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 HS001046

Onsite Wastewater Treatment System
Request for Site Clearance and Permi

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 11355 W Yankee Hill Rd City Denton NE Zip 68339
(no rural route)

Legal Description NE 29 9N 5E 27
1/4 1/4 Section Township Range Subdivision Addition Block Lot

PID 03-29-200-010-000

B. Owner

Name Dwight A & Laura L Stunkel Signature Dwight A Stunkel Laura L Stunkel

Address 5128 Locust St City/State/Zip Lincoln, NE 68516

Home Phone 402-875-0669 Work Phone 402-325-4275

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 402-690-6009

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 20.01
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 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 3-30-15 Amount Paid $ 315.00
Received By SB Cash/Check No. 81107

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

Form A Updated: 1/15

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

B

Permit Number: HS001046

Onsite Wastewater Treatment System

Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 11501 W Yankee Hill Rd (no rural route) City Denton NE, Zip 68339

Owner Oak Valley Development Address

Date of Tests 10/11/14 to 10/11/14 Weather: Precipitation none Temperature 65

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	30	10/11	9am	10/11	1 pm	10/11	5:30	6	10/11	6 pm	30	1/2	60
2	30	10/11	9:00	10/11	1:00	10/11	5:30	6	10/11	6:00	30	5/8	48
3	30	10/11	9:00	10/11	1:00	10/11	5:30	6	10/11	6:00	30	3/4	40
4	30	10/11	9:00	10/11	1:00	10/11	5:30	6	10/11	6:00	30	3/4	40
5	30	10/11	9:00	10/11	1:00	10/11	5:30	6	10/11	6:00	30	5/8	48
6	30	10/11	9:00	10/11	1:00	10/11	5:30	6	10/11	6:00	30	3/4	40
								6					
								6					

Person Conducting Percolation Test

Name: Jason Kubik
Phone: 402 - 440 - 7606
Address 105 Locust St
Hickman NE 68372

Sum of Percolation Rates: 276
Average of Rates: 46
Rate Used for Calculation: 49 -250' Lateral

Soil type (NRCS Maps/Other) 7548 Pawnee Clay loam

Groundwater Depth

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

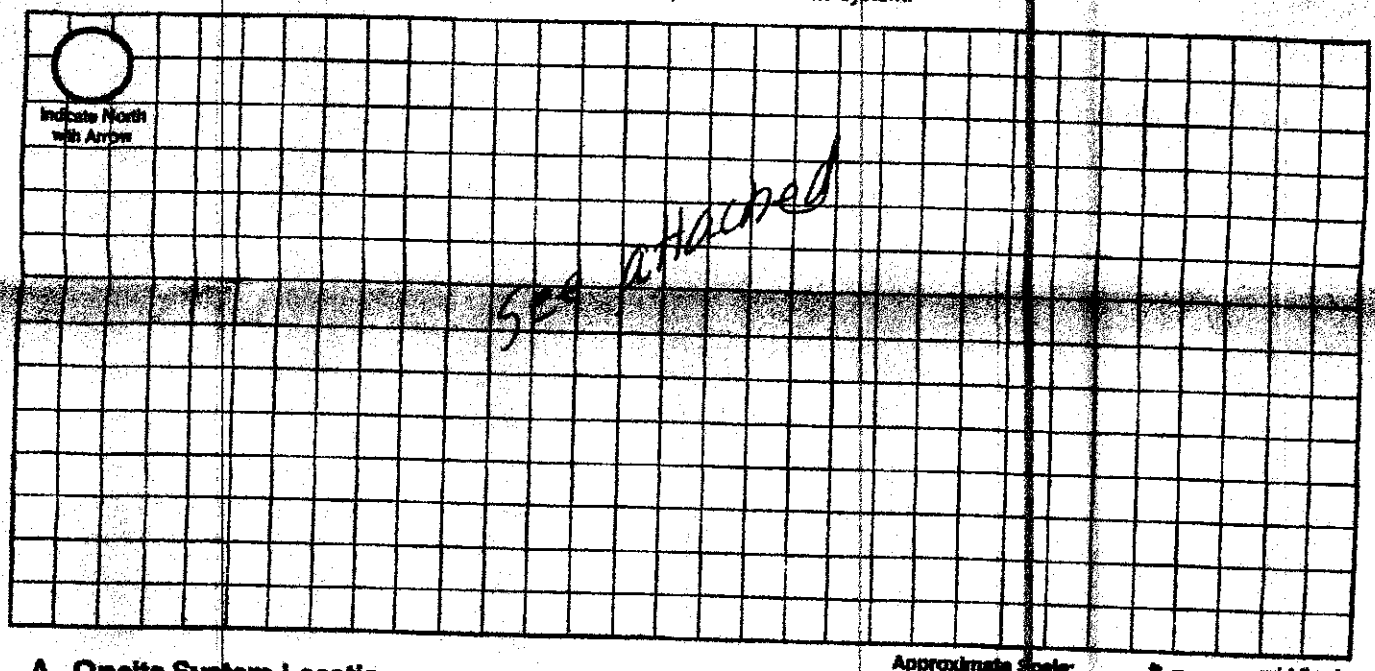
C

Permit Number: HS00 1046

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 lines

A. Onsite System Location

Address (no rural route) 11355 W Yankee Hill Rd City Denton NE, Zip 68339

B. Proposed Septic Tank/s

Septic Tank Cap. 1,500 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 46 (min/inch = mpi) No. of Bedrooms 3 Soil Type Steinauer Loam Land Slope 6-11 %

☐ Trench ☐ Bed ☐ New Technology (must be Designed and NDEQ approved) Total Square feet of drainage 1,060 sq.ft.

Total length of laterals 265 Type of distribution: ☐ Perforated pipe ☐ Half-Round ☒ Chamber ☐ Other

No. of absorption trenches 4 Width 40 No. of drop boxes 1 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

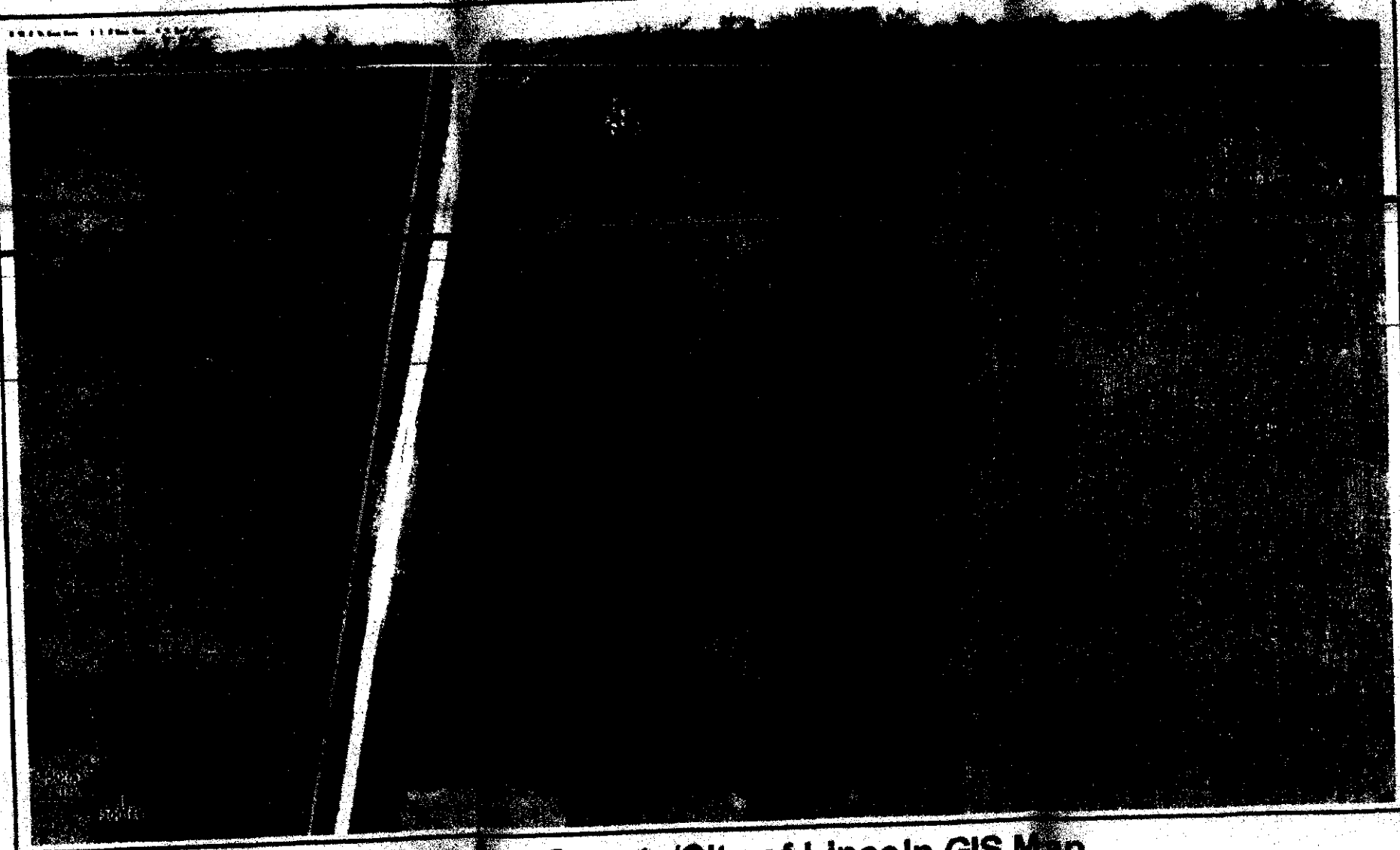
Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☒	500 ☒	50 ☒	NA ☒	25 ☒	20 ☒	15 ☒	25 ☒	☒
Field (ft)	100 ☒	500 ☒	50 ☒	4 ☒	30 ☒	20 ☒	30 ☐	40 ☒	☒
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐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

F. Required Signatures

Home Building Contractor Mid Nebraska Pump Service Co. Date 3/23/2015

Installer ____ Date 3/24/2015

Onsite Form C 12-08



Lancaster County/City of Lincoln GIS Map

N
W E
S

Printed Jan 13, 2015

DISCLAIMER: The User assumes the entire risk related to its use of data. Data is provided "as is". No warranty, expressed or implied, is made regarding accuracy, adequacy, completeness, legality, reliability or usability of any data and no warranty is made regarding its merchantability or fitness for any particular purpose. By using any data, the User indemnifies and holds harmless Lancaster County and the City of Lincoln from any claims, demands, damages, costs, or liability arising out of or in connection with its use of data. If you have questions or comments regarding the data displayed on this map, please email gis@lincoln.ne.gov and you will be directed to the appropriate department.

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. HS001046

System Type: Standard

Situs: No Site Address Specified

Issued: 3/31/2015

Expires: 3/31/2016

Description: S29, T9, R5, Acres 6th Principal Meridian, LOT 27 NE

Owner: STUNKEL, DWIGHT A & LAURA L
5128 LOCUST ST
LINCOLN, NE 68516

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

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
HS001046

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)

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Legal Description NE 29 9N 5E 27
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 03-29-200-010-000

B. Owner

Name Dwight A & Laura L Stunkel Signature Dwight A Stunkel Laura L Stunkel

Address 5128 Locust St City/State/Zip Lincoln, NE 6851[illegible]

Home Phone 402-875-0669 Work Phone 402-325-42[illegible]75

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 3 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 20.01
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 recd 3/31/15 Date fwd 3/31/15
ACTION ☐ Approved ☐ Disapproved Signature

2. **Supt. Bldg. Insp. or Village Clerk**
Comments
Date recd 3-31-15 Date fwd 3-31-15
ACTION ☒ Approved ☐ Disapproved Signature

3. **City or County Engineer**
Comments
Date recd 3-31-15 Date fwd 3-31-15
ACTION ☒ Approved ☐ Disapproved Signature Jim Plough

Installation and Written Approval
By
Date 4/7/15

Business Office Use Only
Date Received 3-30-15 Amount Paid $375.00
Received By SB Cash/Check No. 81007

White - Health Department Yellow - Engineer Pink - Builder & Owner

APR 20 2015

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

D

Permit Number: HSDO 1046

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date April 16, 2015 Legal Description NE 1/4 NE 1/4 29-9N-5E Section Township Range Lot 27

Onsite System Location 11355

Address (no rural route) W Yankee Hill Rd City Denton NE, Zip 68339

Owner Dwight & Laurel Stunkel Address

A. Sewer Pipe

1. Material: SDR 26
   Diameter: 4 in.
2. Distance above basement floor: ____ in.
   or distance below basement floor: 16 in.
3. Distance between dwelling and septic tank: 52 ft.
4. Number of clean-outs: one
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: Concrete
   Number of compartments: one
2. Capacity: 1500 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter 24 in.
   Over outlet, diameter 24 in.
   Riser: ☐ above ☐ below grade 4T 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: 18-12" in.
8. Distances to: Well or suction line 100 ft.
   Stream 100 ft.
   Pressure line 100 ft.
   Property line ____ ft.

C. ☐ Distribution Box ☑ Drop Boxes

(≥ 12" inspection opening) (removable lid to inspect)

1. Material: Plastic Switch Valve
   Number available outlets: 3
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 13' ft.

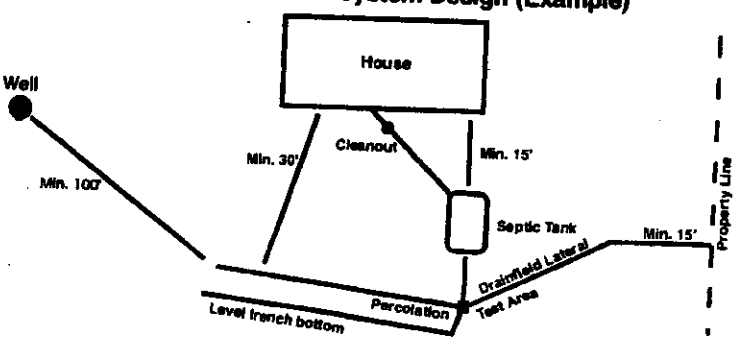
D. Drainfield Absorption

☑ Trench ☐ Bed ☐ Level Bottom

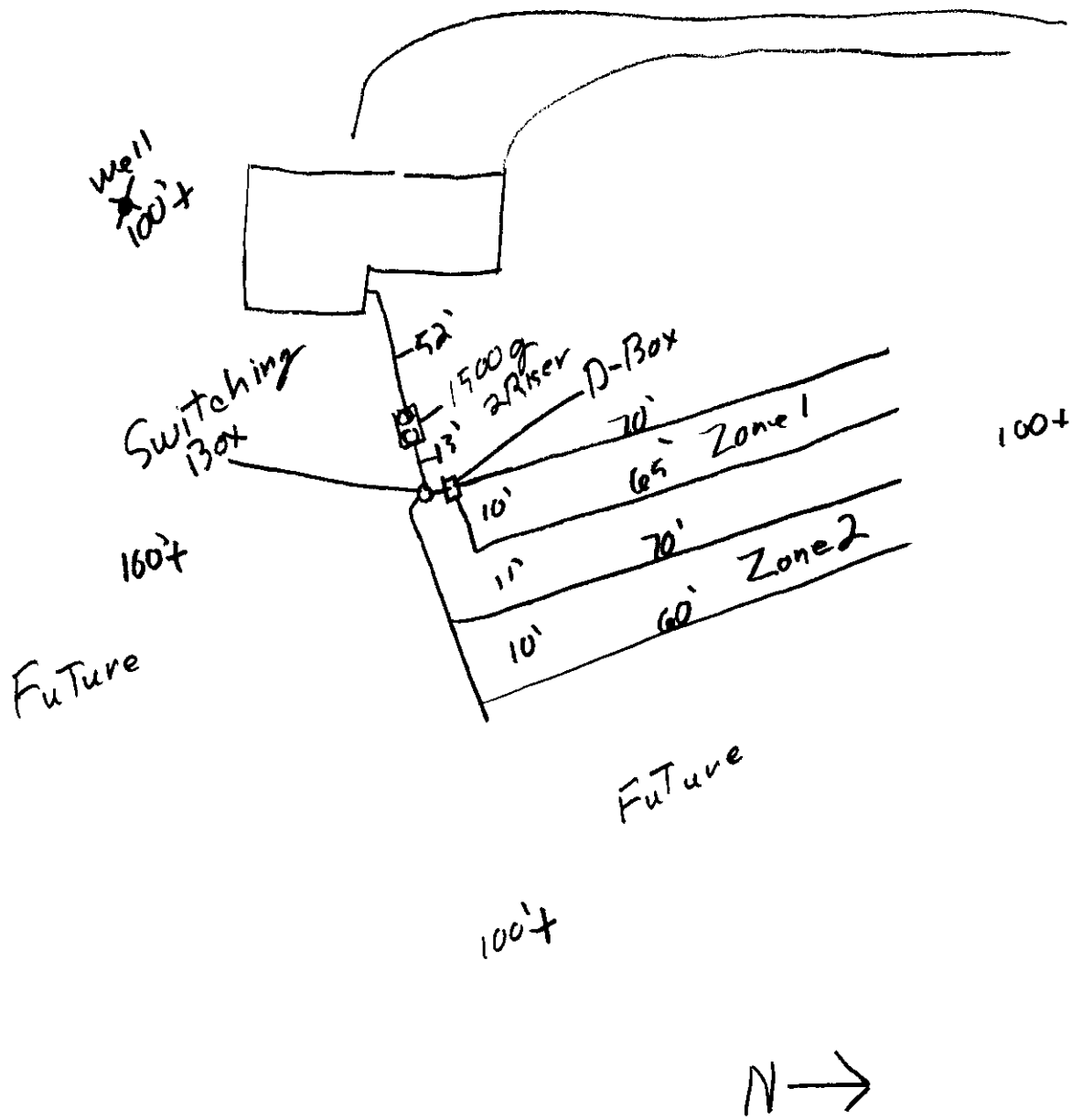
1. Type: ☐ Half rounds ☐ Perforated pipe ☐ Chambers
   Diameter or width: ____
   Number of distribution lines in bed ____
   Material: ☐ fiberglass ☑ plastic ☐ concrete
   ☐ other ____
2. Drainfield Laterals: Number 4
   Length of each line: 70 ft. 65 ft.
   70 ft. 60 ft., ____ ft.
3. Drainfield dimensions: Width 40" ft.
   Distribution Pipe Slope Flat in/100 ft.
   Average depth 30" in
4. Filter material: Soil
   Depth of material 30" in.
5. Distances to: Well or suction line 100 ft.
   Pressure line 100 ft.
   Property line 100 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



4/16/2015

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

SCANNED

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

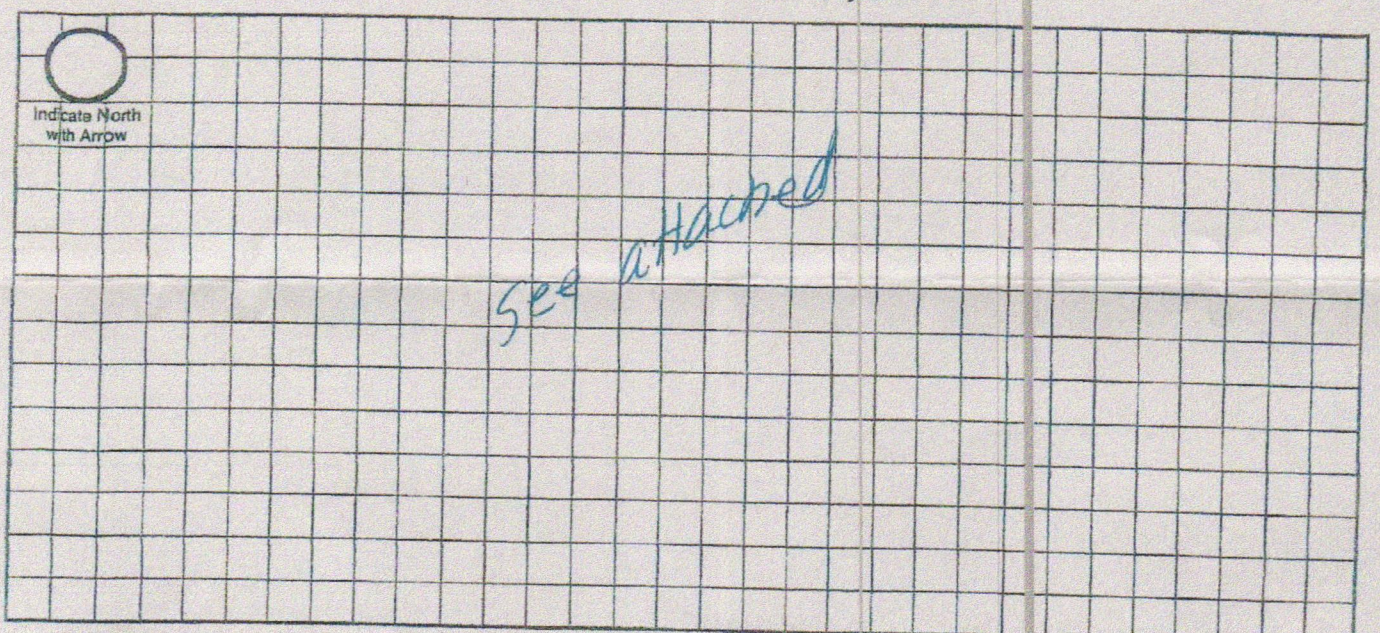
C

Permit Number: HS00 1046

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

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B. Proposed Septic Tank/s

Septic Tank Cap. 1,500 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 46 (min/inch = mpi) No. of Bedrooms 3 Soil Type Steinauer Loam Land Slope 6-11 %

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 1,060 sq.ft.

Total length of laterals 265 Type of distribution: ☐ Perforated pipe ☐ Half-Round ☒ Chamber ☐ Other

No. of absorption trenches 4 Width 40 No. of drop boxes 1 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 Your	Foundations Neighbors	All Other Setbacks
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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 Brad J. Ventura VAN HORN FAMILY BUILDERS CO. Date 3/26/2015

Installer Marie L. Jakobsen Date 3/24/2015

Onsite Form C 12-06

SCANNED



Lancaster County/City of Lincoln GIS Map

N
W E
S

Printed: Jan 13, 2015

DISCLAIMER: The information is presented on a best-efforts basis, and should not be relied upon for making financial, survey, legal or other commitments. If you have questions or comments regarding the data displayed on this map, please email ags@lincoln.ne.gov and you will be directed to the appropriate department.