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. HS000789

System Type: Lagoon

Situs: 16701 NW 40 ST, RURAL, NE

Issued: 8/1/2013

Expires: 7/29/2014

Description: S30, T12, R6, 6th Principal Meridian, LOT 47 SE

Owner: BLACK, DAVID D & TRACEY L
5965 GUNNISON CT
LINCOLN, NE 68521

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

JUL 25 2013

A

Permit Number
H5000789

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 16701 NW 40th St (no rural route) City Raymond, NE Zip 68428

Legal Description SE 30 12N 6E 47
1/4 | 1/4 | Section | Township | Range | Subdivison | Addition | Block | Lot

PID 13-30-400-007-006

B. Owner

Name David Black Signature David Black

Address 5965 Garrison CT City/State/Zip Lincoln NE 68521

Home Phone 402-610-7429 Work Phone 402-473-7771

C. Certified Installer

Name: Lloyd Jakowski / Raymond Contracting Inc Signature Kevin Johnson for Lloyd

Address 13800 NW 70th St City/State/Zip Raymond, NE 68428

Work Phone 402-850-4009 or 402-783-2063

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 4 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 20
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 7/29/13
Date frwd 7/29/13
ACTION ☒ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd 7-29-13
Date frwd 7-29-13
ACTION ☒ Approved ☐ Disapproved
Signature

3. City or County Engineer
Comments
Date rec'd 7-29-13
Date frwd 7-29-13
ACTION ☒ Approved ☐ Disapproved
Signature Jim Plauzek

Installation Final Written Approval
By
Date

Business Office Use Only
Date Received 7-31-13 Amount Paid 355.00
Received By B. Hall Cash/Check No. 8168

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

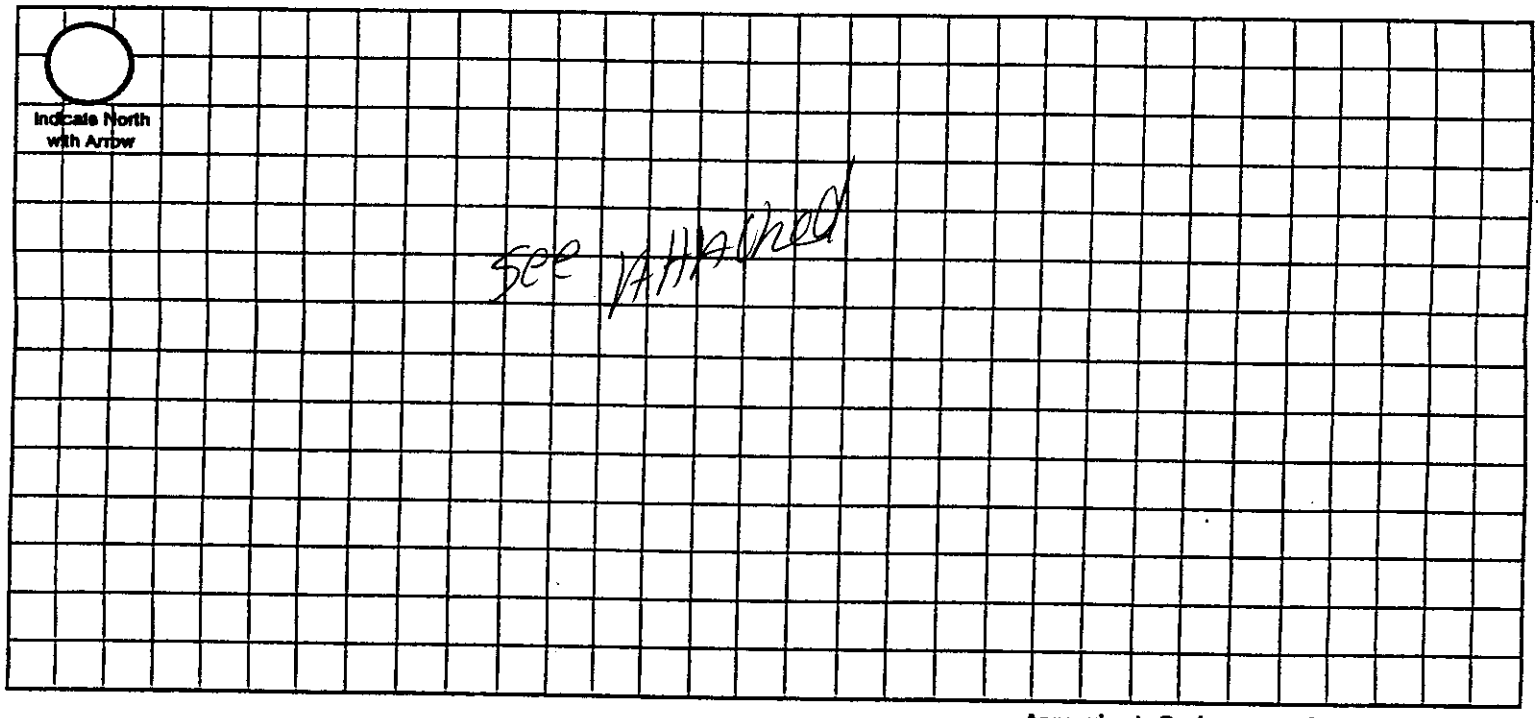
C

Permit Number:

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) 16701 Nw 40th St City Raymond NE, Zip 68428

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 _____

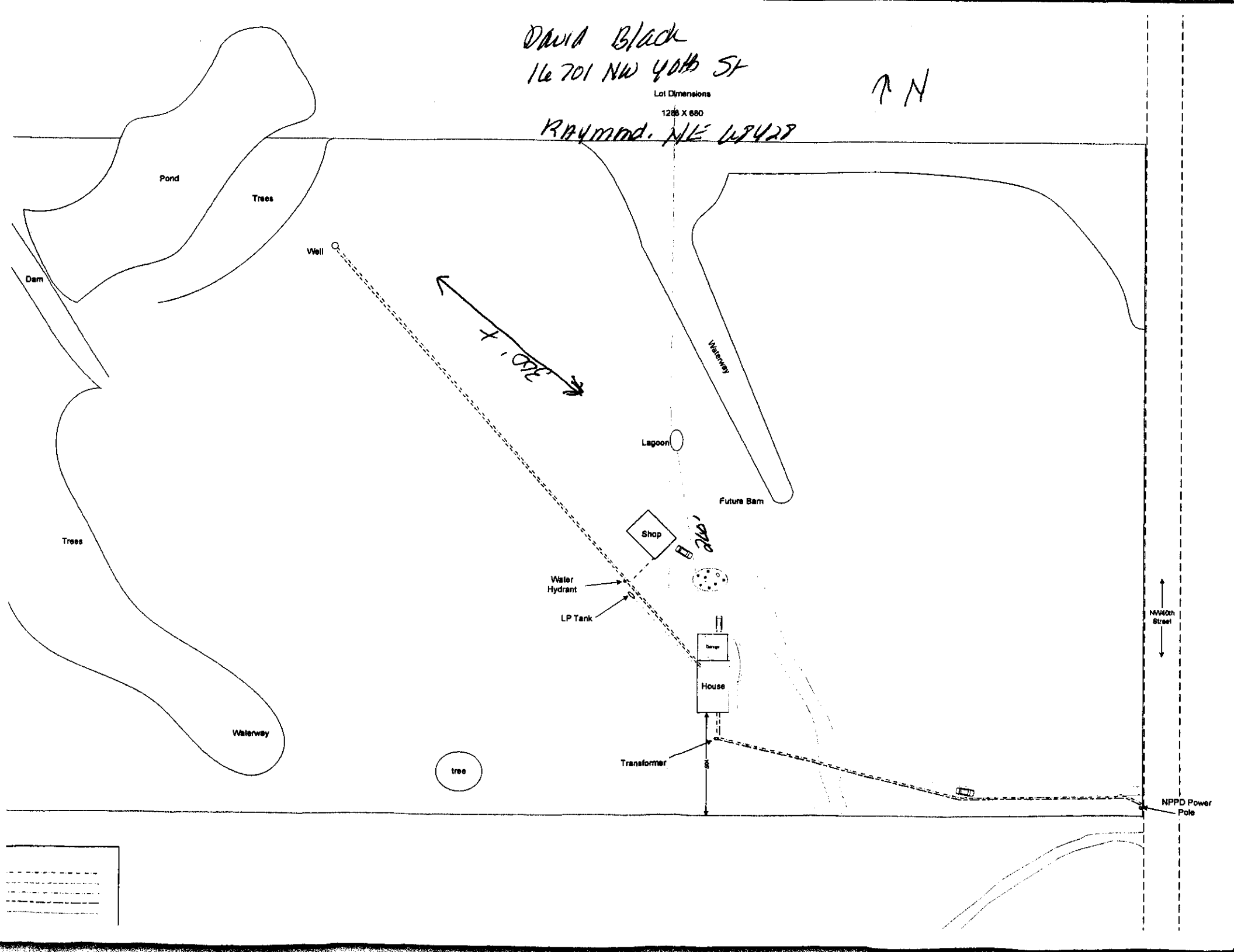
D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

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 7-23-13

Installer _____ Date 7/24/13


David Black
16701 NW 40th St
Raymond, NE 68428
Lot Dimensions
1288 X 660
N
Pond
Trees
Well
Dam
Waterway
Lagoon
Future Barn
Shop
Trees
Water Hydrant
LP Tank
House
Transformer
Waterway
tree
NW40th Street
NPPD Power Pole

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

JUL 25 2013 SCANNED

A

Permit Number 15000789

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 16701 NW 40th St (no rural route) City Raymond, NE Zip 68428

Legal Description SE 30 12N 6E 47
1/4 | 1/4 | Section | Township | Range | Subdivison | Addition | Block | Lot

PID 13-30-400-007-006

B. Owner

Name David Mack Signature David Mack

Address 5965 Garrison CT City/State/Zip Lincoln NE 68521

Home Phone 402-610-7429 Work Phone 402-473-7771

C. Certified Installer

Name: Lloyd Jakobus / Raymond Contracting Inc Signature Kevin Jakobus for Lloyd

Address 13800 NW 70th St City/State/Zip Raymond, NE 68428

Work Phone 402-890-4009 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

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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 11/15/13 Needs fence & Date rec'd 7/29/13
Comments 2/26/14 - no fence Date frwd 7/29/13
+ Contacted owner - verified there was no fence 4/14/14
ACTION ☒ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments Date rec'd 7-29-13
Date frwd 7-29-13
ACTION ☒ Approved ☐ Disapproved
Signature

3. City or County Engineer
Comments Date rec'd 7-29-13
Date frwd 7-29-13
ACTION ☒ Approved ☐ Disapproved
Signature Jim Blazek

Installation Final Written Approval
By
Date 4/17/14

Business Office Use Only
Date Received 7-31-13 Amount Paid 355.00
Received By B. Hall Cash/Check No. 8168

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

Form A Updated: 1/13

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

NOV 20 2013

D

Permit Number: H5000789

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date Nov 14, 2013 Legal Description 5E (1/4) 1/4 30-12N-6E Section Township Range

Onsite System Location

Address (no rural route) 16701 NW 40th St City Raymond NE, Zip 68428

Owner David Black Address 5965 Burnham Ct Lincoln NE 68521

A. Sewer Pipe

1. Material: SDR 26
   Diameter: 4 in.
2. Distance above basement floor: [illegible] in.
   or distance below basement floor: 16" in.
3. Distance between dwelling and septic tank: 433' ft.
4. Number of clean-outs: 7
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: _____
   Number of compartments: _____
2. Capacity: _____ gal.
3. Factory built: ☐ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☐ above ☐ below 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: _____ in.
8. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. ☐ Distribution Box ☐ Drop Boxes

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

1. Material: _____
   Number available outlets: _____
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: _____ ft.

D. Drainfield Absorption

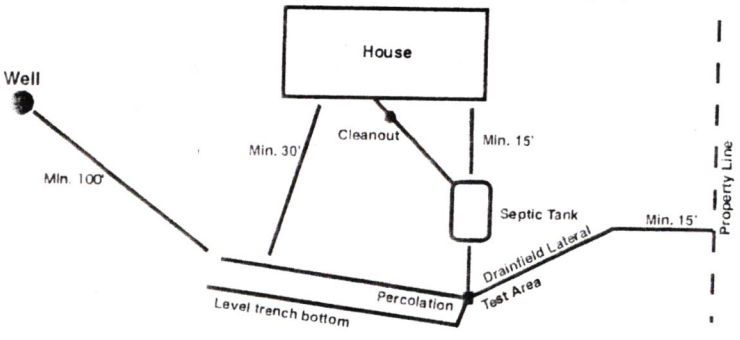
☐ Trench ☐ Bed ☐ Level Bottom

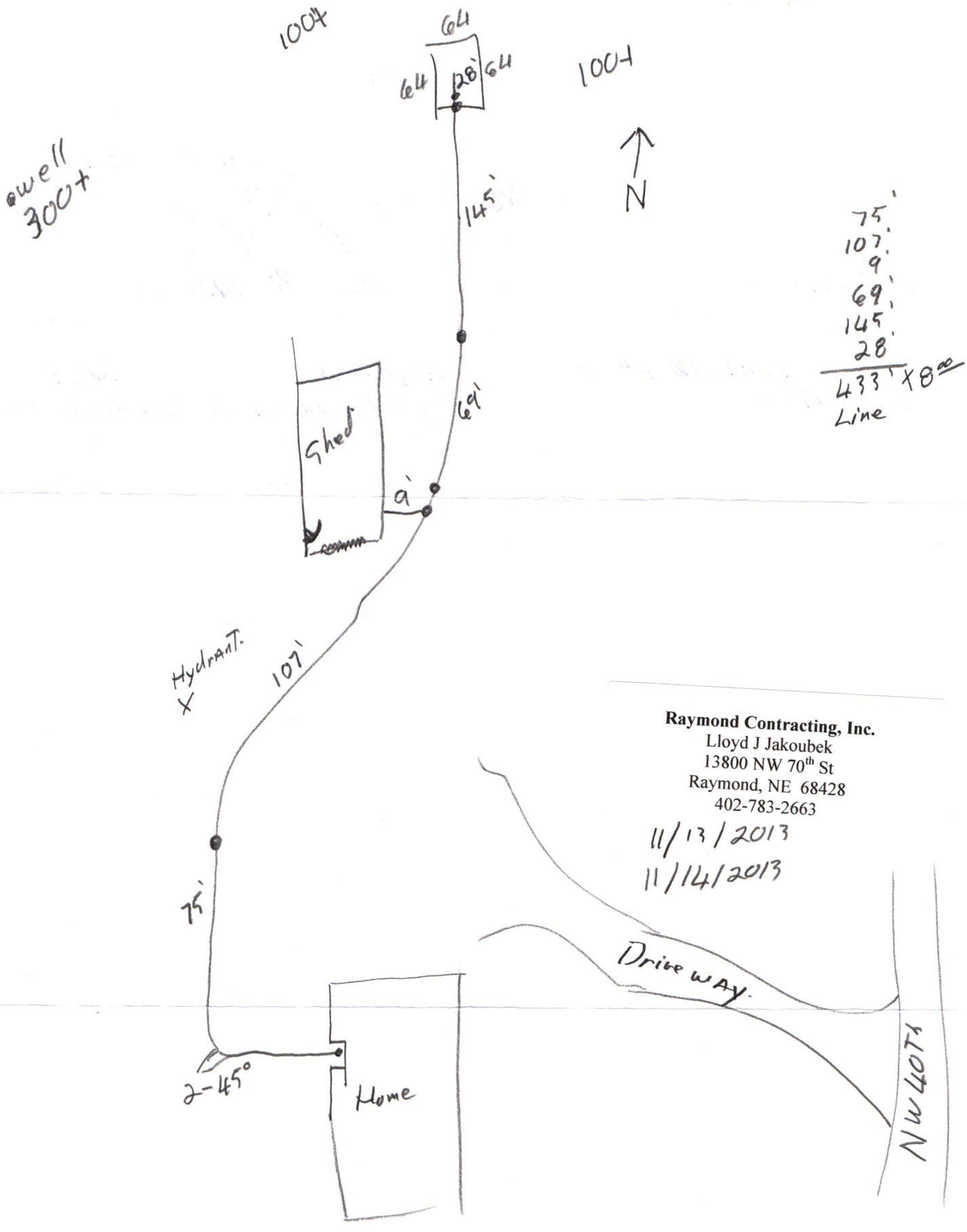
1. Type: ☐ Half rounds ☐ Perforated pipe ☐ Chambers
   Diameter or width: _____
   Number of distribution lines in bed _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other _____
2. Drainfield Laterals: Number _____
   Length of each line: _____ ft. _____ ft.
   _____ ft. _____ ft., _____ ft.
3. Drainfield dimensions: Width _____ ft.
   Distribution Pipe Slope _____ in/100 ft.
   Average depth _____ in
4. Filter material: _____
   Depth of material _____ in.
5. Distances to: Well or suction line _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.
   House or building _____ ft.
   Lake or Stream _____ 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

11/13/2013
11/14/2013