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

OCT 17 2014

A

Permit Number
HS000986

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 2360 W. MASEK DRIVE (no rural route) City RAYMOND, NE Zip 68428

Legal Description 9 11N 6E MASEK'S 1ST 1 4
(1/4 1/4 Section Township Range Subdivison Addition Block Lot)

PID 12-09-101-004-000 SB

B. Owner

Name Kurt VrKosh Signature

Address 1525 IRVING City/State/Zip Lincoln, NE 68521

Home Phone Work Phone

C. Certified Installer

Name: Bob Benes Signature

Address 6620 Se. Face Cir City/State/Zip Lincoln, NE 68512

Work Phone 416-96600

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 5 Whirlpool Bathtub? ☑ Yes ☐ No Total Acres 3
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
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

Business Office Use Only
Date Received 10-21-14 Amount Paid $375.00
Received By SB Cash/Check No. 16176

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

B

Permit Number: HS000986

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 2360 W. MASEK DRIVE (no rural route) City RAYMOND NE, Zip 68428

Owner KURT & JACKIE URKOSKI Addresss 5817 N. 20TH STREET, LINCOLN, NE. 68521

Soil Type (SCS): Pawnee & Yutan Percolation Rate: _____ min./inch

Date of Tests 10-12- to 10-14 Weather: Precipitation .20" MOIST Temperature 50°

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	34"	10-12	2pm	10-14	9AM	10-14	9 AM	6	10-9	9:30	30	2 1/2	12
2	32"						9:01	3		:31		3	10
3	30"						:02	4		32		2 3/4	11
4	36"						:03	3		33		3 1/4	9
5	34"						:04	6		34		2 3/4	11
6	30"						:05	7		35		2 3/4	11

Sum of Percolation Rates: 64
Average of Rates: 11
Rate Used for Calculation: 40

Person Conducting Percolation Tests

Name: Todd Bures
Phone: 416-9660
Address: 1633 Normandy Ct
Lincoln, NE 68512

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-98

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

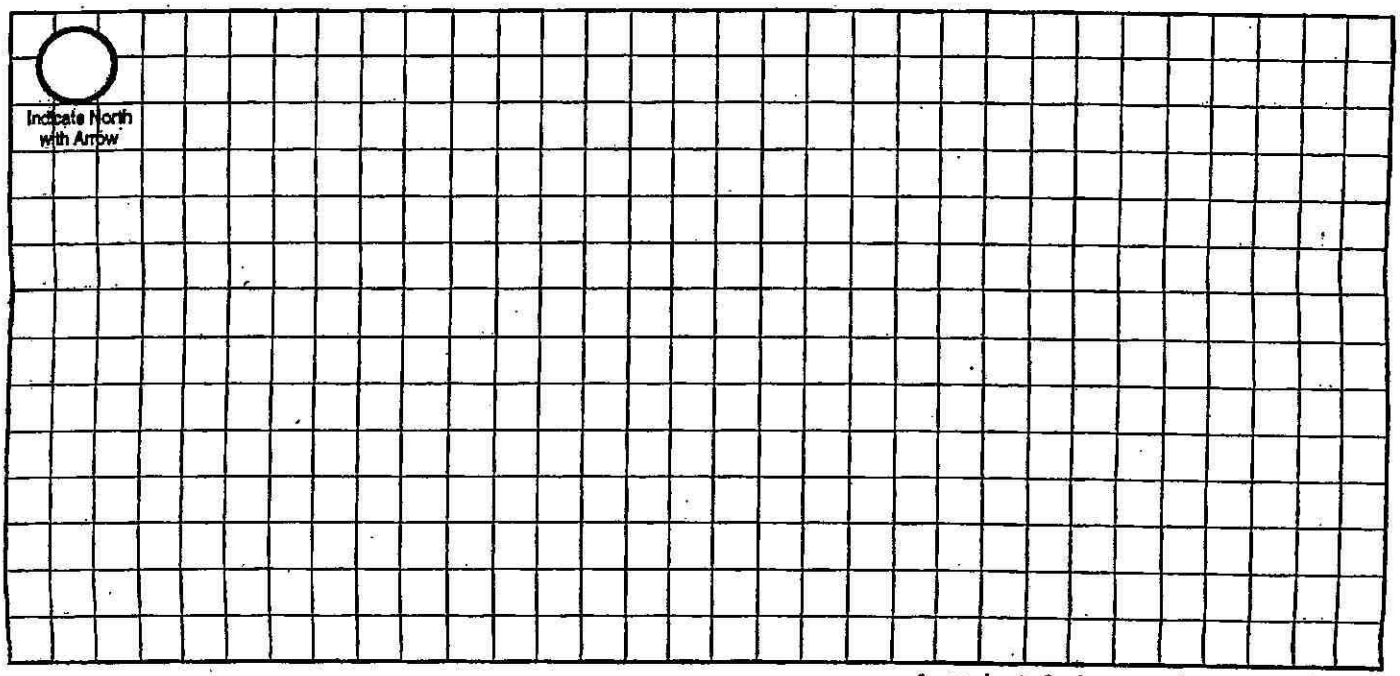
C

Permit Number: HS000986

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) 23600 W. MASEK DRIVE City RAYMOND NE, Zip 68428

B. Proposed Septic Tank/s

Septic Tank Cap. 2000 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 40 (min/inch = mpi) No. of Bedrooms 5 Soil Type Pawnee / Judson Land Slope 1-3 %

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 1375 sq.ft.

Total length of laterals 377 Type of distribution: ☐ Perforated pipe ☐ Half-Round ☒ Chamber ☐ Other

No. of absorption trenches 3 Width 3' No. of drop boxes 0 Distrubtion Box 0

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

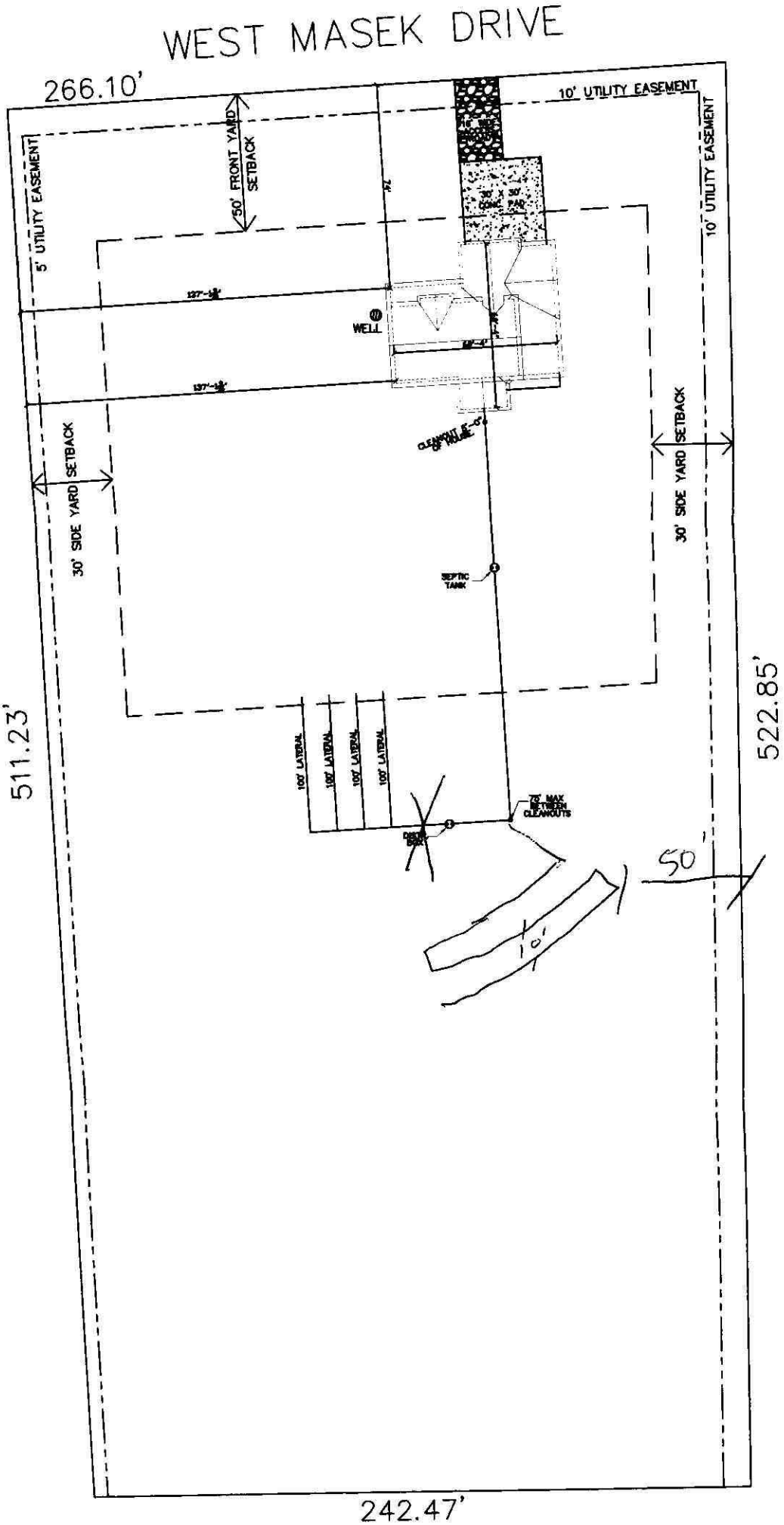
E. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

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 10-13-14

Installer_____ Date 10-13-14


WEST MASEK DRIVE
266.10'
10' UTILITY EASEMENT
5' UTILITY EASEMENT
50' FRONT YARD SETBACK
10' UTILITY EASEMENT
WELL
30' SIDE YARD SETBACK
30' SIDE YARD SETBACK
SEPTIC TANK
100' LATERAL
100' LATERAL
100' LATERAL
100' LATERAL
70' MAX BETWEEN CLEANOUTS
50'
10'
511.23'
522.85'
242.47'

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. HS000986

System Type: Standard

Situs: 2360 W MASEK DRIVE, RURAL, NE

Issued: 10/27/2014

Expires: 10/27/2015

Description: MASEKS FIRST ADDITION, BLOCK 1, Lot 4

Owner: URKOSKI, KURT J & JACQUELYN M
1525 IRVING 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

ASPEN BUILDERS
1633 NORMANDY COURT, SUIT B
LINCOLN, NE 68512

SCAN

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

OCT 17 2014

A

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3 acres or more required for: ☑ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

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PID 12-09-101-004-000 SB

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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

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Site visits
Comments
Date rec'd 10/27/14
Date frwd 10/27/14
ACTION ☑ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd 10-27-14
Date frwd 10-27-14
ACTION ☑ Approved ☐ Disapproved
Signature

3. City or County Engineer
Comments
Date rec'd 10-27-2014
Date frwd 10-27-2014
ACTION ☑ Approved ☐ Disapproved
Signature Kenneth D. Schroeder

Installation Final Written Approval
By
Date 4/28/15

1503

Business Office Use Only
Date Received 10-31-14 Amount Paid $375.00
Received By SB Cash/Check No. 16176

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

Form A Updated: 1/13

MAY 15 2015

11-6-9

D

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

Permit Number: HS000986

Sewage Disposal System

As Built Plans & Specifications

Date 5-12-15

System Location (Indicate correct number and street) RAYMOND

Address 2360 W. MASON DR. (no rural route) City ~~Lincoln~~ NE, Zip 68428

A. Building Sewer

1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 18 in.
3. Distance between dwelling and septic tank: 90 ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line 100 ft.
   stream – ft.
   pressure line 100 ft.
   property line 100 ft.

B. Septic Tank

1. Material: PVC
   Number of compartments: 2
2. Capacity: 2x1000 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter 18 in.
   Over outlet, diameter 18 in.
   Riser: ☑ above ☐ below grade 6 in.
5. Inlet: ☐ baffle ☑ tee
6. Outlet: ☐ baffle ☑ tee
7. Depth to top of tank, below unfinished grade: 20 in.
8. Distances to: Well or suction line 120 ft.
   Stream – ft.
   Pressure line 90 ft.
   Property line 50 ft.

C. Distribution Box

1. Material: PVC
   Number available outlets: 6
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 70 ft.

D. Absorption Field

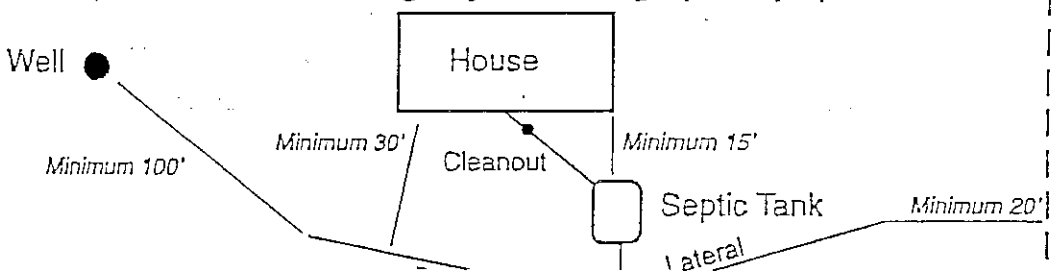
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: Chambers
   or perforated pipe: _____
   Material: ☐ fiberglass ☑ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 3
   Length of each line: 125 ft. 125 ft.
   _____ ft. 125 ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 0 in/100 ft.
   Average depth 30 in
4. Filter material: NONE
   Depth of material _____ in.
5. Distances to: Well or suction line 160' ft.
   Stream – ft.
   Pressure line 150 ft.
   Property line 30 ft.

Complete "As Built" drawing on back of this form.

Indicate North with Arrow

Individual Sewage System Design (Example)



2363 W Masek OR

