SEP 30 2014

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

A

Permit Number HS000977

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 7401 SW 61st St (no rural route) City Denton NE Zip 68339

Legal Description NE 24 9N 5E Yankee Lake Acres 1 2
(1/4 | 1/4 | Section | Township | Range | Subdivision | Addition | Block | Lot)

PID 03-24-201-000-000 (03 24-201-003-000)

B. Owner

Name Timothy & Susanne Beckmann Signature Susanne Beckmann

Address 1748 Culbera St City/State/Zip Lincoln NE 68521

Home Phone 402-730-4693 Work Phone

C. Certified Installer

Name: Lloyd Jakubek Raymond Contracting Inc Signature Mark A Jakubek for Lloyd

Address 1381 NW 70th St City/State/Zip Raymond NE 68428

Work Phone 402-945-6009

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 5.01
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 Date rec'd
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature
Comments

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 10-01-14 Amount Paid $375.00
Received By SB Cash/Check No. 8483

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

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

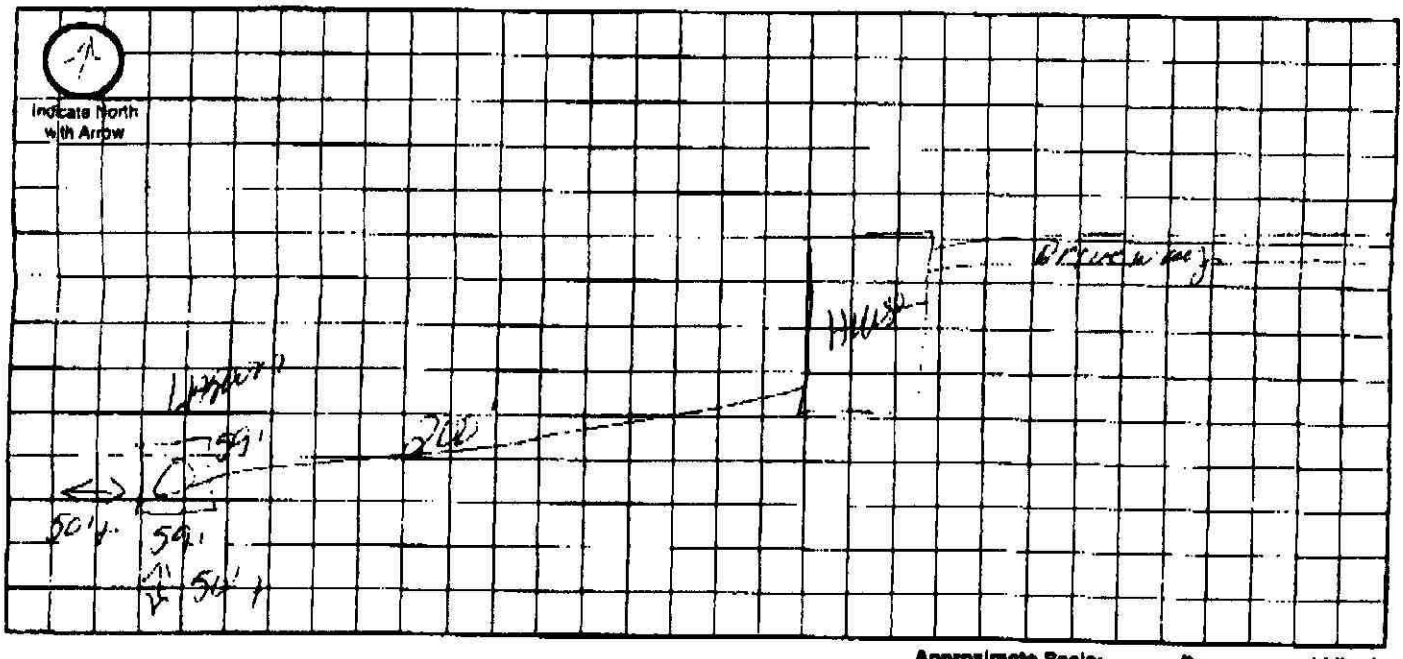
C

Permit Number: HS000977

Onsite Wastewater Treatment System

Preliminary Plan Specifications

Draw a plot plan showing onsite system sewer lines, drop of distribution boxes, tank, drainfields, percolation test holes, well, residence, direction of groundwater flow, property lines, and reserve area for replacement onsite system.



Approximate Scale: _____ ft. = _____ grid line/s

A. Onsite System Location

Address (no rural route) 7401 S. 101st St City Ventura NE, Zip 68338

B. Proposed Septic Tank/s

Septic Tank Cap._____ gals Tank Material: ☐ Concrete ☐ Plastic ☐ Other_____ ☒ Lagoon(Max. seepage 1/8" per day)

C. Reserve Area for Replacement Onsite System

☐ Drainfield Absorption Area (percolation test required) ☐ Lagoon

D. Drainfield Absorption System

Percolation Rate_____ (min/inch = mpi) No. of Bedrooms _____ Soil Type_____ Land Slope_____%

☐ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield_____sq.ft.

Total length of laterals_____ Type of distribution: ☐ Perforated pipe ☐ Half-Round ☐ Chamber ☐ Other

No. of absorption trenches_____ Width_____ No. of drop boxes_____ Distrubtion Box_____

No. of absorption beds_____ Width_____ No of Distribution lines per bed_____

E. 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 ☒	☒

F. Required Signatures

Home Building Contractor _____ Date 9/23/14

Installer _____ Date 9/23/14

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. HS000977

System Type: Lagoon

Situs: 7401 SW 61 ST, RURAL, NE

Issued: 10/7/2014

Expires: 10/7/2015

Description: YANKEE LAKE ACRES, BLOCK 1, Lot 2

Owner: BECKMANN, SUSANNE & TIMOTHY T
1748 CULBERA ST
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 ST
RAYMOND, NE 68428

SCANNED

SEP 30 2014

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

A

Permit Number
HS000977

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Legal Description NE 24 9N 5E Yankee Lake Acres 1 2
1/4 1/4 Section Township Range Subdivision Addition Block Lot

PID 63-24-201-000-000 (63 24-201-003-000)

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Name Timothy & Susanne Beckmann Signature Susanne Beckmann

Address 1748 Cubera St City/State/Zip Lincoln NE 68521

Home Phone 402-730-4693 Work Phone

C. Certified Installer

Name: Lloyd Jahnke Raymond Contracting Inc Signature for Lloyd

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Work Phone 402-945-6009

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Designer Name Firm Work Phone

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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 5/22/15 (Spoke Lagoon D.C.) Date rec'd
Comments Fence 5/29/15 Date frwd 10/2/14
ACTION ☒ Approved ☐ Disapproved
Signature Doug Ahuck

2. **Supt. Bldg. Insp. or Village Clerk**
Comments Date rec'd 10-2-14
Date frwd 10-2-14
ACTION ☒ Approved ☐ Disapproved
Signature

3. **City or County Engineer**
Comments none Date rec'd 10/02/14
Date frwd 10/02/14
ACTION ☒ Approved ☐ Disapproved
Signature

Installation Final Written Approval
By Doug Ahuck
Date 6/1/15

Business Office Use Only
Date Received 10-01-14 Amount Paid $375.00
Received By SB Cash/Check No 8483

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

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

MAY 29 2015

D

Permit Number: HS000977

Onsite Wastewater Treatment System

As Built Plans & Specifications

Block 1 Lot 2

Date May 22, 2015 Legal Description NE 1/4 1/4 24-9N-5E Section Township Range Yankee Little Acres

Onsite System Location

Address (no rural route) 7401 SW 61st St City Denton, NE Zip 68339

Owner Timothy & Susanne Beckmann Address 1748 Culbertson St Lincoln, NE

A. Sewer Pipe

1. Material: SDR 26
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 18 in.
3. Distance between dwelling and ~~septic tank~~ Lagoon: 207 ft.
4. Number of clean-outs: 3
5. Distances to: well or suction line 100+ ft.
   stream 100 ft.
   pressure line 100 ft.
   property line 50 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

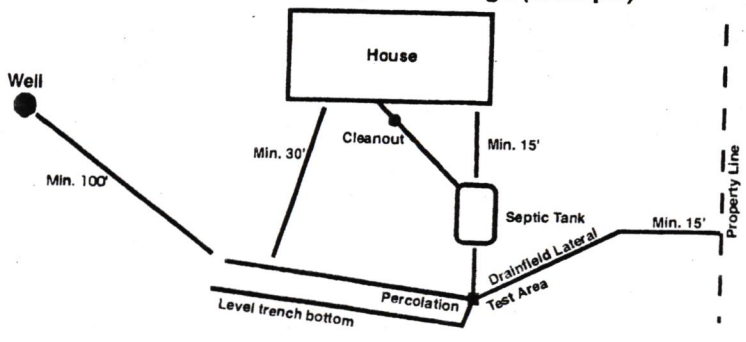
☐ Trench ☐ Bed ☐ Level Bottom

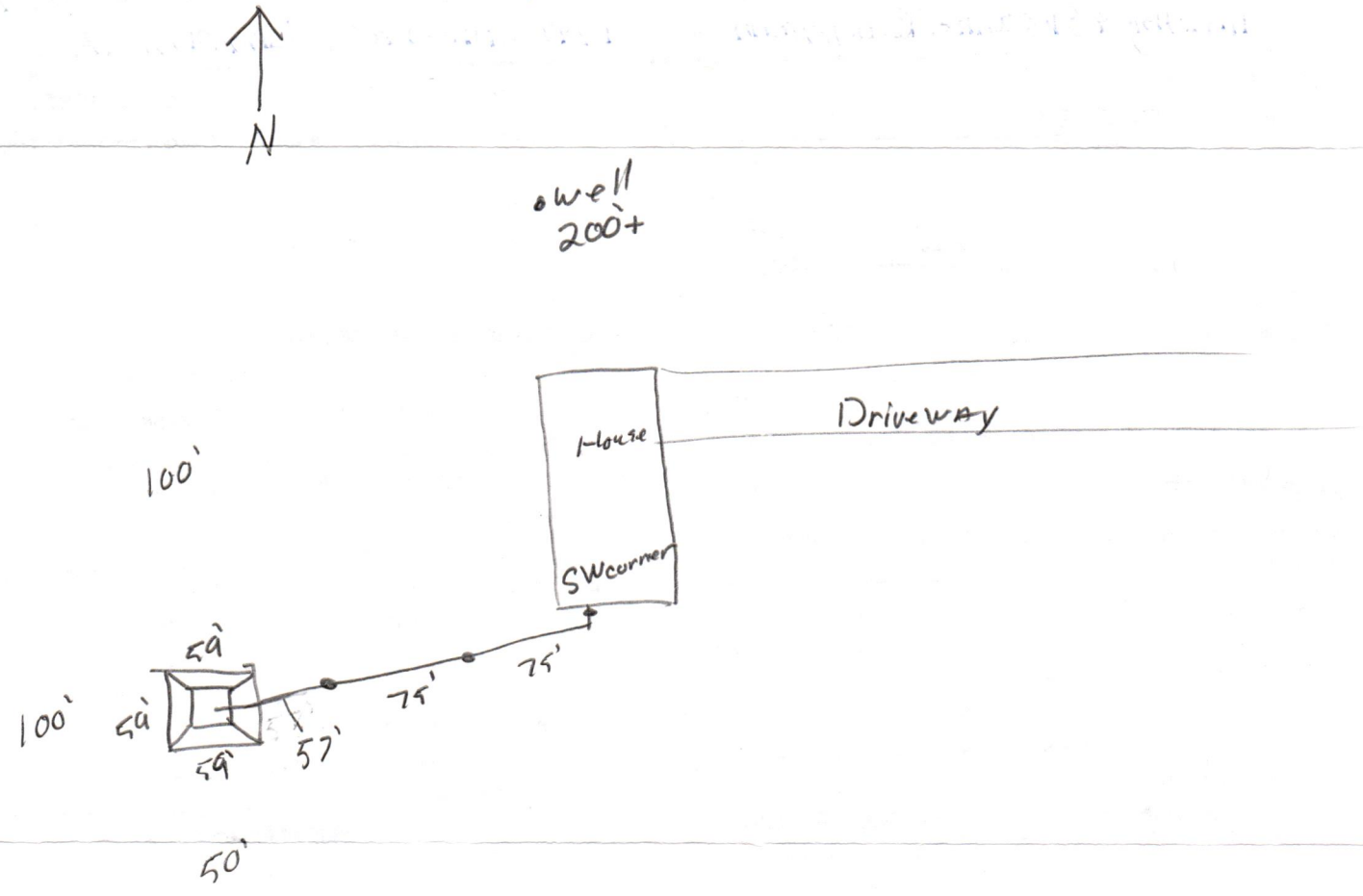
1. Type: ☐ Half rounds ☐ Perforated pipe ☐ Chambers
   Diameter or width: _____
   Number of distribution lines in bed _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other _____
2. Drainfield Laterals: Number _____
   Length of each line: _____ ft. _____ ft.
   _____ ft. _____ ft., _____ ft.
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.

Onsite Wastewater System Design (Example)

Indicate North with Arrow





5/22/2015

Raymond Contracting, Inc.
Lloyd J Jakoubek
13800 NW 70th St
Raymond, NE 68428
402-783-2663