JUN 01 2015

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

A

Permit Number
HS0010173

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 245 NW 84th St (no rural route) City Lincoln, NE Zip 68528

Legal Description SE 22 10N 5E 145
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 04-22-400-009-000

B. Owner

Name Lancaster County Engineering Signature [signature]

Address 444 Cherry Creek Rd City/State/Zip Lincoln, NE 68528

Home Phone 402-672-5636 Work Phone 402-441-8332

C. Certified Installer

Name: Lloyd Jakoubek, Raymond Contracting Inc Signature [signature]

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 Whirlpool Bathtub? ☐ Yes ☐ No Total Acres
Garbage Grinder? ☐ Yes ☐ No

☒ Commercial Establishment/Other Facility Specify County Maintenance Bldg with Restroom Design flow in gallons per day <200

Type of Wastewater ☒ Domestic ☐ Non-Domestic (2 employees, 8 hrs per day, Monday thru Friday estimated to use 16 gpd per person)

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 6-2-15 Amount Paid 375.00
Received By LC Cash/Check No. 8648

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

Form A Updated: 1/13

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

B

Permit Number:

Onsite Wastewater Treatment System

Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 245 NW 84th St (no rural route) City Lincoln NE, Zip 68528

Owner Lancaster County Engineering Address 444 Cherry Creek Rd

Date of Tests 4/30/15 to 5/1/15 Weather: Precipitation 0 Temperature 71

Percolation Test Data Table

A.	B.	C.	D.	E.	F.	G.	H.	I.	J.	K.	L.	M.	N.
		Saturation/Swelling Time				Water Level Drop: Last 30 mins of 4 hr or last 10 mins of 1 hr					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	20	4/30	11:15am	4/30	3:15pm	5/1	4:00pm	6	5/1	4:30pm	30	1/2	60
2	24	"	"	"	"	"	"	6	"	"	"	11/16	44
3	30	"	"	"	"	"	"	6	"	"	"	9/16	53
								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: 157

Average of Rates: 52

Rate Used for Calculation: 52

Soil type (NRCS Maps/Other) Zook SCL

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

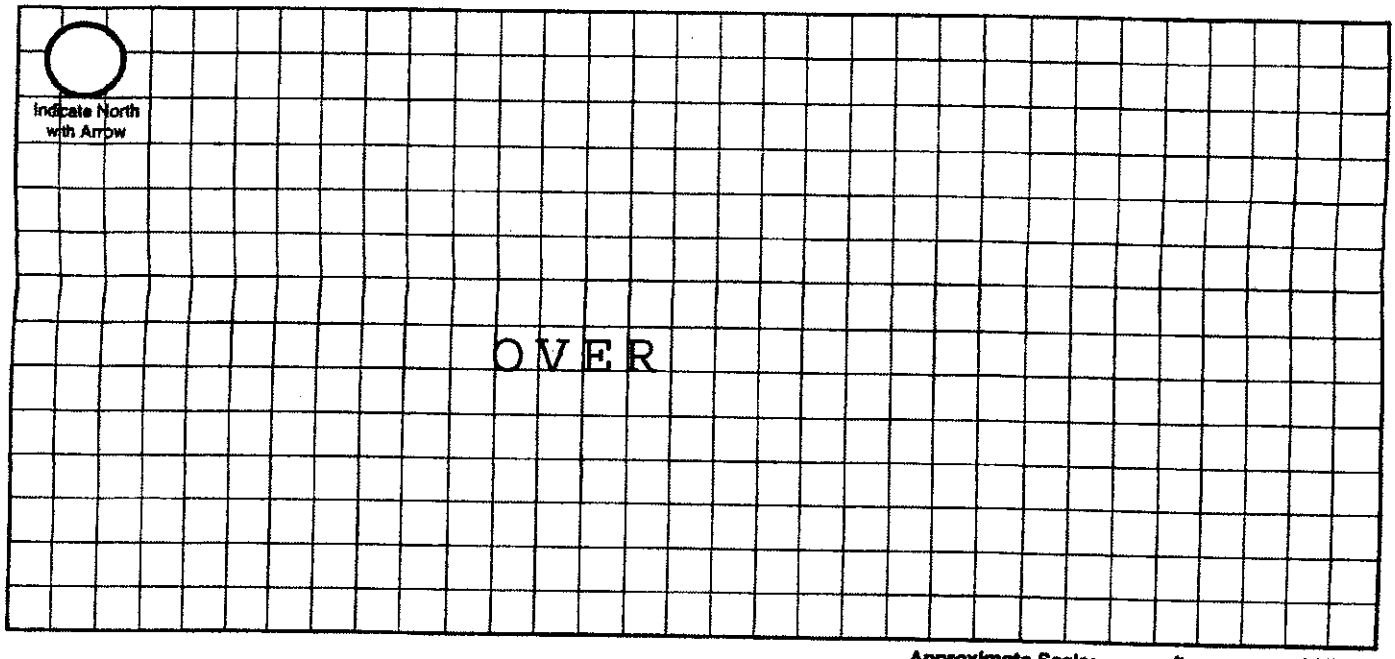
C

Permit Number:

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) 245 NW 84th St City Lincoln NE, Zip 68528

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 60 (min/inch = mpi) No. of Bedrooms N/A Soil Type Zook SCL Land Slope_____%

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 400 sq.ft.

Total length of laterals 100' Type of distribution: ☐ Perforated pipe ☐ Half-Round ☒ Chamber ☐ Other

No. of absorption trenches 2 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 Miguel Dimmon Date 05/21/15

Installer_____ Date_____

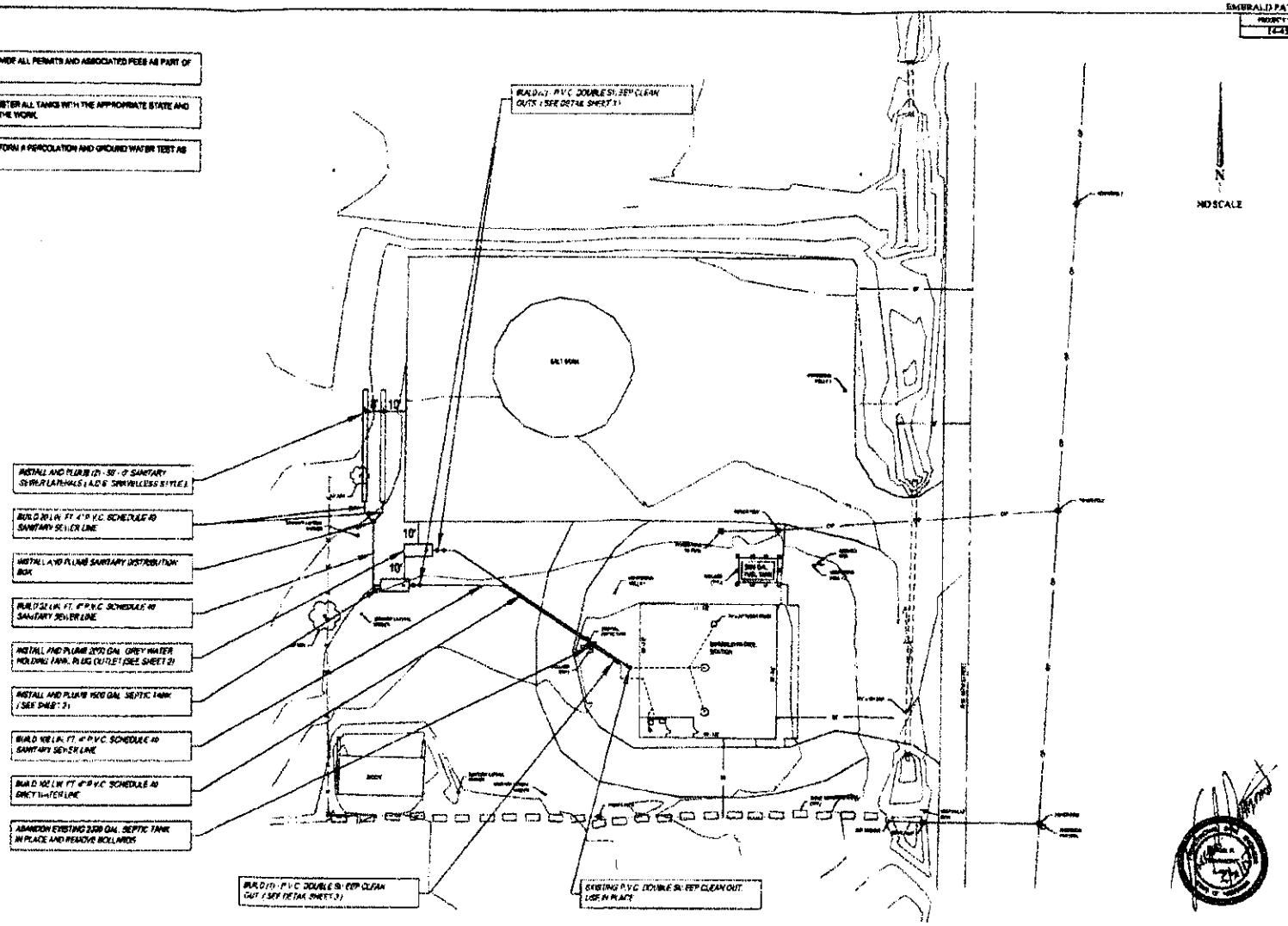
EMERALD PATROL STATION

PROJECT NO	SHEET NO
1643	1

THE CONTRACTOR WILL PROVIDE ALL PERMITS AND ASSOCIATED FEES AS PART OF THE WORK.

THE CONTRACTOR WILL REGISTER ALL TANKS WITH THE APPROPRIATE STATE AND LOCAL AGENCY AS PART OF THE WORK.

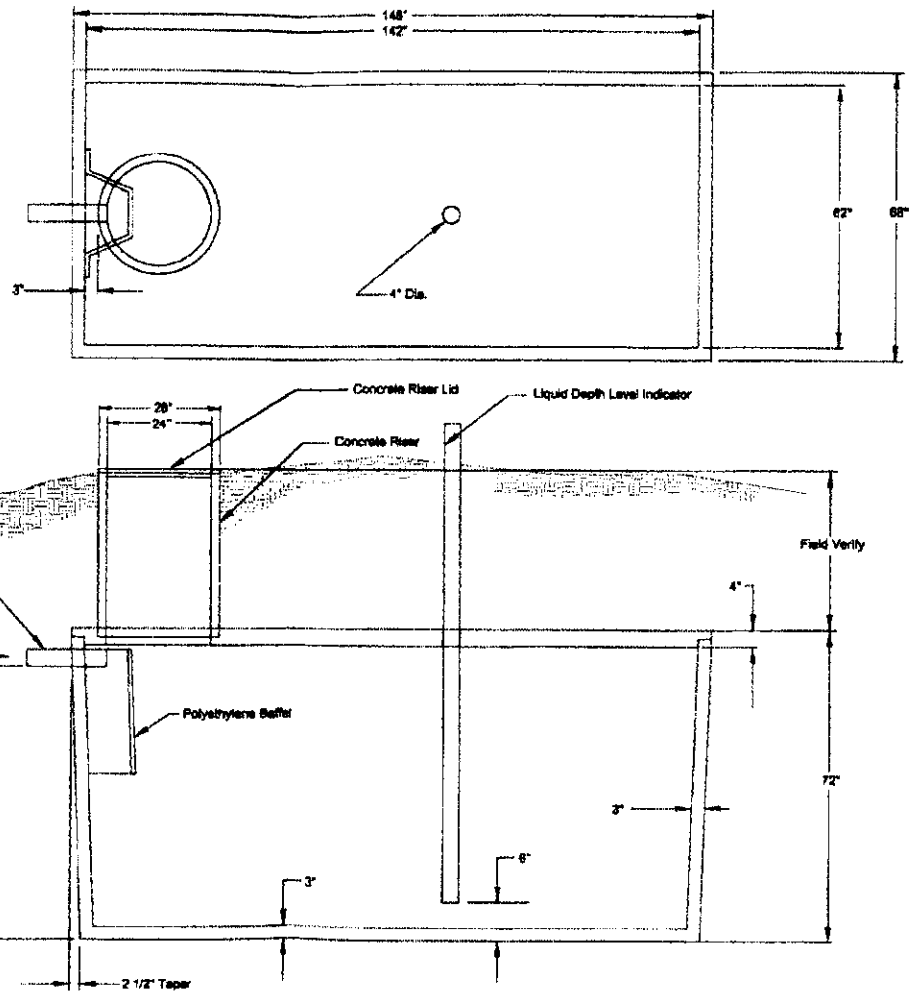
THE CONTRACTOR WILL PERFORM A PERCOLATION AND GROUND WATER TEST AS PART OF THE WORK.



EMERALD SANITARY SEWER SYSTEM AND GREY WATER HOLDING TANK

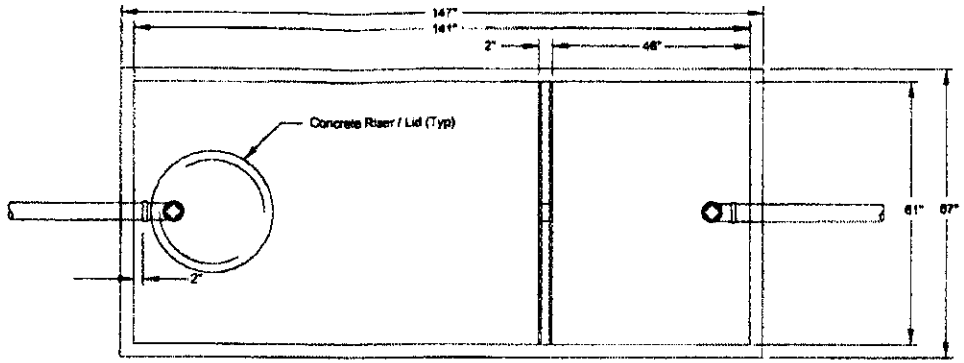
LANCASTER COUNTY ENGINEERING DEPARTMENT

EMERALD PATROL STATION



2000 Gal. Grey Water Holding Tank Detail

NO SCALE



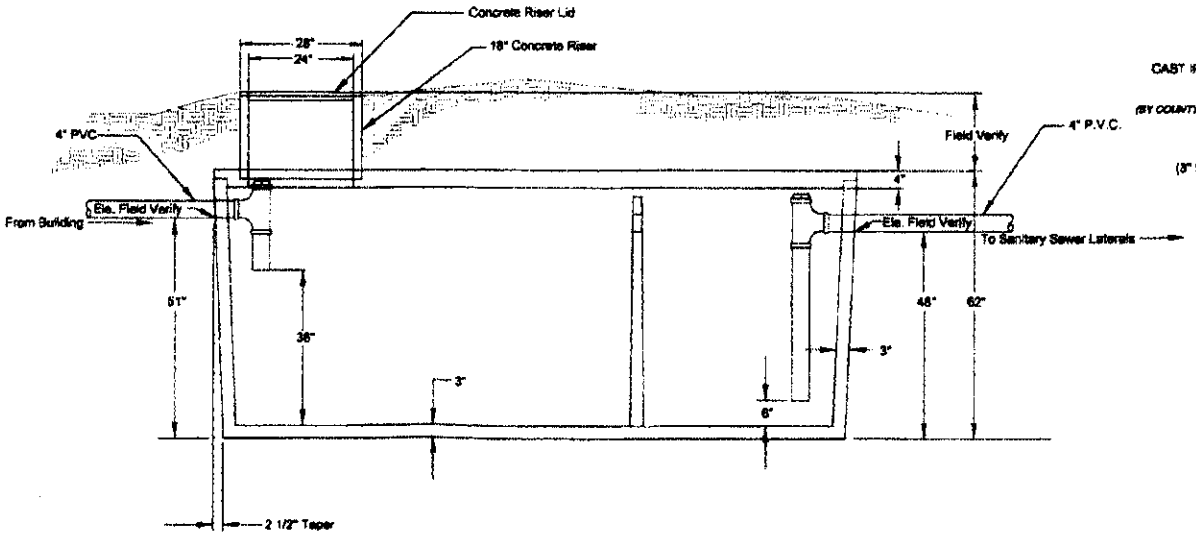
NOTES:

ALL P.V.C. PIPE AND FITTINGS WILL BE SCHEDULE 40.

THE (2)-COMPARTMENT PRE-CAST CONCRETE GREASE TR
BE AS MANUFACTURED BY ACCURATE PRECAST CONCRE
YUTAN NE. OR EQUAL.

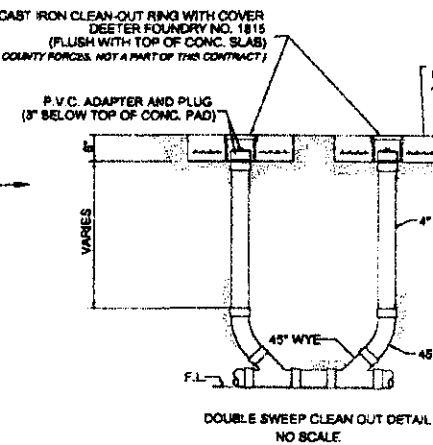
SEE SITE PLAN FOR SYSTEM LAYOUT, BUILDING, AND UTIL

LIQUID DEPTH LEVEL INDICATOR WILL BE CONSTRUCTED
AND BE OF THE CONTRACTOR'S OWN DESIGN.



1500 Gal. 2-Compartment Septic Tank Detail

NO SCALE



DOUBLE SWEEP CLEAN OUT DETAIL
NO SCALE

LANCASTER COUNTY ENGINEERING DEPARTMENT

COPY For Holding Tank For Floor Drain

Nebraska DEQ

Onsite Wastewater Treatment System Application for Construction/Operating Permit

For NDEQ Use Only NDEQ ID: Program ID:

Print or Type

Virgil | R | Dearmont
Owner/Authorized Representative First Name | Initial | Last Name

Lancaster County Engineering Department
Business or Legal Entity Name (if applicable)

444 Cherrycreek Rd | Lincoln | NE | 68528
Owner Address | City | State | Zip

Phone Number 402-441-7681 Email vdearmont@lancaster.ne.gov

[X] Check here if authorized representative and include a description of the representative's authority to sign on behalf of the owner. Staff Engineer

Professional Engineer, Master Installer or Registered Environmental Health Specialist

Print or Type

Virgil | R | Dearmont | E-5073
First Name | Initial | Last Name | Certification/License Number

Lancaster County Engineering Department
Company Name

444 Cherrycreek Rd | Lincoln | NE | 68258
Mailing Address | City | State | Zip

Phone Number 402-441-7681 Email vdearmont@lancaster.ne.gov

Location

Legal description OR *Geographical coordinates to 4 decimal points*

__ SE 22 10N 5E Lancaster / __ __
¼ ¼ Section Township Range County Latitude Longitude

245 NW 84th St, Lincoln, NE 68528
Physical address if different than owner's mailing address

System Information

[ ] Dwelling-Peak single day flow _____ gals **OR** [X] Non-dwelling-Peak single day flow 30 gals

[ ] Domestic Wastewater [X] Non-Domestic Wastewater -Description of non-domestic wastewater sources (i.e. restaurant, laundry, butcher shop, camper dump station or other) gray water from floor drain in building

[ ] New System [X] Modification, reconstruction or alteration of existing system

[ ] Septic System [ ] Mound [X] Holding tank [ ] Lagoon [ ] Other (if other, describe here)_____

Depth to seasonal high groundwater for planned location of the soil absorption system n/a ft.

Percolation rate n/a min/inch Maximum ground slope n/a %

I swear or affirm that the application information and documentation submitted are true, complete and accurate.

Owner/Authorized Representative Signature

Date 05/28/2015

NOTICE: Failure to complete the form or include the appropriate fee(s) will delay the application. NDEQ issued construction permit is required prior to any construction.

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. HS001073

System Type: Standard

Situs: 245 NW 84 ST, RURAL, NE

Issued: 6/9/2015

Expires: 6/9/2016

Description: S22, T10, R5, 6th Principal Meridian, LOT 145 SE

Owner: LANCASTER COUNTY
555 S 10 ST
LINCOLN, NE 68508

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

LANCASTER COUNTY
555 S 10 ST
LINCOLN, NE 68508

JUN 01 2015

SCANNED

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

A

Permit Number
HS001073

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 245 NW 84th St (no rural route) City Lincoln, NE Zip 68528

Legal Description SE 22 10N 5E 145
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 04-22-400-009-000

B. Owner

Name Lancaster County Engineering Signature

Address 444 Cherry Creek Rd City/State/Zip Lincoln, NE 68528

Home Phone 402-672-5636 Work Phone 402-441-8332

C. Certified Installer

Name: Lloyd Jakoubek, Raymond Contracting Inc Signature

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 Whirlpool Bathtub? ☐ Yes ☐ No Total Acres 1.63
Garbage Grinder? ☐ Yes ☐ No

☒ Commercial Establishment/Other Facility Specify County Maintenance Bldg with Restroom Design flow in gallons per day <200

Type of Wastewater ☒ Domestic ☐ Non-Domestic (2 employees, 8 hrs per day, Monday thru Friday estimated to use 16 gpd per person)

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 6/9/15
Date frwd 6/9/15
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 7/9/15

Business Office Use Only
Date Received 6-2-15 Amount Paid 375.00
Received By LC Cash/Check No. 5645

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

Form A Updated: 1/13

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

Exhibit 5

Permit Number: H5001073

Onsite Wastewater Treatment System

Inspection Sheet

Date 2/10/15 Legal Description 10-5-22 sea
¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 245 NW 84th City Emerald

Owner Lancaster County 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 400 Sq. Ft. Tank Size 1500 - 2000 gals Holding tank

Total length of laterals 100 lf Type of Distribution: ☒ Chamber ☐ Perforated Pipe ☐ Other (describe)_____

No. of Absorption Laterals 2 Width 36" No. of Drop Boxes 0 Distribution Box 1

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 N/O

Lateral #1 N/O Lateral #3 N/O

Lateral #2 N/O Lateral #4 N/O

Comments:

Inspections prior to Final Approval
Initial NA Date 2/10/15

Follow-Up _____ Date _____

Follow-Up _____ Date _____

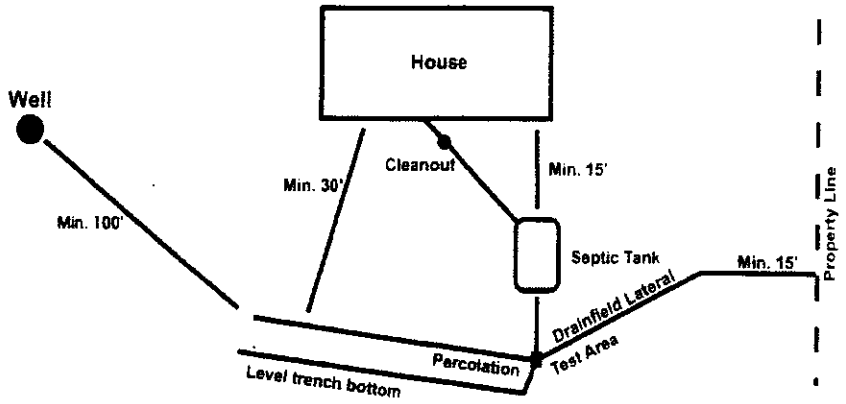
Installation Final Written Approval
By _____

Date 2/10/15

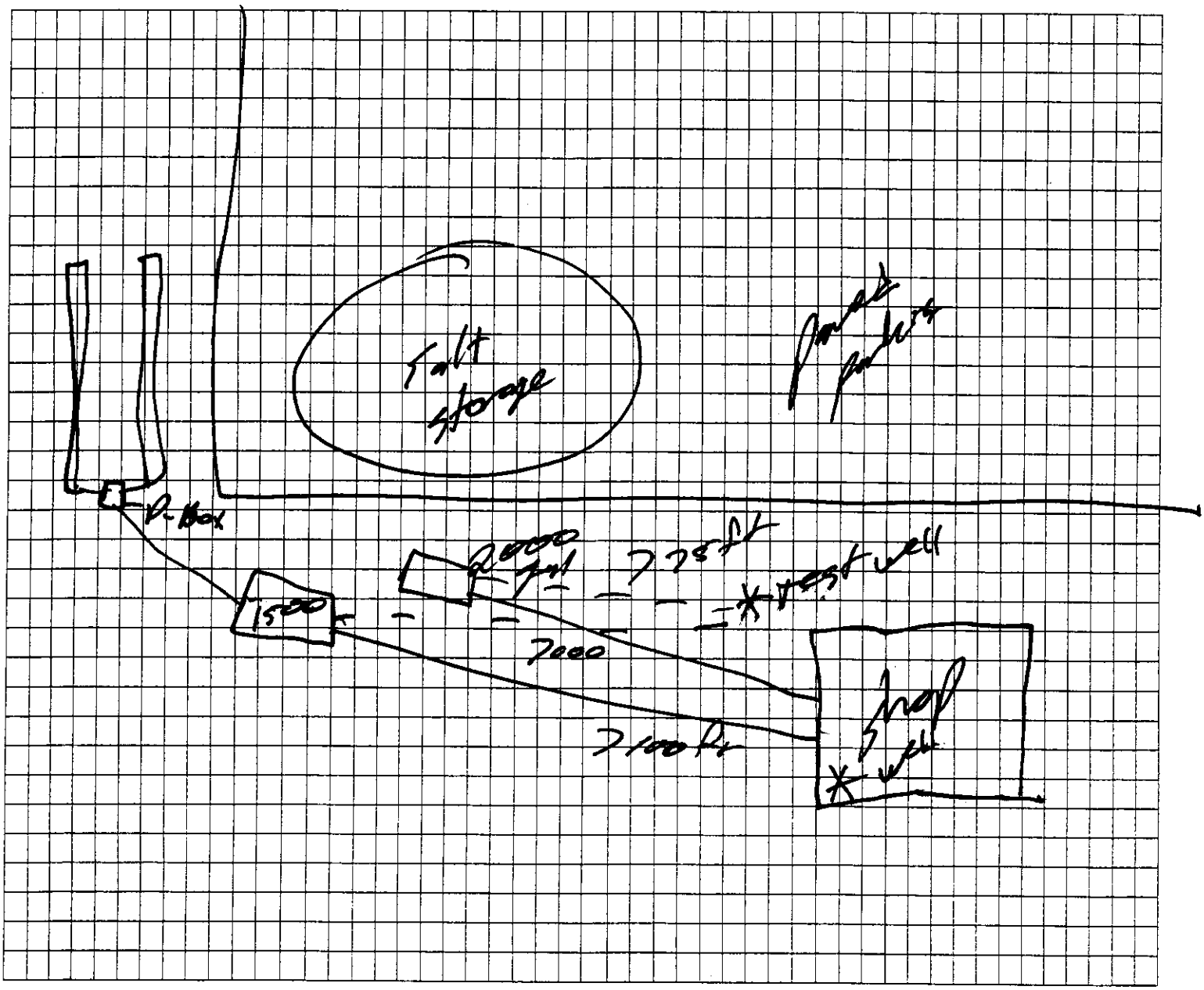
Field Note Drawing (See Reverse Side):

Indicate North
w/ Arrow Here:

Onsite Wastewater System Design (Example)



*Note-If Lagoon, show all applicable dimensions



JUL 14 2015

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

D

Permit Number: HS001073

Onsite Wastewater Treatment System

As Built Plans & Specifications

Lot 145

Date 7/10/2015 Legal Description SE 1/4 1/4 22-10N-5E Section Township Range Emerald

Onsite System Location

Address (no rural route) 245 NW 84th St City Lincoln NE, Zip 68528

Owner Lancaster County Address 444 Cherry Creek Rd Lincoln, NE 68528

A. Sewer Pipe

1. Material: SDR 26
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 24 in.
3. Distance between dwelling and septic tank: 102 ft.
4. Number of clean-outs: 4
5. Distances to: well or suction line 70 ft.
   stream 100 ft.
   pressure line 100 ft.
   property line 76+ ft.

B. Septic Tank

☐ Label with Manufacturer, address and gallon capacity

1. Material: Concrete
   Number of compartments: _____
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 _____ 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 in.
8. Distances to: Well or suction line 50+ ft.
   Stream 100 ft.
   Pressure line 100 ft.
   Property line 70 ft.

C. ☑ Distribution Box ☐ Drop Boxes

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

1. Material: Plastic
   Number available outlets: 3 per Box
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 45' ft.

D. Drainfield Absorption

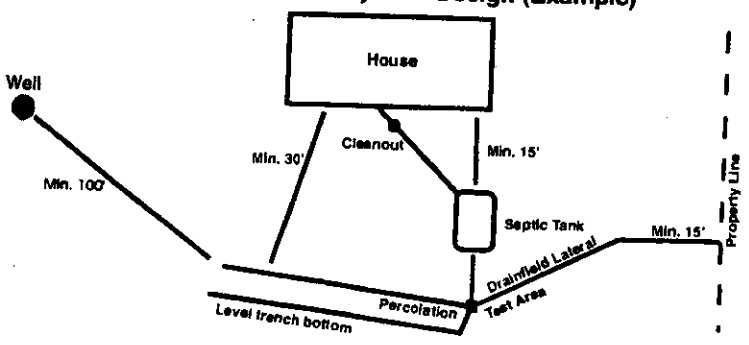
☑ Trench ☐ Bed ☐ Level Bottom

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
   Length of each line: 50 ft. 50 ft.
   _____ ft. _____ ft., _____ ft.
3. Drainfield dimensions: Width 40 ft.
   Distribution Pipe Slope Flat in/100 ft.
   Average depth 26-20 in
4. Filter material: Soil
   Depth of material 26-20 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.

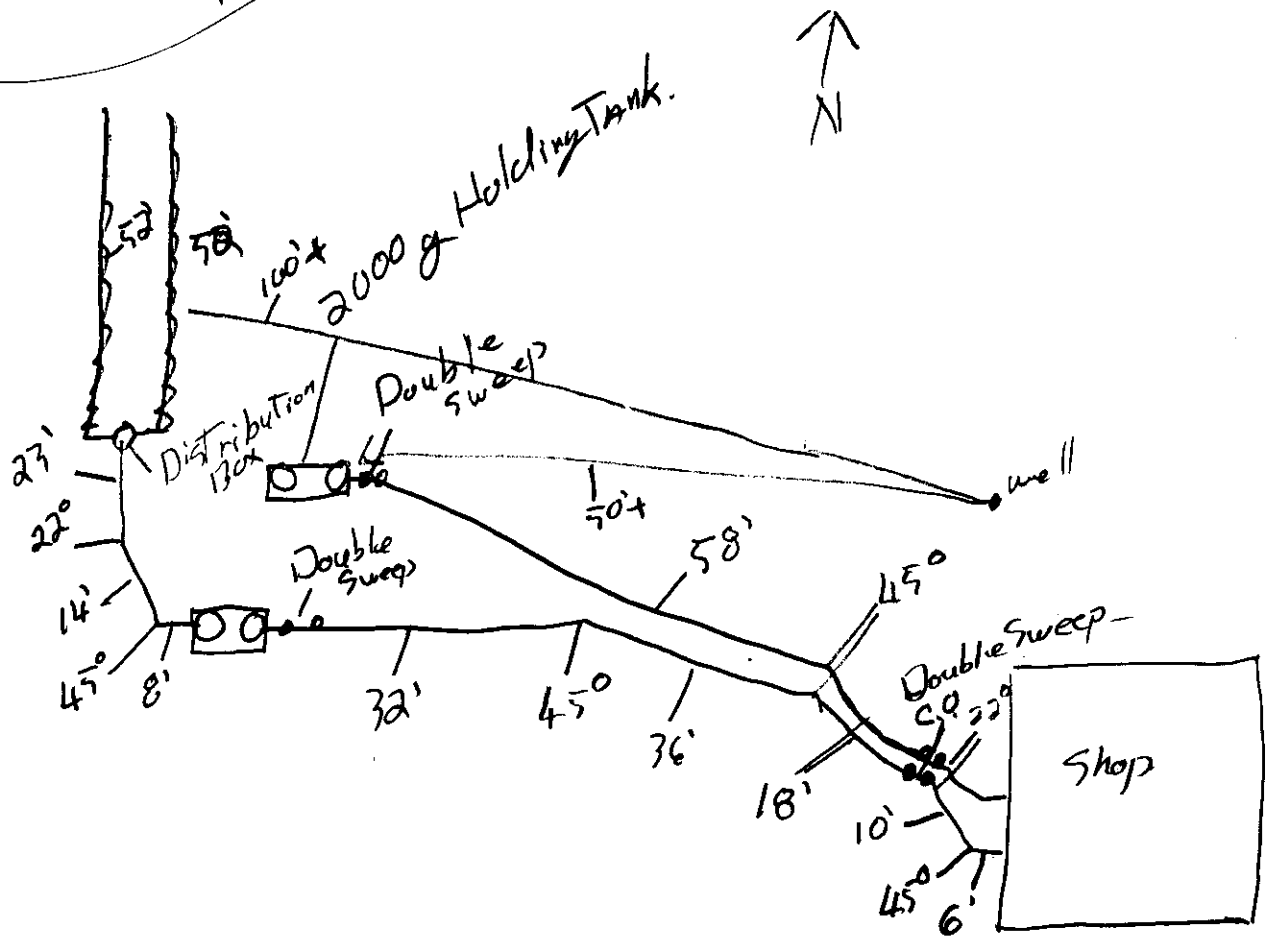
Complete As-Built drawing on the back to this form.

Onsite Wastewater System Design (Example)

Indicate North with Arrow



Flood plan



7/16/2015.

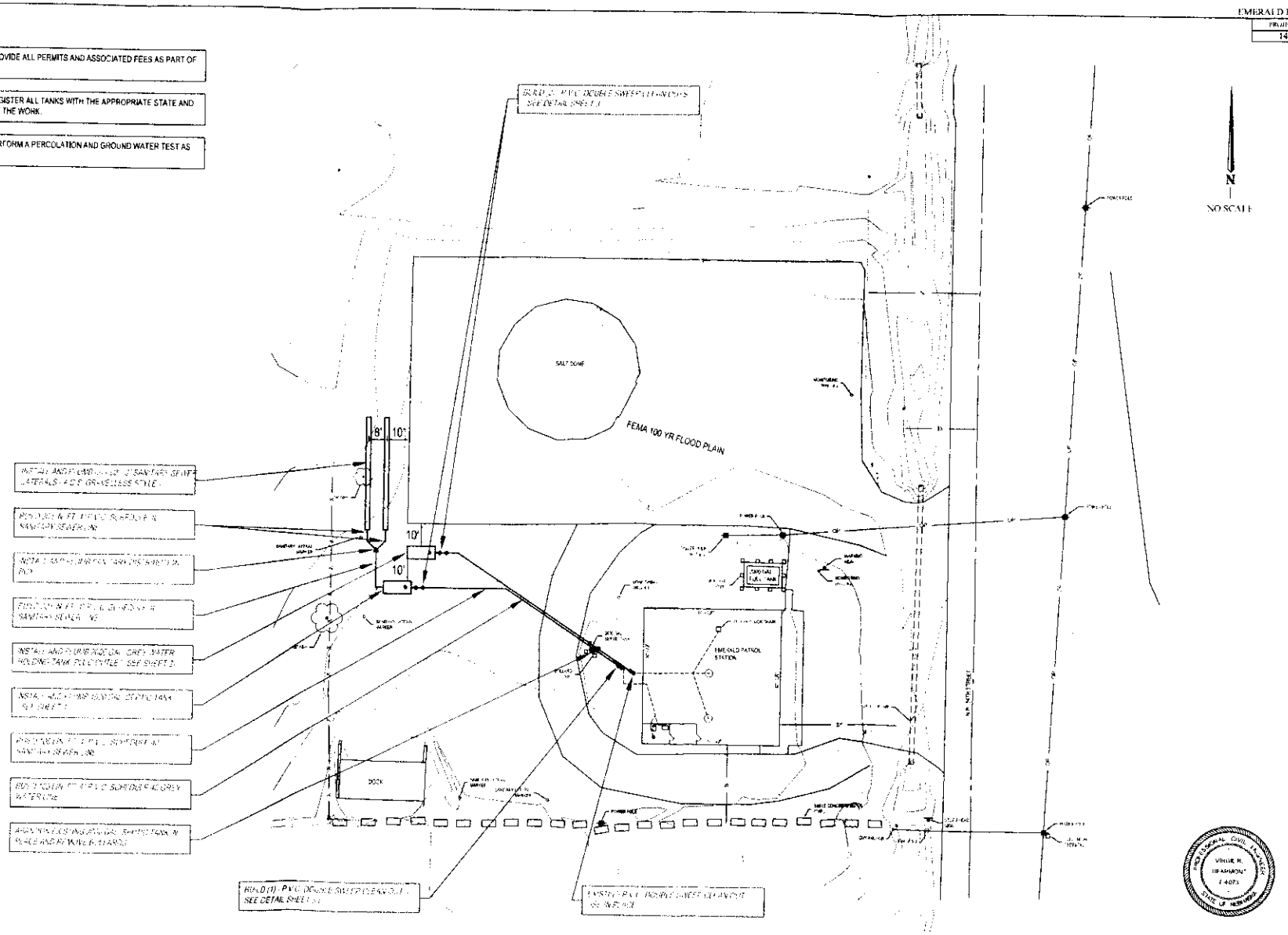
Raymond Contracting, Inc.
Lloyd J Jakoubek
13800 NW 70th St
Raymond, NE 68428
402-783-2663

PROJECT NO	SHEET NO
14-45	1

THE CONTRACTOR WILL PROVIDE ALL PERMITS AND ASSOCIATED FEES AS PART OF THE WORK.

THE CONTRACTOR WILL REGISTER ALL TANKS WITH THE APPROPRIATE STATE AND LOCAL AGENCY AS PART OF THE WORK.

THE CONTRACTOR WILL PERFORM A PERCOLATION AND GROUND WATER TEST AS PART OF THE WORK.



EMERALD SANITARY SEWER SYSTEM AND GREY WATER HOLDING TANK

LANCASTER COUNTY ENGINEERING DEPARTMENT

THIS DOCUMENT WAS ORIGINALLY ISSUED AND SEALED BY VIRGIL R. DEARMONT E-6073 ON 5/21/2015. THIS MEDIA SHOULD NOT BE CONSIDERED A CERTIFIED DOCUMENT

COPY

Nebraska Department of Environmental Quality

Construction Permit No. 15OWT026

is hereby issued to

Virgil Dearment

For

Lancaster County Engineering Dept.

for the

30 Gallon Per Day
On-site Wastewater Treatment System

Description:

Holding tank system, consisting of a 2,000 gallon tank for the floor drains in the shop building. The holding tank is to have a visible or audible alarm system or float that indicates when the tank is 90% full.

located at

Emerald Patrol Station, 245 NW 84th Street
SE ¼, Sec. 22, T10N, R05E
Lancaster County

Pursuant to a Delegation Memorandum dated March 9, 2015, and signed by the Director, the undersigned hereby executes this document on behalf of the Director.

Signed June 23, 2015

Patrick W. Rice

Patrick W. Rice, Assistant Director

Suite 400, The Atrium, 1200 "N" Street, P. O. Box 98922, Lincoln, Nebraska, 68509-8922
Phone (402) 471-2186, Fax (402) 471-2909, e-mail Pubinfo@mail.deq.state.ne.us

20150004320

SCANNED COPY For Holding Tank For Floor Drain

Onsite Wastewater Treatment System Application for Construction/Operating Permit

Nebraska DEQ

For NDEQ Use Only NDEQ ID: Program ID:

Print or Type

Virgil | R | Dearmont
Owner/Authorized Representative First Name | Initial | Last Name

Lancaster County Engineering Department
Business or Legal Entity Name (if applicable)

444 Cherrycreek Rd | Lincoln | NE | 68528
Owner Address | City | State | Zip

Phone Number 402-441-7681 Email vdearmont@lancaster.ne.gov

[X] Check here if authorized representative and include a description of the representative's authority to sign on behalf of the owner. Staff Engineer

Professional Engineer, Master Installer or Registered Environmental Health Specialist

Print or Type

Virgil | R | Dearmont | E-5073
First Name | Initial | Last Name | Certification/License Number

Lancaster County Engineering Department
Company Name

444 Cherrycreek Rd | Lincoln | NE | 68258
Mailing Address | City | State | Zip

Phone Number 402-441-7681 Email vdearmont@lancaster.ne.gov

Location

Legal description OR *Geographical coordinates to 4 decimal points*

___ SE 22 10N 5E Lancaster / _____ _____
¼ ¼ Section Township Range County Latitude Longitude

245 NW 84th St, Lincoln, NE 68528
Physical address if different than owner's mailing address

System Information

[ ] Dwelling-Peak single day flow _____ gals **OR** [x] Non-dwelling-Peak single day flow 30 gals

[ ] Domestic Wastewater [x] Non-Domestic Wastewater -Description of non-domestic wastewater sources (i.e. restaurant, laundry, butcher shop, camper dump station or other) gray water from floor drain in building

[ ] New System [x] Modification, reconstruction or alteration of existing system

[ ] Septic System [ ] Mound [x] Holding tank [ ] Lagoon [ ] Other (if other, describe here) _____

Depth to seasonal high groundwater for planned location of the soil absorption system n/a ft.

Percolation rate n/a min/inch Maximum ground slope n/a %

I swear or affirm that the application information and documentation submitted are true, complete and accurate.

Owner/Authorized Representative Signature

Date 05/23/2016

NOTICE: Failure to complete the form or include the appropriate fee(s) will delay the application. NDEQ issued construction permit is required prior to any construction.

JUN 01 2015

SCANNED

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

A

Permit Number
HS001073

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

A. Onsite System Location

Address 245 NW 84th St (no rural route) City Lincoln, NE Zip 68528

Legal Description SE (1/4) 22 (Section) 10N (Township) 5E (Range) ____ (Subdivison) ____ (Addition) ____ (Block) 145 (Lot)

PID 04-22-400-009-000

B. Owner

Name Lancaster County Engineering Signature [signature]

Address 444 Cherry Creek Rd City/State/Zip Lincoln, NE 68528

Home Phone 402-672-5636 Work Phone 402-441-8332

C. Certified Installer

Name: Lloyd Jakoubek, Raymond Contracting Inc Signature [signature]

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 ____ Whirlpool Bathtub? ☐ Yes ☐ No Garbage Grinder? ☐ Yes ☐ No Total Acres 1.63

☒ Commercial Establishment/Other Facility Specify County Maintenance Bldg with Restroom Design flow in gallons per day <200

Type of Wastewater ☒ Domestic ☐ Non-Domestic (2 employees, 8 hrs per day, Monday thru Friday estimated to use 16 gpd per person)

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 6/9/15 Date frwd 6/9/15
Comments ____ ACTION ☒ Approved ☐ Disapproved Signature [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 [signature]
Date 7/10/15

Business Office Use Only
Date Received 6-2-15 Amount Paid 375.00
Received By LC Cash/Check No. 3648

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

Form A Updated: 1/13

SCANNED

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

B

Permit Number:

Onsite Wastewater Treatment System

Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 245 NW 84th St (no rural route) City Lincoln NE, Zip 68528

Owner Lancaster County Engineering Address 444 Cherry Creek Rd

Date of Tests 4/30/15 to 5/1/15 Weather: Precipitation 0 Temperature 71

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	20	4/30	11:15am	4/30	3:15pm	5/1	4:00pm	6	5/1	4:30pm	30	1/2	60
2	24	"	"	"	"	"	"	6	"	"	"	11/16	44
3	30	"	"	"	"	"	"	6	"	"	"	9/16	53
								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

Soil type (NRCS Maps/Other) Zook SCL
Groundwater Depth >6'

Sum of Percolation Rates: 157
Average of Rates: 52
Rate Used for Calculation: 52

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official Date

Onsite Form B 12_06

SCANNED

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

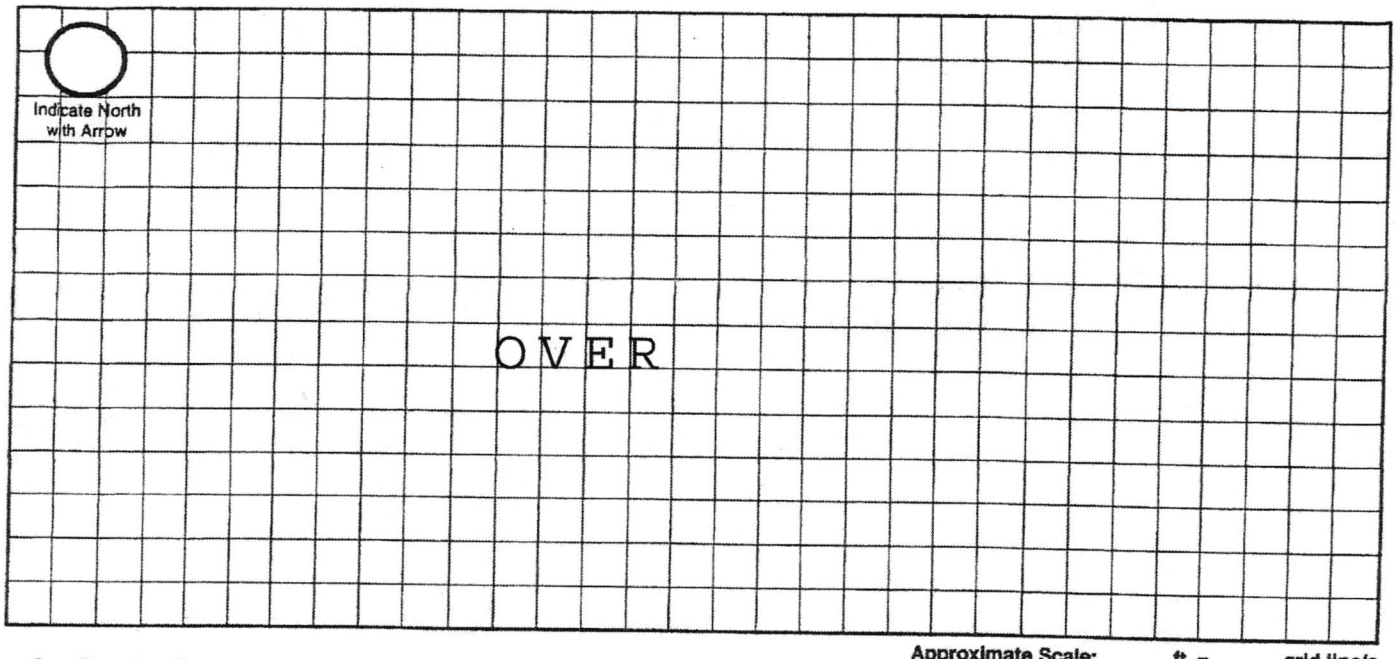
C

Permit Number:

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) 245 NW 84th St City Lincoln NE, Zip 68528

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 60 (min/inch = mpi) No. of Bedrooms N/A Soil Type Zook SCL Land Slope_____%

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 400 sq.ft.

Total length of laterals 100' Type of distribution: ☐ Perforated pipe ☐ Half-Round ☒ Chamber ☐ Other

No. of absorption trenches 2 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 Joseph Demmon Date 05/21/15

Installer _____ Date _____

PROJECT NO.	SHEET NO.
14-45	1

THE CONTRACTOR WILL PROVIDE ALL PERMITS AND ASSOCIATED FEES AS PART OF THE WORK.

THE CONTRACTOR WILL REGISTER ALL TANKS WITH THE APPROPRIATE STATE AND LOCAL AGENCY AS PART OF THE WORK.

THE CONTRACTOR WILL PERFORM A PERCOLATION AND GROUND WATER TEST AS PART OF THE WORK.

INSTALL AND PLUMB (2) - 50' - 0" SANITARY SEWER LATERALS (A.D.S. GRAVELLESS STYLE).

BUILD 20 LIN. FT. 4" P.V.C. SCHEDULE 40 SANITARY SEWER LINE

INSTALL AND PLUMB SANITARY DISTRIBUTION BOX.

BUILD 20 LIN. FT. 4" P.V.C. SCHEDULE 40 SANITARY SEWER LINE

INSTALL AND PLUMB 2000 GAL. GREY WATER HOLDING TANK. PLUG OUTLET (SEE SHEET 2)

INSTALL AND PLUMB 1500 GAL. SEPTIC TANK (SEE SHEET 3)

BUILD 106 LIN. FT. 4" P.V.C. SCHEDULE 40 SANITARY SEWER LINE

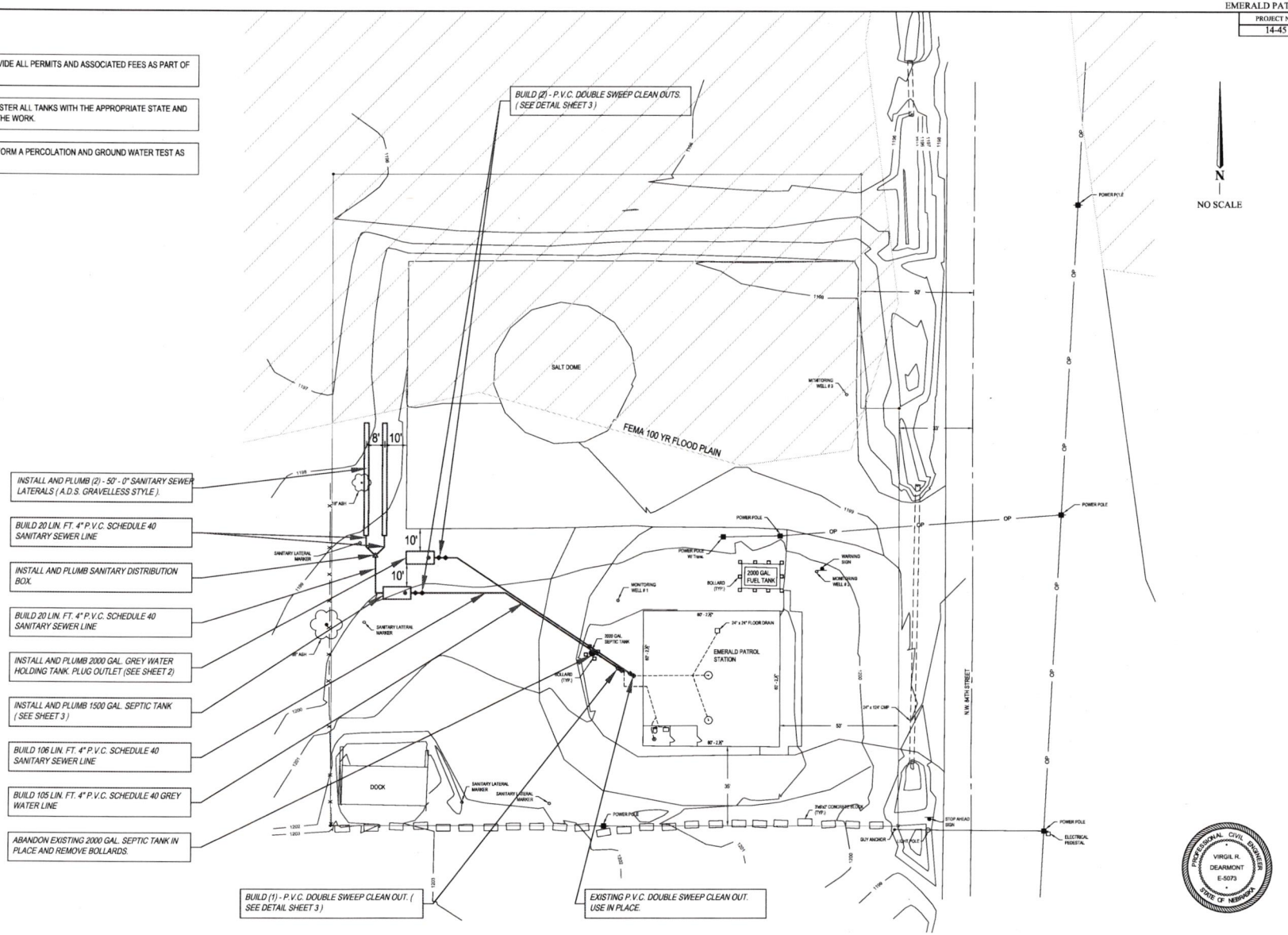
BUILD 105 LIN. FT. 4" P.V.C. SCHEDULE 40 GREY WATER LINE

ABANDON EXISTING 2000 GAL. SEPTIC TANK IN PLACE AND REMOVE BOLLARDS.

BUILD (2) - P.V.C. DOUBLE SWEEP CLEAN OUTS. (SEE DETAIL SHEET 3)

BUILD (1) - P.V.C. DOUBLE SWEEP CLEAN OUT. (SEE DETAIL SHEET 3)

EXISTING P.V.C. DOUBLE SWEEP CLEAN OUT. USE IN PLACE.

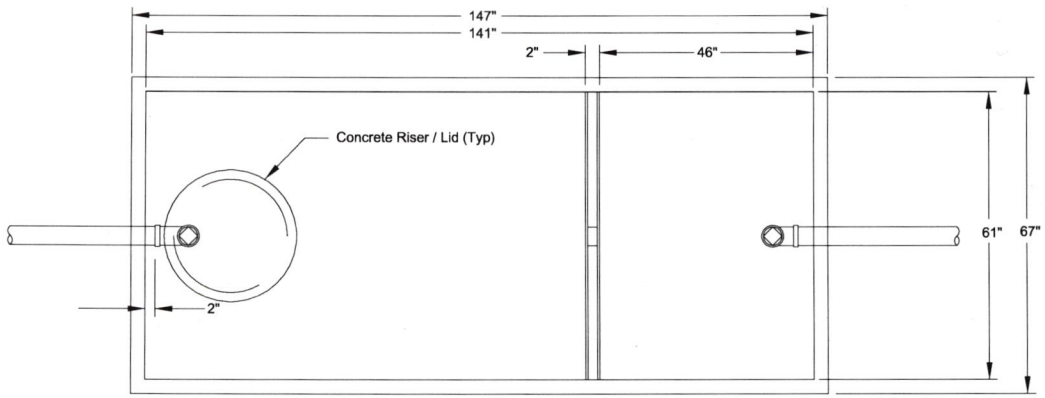


PROFESSIONAL CIVIL ENGINEER
VIRGIL R. DEARMONT
E-5073
STATE OF NEBRASKA

EMERALD SANITARY SEWER SYSTEM AND GREY WATER HOLDING TANK

LANCASTER COUNTY ENGINEERING DEPARTMENT

THIS DOCUMENT WAS ORIGINALLY ISSUED AND SEALED BY VIRGIL R. DEARMONT, E-5073, ON 5/21/2015. THIS MEDIA SHOULD NOT BE CONSIDERED A CERTIFIED DOCUMENT.



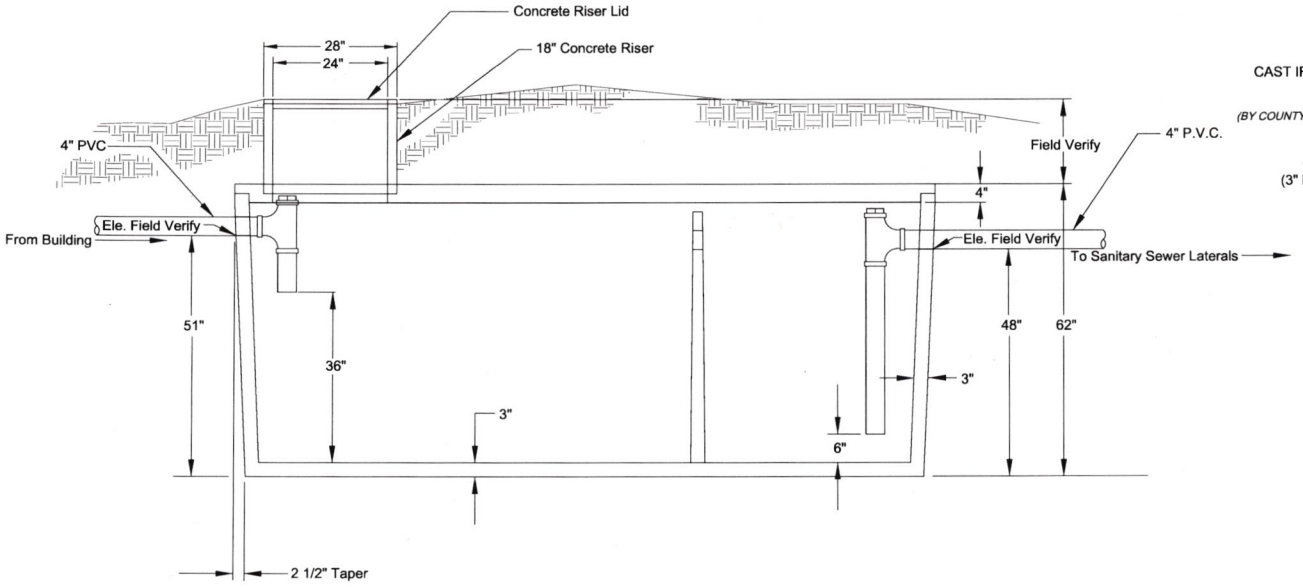
NOTES:

ALL P.V.C. PIPE AND FITTINGS WILL BE SCHEDULE 40.

THE (2)-COMPARTMENT PRE-CAST CONCRETE GREASE TRAP WILL BE AS MANUFACTURED BY ACCURATE PRECAST CONCRETE OF YUTAN NE. OR EQUAL.

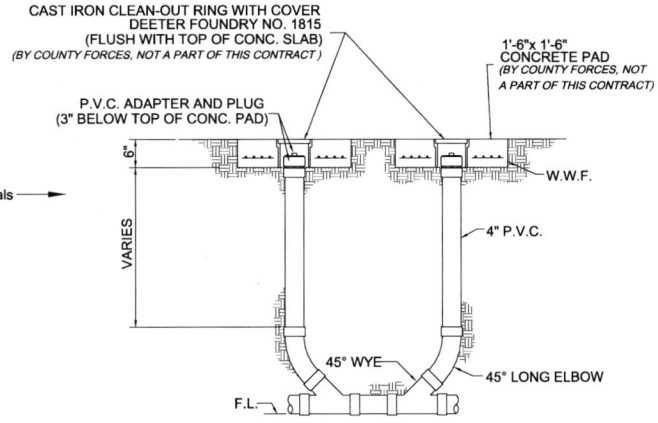
SEE SITE PLAN FOR SYSTEM LAYOUT, BUILDING, AND UTILITIES

LIQUID DEPTH LEVEL INDICATOR WILL BE CONSTRUCTED OF P.V.C. AND BE OF THE CONTRACTOR'S OWN DESIGN.



1500 Gal. 2-Compartment Septic Tank Detail

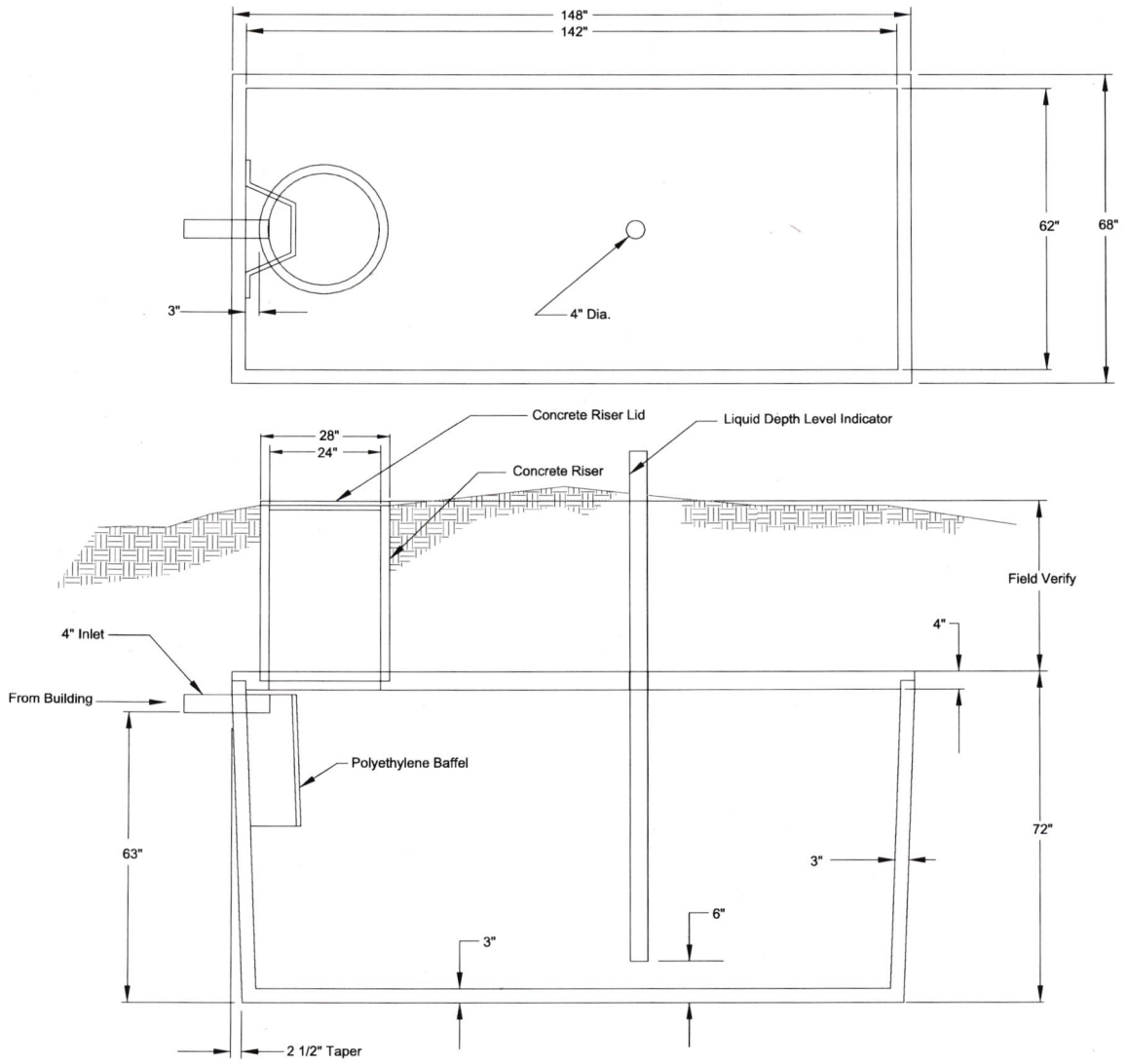
NO SCALE



DOUBLE SWEEP CLEAN OUT DETAIL
NO SCALE



THIS DOCUMENT WAS ORIGINALLY ISSUED AND SEALED BY VIRGIL R. DEARMONT, E-5073, ON 5/21/2015. THIS MEDIA SHOULD NOT BE CONSIDERED A CERTIFIED DOCUMENT.



2000 Gal. Grey Water Holding Tank Detail

NO SCALE

PROFESSIONAL CIVIL ENGINEER
VIRGIL R. DEARMONT
E-5073
STATE OF NEBRASKA

THIS DOCUMENT WAS ORIGINALLY ISSUED AND SEALED BY VIRGIL R. DEARMONT, E-5073, ON 5/21/2015. THIS MEDIA SHOULD NOT BE CONSIDERED A CERTIFIED DOCUMENT.

SCANNED JUL 14 2015

D

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

Permit Number: HS001073

Onsite Wastewater Treatment System

As Built Plans & Specifications

Lot 145

Date 7/10/2015 Legal Description SE 1/4 SE 1/4 22-10N-5E Emerald Section Township Range

Onsite System Location

Address (no rural route) 245 NW 84th St City Lincoln NE, Zip 68528

Owner Lancaster County Address 444 Cherry Creek Rd Lincoln, NE 68528

A. Sewer Pipe

1. Material: SDR 26
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below ~~basement~~ floor: 24 in.
3. Distance between dwelling and septic tank: 102 ft.
4. Number of clean-outs: 4
5. Distances to: well or suction line 70 ft.
   stream 100 ft.
   pressure line 100 ft.
   property line 7ft ft.

B. Septic Tank

☐ Label with Manufacturer, address and gallon capacity

1. Material: concrete
   Number of compartments: _____
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 _____ 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 in.
8. Distances to: Well or suction line 50+ ft.
   Stream 100 ft.
   Pressure line 100 ft.
   Property line 70 ft.

C. ☑ Distribution Box ☐ Drop Boxes

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

1. Material: Plastic
   Number available outlets: 3 per Box
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 45' ft.

D. Drainfield Absorption

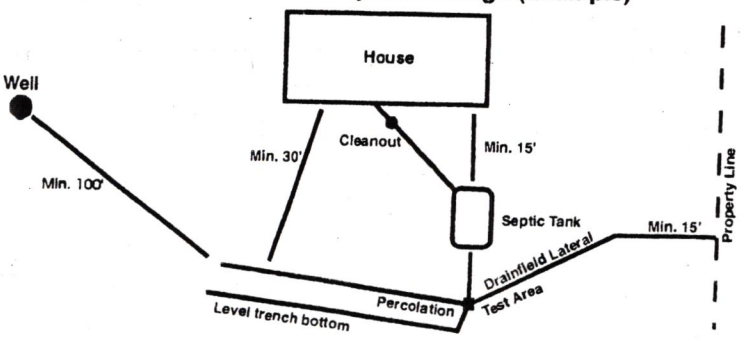
☑ Trench ☐ Bed ☐ Level Bottom

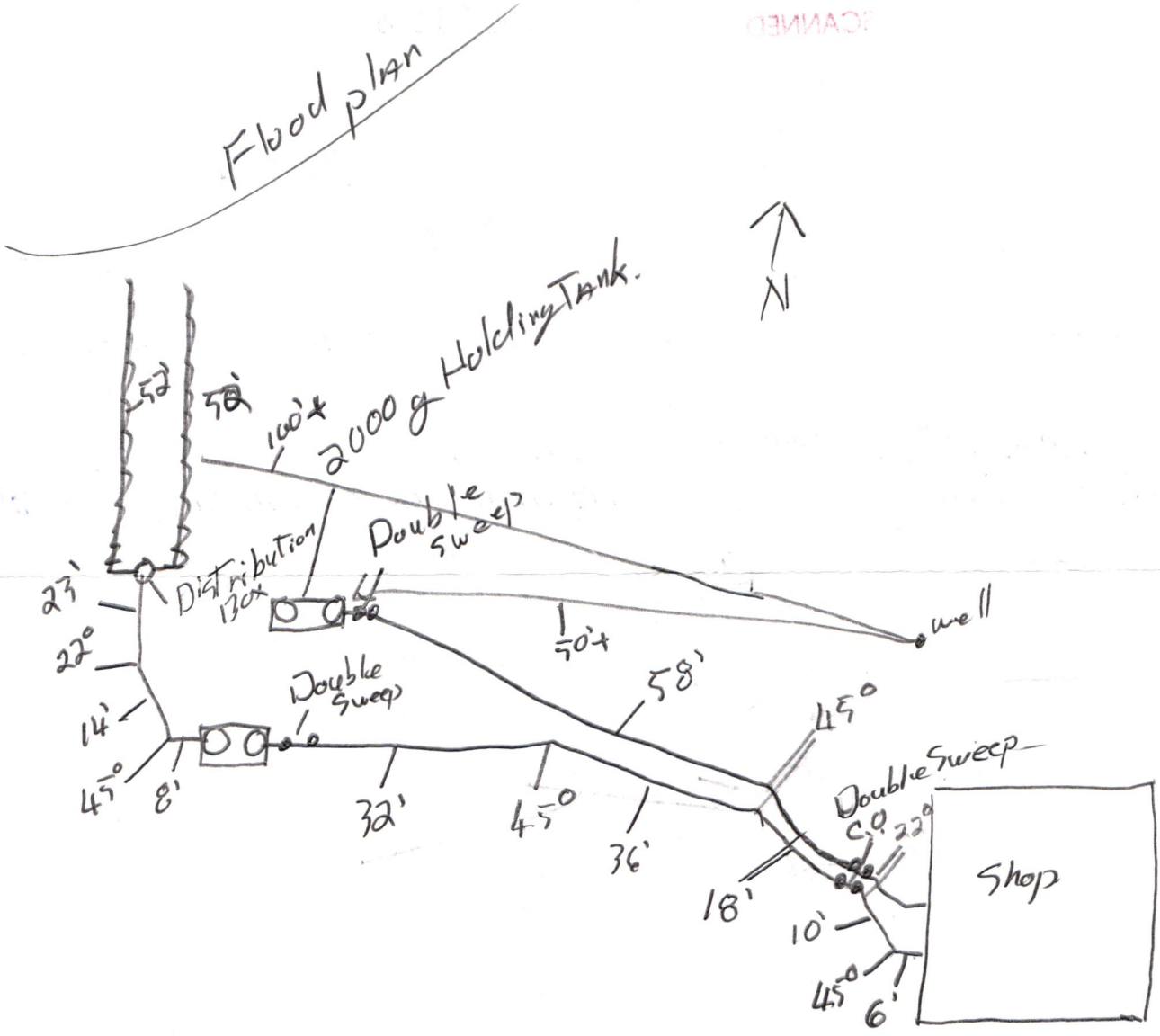
1. Type: ☐ Half rounds ☐ Perforated pipe ☐ Chambers
   Diameter or width: _____
   Number of distribution lines in bed _____
   Material: ☐ fiberglass ☑ plastic ☐ concrete
   ☐ other _____
2. Drainfield Laterals: Number 2
   Length of each line: 50 ft. 50 ft.
   _____ ft. _____ ft., _____ ft.
3. Drainfield dimensions: Width 40 ft.
   Distribution Pipe Slope Flat in/100 ft.
   Average depth 26-20 in
4. Filter material: Soil
   Depth of material 26-20 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





7/16/2015.

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: 402-441-8643

Exhibit 5

Permit Number: H5001073

Onsite Wastewater Treatment System

Inspection Sheet

Date 7/10/15 Legal Description 10-5-22 sec

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 245 NW 84th City Emerald

Owner Lancaster County 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 400 Sq. Ft. Tank Size 1500 - 2000, gals Holding tank

Total length of laterals 600 lin Type of Distribution: ☒ Chamber ❑ Perforated Pipe ❑ Other (describe)_____

No. of Absorption Laterals 2 Width 38" No. of Drop Boxes 0 Distribution Box 1

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 ☒	500 ☒	NA ☒	10 ☒	5 ☒
Field (ft)	100 ☒	500 ☒	50 ☒	4 ☒	25 ☒	5 ☒

Geographical Coordinates to 6 Decimals:

Tank N/A

Lateral #1 N/A Lateral #3 N/A

Lateral #2 N/A Lateral #4 N/A

Comments:

Inspections prior to Final Approval
Initial DH Date 7/10/15

Follow-Up _____ Date _____

Follow-Up _____ Date _____

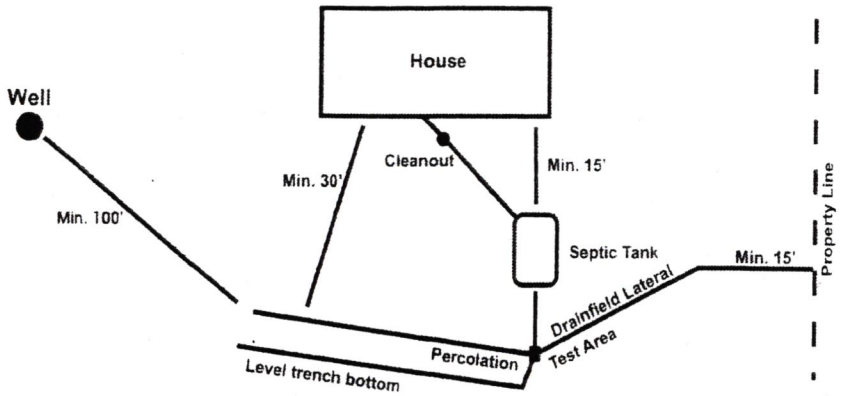
Installation Final Written Approval
By _____

Date 7/10/15

Field Note Drawing (See Reverse Side):

Indicate North
w/ Arrow Here:

Onsite Wastewater System Design (Example)



*Note-If Lagoon, show all applicable dimensions