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. HS000797

System Type: Standard

Situs: 21101 N 14 ST, RURAL, NE

Issued: 8/13/2013

Expires: 8/13/2014

Description: S11, T12, R6, 6th Principal Meridian, LOT 15 SE

Owner: SKLENAR, JOHN A & MARCENE
21101 N 14 ST
CERESCO, NE 68017

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

Application to Alter, Extend or Repair an Onsite Wastewater Treatment System

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

HS000797

The undersigned hereby applies for a permit to: ☐ **ALTER** ☒ **EXTEND** ☐ **REPAIR** an existing wastewater treatment system, complying with appropriate Ordinance or Resolution, as marked above with drawings attached.

1. **Legal description of property:**
   Township 12 Range 6 1/4 ____ 1/4 SE Section 11
   Block ____ Lot 15 Addition ____
   Parcel ID 13 - 11 - 400 - 005 - 000 (i.e. 99-99-999-999-999)
   Street Address (no rural route) 21101 N. 14th St Ceresco, NE 68017

2. **Property use:** ☒ residential ☐ commercial ☐ other use No oversized Tank or Disposal
   Number of bedrooms 5 Describe ____

3. **Type of Present Individual Disposal System** ☒ septic system ☐ lagoon ☐ other

4. **Description of proposed alteration, extension or repair** replace drainfield, existing 1,000 Gallon tank in Good Condition. Perc rate of 34 mpi, and 1,375 Sq ft of drainfield or 345'. Adding an additional 1,000 Gallon tank also

5. **Work to be done by:** ☐ owner ☒ contractor's name Lloyd Jakoubek, Raymond Contracting

6. **Estimated project:**
   a. Repair, replace, or minor extension with a cost less than $400 (no fee required).
   b. Total cost is greater than $400 (Return fee with this application)
   c. A permit is required if the use, operation, location, or type of system is changed.

Print Name John + Maryanne Skliener Address 21101 N. 14th St Ceresco NE Phone: 402-610-0780

[redacted] Maryanne Skliener

Please contact LLCHD for the permit fee for this application
Fee must be included before the application will be processed. Incomplete information will delay processing

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HEALTH DEPARTMENT USE ONLY

Date received 8/8/13 REVIEW: ☑ Approved ☐ Disapproved By: [signature]

Site visits
Date ____/____/____ By____
Date ____/____/____ By____
Date ____/____/____ By____

Installation final written approval
Date ____/____/____ By____

Return application to:
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: 441-8643

Business Office Use Only

Received: Date: 8/12/13 Amount 355.00 Check No. 8172 Initials B. Hall

Revised 3-09

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 21101 N. 14th St (no rural route) City Ceresco NE, Zip 68017

Owner John & Marcene Sklenar Address Same

Soil Type (SCS): Judson silt loam Percolation Rate: 34 min./inch

Date of Tests 6/11/2013 to 6/12/2013 Weather: Precipitation 0 Temperature 85°

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	26	6/11	12:00pm	6/11	4:00pm	6/12	11:00am	6	6/12	2:00pm	10	7/8	11
2	24	"	"	"	"	"	"	"	"	"	"	15/16	8
3	23	"	"	"	"	"	"	"	"	"	"	1 3/4	6
4	24	"	"	"	"	"	"	"	"	"	"	1	10
5	23	"	"	"	"	"	4:00pm	6	"	4:30pm	30	7/8	34
6	25	"	"	"	"	"	"	"	"	"	"	1	30

Sum of Percolation Rates: 99

Average of Rates: 17

Rate Used for Calculation: 34 (20 mpi variance)

Person Conducting Percolation Tests

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

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

Address 13800 NW 70th St

Raymond, NE 68428 # C1198

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

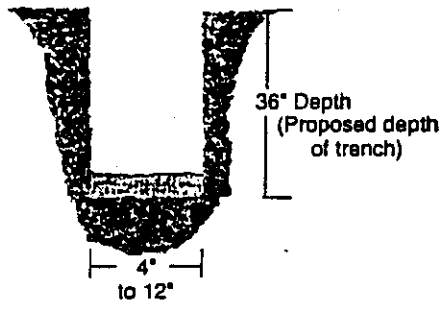
FORM 23-101 10-96

READ THOROUGHLY

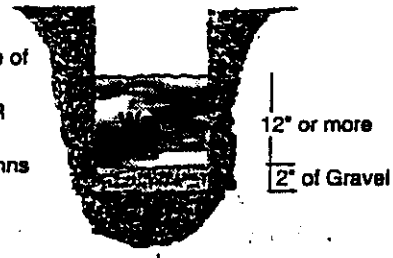
DIAGRAM OF PERCOLATION TEST PROCEDURE

Finished Grade or Natural Ground Level

I. Size, Number, and Location or Test Holes
   - A. Dig six or more holes spaced uniformly over proposed lateral field site.
   - B. Scratch smeared spots on sides of hole.
   - C. Remove loose material from hole.
   - D. Add 2" of gravel to hole.

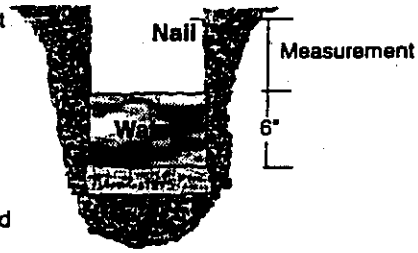


II. Saturation of Soil (Pre-soak)
   - A. Fill hole with 12" or more of water.
   - B. MAINTAIN THIS WATER LEVEL FOR 4 HOURS.
   - C. Record on Form B columns a thru f.



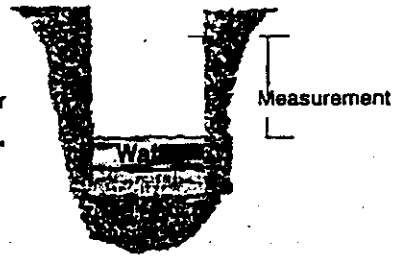
24 Hours Later

III. Percolation-rate Measurement **(refer to Instructions 5a, 5b, or 5c.)**
   - A. Add 6" of water.
   - B. Measure from fixed reference point (nail) to water.
   - C. Record measurement and time on front of Form B.



½ hour later
(30 minutes)

   - D. 30 minutes later remeasure and record time.
   - E. If water will be too low for another reading 30 minutes later, adjust to 6" of water and remeasure and record time.



   - F. Continue for 3½ hours taking readings every 30 minutes.
   - G. Last 30 minute reading is used in filling out Form B. Record date, time, intervals and water level drops in column g thru m.

Instructions

1. **Number and location of tests.** Percolation tests shall be made in 6 or more separate test holes which shall be spaced uniformly over the proposed lateral field site.
2. **Type of test hole.** Dig or bore a hole 3 feet deep with a diameter of 4 to 12 inches. (To save time, labor and the volume of water required per test, a 4-inch auger hole is recommended).
3. **Preparation of the test hole.** Scratch or roughen any smeared spots on the sides of the hole with a knife blade or sharp pointed instrument to provide a natural soil interface into which water may percolate. Remove all loose material from the hole. Add 2 inches of gravel to protect the bottom from scouring when water is poured into the hole.
4. **Saturation and swelling of the soil.** Fill the hole with clear water to a depth of 12 inches or more above the gravel and maintain this water level at least 4 hours and preferably overnight. The accuracy and true value of the percolation data depends on thorough saturation and swelling of the soil.
5. **Percolation-rate measurement.** Percolation-rate measurements shall be made 24 hours after starting the saturation and swelling procedure described above. Record results on the front of this form and complete all calculations.
   a. If water remains in the test hole after the overnight swelling period, adjust the depth to approximately 6 inches over the gravel. From a fixed reference point, measure the drop in water level over a 30 minute period to the nearest 1/8 of an inch. This drop is used to calculate the percolation rate.
   b. If no water remains in the test hole after the overnight swelling period, add clear water to bring the depth to approximately 6 inches over the gravel. From a fixed point, measure the drop in water level to the nearest 1/8 of an inch at 30-minute intervals for 4 hours. Refill to the 6 inch level over the gravel as often as necessary. The drop that occurs during the final 30 minutes is used to calculate the percolation rate.
   c. In sandy soils (or other soils in which the first 6 inches of water seeps away in less than 30 minutes after the overnight swelling period) the time interval between measurements shall be 10 minutes instead of 30 minutes and the test run for 1 hour instead of 4 hours. The drop that occurs during the final 10 minutes is used to calculate the percolation rate.
6. **Record the test results and complete all calculations on the front of this form.** The average of the percolation rates calculated for all holes in the last 30 (10) minutes will normally be the rate used for calculations to size the system. ***Exceptions are the use of the greatest percolation rate when rates vary more than 20 min/in between holes or when other soil analysis indicates potential percolation problems.***

LLCHD reserves the right to require additional testing based on knowledge of soil types, percolation tests results on nearby properties, or due to concerns with procedures followed. In some situations, LLCHD staff will require and perform on-site observation of percolation tests.

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

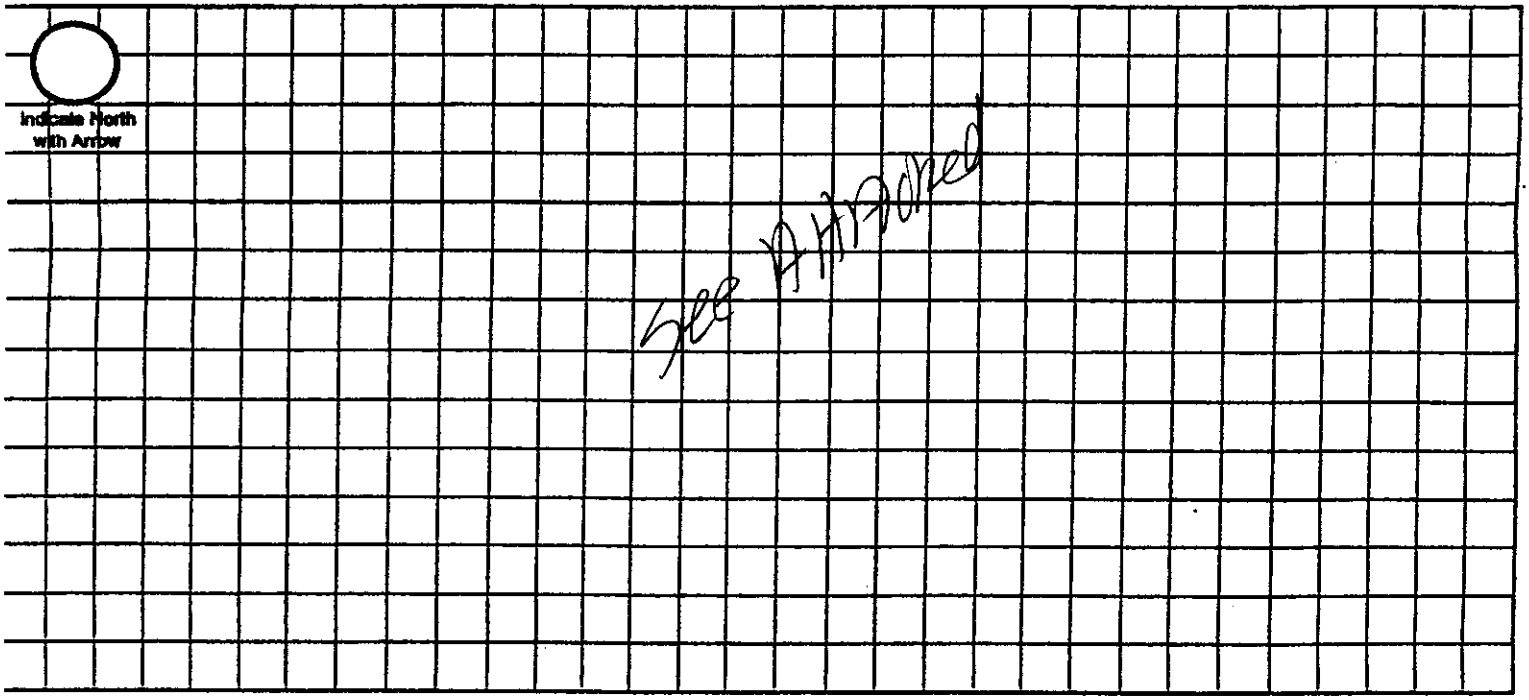
C

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) 21101 N. 14th St City Conestoga NE, Zip 68017

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 34 (min. per inch) Soil Type: Silt loam Land Slope: _____ %

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

Total Square Feet of Field Required: 1,225 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☒ Other Lateral Material: ADS Gravelless Chambers

Capacity of Septic Tank 2,000 gals* Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 345 ft. Number of Trenches 3 Trench Width 40"

* existing 1,000 tank, adding new 1,000 gallon tank.

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 Existing Home Date 8-2-13

Installer Ken L. Johnson Date 8-2-13

FORM 23-102 10-96

SCANNED

Application to Alter, Extend or Repair an Onsite Wastewater Treatment System

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

HS000797

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1. **Legal description of property:**
   Township 12 Range 6 1/4 ____ 1/4 SE Section 11
   Block ____ Lot 15 Addition ____
   Parcel ID 13 - 11 - 400 - 005 - 000 (i.e. 99-99-999-999-999)

   Street Address (no rural route) 21101 N. 14th St Ceresco, NE 68017

2. **Property use:** ☒ residential ☐ commercial ☐ other use No oversized Tub or Disposal
   Number of bedrooms 5 Describe ____

3. **Type of Present Individual Disposal System** ☒ septic system ☐ lagoon ☐ other

4. **Description of proposed alteration, extension or repair** replace drainfield, existing 1,000 Gallon tank in Good Condition. Perc Rate of 34 mpi, need 1,375 SqFt of drainfield or 345'. Adding an additional 1,000 Gallon tank also

5. **Work to be done by:** ☐ owner ☒ contractor's name Lloyd Jakowlew, Raymond Contracting

6. **Estimated project:** a. Repair, replace, or minor extension with a cost less than $400 (no fee required).
   b. Total cost is greater than $400 (Return fee with this application)
   c. A permit is required if the use, operation, location, or type of system is changed.

Print Name John & Marcene Sklenar Address 21101 N. 14th St Ceresco NE Phone: 402-610-0780

Applicant Signature (owner or lessee) [signature]

Please contact LLCHD for the permit fee for this application
Fee must be included before the application will be processed. Incomplete information will delay processing

---

HEALTH DEPARTMENT USE ONLY

Date received 8/8/13 REVIEW: ☑ Approved ☐ Disapproved By: [signature]

Site visits
Date 9/25/13 By DS.
Date ____/____/____ By ____
Date ____/____/____ By ____

Installation final written approval
Date 9/26/13 By Doug Auer

Return application to:

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: 441-8643

Business Office Use Only

Received: Date: 8/12/13 Amount 355.00 Check No. 8172 Initials B. Hall

Revised 3-09

OCT 01 2013

D

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

Permit Number: 115000797

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date 9/25/2013 Legal Description SE 1/4 SE 1/4 S11-T12N-R6E Lot 15 Section Township Range

Onsite System Location

Address (no rural route) 21101 N. 14th St City Ceresco NE, Zip 68017

Owner John & Marcene Skinner Address same

A. Sewer Pipe

1. Material: old pipe. New SDR26
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 12. in.
3. Distance between dwelling and septic tank: 42 ft.
4. Number of clean-outs: Ø
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: old 1000 gallon, New 1000 gallon Concrete
   Number of compartments: 2 Tanks.
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: 5 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 Drop Box End caps.
   Number available outlets: 2 per cap
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 16'+9'+9'+9'+9' ft.

D. Drainfield Absorption

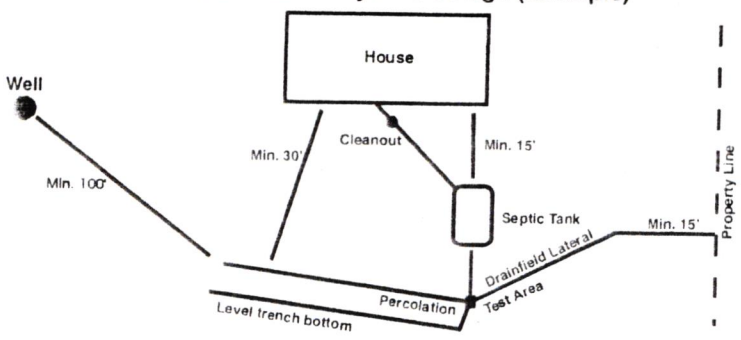
☐ Trench ☐ Bed ☐ Level Bottom

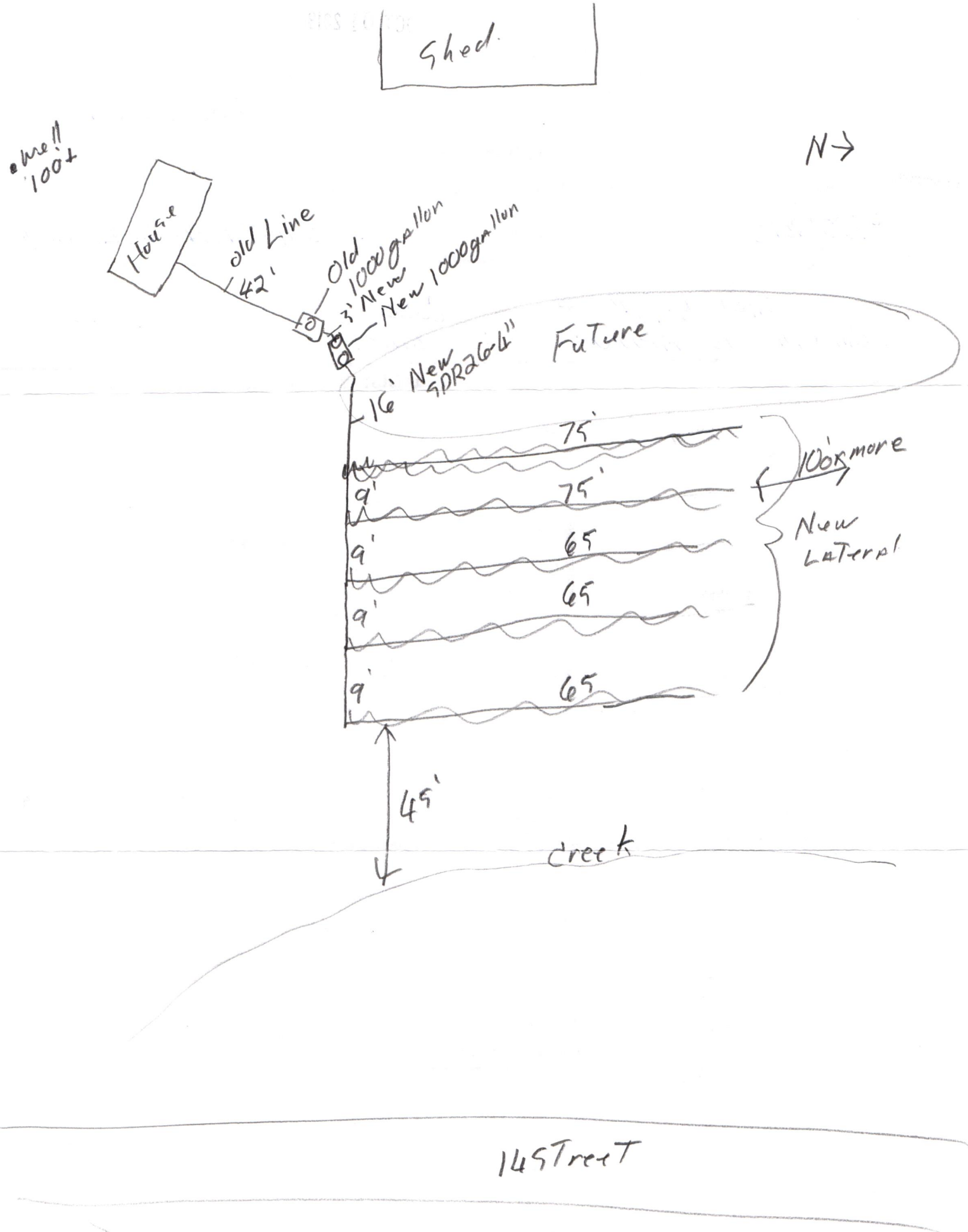
1. Type: ☐ Half rounds ☐ Perforated pipe ☐ Chambers
   Diameter or width: _____
   Number of distribution lines in bed _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other _____
2. Drainfield Laterals: Number 5
   Length of each line: 75 ft. 75 ft.
   65 ft. 65 ft., 65 ft.
3. Drainfield dimensions: Width 40" ft.
   Distribution Pipe Slope Flat in/100 ft.
   Average depth 36 - 48 in
4. Filter material: Soil
   Depth of material 36-48 in.
5. Distances to: Well or suction line 100 ft.
   Pressure line 100 ft.
   Property line 10' ft.
   House or building 100 ft.
   Lake or Stream 100 ft.

Complete As-Built drawing on the back fo this form.

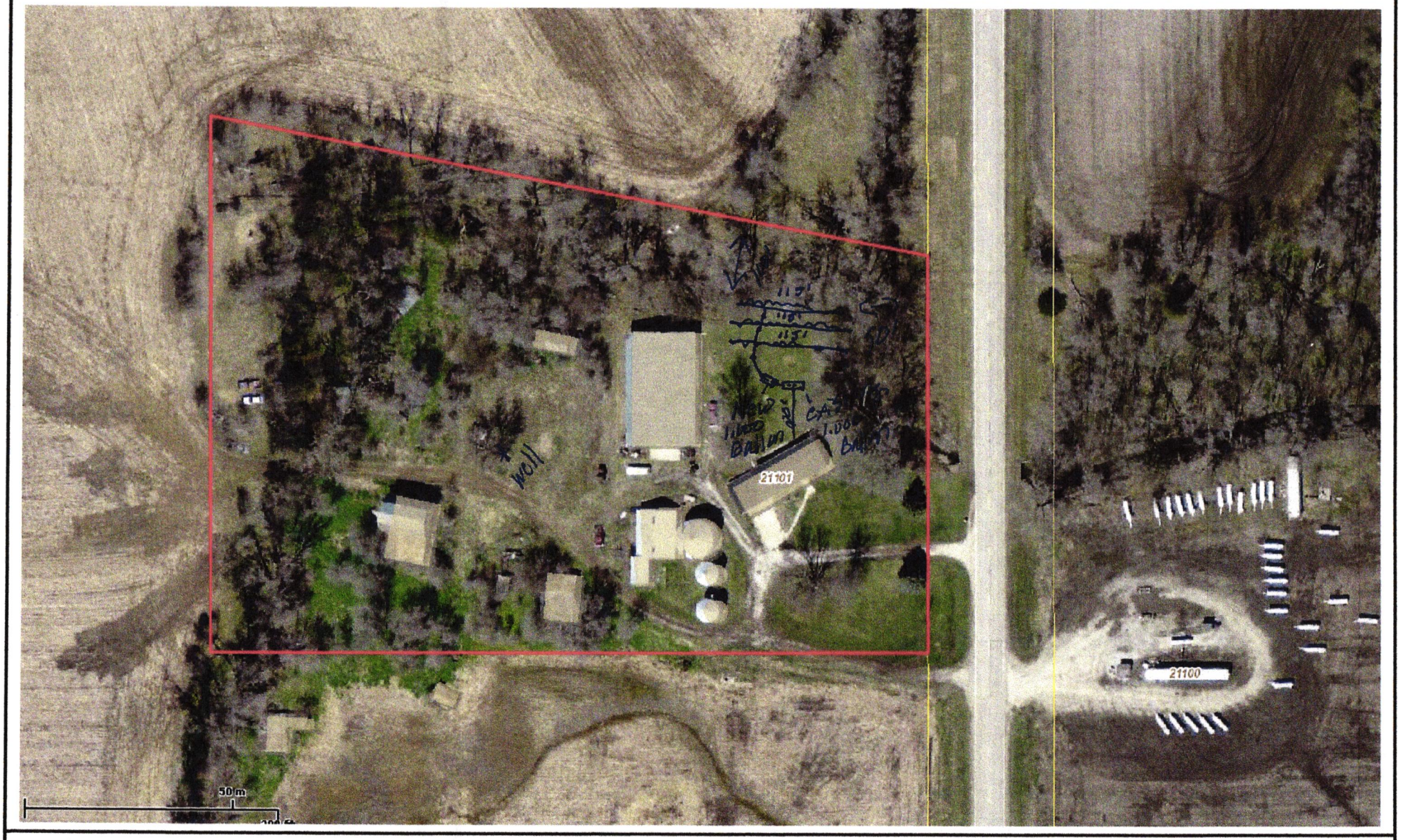
Indicate North with Arrow

Onsite Wastewater System Design (Example)




Shed
well
100'
N→
House
old Line
42'
Old
1000 gallon
3' New
New 1000 gallon
16' New SDR26 6"
Future
75'
9'
75'
100's more
9'
65
New
Lateral
9'
65
9'
65
45'
creek
145 Street

SCANNED



N
W E
S

Lancaster County/City of Lincoln GIS Map

John & Marcene Sklenar 402-610-0780

Printed: Aug 02, 2013

DISCLAIMER: The information is presented on a best-efforts basis, and should not be relied upon for making financial, survey, legal or other commitments. If you have questions or comments regarding the data displayed on this map, please email ags@lincoln.ne.gov and you will be directed to the appropriate department.