Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3140 N Street Lincoln, Nebraska 68510-1514

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT
No. HS000717

System Type: Lagoon

Situs:

Issued: 2/7/2013

Expires: 2/7/2014

Description: PARKLAND ESTATES ADDITION, BLOCK 3, Lot 3

Owner: PARKLAND LLC
3600 NW 126 ST
LINCOLN, NE 68524

Judith A Halstead

Judith A. Halstead, MS, Health Director

Dear Applicant:

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

JAN 31 2013

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

A

Permit Number
45000717

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

Legal Description NE 5 10 5 Parkland Estates 3 3
1/4 | 1/4 | Section | Township | Range | Subdivison | Addition | Block | Lot

Geographical Location (if known): Lat/Long: _____ PID 24-05-203-603-000

B. Owner

Name Brian Hulewicz Signature Brian Hulewicz

Address 5585 NW 79th St City/State/Zip Lincoln, NE 68524

Home Phone 402-217-3902 Work Phone _____

C. Certified Installer

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

Address 13706 NW 70th St City/State/Zip Raymond, NE 68428

Work Phone 402-783-6665 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

Proposed use

☐ Residential Dwelling Number of Bedrooms 4 Is there a Whirlpool Bathtub? ☒ Yes ☐ No Total Acres 3.61

☐ 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 2/5/13
Date frwd 2/5/13
ACTION ☒ Approved ☐ Disapproved
Signature _____

2. Supt. Bldg. Insp. or Village Clerk
Comments _____
Date rec'd 2-5-13
Date frwd 2-5-13
ACTION ☒ Approved ☐ Disapproved
Signature _____

3. City or County Engineer
Comments _____
Date rec'd 2-5-13
Date frwd 2-5-13
ACTION ☒ Approved ☐ Disapproved
Signature Jim Plough

Installation Final Written Approval
By _____
Date _____

Business Office Use Only
Date Received 2-5-13 Amount Paid 355.00
Received By BM Cash/Check No. 8042

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

Form A Updated: 5/10

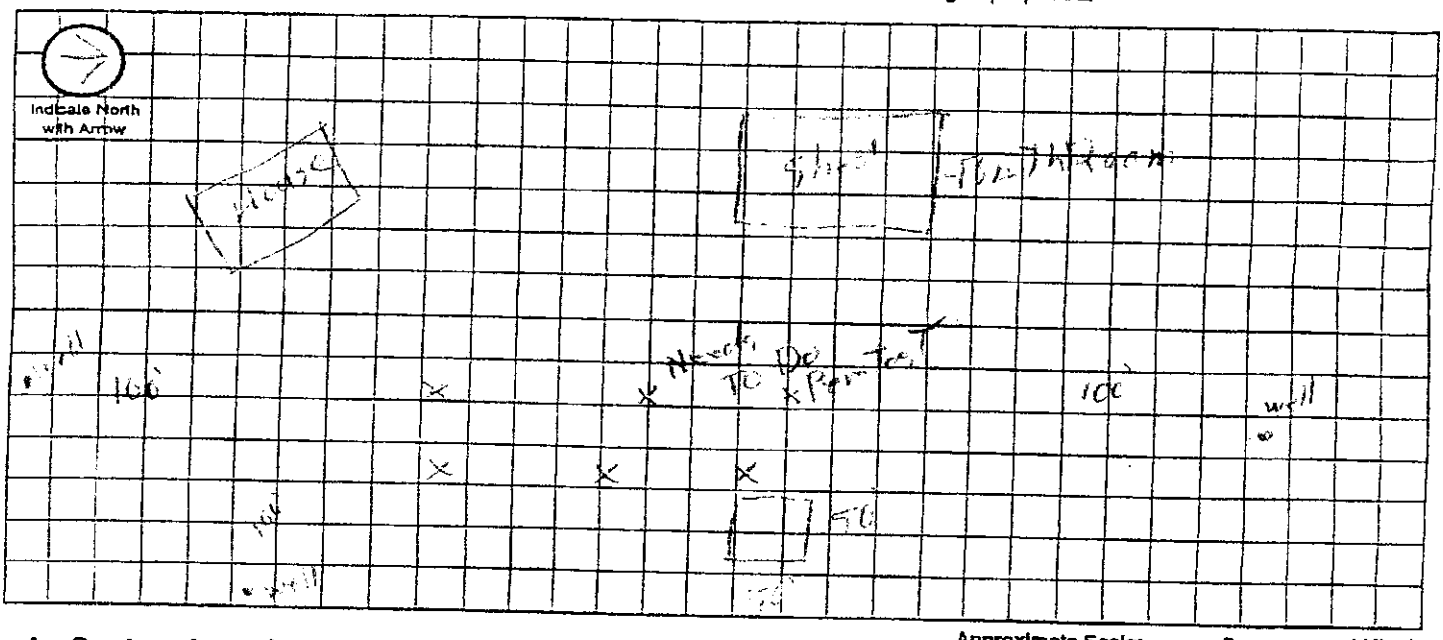
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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 68524

B. Proposed Septic Tank/s Parkland Lots 33, 23

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 Bruce Hubly Date 1-16-13

Installer Home Depot Date 1/16/13

FORM 23-102 10-96

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

JAN 31 2013

SCANNED

A

Permit Number
H5000717

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

Legal Description NE 5 10 5 Parkland L-5 Hills 3 3

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

Geographical Location (if known): Lat/Long: _____ PID 24-05-203-603-000

B. Owner

Name Brian Hulewicz Signature Brian Hulewicz

Address 5525 NW 94th St City/State/Zip Malcolm, NE 68402

Home Phone 402-217-3903 Work Phone _____

C. Certified Installer

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

Address 13966 NW 70th St City/State/Zip Raymond, NE 68428

Work Phone 402-796-6009 or 402-783-2463

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 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 5/23/12
Date rec'd 2/5/13
Date frwd 2/5/13
ACTION ☑ Approved ☐ Disapproved
Signature _____

2. Supt. Bldg. Insp. or Village Clerk
Comments _____
Date rec'd 2-5-13
Date frwd 2-5-13
ACTION ☒ Approved ☐ Disapproved
Signature _____

3. City or County Engineer
Comments _____
Date rec'd 2-5-13
Date frwd 2-5-13
ACTION ☒ Approved ☐ Disapproved
Signature Jim Plough

Installation Final Written Approval
By _____
Date 5/23/12

Business Office Use Only
Date Received 2-5-13 Amount Paid 355.00
Received By BM Cash/Check No. 8042

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

Form A Updated: 5/10

MAY 10 2013

B

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

Permit Number: HS000717

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 5800 NW 118th St (no rural route) City Lincoln NE, Zip 68524

Owner Bryan Hulewicz Address 5525 NW 84th St Malcolm, NE 68402

Soil Type (SCS): silt loam (judson) Percolation Rate: 60 min./inch

Date of Tests 5/6/2013 to 5/7/2013 Weather: Precipitation 0 Temperature 70°

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	5/6	1:30p	5/6	5:30p	5/7	11:30a	6	5/7	12:00p	30	1/2	60
2	21	"	"	"	"	"	"	"	"	"	"	9/16	54
3	25	"	"	"	"	"	"	"	"	"	"	1/2	60
4	22	"	"	"	"	"	"	"	"	"	"	5/8	48
5	21	"	"	"	"	"	"	"	"	"	"	13/16	25
6	23	"	"	"	"	"	"	"	"	"	"	19/16	19

Person Conducting Percolation Tests

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

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

Address 13800 NW 70th St

Raymond, NE 68428 # C1198

Sum of Percolation Rates: 216

Average of Rates: 44

Rate Used for Calculation: 60 (20 mpi variance)

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

SCANNED

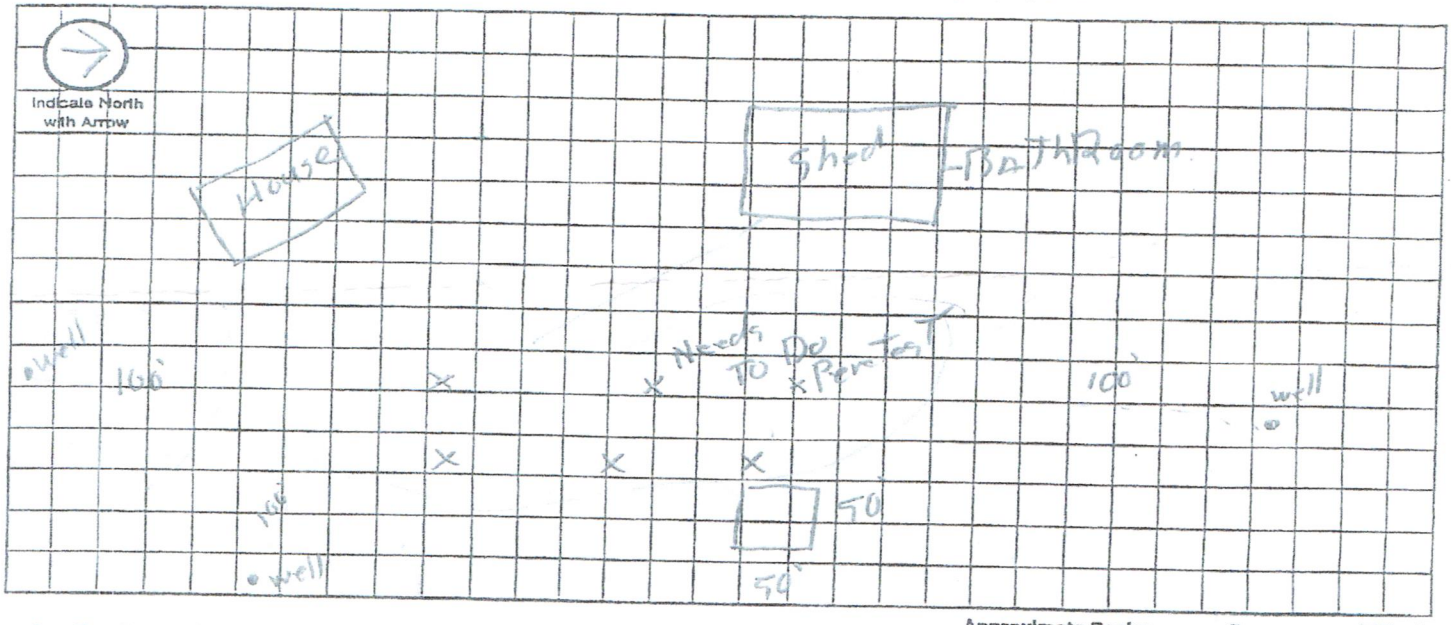
C

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) _____ City Lincoln NE, Zip 68524

B. Proposed Septic Tank/s Parkland Estates Lots 33, 43

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 Bruce Hulse Date 1-16-13

Installer Ronald J. Johnson Date 1/16/13

FORM 23-102 10-96

MAY 28 2013

D

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

Permit Number: HS000717

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date 5/23/2013 Legal Description NE 1/4 1/4 5-10-5 Section Township Range Block 3 Lot 3 Parkland Estates

Onsite System Location

Address (no rural route) 5800 NW 11th St City Lincoln NE, Zip 68524

Owner Bryan & Dawn Hulewicz Address 5505 NW 84th St Malcolm, NE 68402

A. Sewer Pipe

1. Material: SDR26 Plastic
   Diameter: 4 in.
2. Distance above basement floor: 60 in.
   or distance below basement floor: ____ in.
3. Distance between dwelling and septic tank: 95 ft.
4. Number of clean-outs: 2
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 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: 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 Switching Box
   Number available outlets: 4 - Endcap Drop Box
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 5'+9'+9'+9' ft.

D. Drainfield Absorption

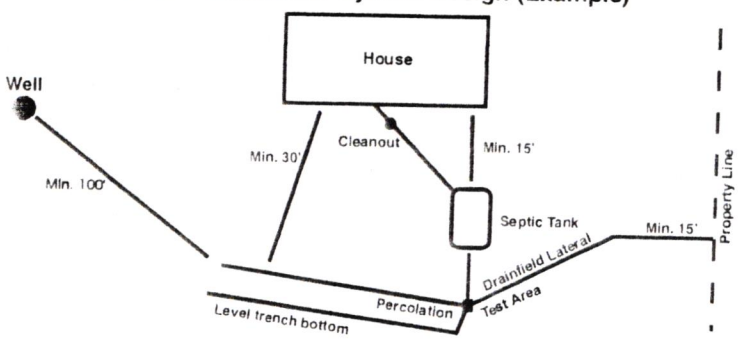
☑ Trench ☐ Bed ☐ Level Bottom

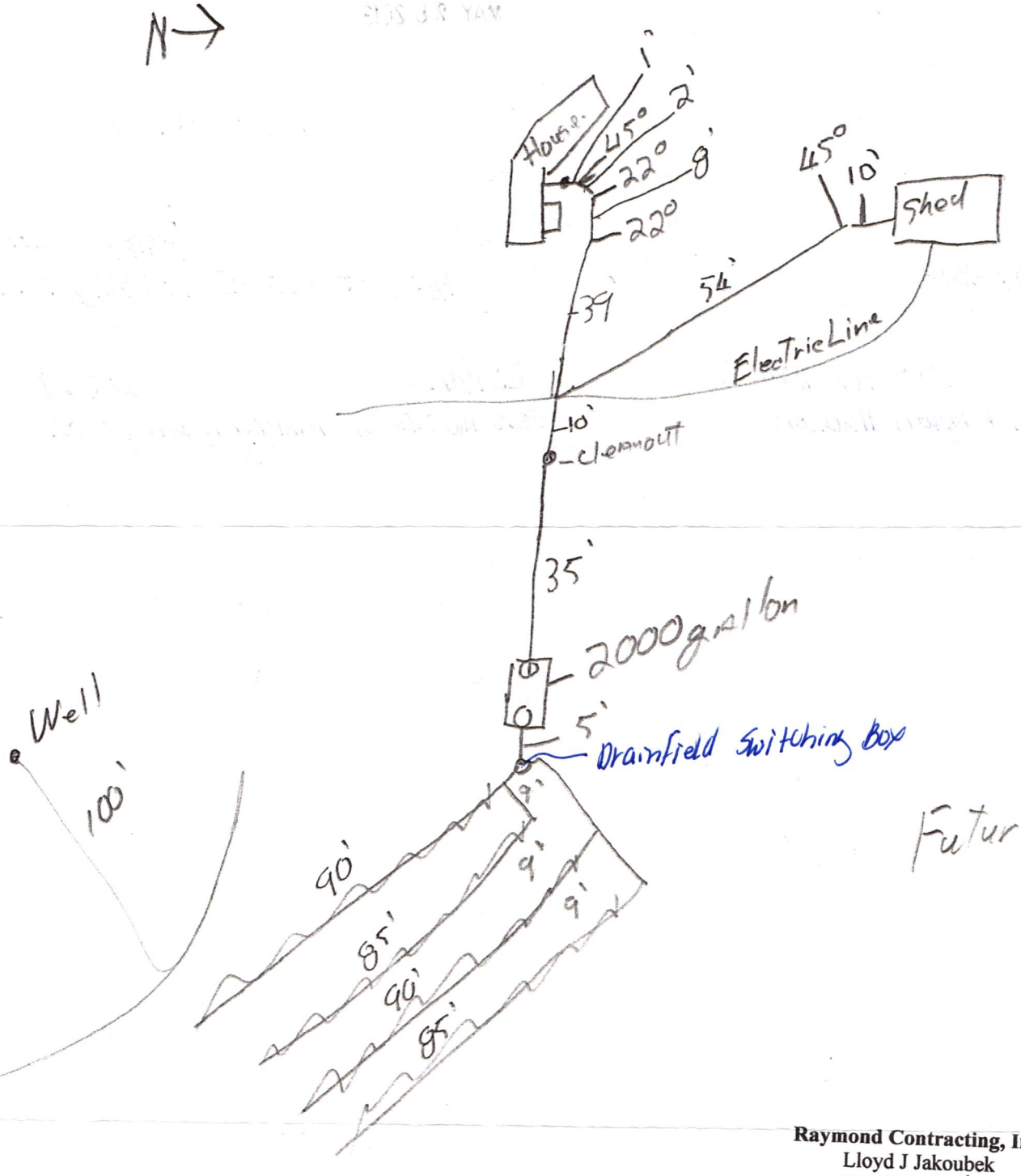
1. Type: ☐ Half rounds ☐ Perforated pipe ☐ Chambers
   Diameter or width: ____
   Number of distribution lines in bed ____
   Material: ☐ fiberglass ☑ plastic ☐ concrete
   ☐ other ____
2. Drainfield Laterals: Number 4
   Length of each line: 90 ft. 85 ft.
   90 ft. 85 ft., ____ ft.
3. Drainfield dimensions: Width 40 ft.
   Distribution Pipe Slope FLAT in/100 ft.
   Average depth 34-24 in
4. Filter material: Soil
   Depth of material 34-24 in.
5. Distances to: Well or suction line 100 ft.
   Pressure line 100 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)





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

5/23/2013.