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

A

Permit Number HS000694

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 6601 SW 36th Ct (no rural route) City Lincoln, NE Zip 68523

Legal Description SE 17 9N 6E Rolling Meadows 1st 4 4
1/4 1/4 Section Township Range Subdivison Addition Block Lot

Geographical Location (if known): Lat/Long: _____ PID 09-17-310-064-000

B. Owner

Name Robert & mai Holbrook Signature attached

Address 1730 SW 26th St City/State/Zip Lincoln, NE 68522

Home Phone 402-730-9328 Work Phone _____

C. Certified Installer

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

Address 13700 NW 70th St City/State/Zip Raymond, NE 68428

Work Phone 402-890-4009 or 402-783-2603

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 3.01

☐ 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. 02-38

1. Health Department
Site visits _____
Date rec'd 11/14/12
Date frwd 11/14/12
ACTION ☐ Approved ☐ Disapproved
Signature _____

2. Supt. Bldg. Insp. or Village Clerk
Comments _____
Date rec'd 11/14/12
Date frwd 11/14/12
ACTION ☒ Approved ☐ Disapproved
Signature _____

3. City or County Engineer
Comments _____
Date rec'd 11-14-12
Date frwd 11-14-12
ACTION ☒ Approved ☐ Disapproved
Signature Jim Blouch

Installation Final Written Approval
By _____
Date _____

Business Office Use Only
Date Received 11-14-12 Amount Paid 355.00
Received By BA Cash/Check No. 8010

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

Form A Updated: 5/10

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

A

Permit Number

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 6601 SW 31st Ct (no rural route) City Lincoln NE Zip 68523

Legal Description SE 18 9N 6E Rolling Meadows 1st 4 4
1/4 1/4 Section Township Range Subdivison Addition Block Lot

Geographical Location (if known): Lat/Long: PID 09-17-310-004-000

B. Owner

Name Robert + Mai Holbrook Signature

Address 1730 SW 26th St City/State/Zip Lincoln. NE 68522

Home Phone 402-730-9328 Work Phone

C. Certified Installer

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

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

Work Phone 402-990-6609 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 Garbage disposal - yes

☒ Residential Dwelling Number of Bedrooms 4 Is there a Whirlpool Bathtub? ☒ Yes ☐ No Total Acres 3.01

☐ 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
Date frwd
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 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 16601 SW 36th Ct (no rural route) City Lincoln NE, Zip 68523

Owner Robert & Mia Holbrook Addresss 1730 SW 26th St Lincoln NE 68522

Soil Type (SCS): Wymore silty clay loam Percolation Rate: 48 min./inch

Date of Tests 11/5/2012 to 11/6/2012 Weather: Precipitation 0 Temperature 55°

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	11/5	12:00p	11/5	4:00p	11/6	2:00p	6	11/6	2:30p	30	3/4	40
2	32	"	"	"	"	"	"	"	"	"	"	5/8	48
3	30	"	"	"	"	"	"	"	"	"	"	9/16	54
4	36	"	"	"	"	"	"	"	"	"	"	3/4	40
5	35	"	"	"	"	"	"	"	"	"	"	1/2	60
6	35	"	"	"	"	"	"	"	"	"	"	5/8	48

Person Conducting Percolation Tests

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

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

Address 13800 NW 70th St
Raymond, NE 68428 # C1198

Sum of Percolation Rates: 290

Average of Rates: 48

Rate Used for Calculation: 48

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

C

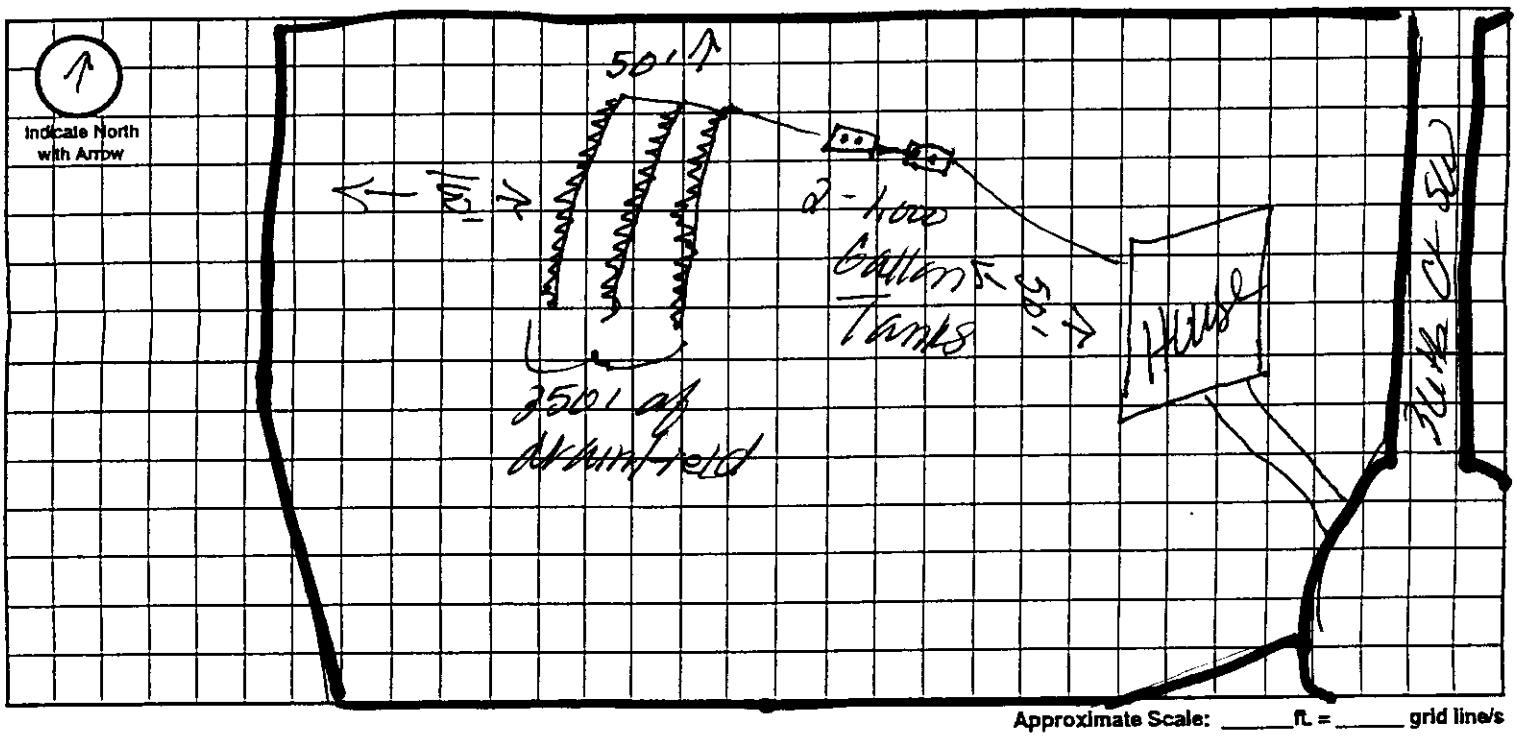
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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.



Approximate Scale: _____ ft. = _____ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 6661 SW 31st Ct City Lincoln NE, Zip 68523

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: silty clay loam Land Slope: _____ %

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

Total Square Feet of Field Required: 1,400 sq. ft.

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

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

Total Length of Laterals 350 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 Will email you I-Sheet w/Address Signature later today

Home Building Contractor _____ Date _____

Installer [signature] Date 11-12-12

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 **November 13, 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 please find the signed C Sheet for the Robert & Mai Holbrook Septic Permit (6601 SW 26th Ct) I dropped off today. Sorry for the inconvenience!!

Call me with any questions.

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

783-2341

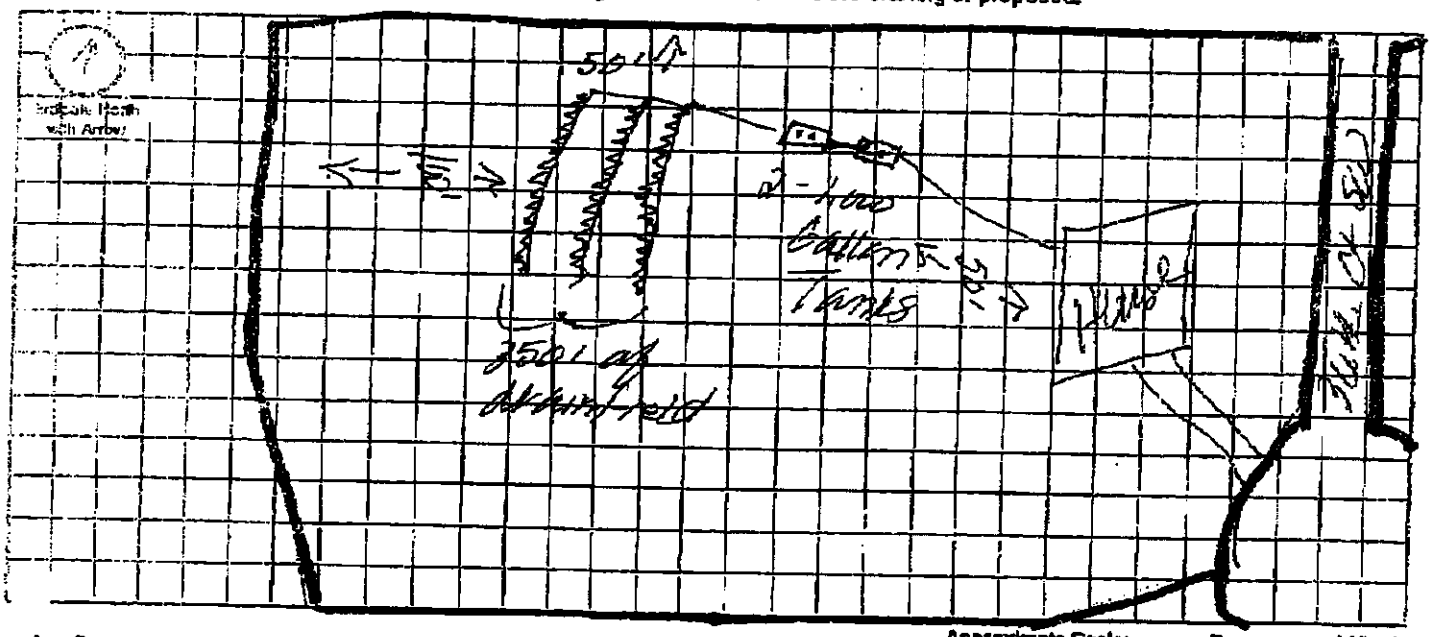
C

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.



Approximate Scale: _____ ft. = _____ grid lines

A. System Location (Indicate correct number and street)

Address (no rural route) 10601 SW 310th Ct City Lincoln NE, Zip 68523

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: Silty Clay Loam Land Slope: _____ %

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

Total Square Feet of Field Required: 1,400 sq. ft.

Type of Lateral: ☐ Hell-Mech ☐ Perforated Pipe ☒ Other Lateral Material: ADS Arrowdrain Chambers

Capacity of Septic Tank 2000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 750 ft. Number of Trenches 3 Trench Width 40"

D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

Distances 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 ☐	☐

Required Signatures

Home Building Contractor Robert D. Raymond Date 11-12-12

Installer Kevin A. Jaworski Date 11-12-12

FORM 22-042 JC-01

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. HS000694

System Type: STANDARD

Situs: 6601 SW 36 CT

Legal Description: T09N-R06E-S17-4-Lot 4

Owner:

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

Issued: 11/14/2012
Expires: 11/14/2013

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


37TH
BURGESS
36TH
17-09-06
38TH

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

SCANNED

A

Permit Number HS000694

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 6601 SW 36th Ct (no rural route) City Lincoln, NE Zip 68523

Legal Description SE 19 9N 6E Rolling Meadows 1st 4 4
1/4 1/4 Section Township Range Subdivison Addition Block Lot

Geographical Location (if known): Lat/Long: PID 09-17-310-064-000

B. Owner

Name Robert & ~~Mia~~ mai Holbrook Signature attached

Address 1730 SW 26th St City/State/Zip Lincoln, NE 68522

Home Phone 402-730-9328 Work Phone

C. Certified Installer

Name: Lloyd Jakoubek, Raymond Contracting Signature Ronnie for Lloyd

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

Work Phone 402-890-6009 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

Garbage disposal - yes

☒ Residential Dwelling Number of Bedrooms 4 Is there a Whirlpool Bathtub? ☒ Yes ☐ No Total Acres 3.01

☐ 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 11/14/12
Date frwd 11/14/12
ACTION ☐ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd 11/14/12
Date frwd 11/14/12
ACTION ☒ Approved ☐ Disapproved
Signature

3. City or County Engineer
Comments
Date rec'd 11-14-12
Date frwd 11-14-12
ACTION ☒ Approved ☐ Disapproved
Signature Jim Ploough

Installation Final Written Approval
By
Date 5/10/13

Business Office Use Only
Date Received 11-14-12 Amount Paid 355.00
Received By BA Cash/Check No. 8010

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

MAY 13 2013

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

D

Permit Number: HS000694

Onsite Wastewater Treatment System

As Built Plans & Specifications

Rolling Meadows 1st

Date 5/10/2013 Legal Description SE (1/4) 1/4) 18 (Section) - 9N (Township) - 6E (Range) Block 4 Lot 4

Onsite System Location

Address (no rural route) 6565 SW 36th Ct City Lincoln NE, Zip 68523

Owner Robert & Mia Holbrook Address 1730 SW 26th St Lincoln, NE 68522

A. Sewer Pipe

1. Material: SDR 26
   Diameter: 4 in.
2. Distance above basement floor: 6' in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: 61' ft.
4. Number of clean-outs: one
5. Distances to: well or suction line ~~100~~ 70' 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 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 in.
8. Distances to: Well or suction line 100+ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 70 ~~100~~ ft.

C. ☐ Distribution Box ☑ Drop Boxes

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

1. Material: plastic Endcaps ADS.
   Number available outlets: 2 per cmp
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 12' + 9'7" + 9'7" ft.

D. Drainfield Absorption

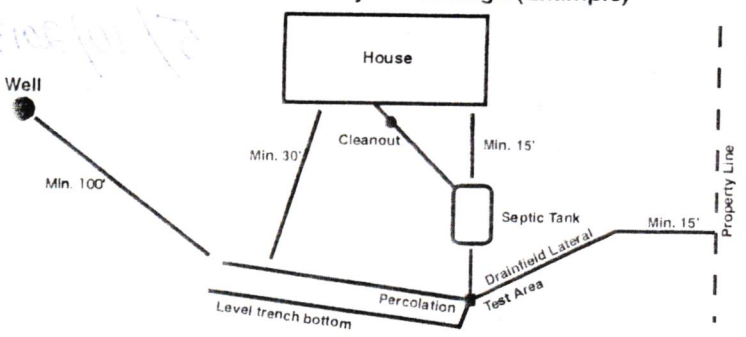
☑ Trench ☐ Bed ☐ Level Bottom

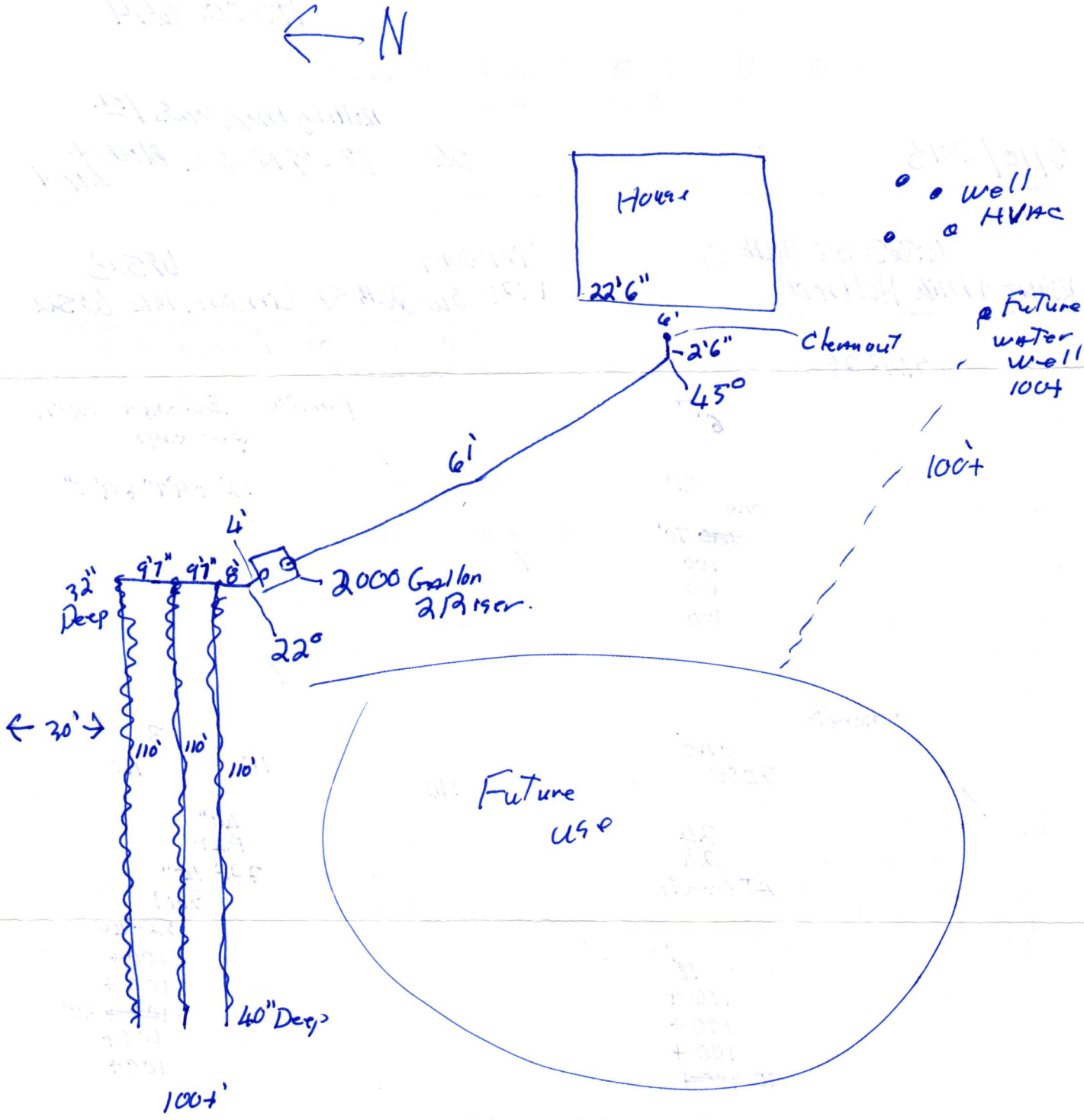
1. Type: ☐ Half rounds ☐ Perforated pipe ☐ Chambers
   Diameter or width: _____
   Number of distribution lines in bed _____
   Material: ☐ fiberglass ☑ plastic ☐ concrete
   ☐ other _____
2. Drainfield Laterals: Number 3
   Length of each line: 110 ft. 110 ft.
   110 ft. _____ ft., _____ ft.
3. Drainfield dimensions: Width 40" ft.
   Distribution Pipe Slope Flat in/100 ft.
   Average depth 32"-40" in
4. Filter material: Soil
   Depth of material 32-40 in.
5. Distances to: Well or suction line 100+ ft.
   Pressure line 100+ ft.
   Property line ~~100~~ 30' 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





5/10/2013

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