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. HS000793

System Type: Lagoon

Situs: 2505 W JAMES DR, RURAL, NE

Issued: 8/13/2013

Expires: 8/13/2014

Description: VALLEYHOME FARMS, BLOCK 3, Lot 3, IT LOT 11 SW 9-11-6

Owner: LUCAS, TRAVIS F
2505 W JAMES DR
RAYMOND, NE 68428

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

AUG 06 2013

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

A

Permit Number H5000793

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 2505 W. James Dr. (no rural route) City Raymond, NE Zip 68428

Legal Description SW 9 11N 6E Valley Home Farms 3 3
(1/4 | 1/4 | Section | Township | Range | Subdivison | Addition | Block | Lot)

PID 12-09-301-018-000

B. Owner

Name Travis and Rebecca Lucas Signature Rebecca Lucas Travis Lu

Address 2505 W James Dr City/State/Zip Raymond, NE 68428

Home Phone 402-616-2780 Work Phone 402-450-1190

C. Certified Installer

Name: Lloyd Jakoubek / Raymond Contracting Inc. Signature Kim M Jakoubek for Lloyd

Address 13800 Hwy 70 & St City/State/Zip Raymond, NE 68428

Work Phone 402-890-4009

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 6.9
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 8/8/13
Date frwd 8/8/13
ACTION ☒ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd 8-8-13
Date frwd 8-8-13
ACTION ☒ Approved ☐ Disapproved
Signature

3. City or County Engineer
Comments
Date rec'd 8-8-13
Date frwd 8-8-13
ACTION ☒ Approved ☐ Disapproved
Signature Jim Ploughe

Installation Final Written Approval
By
Date

7548 7206 7211 7774

Business Office Use Only
Date Received 8-12-13 Amount Paid 355—
Received By BHall Cash/Check No. 8175

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: 402-441-8643

A

Permit Number H5000793

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 2505 W James Dr (no rural route) City Raymond, NE Zip 68428

Legal Description SW 9 11N 6E Valley Hi Estates 3 3

1/4	1/4	Section	Township	Range	Subdivison	Addition	Block	Lot
SW		9	11N	6E	Valley Hi Estates		3	3

PID 17-09-301-018-000

B. Owner

Name Travis and Rebecca Lucas Signature Rebecca Lucas

Address 2505 W James Dr City/State/Zip Raymond, NE 68428

Home Phone 402-616-2780 Work Phone 402-450-1190

C. Certified Installer

Name: Lloyd Jahnke / Raymond Contracting Inc Signature Lloyd Jahnke - for client

Address 13816 W 70th St City/State/Zip Raymond, NE 68425

Work Phone 402 796-6669

D. Engineer

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

Designer Name Firm Work Phone

E. This system will serve a

☒ Residential Dwelling Number of Bedrooms 3 Whirlpool Bathtub? ☒ Yes ☐ No Total Acres 6.9

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 8/8/13
Date frwd 8/8/13
ACTION ☒ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd 8-8-13
Date frwd 8-8-13
ACTION ☒ Approved ☐ Disapproved
Signature

3. City or County Engineer
Comments
Date rec'd 8-8-13
Date frwd 8-8-13
ACTION ☒ Approved ☐ Disapproved
Signature

Installation Final Written Approval
By
Date

7548 7206 7714 7211

Business Office Use Only
Date Received 8-12-13 Amount Paid 355—
Received By Bbrue Cash/Check No. 8175

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

Form A Updated: 1/13

PID 12-09-301-018-000

C

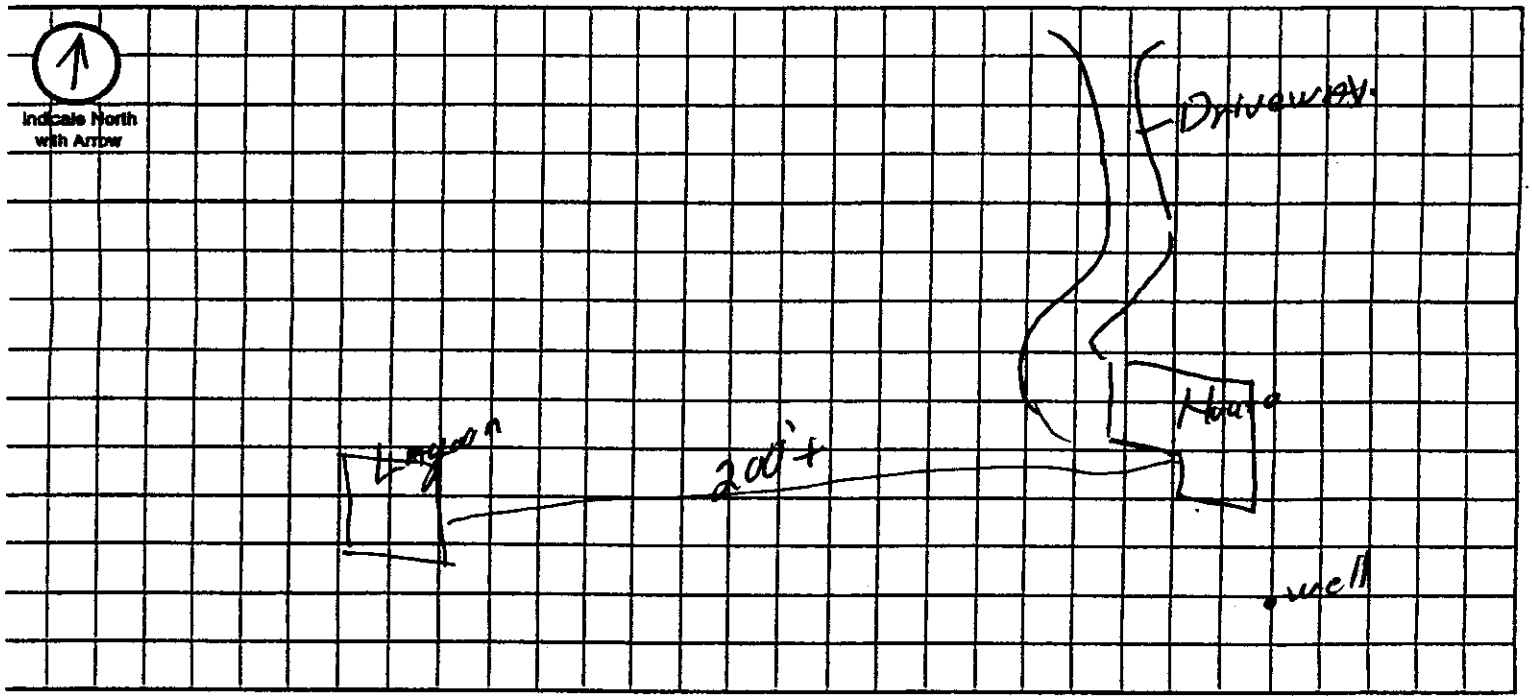
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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 Raymond NE, Zip 68428

Valleyhome Farms B3 L3
SW 1/4 9-11N-6E

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 Don Johnson Date 8/3/13

Installer _____ Date 8/5/13

FORM 23-102 10-96