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

A

Permit Number
HS001008

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 9560 S. 15th St (no rural route) City Lincoln, NE Zip 68512

Legal Description SW 26 - 9N 6E Ehrlichfield 2
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 09-26-301-002-000

B. Owner

Name Ryan & Carrie Ehrlich Signature Carrie Ehrlich

Address 9560 S. 15th St City/State/Zip Lincoln, NE 68512

Home Phone 402-440-1205 Work Phone 402-440-6727

C. Certified Installer

Name: Lloyd Jakubek Raymond Contracting Signature Lloyd Jakubek for Lloyd

Address 13700 NW 70th St City/State/Zip Raymond, NE 68428

Work Phone 402-890-6009

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 3.01
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
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 12-11-14 Amount Paid $375.00
Received By SB Cash/Check No. 8540

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

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

B

Permit Number: HS001008

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 9500 S. 1st St (no rural route) City Lincoln NE, Zip 68512

Owner Ryan & Carrie Ehrlich Address same

Date of Tests 12/3/14 to 12/4/14 Weather: Precipitation 0 Temperature 43°

Percolation Test Data Table

A.	B.	C. D. E. F. Saturation/Swelling Time				G. H. I. J. K. Water Level Drop Last 30 mins of 4 hr or last 10 mins of 1 hr					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)	Initial Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time Interval	Water Level Drop (in)	Percolation Rates (Min/in = mpi)
1	48	12/3	1:00p	12/3	5:00p	12/4	4:30p	6	12/4	5:00p	30	3/4	40
2	48	12/3	"	"	"	"	"	6	"	"	"	1/16	44
3	48	12/3	"	"	"	"	"	6	"	"	"	15/16	32
								6					
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Terri L. Jakoubek, Raymond Contracting Inc.

Phone: 402-783-2663 or 402-560-3570

Address 13800 NW 70th St

Raymond, NE 68428 #C1198

Soil type (NRCS Maps/Other) 5L

Groundwater Depth >6.7'

Sum of Percolation Rates: 116

Average of Rates: 38.66

Rate Used for Calculation: 39

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Comments (Soil type, groundwater, floodplain, etc.) _____

Signature of Reviewing Official _____ Date _____

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

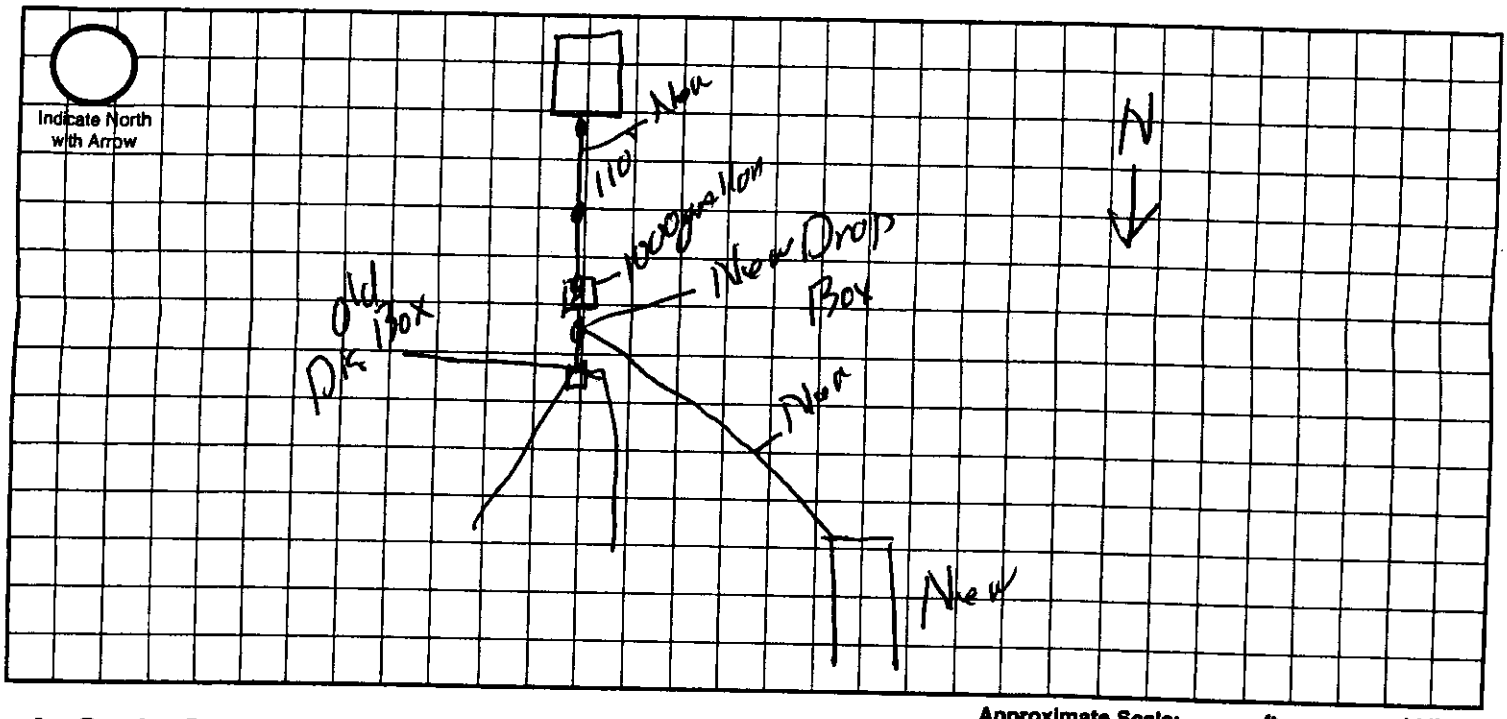
C

Permit Number: HS001008

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) 9560 S 1st St City Lincoln NE, Zip 68512

B. Proposed Septic Tank/s

Existing

Septic Tank Cap. 1000 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 3 Soil Type Judson Land Slope _____ %

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 840 sq.ft.

Total length of laterals 210 Type of distribution: ☐ Perforated pipe ☐ Half-Round ☒ Chamber ☐ Other

No. of absorption trenches 2 Width 40" No. of drop boxes 2 on ends 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 Existing Date _____

Installer Dave Johnson Date 12-3-14

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

D

Permit Number: HS001008

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date 12/5/14 Legal Description SW (1/4) SW (1/4) 26-9N-6E (Section Township Range) Ehrlich Add 2nd 2

Onsite System Location

Address (no rural route) 9500 S. 1st St City Lincoln NE, Zip 68512

Owner Carrie & Ryan Ehrlich Address same

A. Sewer Pipe

1. Material: Plastic SDR26
   Diameter: 4 in.
2. Distance above basement floor: ____ in.
   or distance below basement floor: 12" in.
3. Distance between dwelling and septic tank: 107 ft.
4. Number of clean-outs: 2
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
   Number of compartments: one
2. Capacity: 1000 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter 12" in.
   Over outlet, diameter 18" in.
   Riser: ☐ above ☐ below grade 24 center 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: 60" 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 New Drop / Concrete old DB
   Number available outlets: 2 per Box
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 2' + 12' ft.

D. Drainfield Absorption

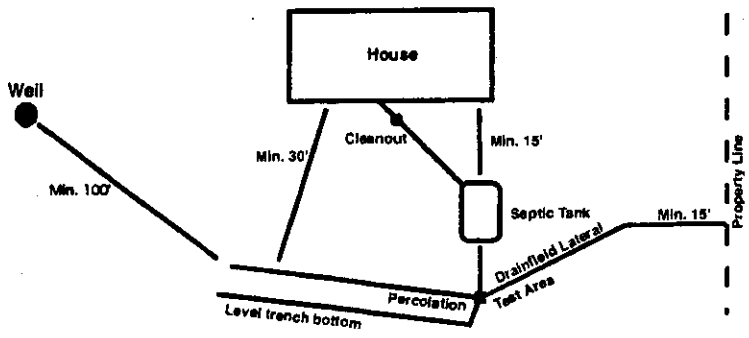
☑ Trench ☐ Bed ☐ Level Bottom

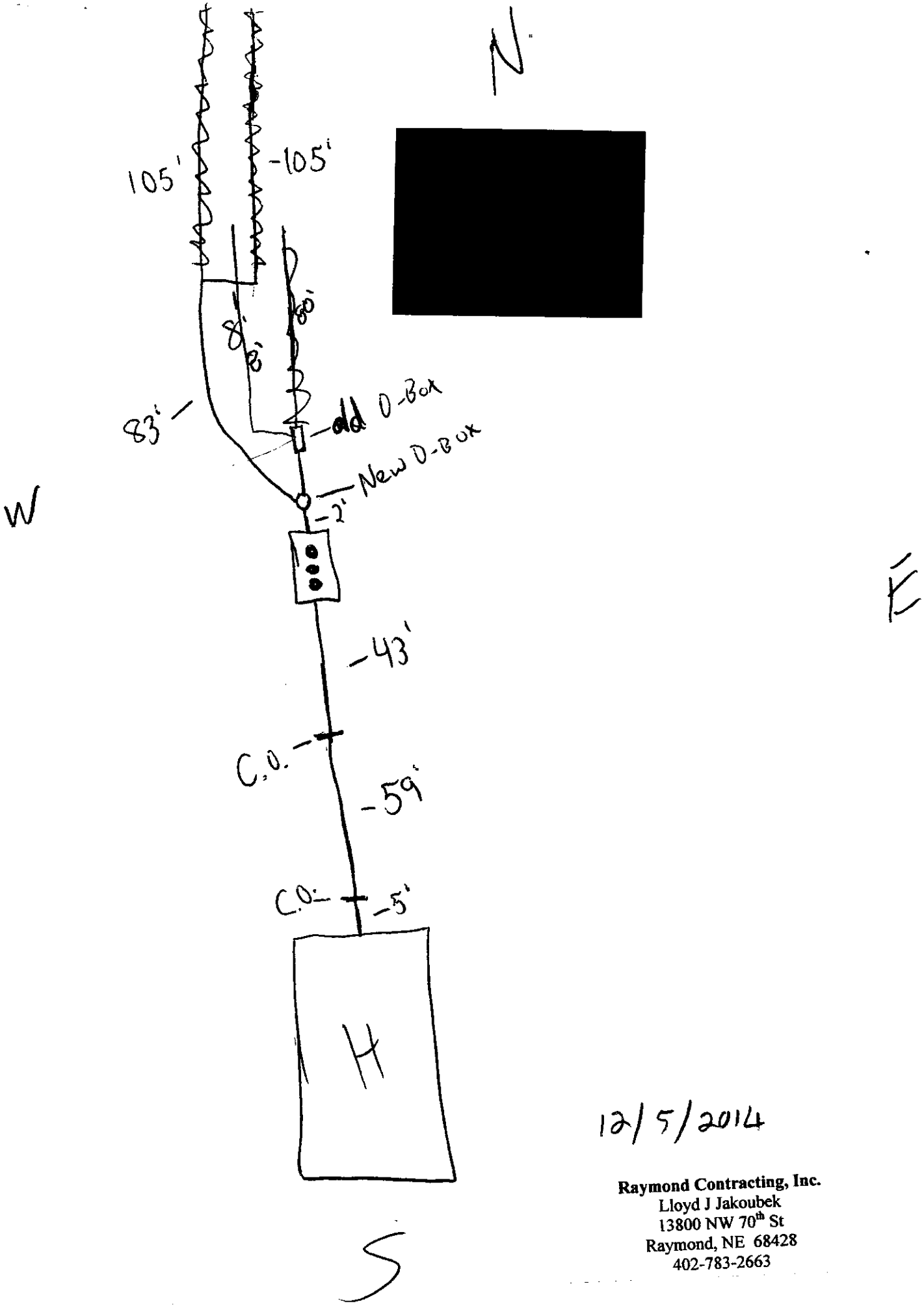
1. Type: ☐ Half rounds ☐ Perforated pipe ☐ Chambers
   Diameter or width: ____
   Number of distribution lines in bed ____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other ____
2. Drainfield Laterals: Number 2 New / 2 old
   Length of each line: old 80' ft. old 80' ft.
   New 105 ft. New 105 ft., ____ ft.
3. Drainfield dimensions: Width 40" ft.
   Distribution Pipe Slope Flat in/100 ft.
   Average depth 48" - 36" in
4. Filter material: Soil
   Depth of material 48" - 36" in.
5. Distances to: Well or suction line 100 ft.
   Pressure line 100 ft.
   Property line 30' ft.
   House or building 100 ft.
   Lake or Stream 100 ft.

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

Onsite Wastewater System Design (Example)

Indicate North with Arrow





12/5/2014

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

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. HS001008

System Type: Standard

Situs: 9500 S 1 ST, RURAL, NE

Issued: 12/15/2014

Expires: 12/15/2015

Description: EHRLICH ADDITION, Lot 2

Owner: EHRLICH, RYAN & CRAMER, CARRIE
9500 S 1 ST
LINCOLN, NE 68512

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

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

SCANNED

A

Permit Number
HS001008

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

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Submit correct fee
with this Application

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

PID 09-26-301-002-000

B. Owner

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Address 9560 S. 1st St City/State/Zip Lincoln, NE 68512

Home Phone 402-440-1205 Work Phone 402-440-6727

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Name: Lloyd Jakubek Raymond Construction Signature Kevin L. Jakubek for Lloyd

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Work Phone 402-890-6009

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

Designer Name Firm Work Phone

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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 ACTION ☐ Approved ☐ Disapproved
Date frwd Signature
Comments

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

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

Installation Final Written Approval
By Doug Meier
Date 12/12/14

Business Office Use Only
Date Received 12-11-14 Amount Paid $375.00
Received By SB Cash/Check No. 8540

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