MAR 20 2015

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

**A**

Permit Number HS001037

# 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 _____ (no rural route) City _____, NE Zip _____

Legal Description NW (1/4) 1/4 22 (Section) 8N (Township) 7E (Range) Mueller (Subdivison) 1 (Addition) 2 (Block) Lot

PID 15-22-105-002-000

## B. Owner

Name Steve & Pam Canavan Signature Pam Canavan

Address 5831 S. 58 City/State/Zip Lincoln NE

Home Phone Pam 573-355-8660 Work Phone 402 430 6510

## C. Certified Installer

Name: Lloyd Jakoubek, Raymond Contracting, Inc Signature Lloyd Jakoubek for Lloyd

Address 13800 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 5 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 3.03

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 _____ 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 _____

Date _____

***Business Office Use Only***
Date Received 3-20-15 Amount Paid $375.00
Received By SB Cash/Check No. 8408

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

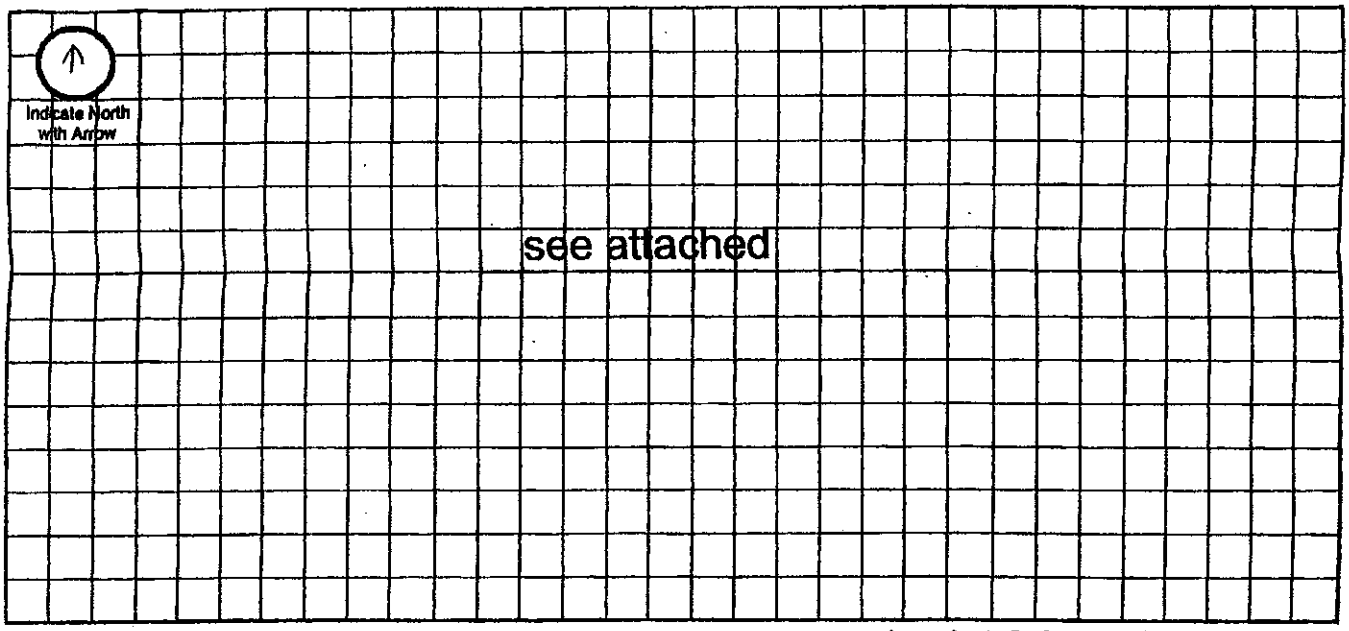
C

Permit Number: HS001037

# 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) _____ City _____ NE, Zip _____

Mueller Addition Block 1, Lot 2

## 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

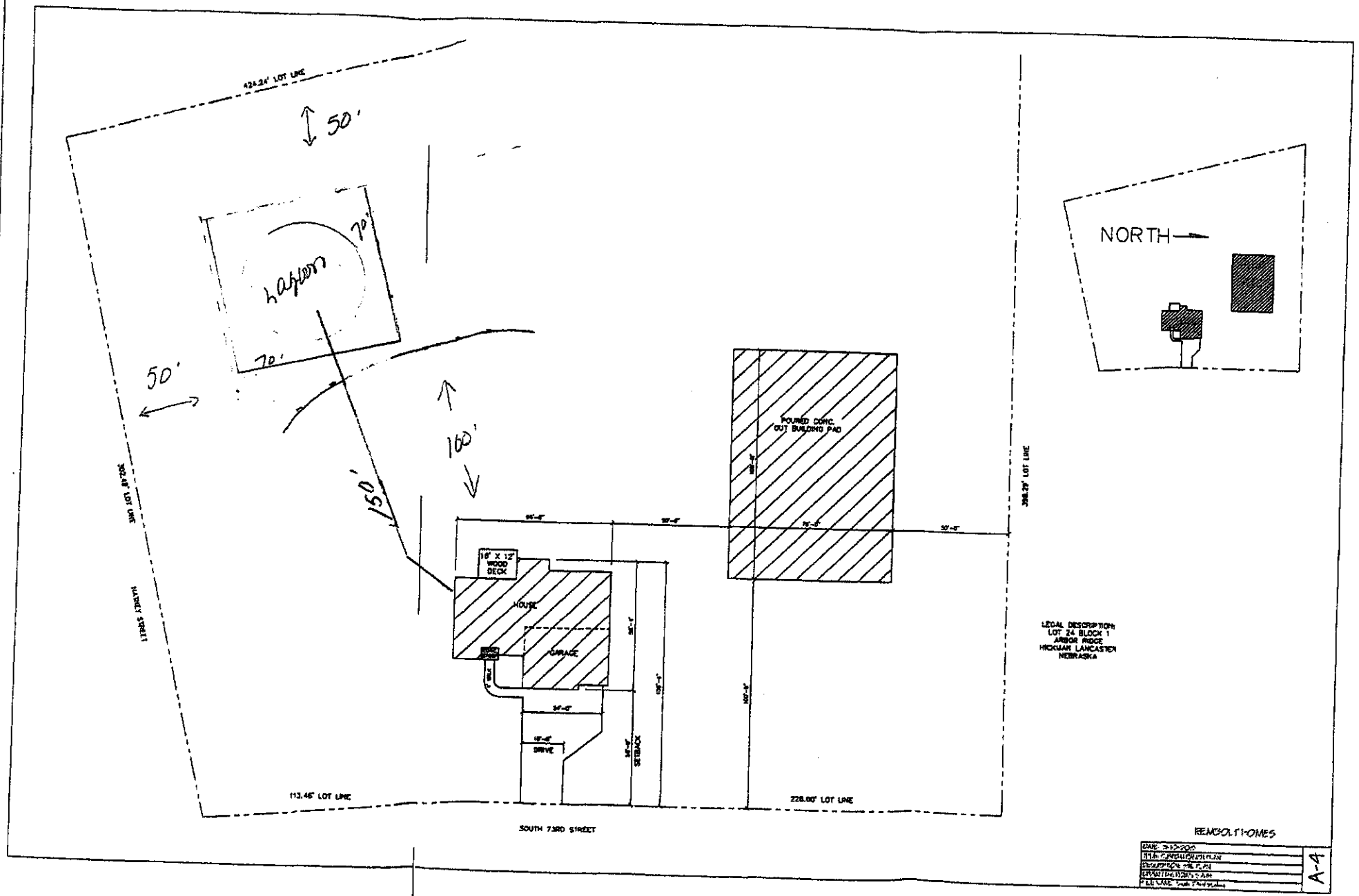
| Distance From | Private Well | Public Well | Surface Water | Gound Water | Pressure Water Lines | Property Lines | Foundations Yours | Foundations Neighbors | All Other Setbacks |
|---|---|---|---|---|---|---|---|---|---|
| Tank (ft) | 50 ☐ | 500 ☐ | 50 ☐ | NA ☐ | 25 ☐ | 20 ☐ | 15 ☐ | 25 ☐ | ☐ |
| 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 3/18/15

Installer Kevin L. Jahnke Date 3-10-15

Onsite Form C 12-06


424.24' LOT LINE
50'
70'
Lagoon
70'
50'
160'
150'
302.48' LOT LINE
HARLEY STREET
POURED CONC. OUT BUILDING PAD
398.79' LOT LINE
NORTH
16' X 12' WOOD DECK
HOUSE
GARAGE
SERVICE
DRIVE
LEGAL DESCRIPTION:
LOT 24 BLOCK 1
ARBOR RIDGE
HICKMAN LANCASTER
NEBRASKA
113.46' LOT LINE
228.00' LOT LINE
SOUTH 73RD STREET
REMSOLT HOMES
A-4

**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. HS001037**

**System Type:** Lagoon

**Situs:** No Site Address Specified

**Description:** MUELLER ADDITION, BLOCK 1, Lot 2

Issued: 3/23/2015

Expires: 3/23/2016

**Owner:** MUELLER, KENNETH H & JOANNE A
7401 ROCA RD
ROCA, NE 68430

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

Exhibit 5

Permit Number: HS001037

# Onsite Wastewater Treatment System

## Inspection Sheet

Date 8/5/15 Legal Description Mueller Add. Blk 1, Lot 2

¼ ¼ Section/Township/Range

**Onsite System Location**

Address (no rural route) 16277 S. 73rd City Hickman

Owner _____ Address _____

**Mark One:** ❑ Dwelling ❑ Non-dwelling

☒ New System ❑ Alteration [❑ Tank Only ❑ Trench Only] ❑ Lateral Only

❑ Temporary modification (Describe problem causing discharge and reason for temporary modification): _____

_____

**Drainfield Absorption System:**

☒ Lateral ❑ Bed ❑ Non-standard (engineer-designed and NDEQ approved) ❑ Holding Tank ❑ Trench

Total square feet of drainfield 1,760 Sq. Ft. Tank Size 3,000 gals

Total length of laterals 440 Type of Distribution: ☒ Chamber ❑ Perforated Pipe ❑ Other (describe) _____

No. of Absorption Laterals 4 Width 4' plus splitter No. of Drop Boxes _____ Distribution Box 4

Leveling Method Used Laser

**Setbacks (Check the Boxes Below if the Required Setback has been Satisfied):**

| Distance From | Private Well | Public Well | Surface Water | Ground water | Pressure Water Lines | Property Lines |
|---|---|---|---|---|---|---|
| Tank (ft) | 50 ☒ | 500 ☒ | 50 ☒ | NA ☒ | 10 ☒ | 5 ☒ |
| Field (ft) | 100 ☒ | 500 ☒ | 50 ☒ | 4 ☒ | 25 ☒ | 5 ☒ |

**Geographical Coordinates to 6 Decimals:**

Tank NA

Lateral #1 _____ Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

**Comments:**

Inspections prior to Final Approval
Initial AC Date 8/5/15

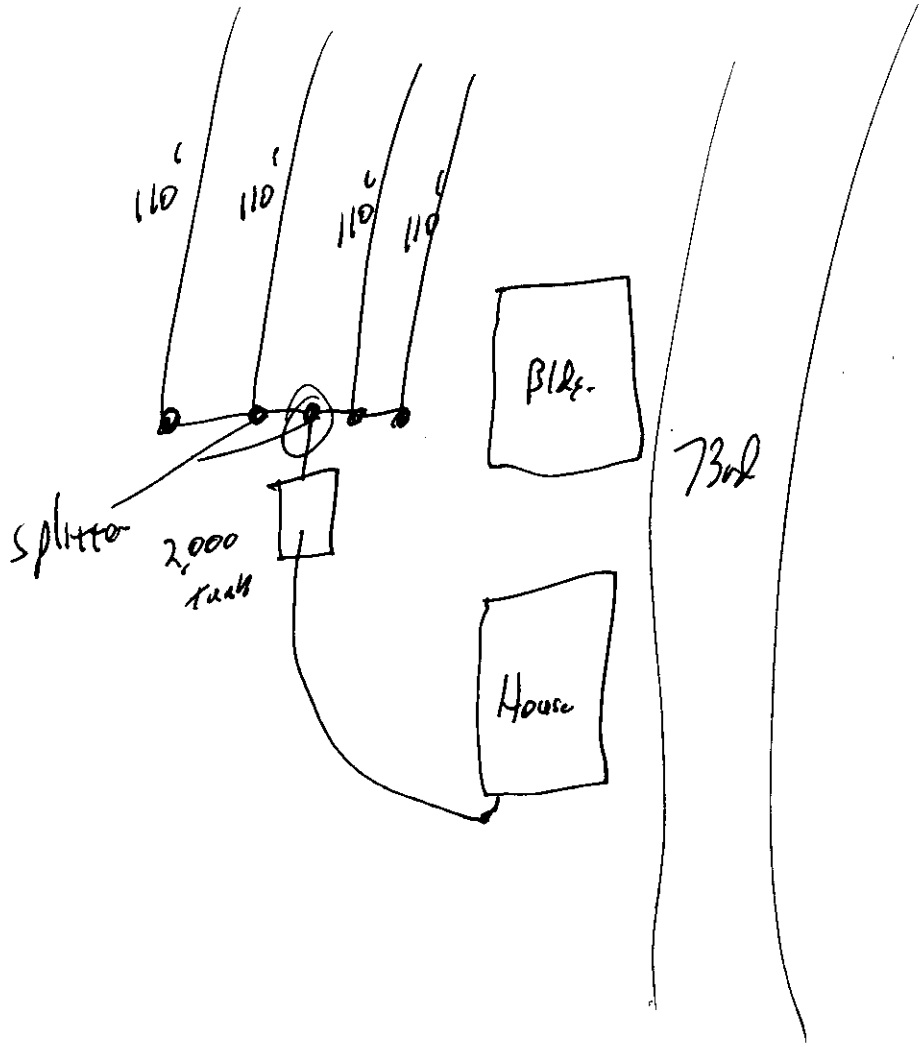
Follow-Up _____ Date _____

Follow-Up _____ Date _____

**Installation Final Written Approval**
By [signature]

Date 8/5/15

**Field Note Drawing (See Reverse Side):**


110'
110'
110'
110'
Bldg.
73rd
splitter
2,000 feet
House

AUG 10 2015

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
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D Exhibit 4

Permit Number: H5061037

# Onsite Wastewater Treatment System
## As-Built Description and Drawing

Type of Onsite Wastewater System: ☐ Lagoon (Skip to Back Page) ☒ Subsurface Septic ☐ Mound

### Onsite Wastewater System Location

Address or Legal Description or Parcel Identification Number (PID) 16277 S. 73rd St Roca NE 68430

Owner: Steve Canavan Address 7120 S. 91st St Apt 715 Lincoln, NE 68526

### A. Wastewater Piping

1. Material: SDR26 Diameter: 4 in.
2. Distance between dwelling and septic tank: 107 ft.

### B. Septic Tank

1. Material Concrete
2. Capacity: 2,000 Gallon
3. Depth to top of tank, below unfinished grade: ____ in.
4. Distance to:
   Well N/A ft.
   Pressure line 100' ± ft
   Property Line 100' ± ft.
   Foundation 50' ± ft.

### C Distribution Box or Drop Box

*Distance and Direction* from septic tank: 16 ft. N

### D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☒ Chamberless ☐ Other
   Material brand and inside width of Chamberless: ADS Arc 36, 32"
2. Number of Laterals: 4
3. Length of each lateral (linear): ft. 110 ft. 110 ft. 110 ft. 110
4. Drainfield size: 1,760 sq. ft.
5. Distance to:
   Well N/A ft.
   Pressure line 110' ± ft.
   Property line 50' ± ft.
   Depth of Groundwater 8'

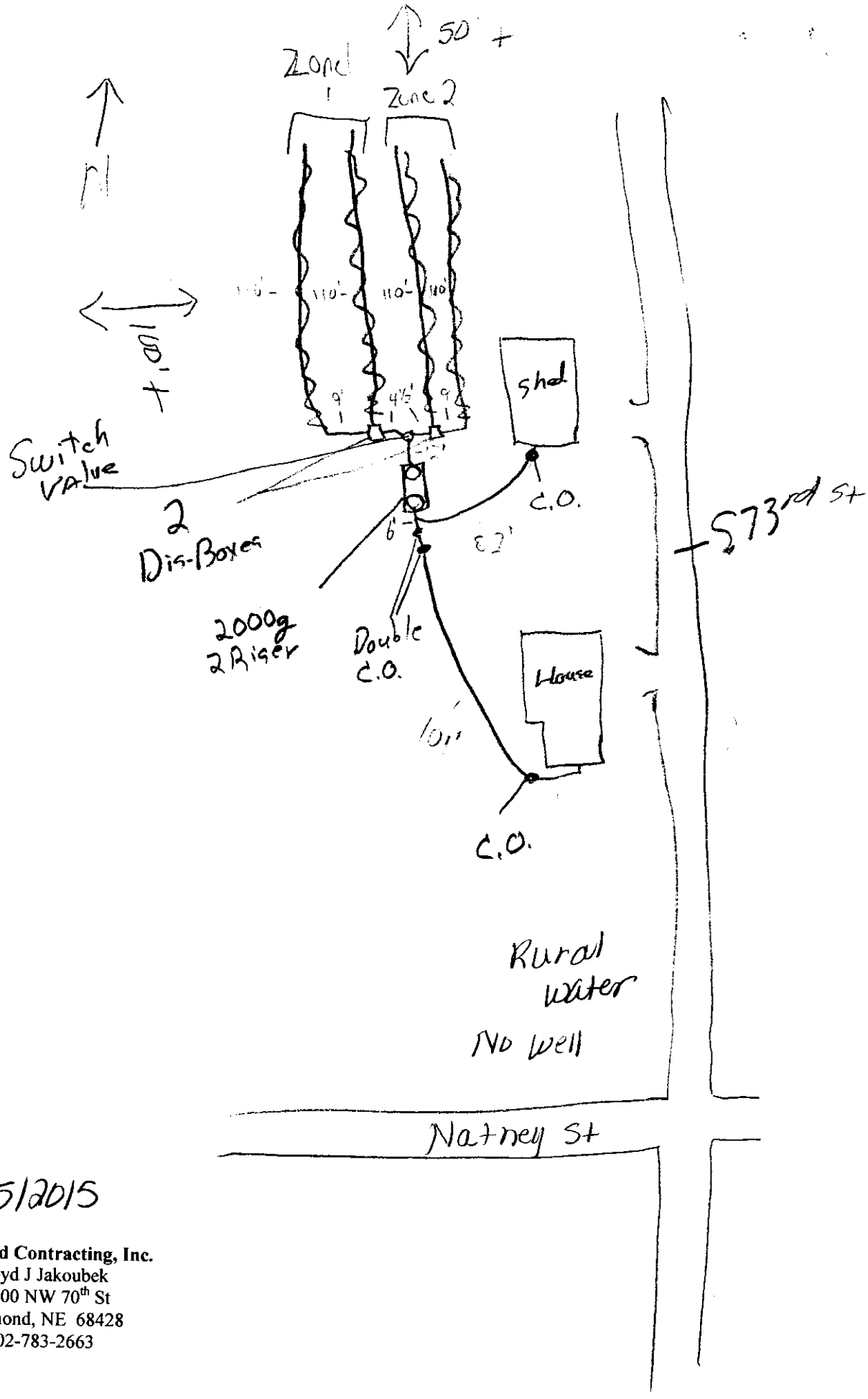
Was the Onsite Wastewater System covered prior to LLCHD inspection? ☒ Yes ☐ No (partially)

If Yes, the Certified Professional must sign below for final approval:

I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: Kevin L. Jakowski Date: 8/5/15

**Complete As-Built drawing on the back of this form.**




8/5/2015

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