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

DEC 21 2012

A

Permit Number
HS000713

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 68527
(no rural route)

Legal Description SW SE 14 10 8 Sagebrook Estates 2 1
1/4 1/4 Section Township Range Subdivison Addition Block Lot

Geographical Location (if known): Lat/Long: _____ PID 23-14-402-001-060

B. Owner

Name Old City Homes Viktor Rybak Old City Homes Signature _____

Address 1800 N 129 St Lot City/State/Zip Lincoln NE 68527

Home Phone 402/580-0310 Work Phone 402/580-0310

C. Certified Installer

Name: Lloyd Jakoubek Raymond Contracting Signature Kevin Jakoubek for Lloyd

Address 13860 NW 70th St City/State/Zip Raymond, NE 68428

Work Phone 402-783-2663 or 402-890-6669

D. Engineer

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

Designer Name _____ Firm _____ Work Phone _____

E. This system will serve a

Disposal - yes

☒ Residential Dwelling Number of Bedrooms 5 Is there a Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 4.45

☐ 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 5/23/13
Date rec'd 12/21/12
Date frwd 12/27/12
ACTION ☑ Approved ☐ Disapproved
Signature _____

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

3. City or County Engineer
Comments _____
Date rec'd _____
Date frwd _____
ACTION ☑ Approved ☐ Disapproved
Signature See attached

Installation Final Written Approval
By Doug Ammon
Date 5/28/13

Business Office Use Only
Date Received 12-26-12 Amount Paid $ 8030
Received By DH Cash/Check No. 355

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

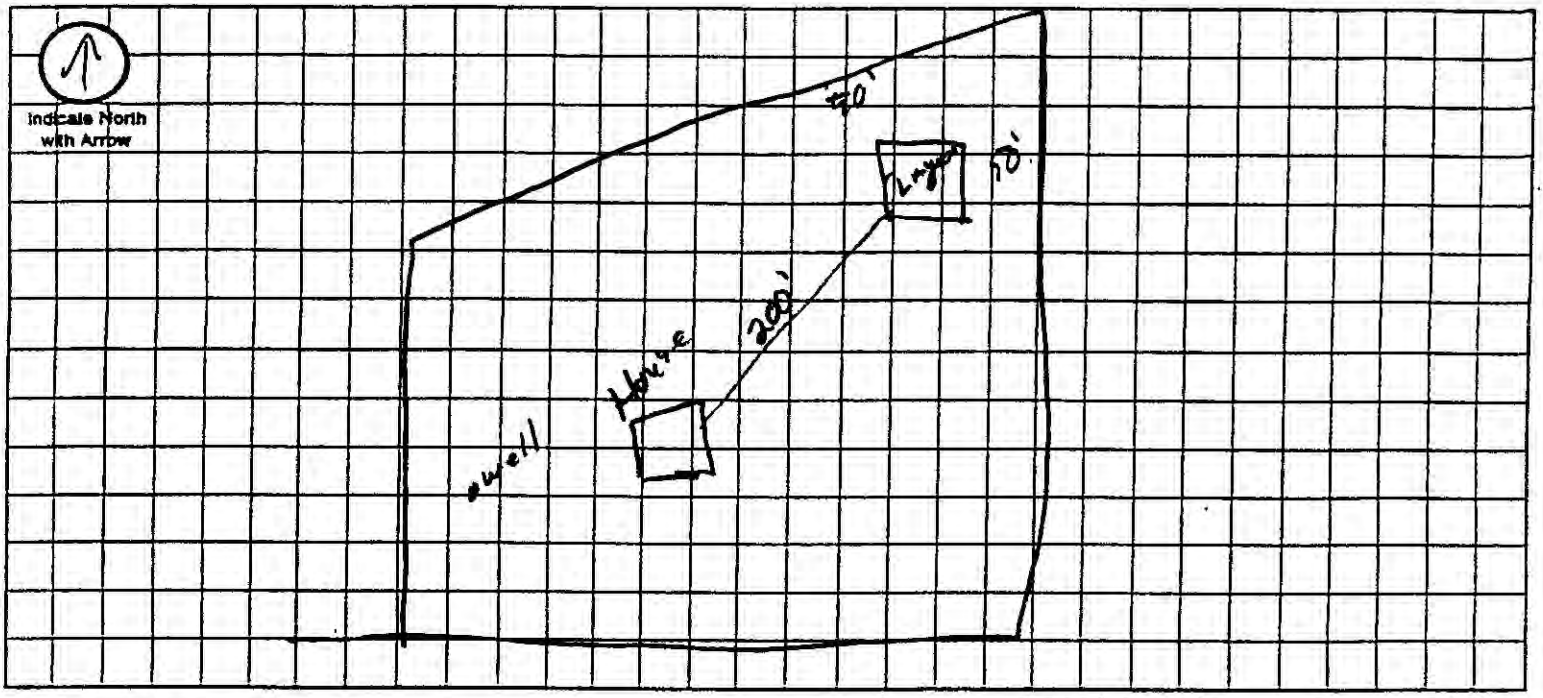
C

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) _____ City Lincoln NE, Zip 68527

Sagebrook Estates Block 2 Lot 1

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other _____

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

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

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

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

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: _____

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

Total Length of Laterals _____ ft. Number of Trenches _____ Trench Width _____

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 12/20/12

Installer _____ Date 12/20/12

FORM 23-102 10-96

Nate C. Hartman

From: Gordon McGill
Sent: Wednesday, December 26, 2012 2:04 PM
To: Nate C. Hartman
Subject: RE: OLD CITY HOMES
Attachments: Gordon McGill2.vcf

SAGEBROOK ESTATES BLOCK 2 LOT 1 14-10-8

Gordon McGill
Building &Safety
Plans Examiner II / Building Inspector

402-441-6424 Work
gmcgill@lincoln.ne.gov

From: Nate C. Hartman
Sent: Wednesday, December 26, 2012 2:03 PM
To: Gordon McGill
Subject: RE: OLD CITY HOMES

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, December 26, 2012 1:57 PM
To: Nate C. Hartman
Subject: OLD CITY HOMES

1410 N 170TH CIR IS APPROVED FOR BUILDING.....G

Gordon McGill
Building &Safety
Plans Examiner II / Building Inspector

402-441-6424 Work
gmcgill@lincoln.ne.gov

Nate C. Hartman

From: James L. Plouzek
Sent: Wednesday, December 26, 2012 2:05 PM
To: Nate C. Hartman
Subject: Sagebrook Estates

We have reviewed Lot 1, Block 2, of Sagebrook Estates in 14-10-8 for floodplain and found none, so we approve the application.

Jim Plouzek
Road Construction Engineer
Lancaster County Engineering Dept.
444 Cherrycreek Road Bldg. C
Lincoln, NE 68528
402-441-7681
email: jplouzek@lancaster.ne.gov

Engineering **Surveying**

[illegible] 891-0854

SOIL ABSORPTION TEST DATA REPORT

Property Where Soil Tested:

Owner: Address: 1410 N 170th

Location: EAGLE, NE Property Dimensions: X Lot Size:
(attach sketch of property showing hole location)

Soil Type: Silty Clay ☐ Silty Clay Loam ☐ Sandy Loam ☐
Silty Loam ☐ Clay Loam ☐ Sandy Clay ☐

Dates of Test: 3-30-2013 Weather: Precipitation NA Temperature 50's

PERCOLATION TEST DATA TAKEN

A	B	C	D	E	F	G	H	I	J	K	L	M	N
		Pre-Saturation Period				Percolation Readings					Results		
		Start		End		Start			End				
Hole #	Hole Depth (ins.)	Date	Time	Date	Time	Date	Time	Water Level	Time	Water Level	Elapsed Time (min.)	Water Level Drop (in.)	Perc. Rate
1	36	3-30	12 pm	3-30	3:30p	3-30	3:30p	16"	4 pm	17"	30	1"	30
2	36	3-30	12pm	3-30	3:30p	3-30	3:30p	17"	4pm	17 1/4"	30	3/4"	45
3	36	3-30	12 pm	3-30	3:30p	3230	3:30p	16 3/4"	4 pm	17 1/2"	30	3/4"	45
4	36	3-30	12pm	3-30	3:30p	3-30	3:30p	16 1/2	4pm	17 1/2"	30	1"	30
5	36	3-30	12pm	3-30	3:30p	3-30	3:30p	17"	4pm	17 1/8"	30	1/8"	37
6	36	3-30	12pm	3-30	3:30p	3-30	3:30p	16 1/2"	4pm	17 1/4"	30	3/4"	45

Sum of Percolation Rates 232
Average of Rates 38.66
Inches Per Minute .139

Signature of Person Conducting Test

PE/LS, Inc. 6037 Oakcrest [illegible] Nebraska, Ne. 68137

(402) 891-0854

DO NOT WRITE BELOW THIS LINE

Remarks:

Reviewing Action

Approved Perc. Rate:

Signature of Reviewing Offical Date