"	"	"	"	"	"	1 1/8	27
6	26	"	"	"	"	"	"	"	"	"	"	2 1/16	15

Person Conducting Percolation Tests

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

Phone: 402-783-2603 or 402-890-3870

Address 13800 NW 70th St

Raymond, NE 68428 # C1198

Sum of Percolation Rates: 146

Average of Rates: 24

Rate Used for Calculation: 48 (20 min Variance)

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

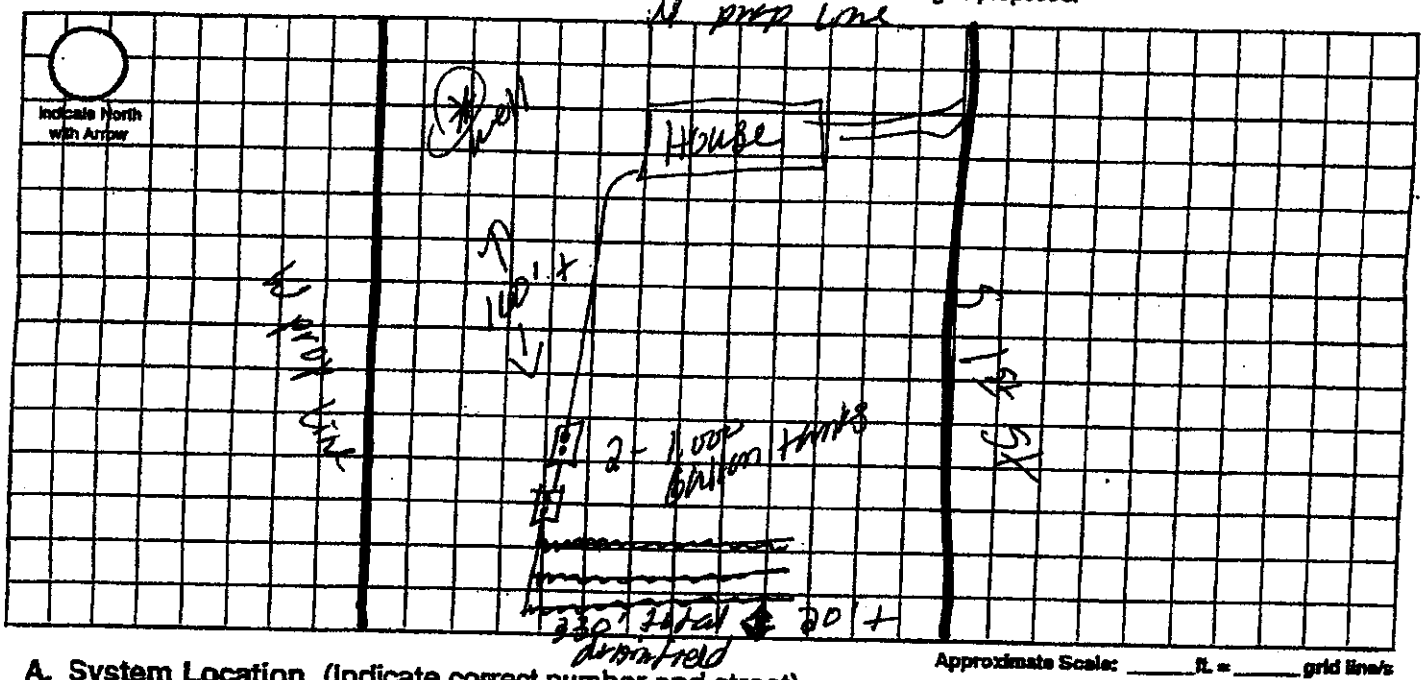
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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.



A. System Location (Indicate correct number and street)

Address (no rural route) 4201 S. 1st St City Lincoln NE, Zip 68502

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other ____

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

Percolation Rate 48 (min. per inch) Soil Type: Silt loam Land Slope: ____ %

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

Total Square Feet of Field Required: 1,320 sq. ft.

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

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

Total Length of Laterals 330 ft. Number of Trenches 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 VAH Date 11-5-12

Installer Ross G. Johnson Date 11-5-12

FORM 23-102 10-96

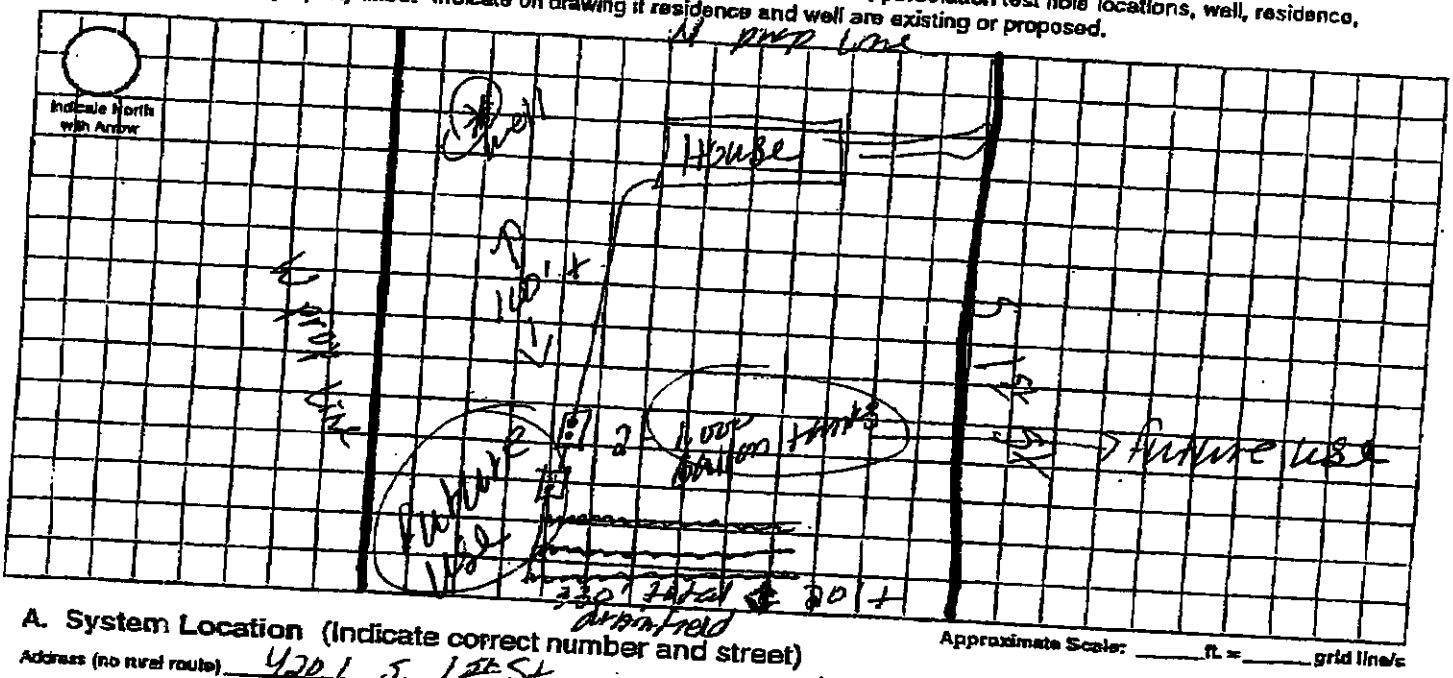
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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) 4201 S. 12th St City Lincoln NE, Zip 68502

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other

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

Percolation Rate 42 (min. per inch) Soil Type: Silt loam Land Slope: ____ %

Type of Absorption System: ☒ Trench ☐ Bed ☐ Other

Total Square Feet of Field Required: 1,320 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☒ Other Lateral Material: ADS Arc Chamber

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

Total Length of Laterals 330 ft. Number of Trenches 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	Ground 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 VAH Date 11-5-12

Installer: Date 11-5-12

FORM 23-102 10-96

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**

fax number **402-441-3890**

company **LLCHD**

from **Terri Jakoubek**

date **October 15, 2012**

total number of pages including this cover sheet **2**

If you do not receive all pages, please call **402-783-2663 (Terri)**

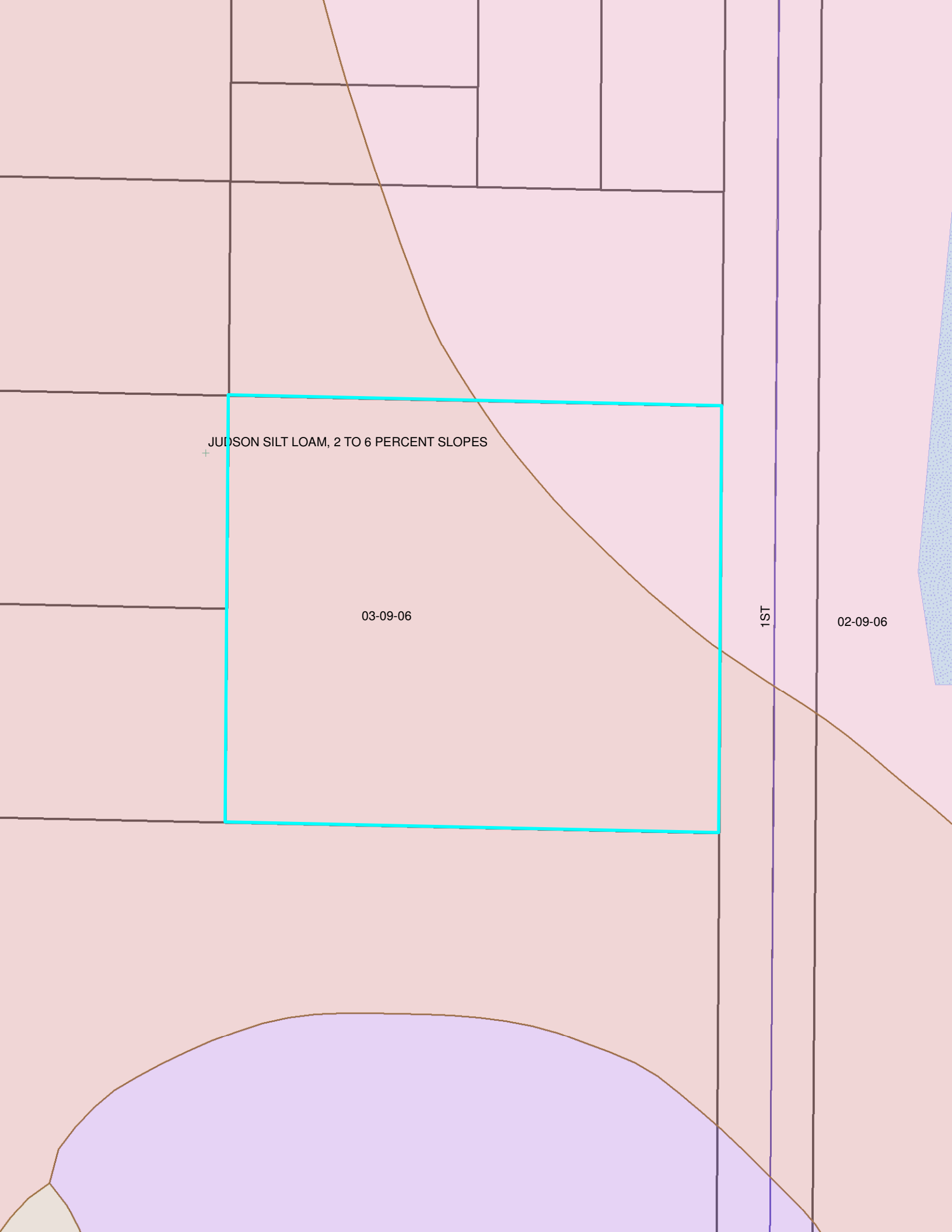
comments **CONFIDENTIAL**

Nate,

Attached is the revised C-Sheet for Loves Subdivision. We'll hug the the SW corner of the lot for the drainfield which will leave more room toward the west. Can also put more drainfield between the house & drainfield if needed.

Please feel free to call me with any questions.

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


JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
03-09-06
1ST
02-09-06

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. HS000690

System Type: STANDARD

Situs: 4201 S. 1st

Legal Description: T09N-R06E-S03-Lot 12

Owner:

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

Issued: 11/13/2012
Expires: 11/13/2013

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

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

NOV 8 2012

SCANNED

A

Permit Number
H5000690

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 4201 S 1st St (no rural route) City Lincoln, NE Zip 68502

Legal Description SE 3 9 6 Loves Sub 12

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

Geographical Location (if known): Lat/Long: _____ PID 09-03-402-012-000

B. Owner

Name Jon & Cathy Johnson Signature attached

Address 102 W Pioneers Blvd City/State/Zip Lincoln, NE 68522

Home Phone 402-890-7730 Work Phone 402-477-7730

C. Certified Installer

Name: Lloyd Jakoubek, Raymond Contracting Signature Kenneth D. Schroeder for Lloyd

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

Work Phone 402-783-2663 or 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

Garbage Disposal - yes

☒ Residential Dwelling Number of Bedrooms 4 Is there a Whirlpool Bathtub? ☒ Yes ☐ No Total Acres 1.77

☐ 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 12/5/12
Date rec'd 11/13/12
Date frwd 11/13/12
ACTION ☑ Approved ☐ Disapproved
Signature _____

2. Supt. Bldg. Insp. or Village Clerk
Comments _____
Date rec'd 11/13/12
Date frwd 11/13/12
ACTION ☑ Approved ☐ Disapproved
Signature _____

3. City or County Engineer
Comments _____
Date rec'd 11-13-2012
Date frwd 11-13-2012
ACTION ☑ Approved ☐ Disapproved
Signature Kenneth D. Schroeder

Installation Final Written Approval
By Doug Svec
Date 12/6/12

Business Office Use Only
Date Received 11-13-12 Amount Paid 355.00
Received By BH Cash/Check No. 8005

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

DEC 10 2012

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

D

Permit Number:

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date 12/6/12 Legal Description SE (1/4) 3-9-6 (Section Township Range) Lot 12 Loves Subdivision

Onsite System Location

Address (no rural route) 4201 S. 15th St City Lincoln NE, Zip 68512

Owner Jim & Cathy Johnson Address 162 W Pioneers Blvd Lincoln NE 68522

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: 41 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: 2-1000 gal Tanks
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 ____ 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: At Grade in.
8. Distances to: Well or suction line 160 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
   Number available outlets: 2 per drop
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: 23'/+8'/+9' ft.

D. Drainfield Absorption

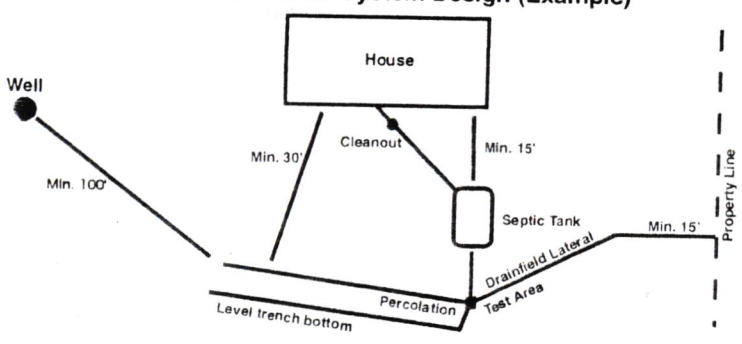
☑ Trench ☐ Bed ☐ Level Bottom

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 3
   Length of each line: 110 ft. 110 ft.
   110 ft. ____ ft., ____ ft.
3. Drainfield dimensions: Width 40 ft.
   Distribution Pipe Slope FLAT in/100 ft.
   Average depth 28-48 in
4. Filter material: Soil
   Depth of material 28-48 in.
5. Distances to: Well or suction line 100 ft.
   Pressure line 100 ft.
   Property line 5+ ft.
   House or building 70 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)



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

12/6/2012

