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. HS000742

System Type: Lagoon

Situs: 18526 STAGECOACH RD, RURAL, NE

Issued: 5/7/2013

Expires: 5/7/2014

Description: S36, T8, R8, Acres 6th Principal Meridian, LOT 14 SE

Owner: HOFFMAN, ROBERT A
4315 COLFAX AVE
LINCOLN, NE 68504

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

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

MAY 01 2013

A

Permit Number H5000742

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 21-3le-400-018-000

A. Onsite System Location

Address 18526 Stagecoach Rd (no rural route) City Adams, NE Zip 68301

Legal Description SE 36 8 8 14
1/4 | 1/4 | Section | Township | Range | Subdivison | Addition | Block | Lot

Geographical Location (if known): Longitude: _____ Latitude: _____

☐ Check if system mail address is not the same as the owner's address Total Acres: 20.10

B. Owner

Name Robert Hoffman Signature Robt D Hoffman

Address 4315 Colfax Ave City/State/Zip Lincoln NE 68504

☐ Check if owner designed system Home Phone 402-450-9615 Work Phone same

C. Contractor

Name: Lloyd Jakoubek Company Name Raymond Contracting

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

☐ Check if contractor designed system Work Phone 402-850-6009

D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name _____ Firm _____ Work Phone _____

E. This system will serve a

Disposal - yes

☒ Residential Dwelling Number of Bedrooms 3 Is there a Whirlpool Bathtub? ☐ Yes ☒ No

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

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

3. City or County Engineer
Comments _____
Date rec'd 5-1-13
Date frwd 5-1-13
ACTION ☒ Approved ☐ Disapproved
Signature Jim Plouzek

Installation Final Written Approval
By _____
Date _____

Business Office Use Only
Date Received 5-6-13 Amount Paid 355.-
Received By BHall Cash/Check No. 8091

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

Form A Updated: 5-07

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

A

Permit Number
HS000742

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 21 3e-400 015-000

A. Onsite System Location

Address 15516 Stagecoach Rd (no rural route) City Adams, NE Zip 68301

Legal Description SE 36 8 5 14

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

(Latitude & Longitude if known) Longitude: Latitude:

☐ Check if system mail address is not the same as the owner's address Total Acres: 20.10

B. Owner

Name Robert Hoffman Signature Robt D Hoffman

Address 4315 Olfax Ave City/State/Zip Lincoln NE 68504

☐ Check if owner designed system Home Phone 402-450-9615 Work Phone same

C. Contractor

Name Brad Jabenick Company Name Raymond Lincoln Inc

Address 13705 Nw 36th St City/State/Zip Raymond, NE 68428

☐ Check if contractor designed system Work Phone 402 783 6669

D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name Firm Work Phone

E. This system will serve a

Proposal - yes

☒ Residential Dwelling Number of Bedrooms 3 Is there a Whirlpool Bathtub? ☐ Yes ☒ No

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day

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

2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd 5/2/13
Date frwd 5/2/13
ACTION ☐ Approved ☐ Disapproved
Signature See attached

3. City or County Engineer
Comments
Date rec'd 5-1-13
Date frwd 5-1-13
ACTION ☒ Approved ☐ Disapproved
Signature

Installation Final Written Approval
By
Date

Business Office Use Only
Date Received 5-1-13 Amount Paid
Received By Cash/Check No.

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

Form A Updated: 5-07

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 # 18526 Stagecoach Rd (no rural route) City Adams NE, Zip 68301

Owner Robert Hoffman Address 4315 Calfax Ave. Lincoln, NE 68504

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

Date of Tests 4/28/13 to 4/29/2013 Weather: Precipitation 0 Temperature 78°

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	4/28	12:30p	4/28	4:30p	4/29	2:30p	6e	3:00p	7:00p	30	1/2	60
2	22	"	"	"	"	"	"	"	"	"	"	9/16	54
3	26	"	"	"	"	"	"	"	"	"	"	7/8	34
4	23	"	"	"	"	"	"	"	"	"	"	9/16	54
5	20	"	"	"	"	"	"	"	"	"	"	1	30
6	22	"	"	"	"	"	"	"	"	"	"	1/2	60
												2'4	13

Person Conducting Percolation Tests

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

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

Address 13800 NW 70th St

Raymond, NE 68428 # C1198

Sum of Percolation Rates: 275

Average of Rates: 46

Rate Used for Calculation: 60 (20 min variance)

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

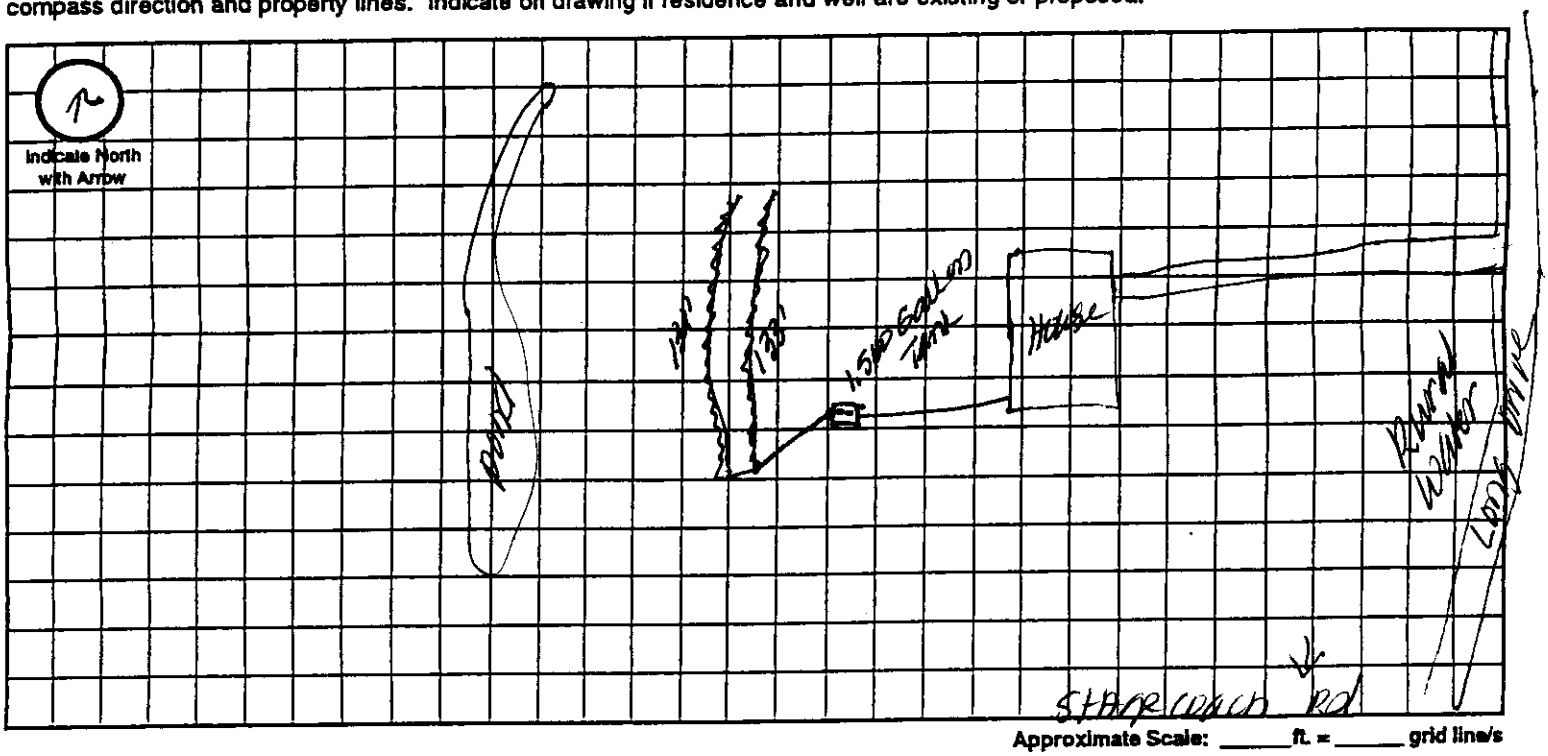
C

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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) 18526 Stagecoach Rd City Adams NE, Zip 68301

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 60 (min. per inch) Soil Type: Silt loam / clay loam Land Slope: _____ %

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

Total Square Feet of Field Required: 1050 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☑ Other Lateral Material: ADS Gravelless chambers

Capacity of Septic Tank 1500 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 265 ft. Number of Trenches 2 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 Robert D. Hoffman Date 4-28-13

Installer Kevin L. Fahrenbruch Date 4-30-13