JUN 15 2015

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

A

Permit Number
HS001080

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 11680 W Pawnee Lake Rd (no rural route) City Lincoln NE Zip 68524

Legal Description NE (1/4) 1/4 | 5 Section | 10N Township | 5E Range | Parkland Estates Subdivison | 3 Addition | 4 Block | Lot

PID 04-05-203-004-000

B. Owner

Name Christopher Rice Signature

Address 6100 Hartley St City/State/Zip Lincoln, NE 68507

Home Phone 623-980-9619 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 enginaer 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 3.18

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 6-15-15 Amount Paid 375.00
Received By SB Cash Check No. 8003

Health Department | Public Works & Utilities Engineer | City Public Works & Utilities | County Engineer

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

B

Permit Number: HS001080

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

NE¼ 55-T10-R5

Parkland Estates Block 3 Lot 4

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 11680 W Pawnee Lake Rd (no rural route) City Lincoln NE, Zip 68524

Owner Lacey Luetjens Address 2447 NW 45th St Lincoln, NE 68524

Soil Type (SCS): Crete silt loam Percolation Rate: 34 min./inch

Date of Tests 7/1/09 to 7/2/09 Weather: Precipitation 0 Temperature 82

Percolation Test Data Table

A.	B.	C. D. E. F. Pre-Saturation Period				G. H. I. J. K. Percolation Readings					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)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time (Min)	Water Level Drop (in)	Percolation Rates (Min/in)
1	33	7/1	2:30p	7/1	4:30p	7/2	2:30p	16	7/2	3:00p	30	7/8	34
2	32	"	"	"	"	"	12:30p	"	"	12:40p	10	1 7/8	5
3	34	"	"	"	"	"	2:30p	"	"	3:00p	30	2 3/8	13
4	24	"	"	"	"	"	"	"	"	"	30	1 3/4	17
5	28	"	"	"	"	"	"	"	"	"	30	2 1/16	15
6	31	"	"	"	"	"	"	"	"	"	30	2 1/16	11

Person Conducting Percolation Tests

Name: Terri L. Jahnicek, Raymond Contracting, Inc.

Phone: 402-783-2163 or 402-890-3870

Address 13800 NW 70th St

Raymond, NE 68428 # C1198

Sum of Percolation Rates: 95

Average of Rates: 16

Rate Used for Calculation: 34 (Lompi Variance)

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

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

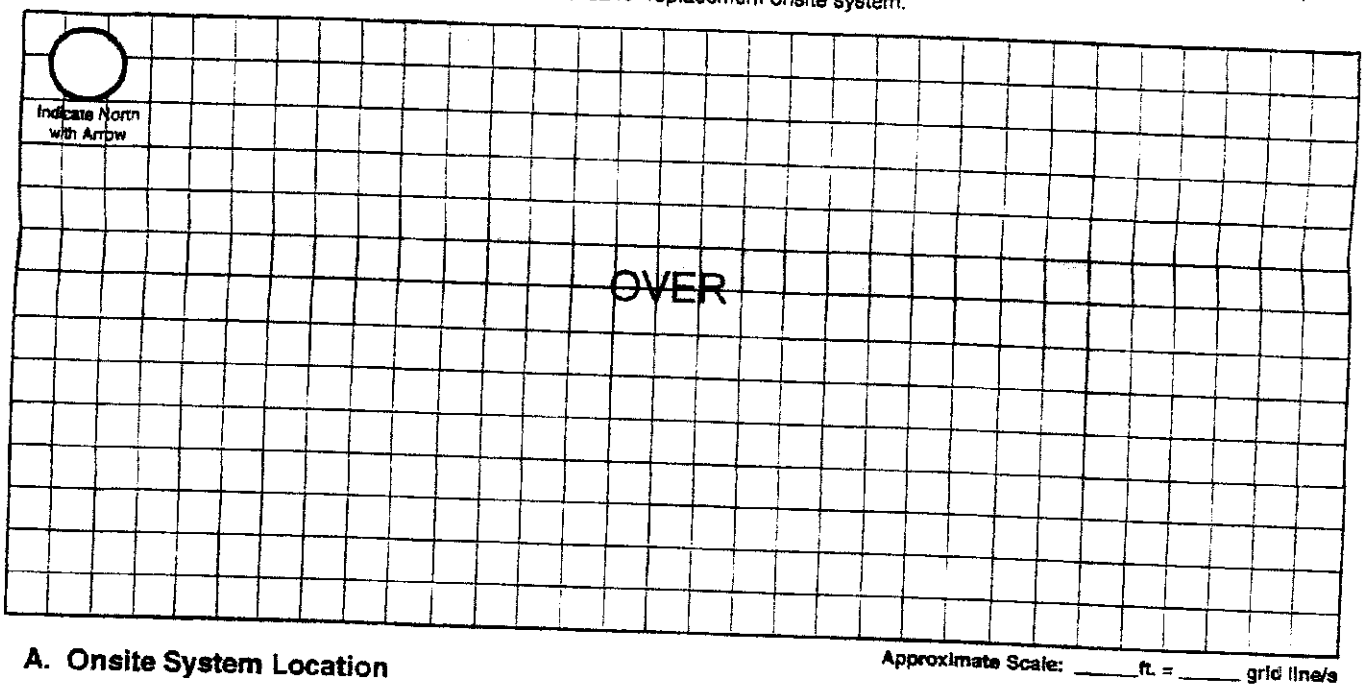
C

Permit Number: HS001080

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 (nc rural route) 11680 W Pawnee Lake Rd City Lincoln NE, Zip 68524

B. Proposed Septic Tank/s

Septic Tank Cap. 2,000 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 34 (min/inch = mpi) No. of Bedrooms 4 Soil Type Crete Silt Loam Land Slope 0-1 %

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 1,100 sq.ft.

Total length of laterals 275' Type of distribution: ☐ Perforated pipe ☐ Half-Round ☒ Chamber ☐ Other

No. of absorption tranches 3 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

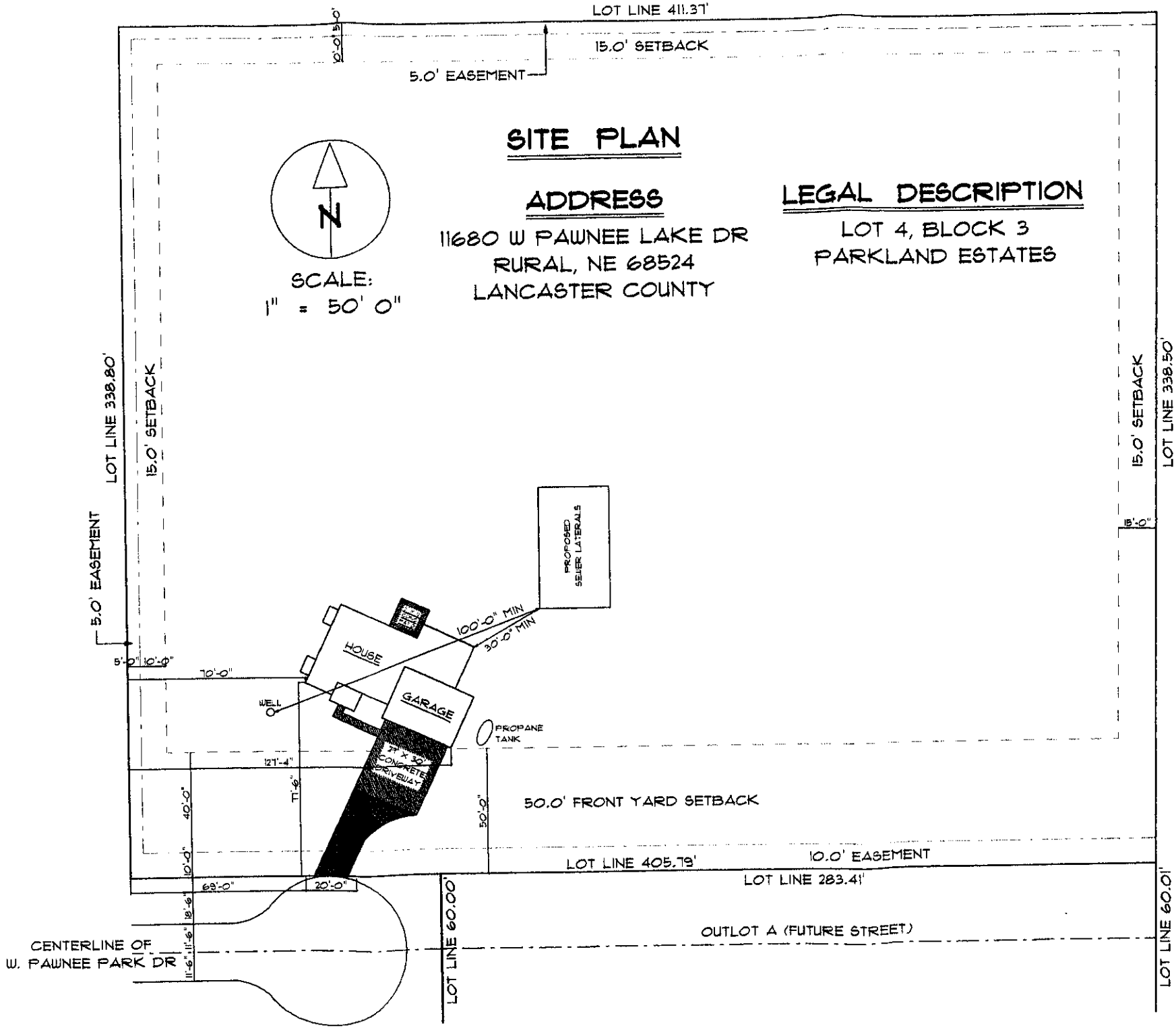
Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☒	500 ☒	50 ☒	NA ☒	25 ☒	20 ☒	15 ☒	25 ☒	☒
Field (ft)	100 ☒	500 ☒	50 ☒	4 ☒	30 ☒	20 ☒	30 ☒	40 ☒	☒
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐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

F. Required Signatures

Home Building Contractor PRAIRIE HOME BUILDERS Date 6-12-15

Installer Date 6-12-15

Onsite Form C 12-06


LOT LINE 411.37'
10'-0"
5.0' EASEMENT
15.0' SETBACK
SITE PLAN
N
SCALE:
1" = 50' 0"
ADDRESS
11680 W PAWNEE LAKE DR
RURAL, NE 68524
LANCASTER COUNTY
LEGAL DESCRIPTION
LOT 4, BLOCK 3
PARKLAND ESTATES
LOT LINE 338.80'
15.0' SETBACK
5.0' EASEMENT
LOT LINE 338.50'
15'-0"
PROPOSED SEWER LATERALS
100'-0" MIN
30'-0" MIN
HOUSE
GARAGE
WELL
PROPANE TANK
5'-0"
10'-0"
70'-0"
12'-4"
11'-6"
77' x 30' CONCRETE DRIVEWAY
40'-0"
10'-0"
50'-0"
50.0' FRONT YARD SETBACK
LOT LINE 405.79'
10.0' EASEMENT
LOT LINE 283.41'
69'-0"
20'-0"
18'-6"
11'-6"
11'-6"
CENTERLINE OF
W. PAWNEE PARK DR
LOT LINE 60.00'
OUTLOT A (FUTURE STREET)
LOT LINE 60.01'

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. HS001080

System Type: Standard

Situs: 11680 W PAWNEE LAKE DR, RURAL, NE

Issued: 6/17/2015

Expires: 6/17/2016

Description: PARKLAND ESTATES ADDITION, BLOCK 3, Lot 4

Owner: RICE, CHRISTOPHER J & ROMERO, REBECCA A
6100 HARTLEY ST
LINCOLN, NE 68507

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

Exhibit 5

Permit Number: HS001080

Onsite Wastewater Treatment System

Inspection Sheet

Date 11/12/15 Legal Description Parkland Estates Blk 3, Lot 4

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 11680 W Pawnee City _____

Owner _____ Address Lake

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 1100 Sq. Ft. Tank Size 2000 gals

Total length of laterals 320' Type of Distribution: ☒ Chamber ☐ Perforated Pipe ☐ Other (describe) _____

No. of Absorption Laterals 4 Width 3.625 factor No. of Drop Boxes _____ Distribution Box 3

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 _____

Lateral #1 NA

Lateral #2 _____

Lateral #3 _____

Lateral #4 _____

Comments:

Inspections prior to Final Approval
Initial DC Date 11/6/15

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By Dave Arnold

Date 11/12/15

Field Note Drawing (See Reverse Side):

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: H5001080

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) 11670 W Pawnee Lake Rd Lincoln NE 68524

Owner: Christopher Rice Address 6100 Hartley St Lincoln NE 68507

A. Wastewater Piping

1. Material: SDR 26 Diameter: 4 in.
2. Distance between dwelling and septic tank: 38 ft.

B. Septic Tank

1. Material Concrete
2. Capacity: 2,000
3. Depth to top of tank, below unfinished grade: 12 in.
4. Distance to:
   Well 100 ft.
   Pressure line — ft
   Property Line 100 ft.
   Foundation 38 ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: 14 ft. N

D. Drainfield/Absorption Field

☑ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☒ Chamberless ☐ Other
   Material brand and inside width of Chamberless: ADS ARC 36
2. Number of Laterals: 4
3. Length of each lateral (linear): ft. 75 ft. 75 ft. 75 ft. 75
4. Drainfield size: 1200 sq. ft.
5. Distance to:
   Well 100 ft. ⌐
   Pressure line — ft.
   Property line 110 ft. +
   Depth of Groundwater 7' +

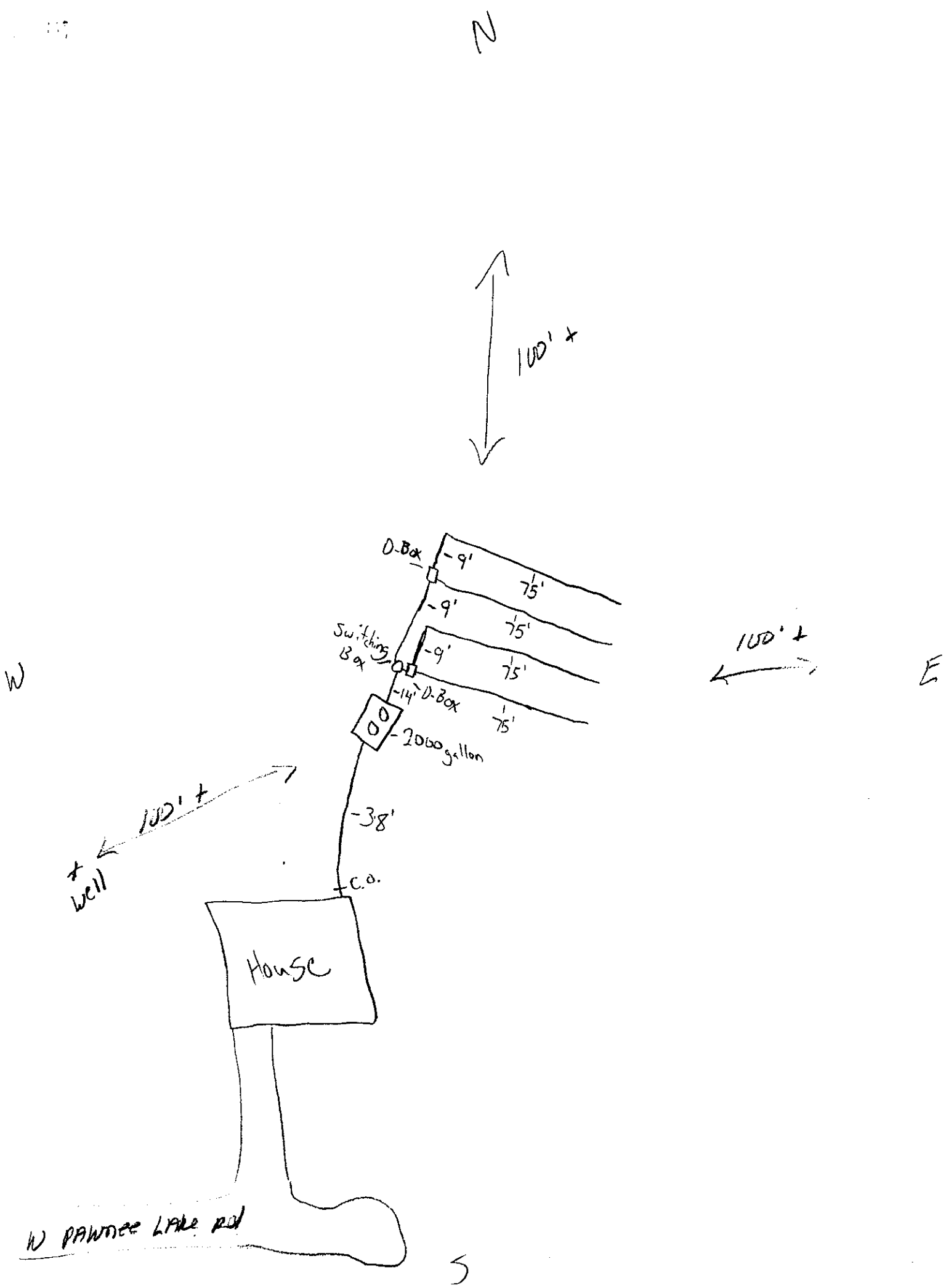
Was the Onsite Wastewater System covered prior to LLCHD inspection? ☒ Yes ☐ No partially

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: Kevin L Jakowski Date: 11/9/15

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


N
100' ±
W
100' ±
E
D-Box
-9'
75'
-9'
75'
Switching Box
-9'
75'
-14'
D-Box
75'
-2000 gallon
100' ±
well
-38'
c.o.
House
N Pawnee Lake Rd
S

SCANNED

JUN 15 2015

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-6643

A

Permit Number
HS001080

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 (1/4) 5 (1/4 Section) 10N (Township) 5E (Range) Parkland Estates (Subdivison) 3 (Addition) 4 (Block) (Lot)

PID 04-05-203-004-000

B. Owner

Name Christopher Rice Signature

Address 6100 Hartley St City/State/Zip Lincoln, NE 68507

Home Phone 623-980-9619 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 3.18

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 rec'd 6/17/15
Date frwd 6/17/15
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 see attached

Installation Final Written Approval
By
Date 11/12/15

Business Office Use Only
Date Received 6-15-15 Amount Paid 375.00
Received By SB Cash/Check No. 8103

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

Form A Updated: 1/13