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

A

Permit Number

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 13291 NW 84th street (no rural route) City Raymond, NE Zip 68428

Legal Description NW NE 10 11 5-E
(1/4 | 1/4 | Section | Township | Range | Subdivison | Addition | Block | Lot)

PID 05-10-200-006-000

B. Owner

Name Eric Sakalik Signature

Address 570 Hawthorn Dr City/State/Zip Lincoln Ne 68521

Home Phone 402-613-2267 Work Phone

C. Certified Installer

Name: Scott Subbart Signature Scott Subbart

Address 1012 Co Rd M City/State/Zip Mead Ne 68041

Work Phone 402-443-6549

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 20+
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
ACTION ☐ Approved ☐ Disapproved
Signature
Comments

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 6-5-15 Amount Paid $375.00
Received By SB Cash/Check No. 1998

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: HS001076

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 13291 NW 84th St (no rural route) City Raymond NE, Zip 68428

Owner Eric Sakolik Address 570 Harding Drive

Date of Tests 5/7/15 to 5/8/15 Weather: Precipitation 0 Temperature 60

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	34	5/7	10:30	5/8	11:30	5/8	12:30	6	5/8	1:10	30	.75	40
2	36	"	"	"	"	"	"	6	"	"	"	.75	40
3	32	"	"	"	"	"	"	6	"	"	"	.66	45
4	38	"	"	"	"	"	"	6	"	"	"	.66	45
5	36	"	"	"	"	"	"	6	"	"	"	.75	40
6	32	"	"	"	"	"	"	6	"	"	"	.60	50
								6					
								6					

Person Conducting Percolation Test

Name: Scott Sabatt
Phone: 402-443-6549
Address 4012 C. Rd M
Mead Ne 68041

Sum of Percolation Rates: 260
Average of Rates: 43.33
Rate Used for Calculation: _____

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 _____

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

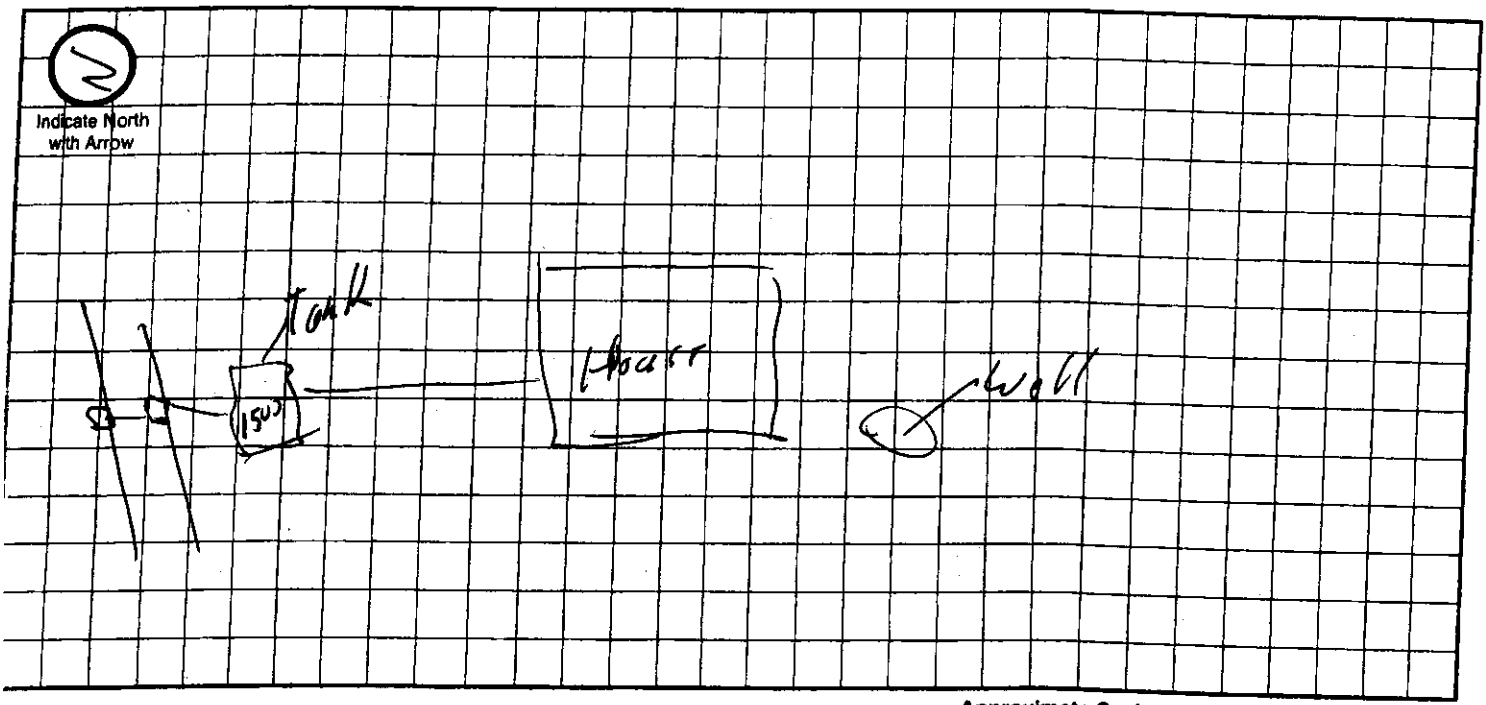
C

Permit Number: #S001076

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) 13291 W 84th ST City Raymond NE, Zip Ne

B. Proposed Septic Tank/s

Septic Tank Cap. 1500 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 4 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 _____

Installer _____ Date _____

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. HS001076

System Type: Standard

Situs: 13291 NW 84 ST, RURAL, NE

Issued: 6/9/2015

Expires: 6/9/2016

Description: S10, T11, R5, 6th Principal Meridian, LOT 13 NE

Owner: ANDERSON, WAYNE A
1801 N 59 ST
LINCOLN, NE 68505

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

SUBBERT WELL & SEPTIC
1012 CO RD M
MEAD, NE 68041

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

Exhibit 5

Permit Number: HS001076

Onsite Wastewater Treatment System

Inspection Sheet

Date 11/25/2015 Legal Description NW NE 10 / 11 / 5E
¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 13921 City Raymond

Owner Eric Sokolik Address 570 Harding Dr Lin NE 68521

Mark One: ❑ Dwelling ❑ Non-dwelling

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

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

Drainfield Absorption System:

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

Total square feet of drainfield ~~1320~~ Need 1050 Sq. Ft. Tank Size 1500 gals

Total length of laterals ~~280~~ 220 ~~230~~ needed Type of Distribution: ☑ Chamber ❑ Perforated Pipe ❑ Other (describe) _____

Nate was contacted by builder it is only a 3 bedroom house JM

one completely one begun no one on site

No. of Absorption Laterals _____ Width _____ No. of Drop Boxes _____ Distribution Box _____

Leveling Method Used ?

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 NA Lateral #3 _____

Lateral #2 NA Lateral #4 _____

Comments:

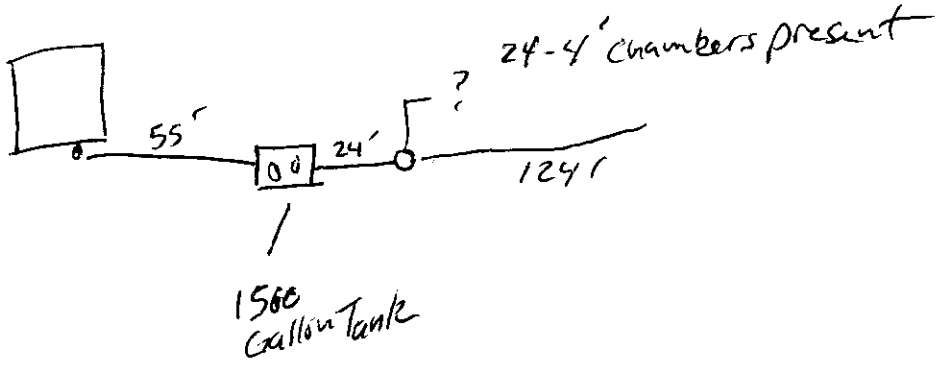
Inspections prior to Final Approval
Initial Tim Newman Date 11/25/15

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By _____
Date 10/7/2015

Field Note Drawing (See Reverse Side):



See As built

Incomplete
@ 10:00 Am 4/25/15 gm

Field Drawing

Not Done when
Told to Inspect