MAR 30 2015

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

A

Permit Number HS001045

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 1430 N 173rd St (no rural route) City Lincoln NE Zip 68527

Legal Description: SE (1/4) 14 (1/4 Section) 10N (Township) 8E (Range) Sagebrook Estates (Subdivison) 1 (Addition) 3 (Block) (Lot)

PID 23-14-401-003-000

B. Owner

Name Michael & Jamie Beins Signature Jamie Beins Michael Beins

Address 5231 NW 3rd St City/State/Zip Lincoln, NE 68521

Home Phone 402-841-4315 Work Phone

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 4 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 3.26

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 fwd ACTION ☐ Approved ☐ Disapproved Signature

Comments

2. Supt. Bldg. Insp. or Village Clerk

Comments Date rec'd Date fwd ACTION ☐ Approved ☐ Disapproved Signature

3. City or County Engineer

Comments Date rec'd Date fwd ACTION ☐ Approved ☐ Disapproved Signature

Installation Final Written Approval

By

Date

Business Office Use Only
Date Received 3-30-15 Amount Paid $375.00
Received By SB Cash/Check No. 8606

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

B

Permit Number: HS001045

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 1430 N. 173rd St (no rural route) City Lincoln NE, Zip 68527

Owner Michael + Jamie Beins Address 5231 NW 32nd St Lincoln, NE 68521

Date of Tests 3/11/2015 to 3/12/2015 Weather: Precipitation C Temperature 73°

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	24	3/11	10:00a	3/11	2:00p	3/12	4:30	6	3/12	5:00	30	1/4	120
2	24	"	"	"	"	"	"	6	"	"	"	5/8	48
3	24	"	"	"	"	"	"	6	"	"	"	1/4	120
4	24	"	"	"	"	"	"	6	"	"	"	0	---
								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

Sum of Percolation Rates: Failed 180
Average of Rates: 96
Rate Used for Calculation: failed

Soil type (NRCS Maps/Other) _____

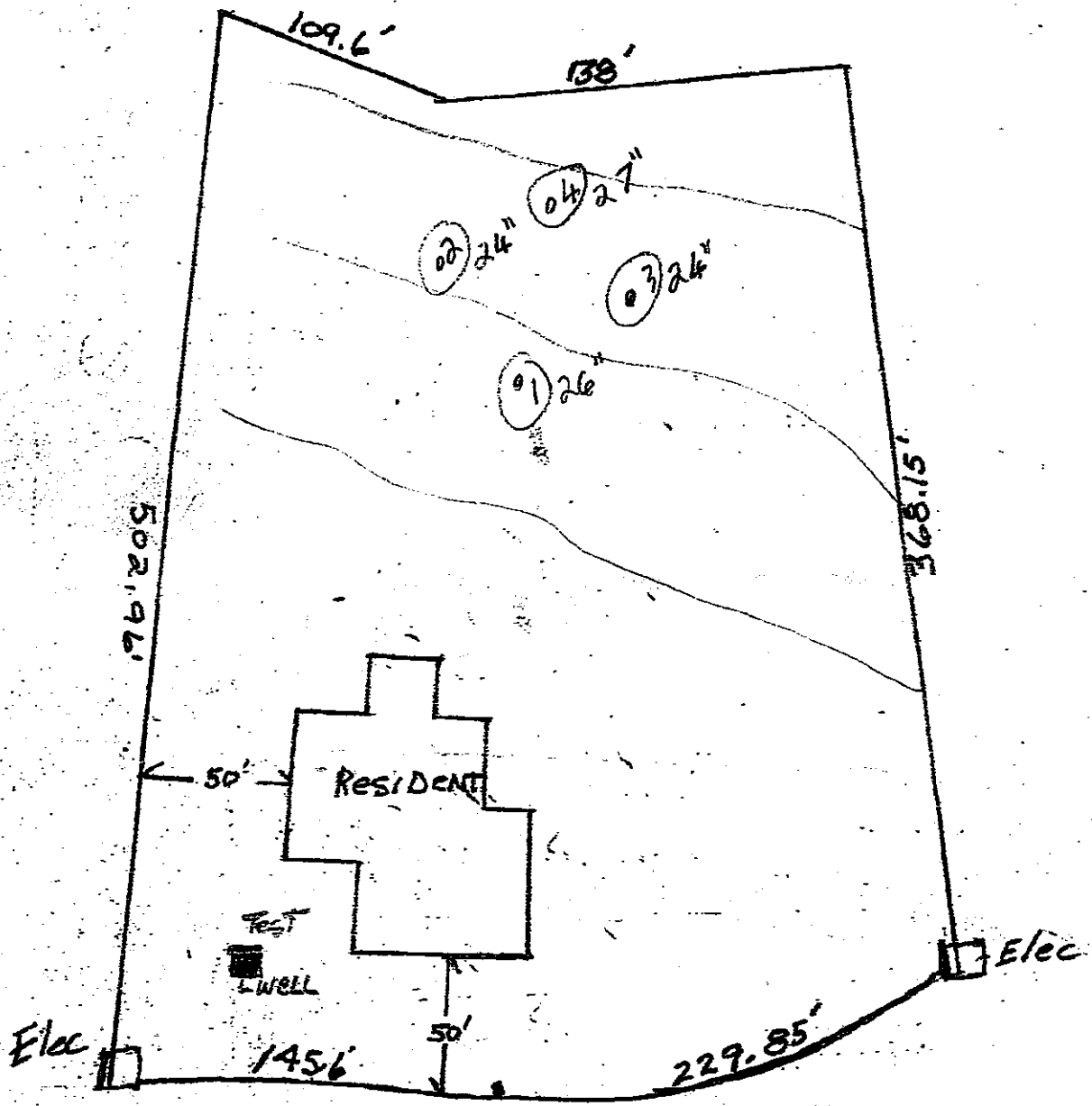
Groundwater Depth _____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official _____ Date _____


109.6'
138'
04 27"
02 24"
03 24"
01 26"
502.96'
368.15'
50'
RESIDENT
TEST
WELL
Elec
Elec
145.6'
50'
229.85'

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

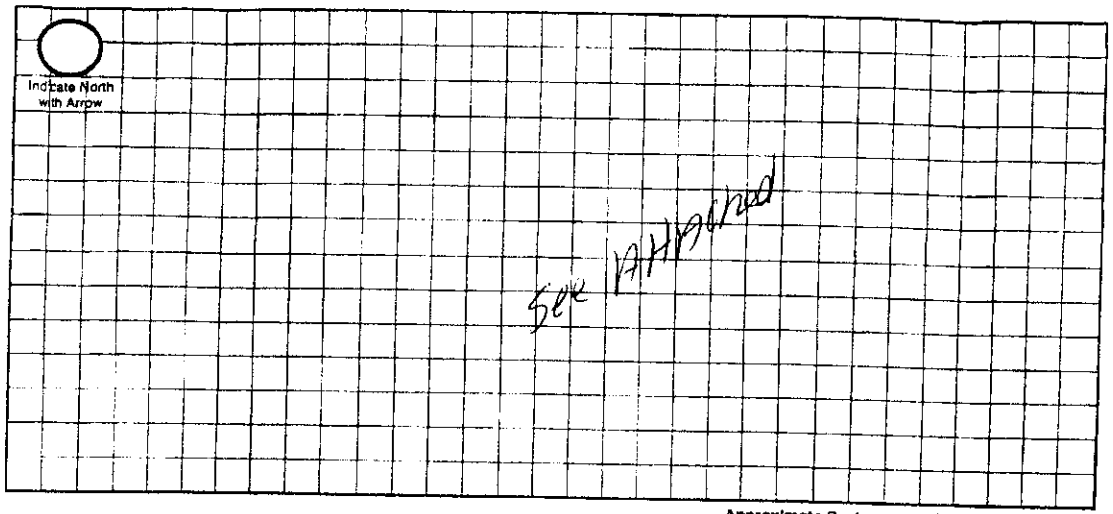
C

Permit Number: HS001045

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) 1430 N 173rd St City Lincoln NE, Zip 68527

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

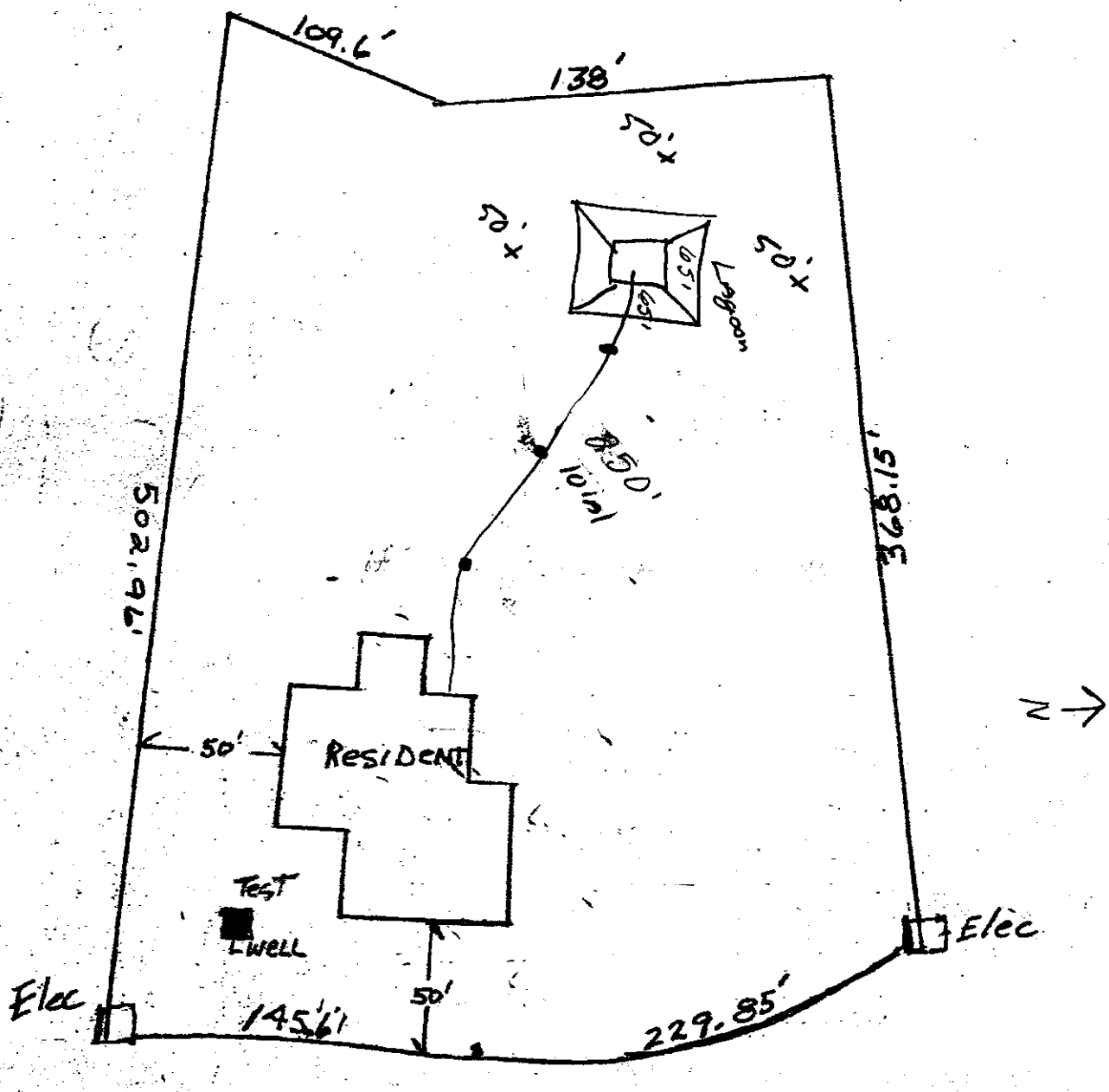
Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
Lagoon (ft)	100 ☒	500 ☒	50 ☒	N/A ☒	30 ☒	50 ☒	100 ☒	200 ☒	☒

F. Required Signatures

Home Building Contractor Greg Geiser (DBA) Forest Wood Arts Date 3.23.15

Installer Mike Johnson Date 3/22/15

Onsite Form C 12-06


109.6'
138'
50'
50'
50'
Lagoon
150'
100'
850'
10" Ind
502.96'
368.15'
50'
RESIDENT
TEST
WELL
Elec
Elec
145.61'
50'
229.85'
N

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. HS001045

System Type: Lagoon

Situs: No Site Address Specified

Issued: 3/31/2015

Expires: 3/31/2016

Description: SAGEBROOK ESTATES, BLOCK 1, Lot 3

Owner: BEINS, MICHAEL & JAMIE
5231 NW 3 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

DEC 03 2015

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

D Exhibit 4

Permit Number: 1T5001045

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) 1430 N. 173rd St Lincoln, NE 68527

Owner: Michael E. Beins Address 5221 NW 35th St Lincoln, NE 68521

A. Wastewater Piping

Lagoon

1. Material: SDR 26 Diameter: 4 in.
2. Distance between dwelling and septic tank: 265 ft.

B. Septic Tank

1. Material _____
2. Capacity: _____
3. Depth to top of tank, below unfinished grade: ____ in.
4. Distance to:
   - Well _____ ft.
   - Pressure line _____ ft.
   - Property Line _____ ft.
   - Foundation _____ ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: _____ ft. _____

D. Drainfield/Absorption Field

☐ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☐ Other
   Material brand and inside width of Chamberless: _____
2. Number of Laterals: _____
3. Length of each lateral (linear): ft._____ ft._____ ft._____ ft._____
4. Drainfield size: _____ sq. ft.
5. Distance to:
   - Well _____ ft.
   - Pressure line _____ ft.
   - Property line _____ ft.
   - Depth of Groundwater _____

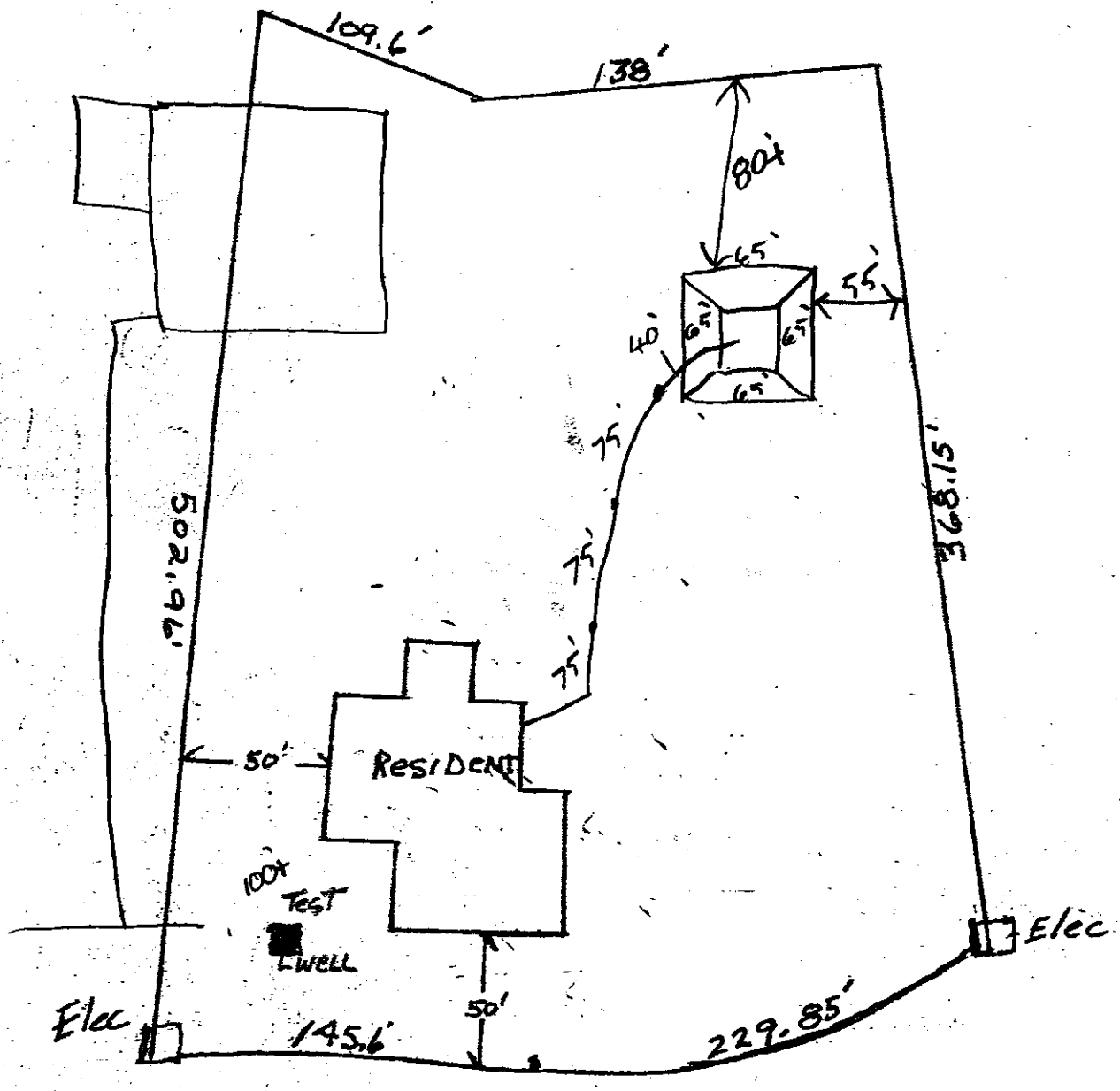
Was the Onsite Wastewater System covered prior to LLCHD inspection? ☒ Yes ☐ No Partially.

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: _____ Date: 11/24/2015

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



11/24/2015

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
3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

Exhibit 6

Permit Number: HSD1045

Onsite Wastewater Treatment System-Lagoon

Inspection Sheet

Date 11/30/15 Legal Description Sagebrook Est 1st Add, Lot 3

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 1741 N 173rd City

Owner Address

Mark One: ☒ Dwelling ☐ Non-dwelling

☒ New System ☐ Repair

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

Lagoon constructed so not to receive surface water	Yes ☒ No ☐
Lagoon floor is level	Yes ☒ No ☐
Lagoon is equipped with a depth gage/concrete slab	Yes ☒ No N/O
Influent line is at least 4 inches and slopes no less than 1/8 inch	
Clean outs located every 75 feet and one located 1 foot about highest water level	Yes ☒ No ☐
Inside slope not steeper than three horizontal to one vertical	Yes ☒ No ☐
Minimum width of the top of the dike shall be 4 feet	Yes ☒ No ☐
Fence installed	Yes ☐ No ☒

Top of the Dike 65 Bottom of Lagoon N/O Design Flow 375

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

Surface Water distance from Water Mark	Private Drinking Water Wells	Public Drinking Water Supply Wells		All Other Water Wells	Property Lines	Trees and Brush	Neighbor's Foundation		All Other Setbacks
50 ft ☒	100 ft ☒	Non-Community	100ft ☒	100ft ☒	50ft ☒	50ft ☒	Class 1	200ft ☒	☒
		Community	* ☐				Class 2	200ft ☒	
							Class 3	100ft ☒	

*Evaluated by a professional engineer for potential impact on the well and submitted to Dept. for approval if less than 1000ft.

Geographical Coordinates to 6 Decimals:

Dike North side N/O

Comments:
Backhoe was 5791' in the bottom of the lagoon - N/A
* Photos record of fence install - N/A
1/14/16 by certified contractor

Updated 4/15

Inspections prior to Final Approval
Initial 11/30/15 Date

Follow-Up Date

Follow-Up Date

Installation Final Written Approval
By

Date 1/14/16