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

A

Permit Number
HS0009933

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 19333 NW 86 ct (no rural route) City Valparaiso, NE Zip 68065

Legal Description 22 / 12 / 5 SP North Branched Oak 1st / 4

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

PID 06-22-202-004-000

B. Owner

Name Thomas Jochum Signature

Address 19333 NW 86 ct City/State/Zip Valparaiso NE 68065

Home Phone 402-784-2272 Work Phone 402-429-3049

C. Certified Installer

Name: Jason Kubik Signature

Address 105 Locust St City/State/Zip Hickman NE 68372

Work Phone 440-7666

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 4.51

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
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature

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

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

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

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. HS000933

System Type: Lagoon

Situs: 19333 NW 86TH CT., RURAL, NE

Issued: 7/21/2014

Expires: 7/21/2015

Description: NORTH BRANCHED OAK ESTATES 1ST ADDITION, Lot 4

Owner: JOCHUM, JEAN L & THOMAS J
19333 NW 86 CT
VALPARAISO, NE 68065

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

JASON KUBIK
105 LOCUST ST
HICKMAN, NE 68372

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

SCANNED

A

Permit Number
HS0000933

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 19333 NW 86th ct (no rural route) City Valparaiso, NE Zip 68065

Legal Description 22 12 5E North Branched Oak 1st 4
(1/4 | 1/4 | Section | Township | Range | Subdivison | Addition | Block | Lot)

PID 06-22-202-004-000

B. Owner

Name Thomas Jochum Signature

Address 19333 NW 86th ct City/State/Zip Valparaiso NE 68065

Home Phone 402-784-2272 Work Phone 402-429-3049

C. Certified Installer

Name: Jason Kubik Signature

Address 105 Locust St City/State/Zip Hickman NE 68372

Work Phone 440-7000

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 4.51
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 7/2/14 Line & lagoon - Needs Gener Date rec'd 7/21/14 Date frwd 7/21/14
Comments
ACTION ☐ Approved ☐ Disapproved
Signature

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

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

Installation Final Written Approval
By
Date 10/28/14

Business Office Use Only
Date Received 7-16-14 Amount Paid 365.00
Received By LCook Cash/Check No. 2111

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

009072

(402) 441-8000

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 06380321601

Issued 07/07/06
Expires 07/07/07
Revenue Code 3157

Establishment

ASPEN BUILDERS
T12N R5E SEC 22
NO BRNCHED OAK EST-1 LOT 4
19333 NW 86 CT-RAYMOND

FEES: $275.00

Permittee

ASPEN BUILDERS
1640 NORMANDY CT
STE A
LINCOLN NE 68512

TOTAL: $275.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

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

JUL 07 2006 **A**

Permit Number: 06380321601

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

☒ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address 19333 NW 86TH Ct. (no rural route) City Raymond NE, Zip 68428

Legal Description 22 12N 5E N. Branched Oak Estates, 1ST 4
1/4 1/4 Section Township Range Subdivision Addition Block Lot

Geographical Location (if known): Longitude _____ Latitude _____

☒ Check if system mail address is not the same as the owner's address

B. Owner

Name Aspen Builders Signature [signature]

Address 1640 Normandy Ct City/State/Zip Lincoln 68512

☐ Check if owner designed system Home Phone _____ Work Phone _____

C. Contractor

Name Bob Benes Company Name Aspen Builders Inc.

Address 1640 Normandy Ct. Ste A City/State/Zip Lincoln NE 68512

☒ Check if contractor designed system Work Phone 423-6811

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

Designer Name _____ Firm _____ Work Phone _____

E. This System Will Serve a

☒ 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.

DO NOT WRITE BELOW THIS LINE

Approval Process

☐ Municipal Code 24.38 ☒ County Resolution No. 2832

1. **Health Department**
   Date rec'd 7/7/06
   Date frwd 7/10/06
   ACTION ☒ Approved ☐ Disapproved
   Signature Jerrold C. Hood

2. **Supt. Bldg. Insp. or Village Clerk**
   Date rec'd 7-10-06
   Date frwd 7-10-06
   ACTION ☒ Approved ☐ Disapproved
   Signature [signature]

3. **City or County Engineer**
   Date rec'd _____
   Date frwd _____
   ACTION ☒ Approved ☐ Disapproved
   Signature Jim Plough

Installation Final Written Approval

By Doug Amgr

Date 11/21/06

Business Office Use Only
Date Rec'd 7/7/06
Amt Paid 275.00
Rec'd By LO Cash/Check No. 13086

FORM 23-100 10-96

White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

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

B

Permit Number: 06380321b

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 19333 NW 86th Ct. (no rural route) City Raymond NE, Zip 68428

Owner Aspen Builders Inc. Addresss 1640 Normandy Ct. Ste A Lincoln, NE 68512

Soil Type (SCS): ShC, SkD2 Percolation Rate: _____ min./inch

Date of Tests 6-28 to 6-29 Weather: Precipitation Dry Temperature 70-90

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	36	6-28	10:30 AM	6-29	8:44 AM	6-29	8:45	21	6-29	9:15	30	2 1/4"	13.33
2					8:50		8:50	28		9:20		2 1/4"	13.33
3					8:55		8:55	20		9:25		3"	10.00
4					9:00		9:00	18		9:30		2 1/2"	12.
5					9:20		9:20	21		9:50		2 3/4"	10.9
6	↓	↓	↓	↓	9:30 AM	↓	9:30	23	↓	10:00	↓	3 1/4"	9.23

Person Conducting Percolation Tests

Name: Bob Benes

Phone: 416-9650

Address 1640 Normandy Ct. 68512

Sum of Percolation Rates: 68.79

Average of Rates: 11.46

Rate Used for Calculation: 12

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks Seems a little fast for standard Sharpsburg Silty Clay Loam

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. Date JULY 7, 2006

FORM 23-101 10-96

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

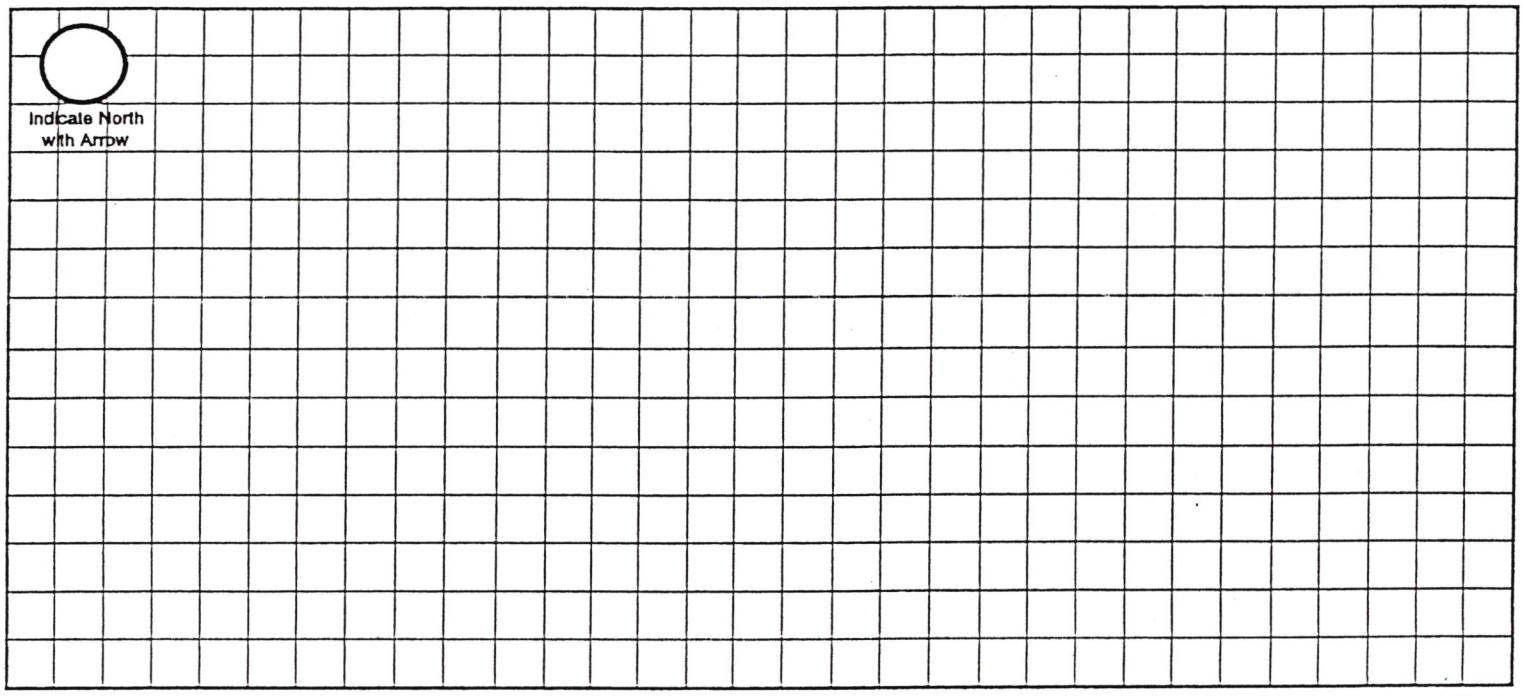
C

Permit Number: 063803216

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) 19333 NW 86th Ct. 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 12 (min. per inch) Soil Type: SkC, SkD2 Land Slope: 2-3 %

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

Total Square Feet of Field Required: 630 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: gravelless chamber

Capacity of Septic Tank 1000 gals Number of Absorption Beds: N/A Number of Distribution Laterals per Bed _____

Total Length of Laterals ~~150~~ 158 ft. Number of Trenches 2 Trench Width 3'

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 ☐	☐

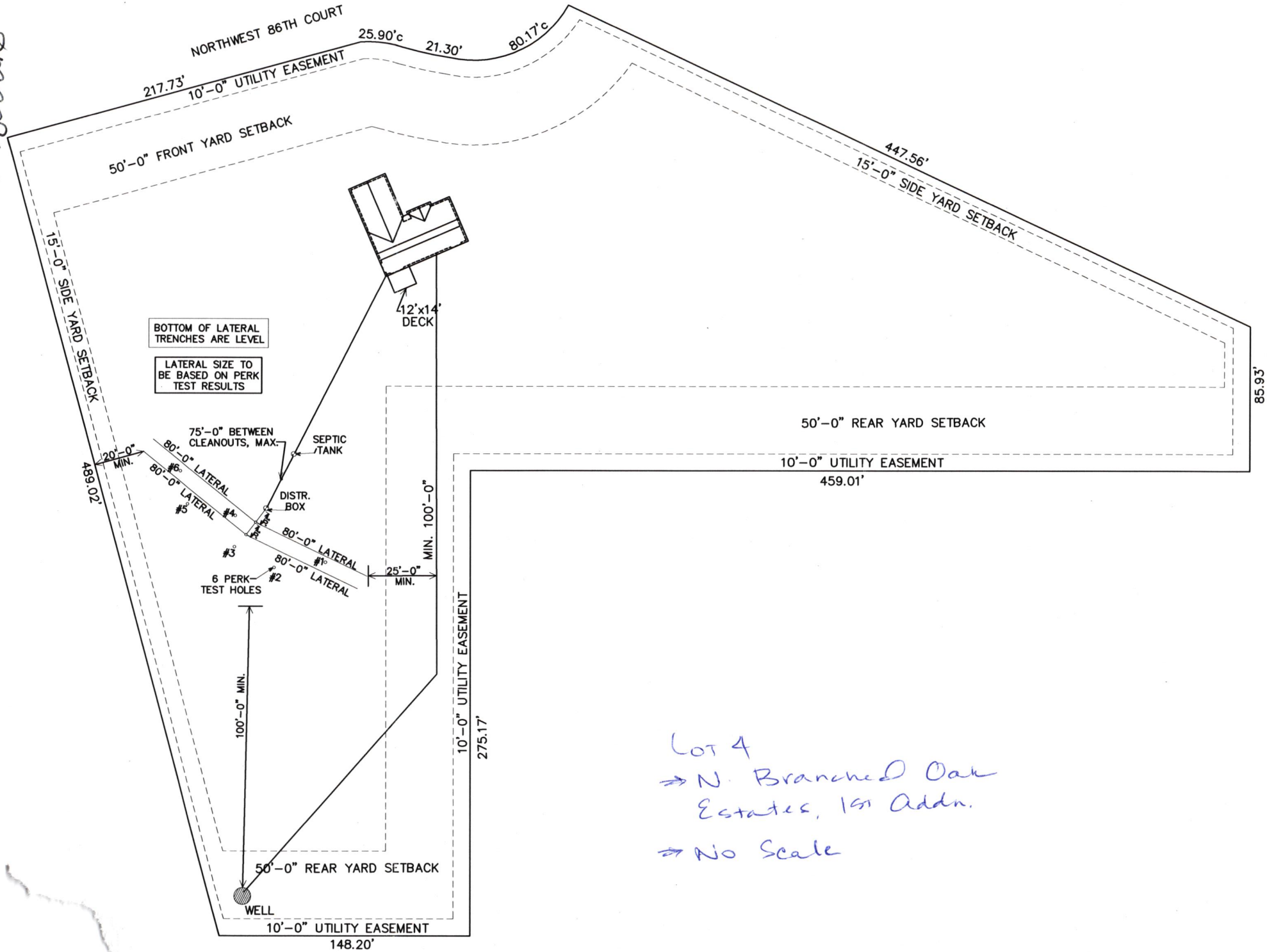
E. Required Signatures

Home Building Contractor _____ Date 6-2-06

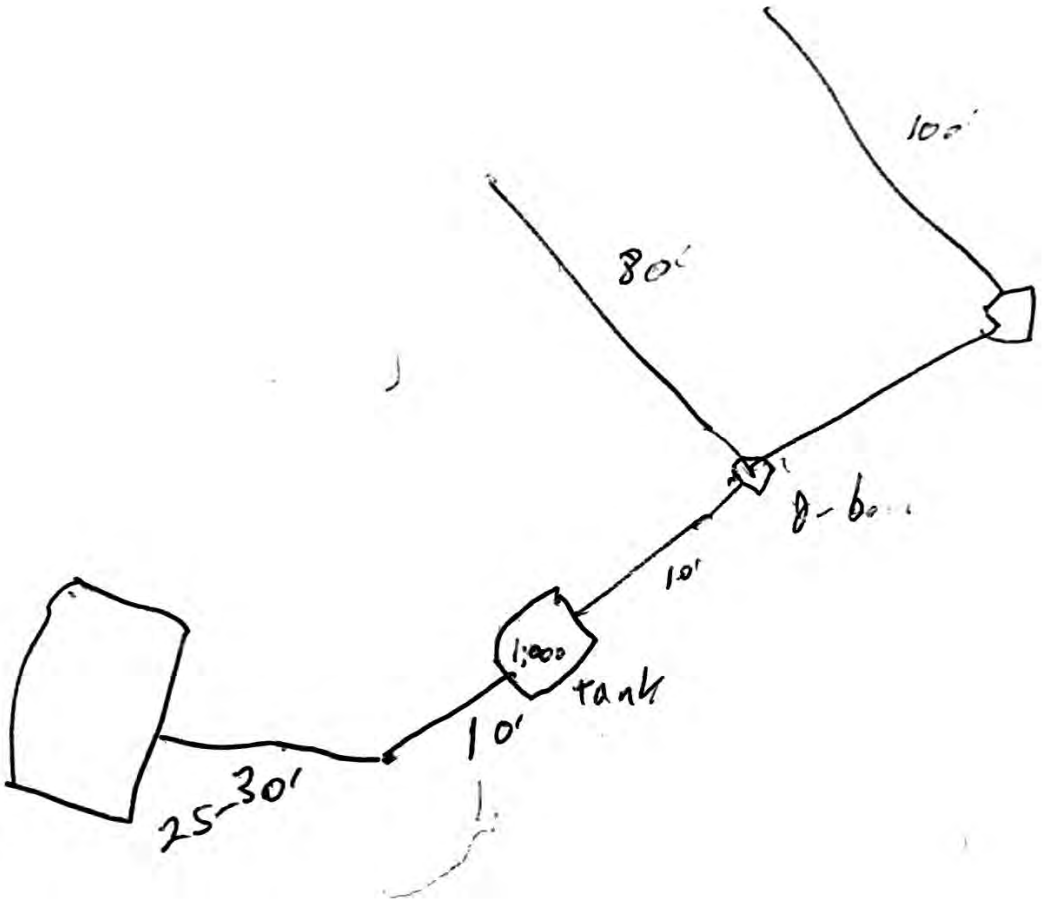
Installer _____ Date 7-2-06

FORM 23-102 10-96

06380316



Lot 4
⇒ N. Branched Oak Estates, 1st Addn.
⇒ No Scale


100'
80'
8-6
10'
1,000
tank
10'
25-30'