MAY 03 2013

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

A

Permit Number
HS 000750

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 1801 N. 129th St (no rural route) City Lincoln, NE Zip 68527

Legal Description SE 17 10 8 Stevens Creek Ridge 3
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 22-17-401-003-000

B. Owner

Name Cybar Homes inc Signature

Address 12555 NW 98 st Malcolm NE City/State/Zip Malcolm 68402

Home Phone Work Phone 580-0710

C. Certified Installer

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

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

Work Phone 402-890-6009 or 783-26603

D. Engineer

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

Designer Name Firm Work Phone

E. This system will serve a

☑ Residential Dwelling Number of Bedrooms 3 Whirlpool Bathtub? ☑ Yes ☐ No Total Acres 3.02
Garbage Grinder? ☑ Yes ☐ No

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

Type of Wastewater ☐ Domestic ☐ Non-Domestic

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☐ County Resolution No. 02-30

1. Health Department
Site visits
Comments
Date rec'd 5/6/13
Date frwd 5/6/13
ACTION ☑ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd 5/6/13
Date frwd 5/6/13
ACTION ☑ Approved ☐ Disapproved
Signature

3. City or County Engineer
Comments
Date rec'd 5-6-2013
Date frwd 5-6-2013
ACTION ☑ Approved ☐ Disapproved
Signature Kenneth D. Schroeder

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: 1/13

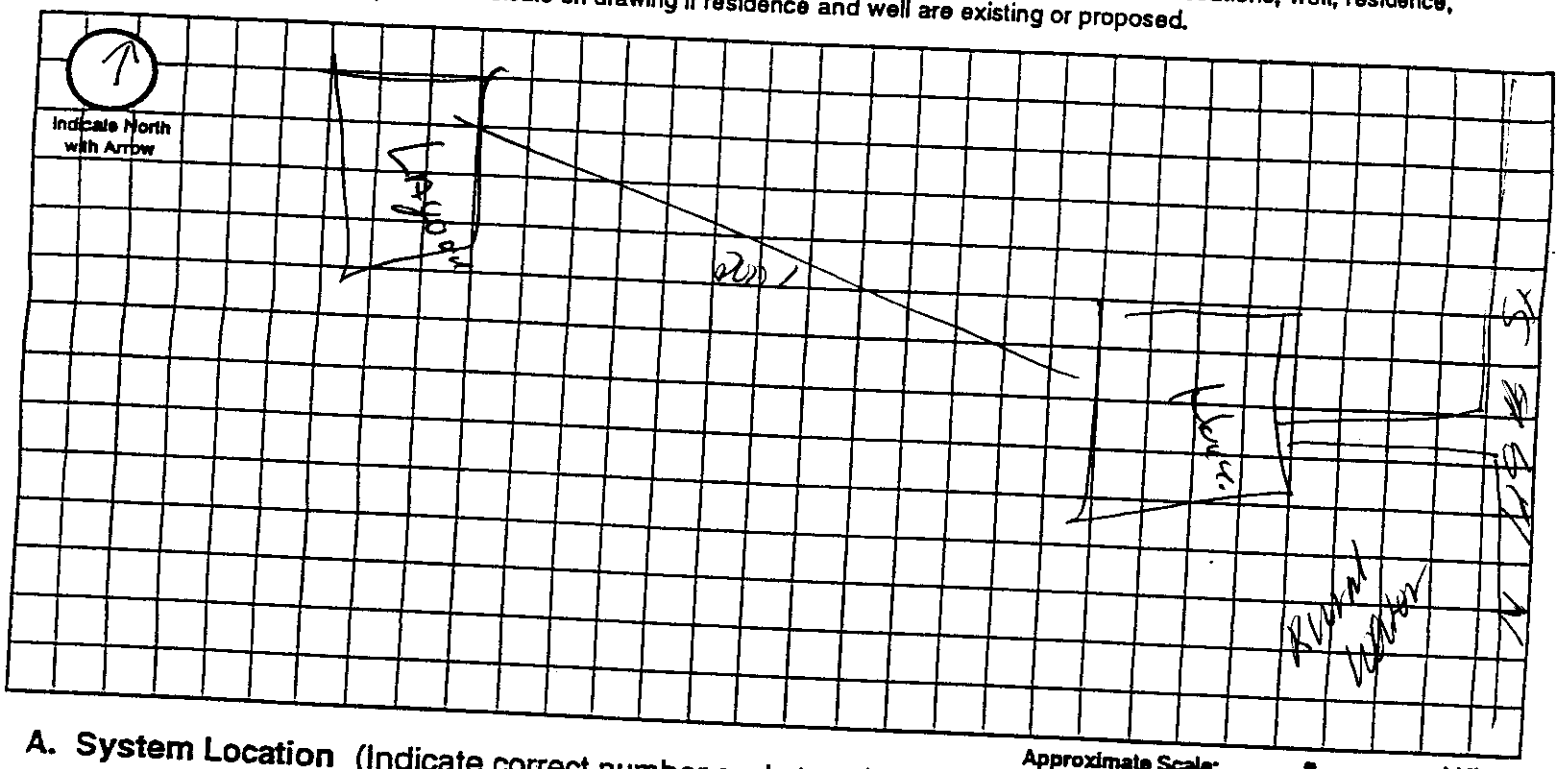
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: HS000750

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) 1801 N. 129th St City Lincoln NE, Zip 68527

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 ☑	☑	N/A ☐	30 ☑	50 ☑	100 ☑	200 ☐	☑

E. Required Signatures

Home Building Contractor _____

Installer _____ Date 5-1-13

Date 4-30-12

FORM 23-102 10-96

MAY 03 2013

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

A

Permit Number
HS 000750

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 1801 N. 129th St (no rural route) City Lincoln, NE Zip 68527

Legal Description SE 17 10 8 Stevens Creek Ridge 3
1/4 | 1/4 | Section | Township | Range | Subdivison | Addition | Block | Lot

PID 23-17-401-003-000

B. Owner

Name Cybor Homes inc Signature

Address 12555 NW 98 st Waverly NE City/State/Zip Waverly 68462

Home Phone Work Phone 580-0710

C. Certified Installer

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

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

Work Phone 402-890-6009 or 783-26663

D. Engineer

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

Designer Name Firm Work Phone

E. This system will serve a

☑ Residential Dwelling Number of Bedrooms 3 Whirlpool Bathtub? ☑ Yes ☐ No Total Acres 3.02
Garbage Grinder? ☑ Yes ☐ No

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

Type of Wastewater ☐ Domestic ☐ Non-Domestic

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☐ County Resolution No. 02-30

1. Health Department
Site visits
Comments
Date rec'd 5/6/13
Date frwd 5/6/13
ACTION ☑ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd 5/6/13
Date frwd 5/6/13
ACTION ☑ Approved ☐ Disapproved
Signature

3. City or County Engineer
Comments
Date rec'd 5-6-2013
Date frwd 5-6-2013
ACTION ☑ Approved ☐ Disapproved
Signature Kenneth D. Schroeder

Installation Final Written Approval
By
Date

Business Office Use Only
Date Received 5-7-13 Amount Paid 355.00
Received By Bfuss Cash/Check No. 394

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

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

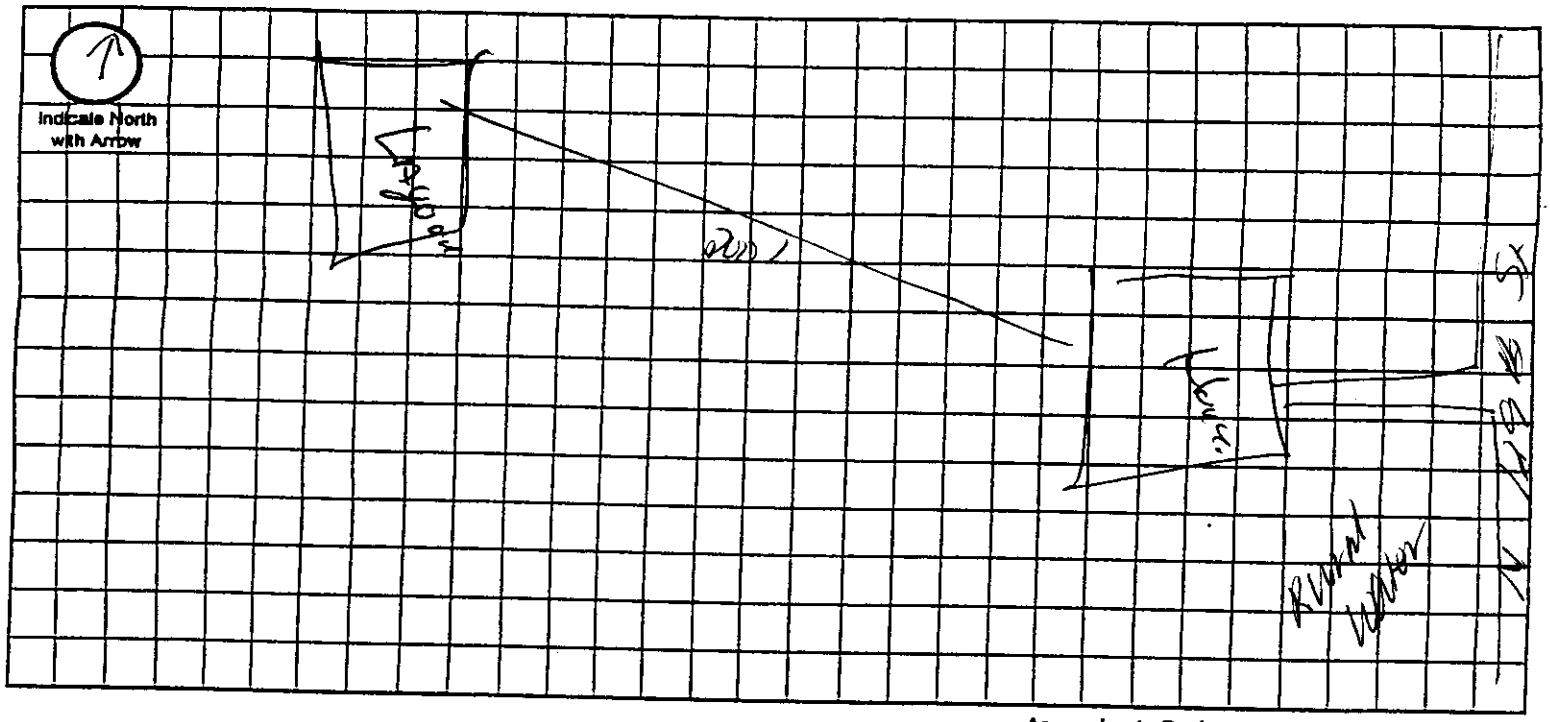
C

Permit Number: HS000750

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) 1801 N. 129th St City Lincoln NE, Zip 68527

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 5-1-13

Installer _____ Date 4-30-12

FORM 23-102 10-96

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. HS000750

System Type: Lagoon

Situs: 1801 N 129 ST, RURAL, NE

Issued: 5/14/2013

Expires: 5/14/2014

Description: STEVENS CREEK RIDGE ADD, Lot 3

Owner: KRIESER, GERRY A
1401 LINWOOD LN
LINCOLN, NE 68505

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

LINCOLN-LANCASTER COUNTY
HEALTH DEPARTMENT
3140 "N" Street
Lincoln, NE 68510-1514

RETURN SERVICE REQUESTED

CITY OF
LINCOLN
NEBRASKA

PRESORTED
FIRST CLASS

047J82005126
$00.433
05/31/2013
Mailed From 68510
US POSTAGE

JUN 03 2013

GERRY KRIESER
1401 LINWOOD L
LINCOL NE 6850E

651 NF 1 41 T 00 06/01/13
RETURN TO SENDER
KRIESER
PO BOX 5533
LINCOLN NE 68505-0533

RETURN TO SENDER

68510@1514
CBBHSMP 6850