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

A

Permit Number
HS001053

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 5740 Rokeby Rd (no rural route) City Lincoln, NE Zip 68516

Legal Description: SW (1/4) 28 (Section) 9N (Township) 7E (Range) ____ (Subdivison) ____ (Addition) 106 (Block) ____ (Lot)

PID 16-28-300-010-000

B. Owner

Name Richard Caster Signature ____

Address 5740 Rokeby Rd City/State/Zip Lincoln, NE 68516

Home Phone 402-423-7472 Work Phone 402-326-3878 (cell)

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 4.97

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 4-21-15 Amount Paid $375.00
Received By SB Cash/Check No. 8625

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: HS001053

Onsite Wastewater Treatment System

Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 5740 Rokeby Rd (no rural route) City Lincoln NE, Zip 68516

Owner Richard Caster Address Same

Date of Tests 4/8/15 to 4/9/15 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		Initial	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 Interval	Water Level Drop (in)	Percolation Rates (Min/in = mpi)
1	26	4/8	10:15a	4/8	2:15p	4/9	11:30a	6	4/9	12:00p	30	3/4	40
2	32	"	"	"	"	"	"	6	"	"	"	1-1/8	27
3	30	"	"	"	"	"	"	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 402-890-6009

Address 13800 NW 70th St

Raymond, NE 68428 Cert #1198

Sum of Percolation Rates: 99

Average of Rates: 33

Rate Used for Calculation: 33

Soil type (NRCS Maps/Other) Judson Silt Loam

Groundwater Depth >6'

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

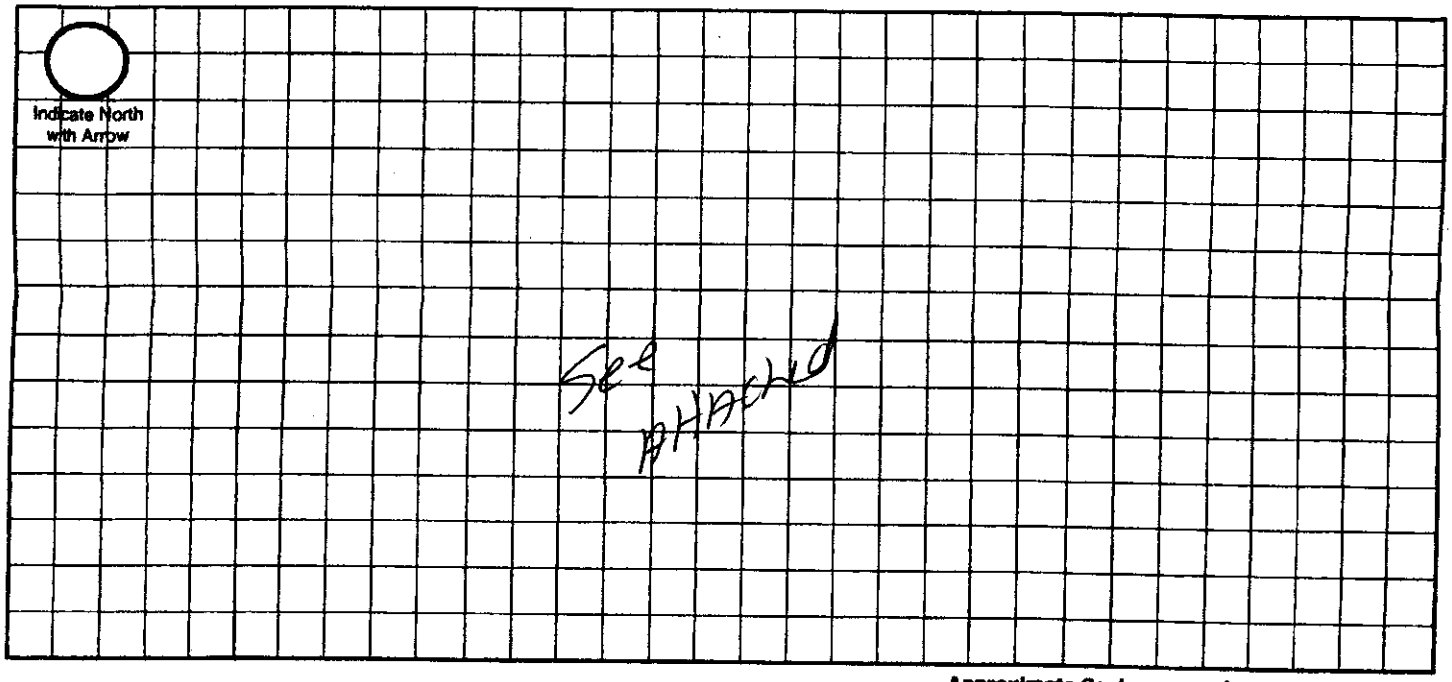
C

Permit Number: HS001053

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) 5740 Rokeby Rd City Lincoln NE, Zip 68516

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 33 (min/inch = mpi) No. of Bedrooms 3 Soil Type Silt Loam Land Slope 2-6 %

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 1,000 sq.ft.

Total length of laterals 250' 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 _____

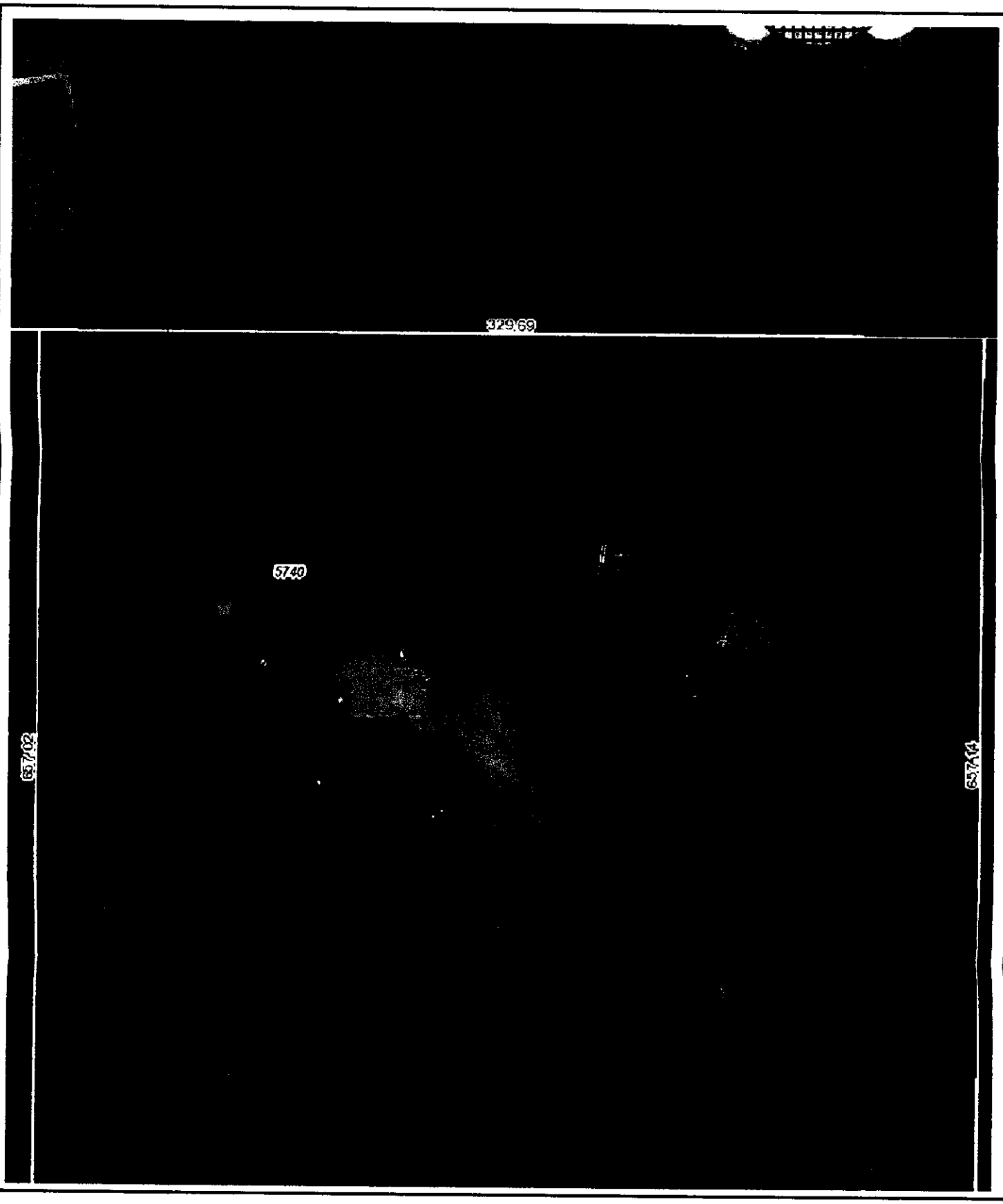
E. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

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 Existing Home Date _____

Installer Dan L. Jakowski Date 4/20/15



Lancaster County/City of Lincoln GIS Map

Dick Caster 5740 Rokeby Rd, Lincoln, NE 68516 402-423-7472

N
W E
S

Printed: Apr 20, 2016

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.



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. HS001053

System Type: Standard

Situs: 5740 ROKEBY RD, RURAL, NE

Issued: 4/21/2015

Expires: 4/21/2016

Description: S28, T9, R7, 6th Principal Meridian, LOT 106 SW

Owner: CASTER, RICHARD D & ELAINE A
5740 ROKEBY RD
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

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

SCANNED

A

Permit Number
HS001053

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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PLEASE PRINT OR TYPE

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Address 5740 Rokeby Rd (no rural route) City Lincoln, NE Zip 68516

Legal Description: SW (1/4) 1/4 | 28 Section | 9N Township | 7E Range | Subdivison | Addition | Block | 106 Lot

PID 16-28-300-010-000

B. Owner

Name Richard Caster Signature

Address 5740 Rokeby Rd City/State/Zip Lincoln, NE 68516

Home Phone 402-423-7472 Work Phone 402-326-3878 (cell)

C. Certified Installer

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

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Approval Process ☑ Municipal Code 24.38 ☐ County Resolution No. 02-30

1. Health Department
Site visits
Comments
Date rec'd 4/21/15
Date frwd 4/21/15
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 4/23/15

Business Office Use Only
Date Received 4-21-15 Amount Paid $375.00
Received By SB Cash/Check No. 8625

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

Form A Updated: 1/13

APR 29 2015

D

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

Permit Number: HS001053

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date 4/22/15 Legal Description SW 1/4 SW 1/4 528 Section – T9N Township – R7E Range Lot 106

Onsite System Location

Address (no rural route) 5740 Bakeby Rd City Lincoln NE, Zip 68516

Owner Dick Caster Address same

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: 38' 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 50+ 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) NT 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: 30" In.
8. Distances to: Well or suction line 100 ft.
   Stream 100 ft.
   Pressure line 100 ft.
   Property line 50+ ft.

C. ☐ Distribution Box ☑ Drop Boxes

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

1. Material: Drop Box Plastic/ Switch Valve
   Number available outlets: 2per
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 27' + 24' ft.

D. Drainfield Absorption

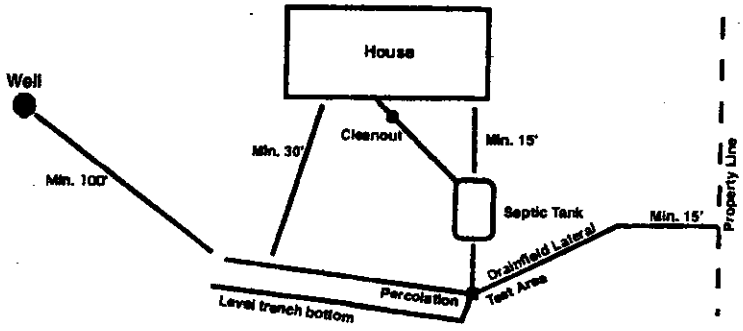
☑ Trench ☐ Bed ☐ Level Bottom

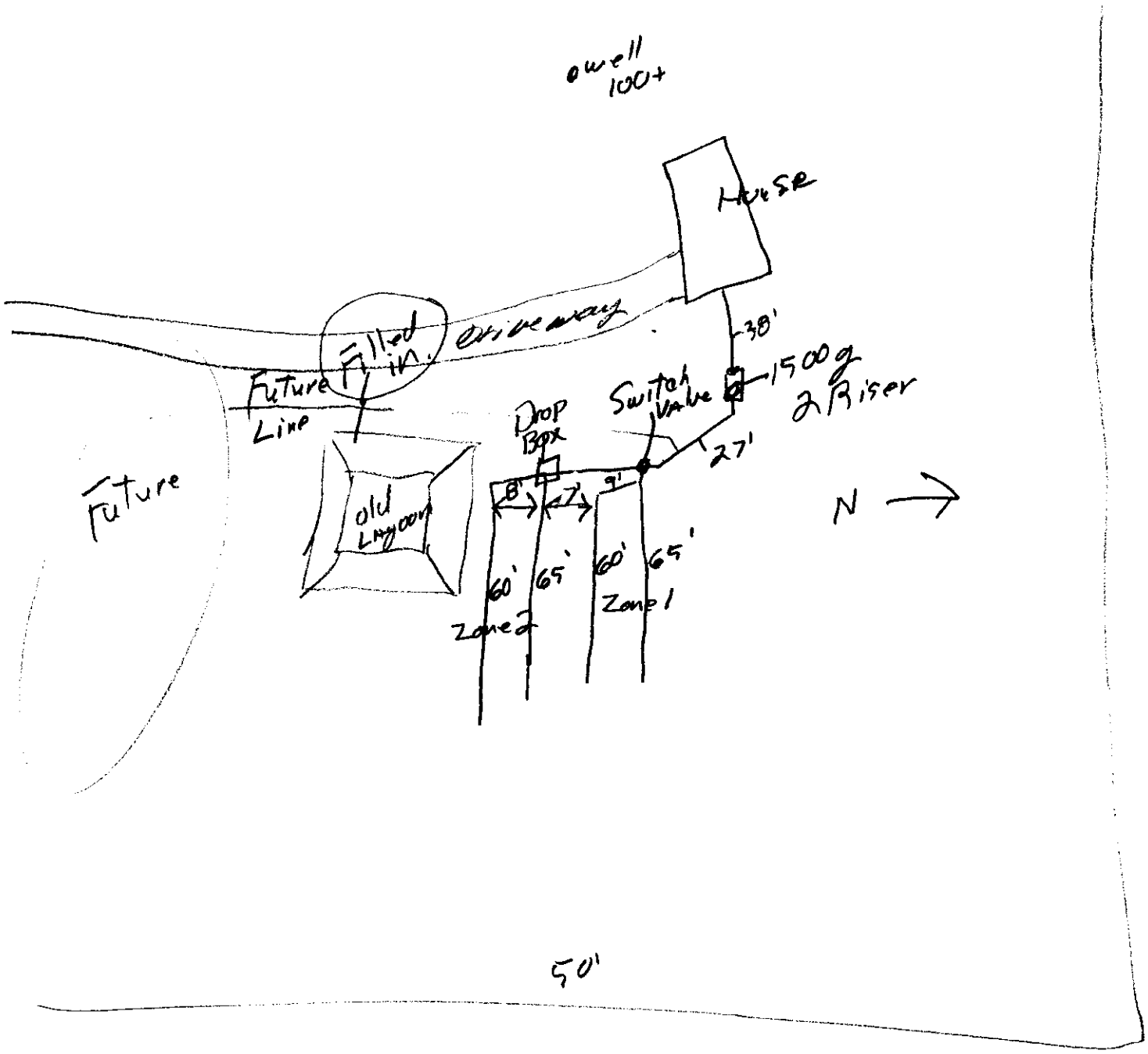
1. Type: ☐ Half rounds ☐ Perforated pipe ☐ Chambers
   Diameter or width: _____
   Number of distribution lines in bed _____
   Material: ☐ fiberglass ☑ plastic ☐ concrete
   ☐ other _____
2. Drainfield Laterals: Number 4 - 2/Zones.
   Length of each line: 65 ft. 60 ft.
   65 ft. 60 ft., _____ ft.
3. Drainfield dimensions: Width 40 ft.
   Distribution Pipe Slope Flat in/100 ft.
   Average depth 36-26 in
4. Filter material: Soil
   Depth of material 26-36 in.
5. Distances to: Well or suction line 100 ft.
   Pressure line 100 ft.
   Property line 50+ ft.
   House or building 50+ 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




owell
100+
House
Filled in
Driveway
Future
Line
Future
Future
Drop
Box
Switch
Valve
1500g
2" Riser
38'
27'
8'
7'
9'
old
Lagoon
60'
65'
60'
65'
Zone 2
Zone 1
N
50'