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

A

Permit Number
HS001125

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 9141 S 63rd St (no rural route) City Lincoln, NE Zip 68516

Legal Description: SE 1/4 | NE 1/4 | 28 Section | 9N Township | 7E Range | Yankee Ridge Subdivison | 3 Addition | Block | 5 Lot

PID 16-28-103-005-000

B. Owner

Name Manuel & Jeri Herrera Signature

Address 9141 S 63rd St City/State/Zip Lincoln, NE 68516

Home Phone 402-423-1582 (Manuel) Work Phone 402-421-2026 (Jeri)

C. Certified Installer

Name: Lloyd Jakoubek, Raymond Contracting Inc Signature Lloyd Jakoubek

Address 13800 NW 70th St City/State/Zip Raymond, NE 68428

Work Phone 402-890-6009 or 402-783-2663

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 3.07

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
Date frwd
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 8-25-15 Amount Paid #375.00
Received By SB Cash/Check No. 01319 #287

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: HS001125

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 9141 S 63rd St (no rural route) City Lincoln NE, Zip 68516

Owner Manuel & Jeri Herrera Address Same

Date of Tests 4/8/15 to 4/9/15 Weather: Precipitation 0 (during test) Temperature 50 °

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			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	20	4/8	12:00p	4/8	4:00p	4/9	1:00p	6	4/9	1:30p	30	1/2	60
2	26	"	"	"	"	"	"	6	"	"	"	3/4	40
3	30	"	"	"	"	"	"	6	"	"	"	1/2	60
								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: 160
Average of Rates: 53
Rate Used for Calculation: 53

Soil type (NRCS Maps/Other) Aksarben Silty Clay Loam
Groundwater Depth >6.7'

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

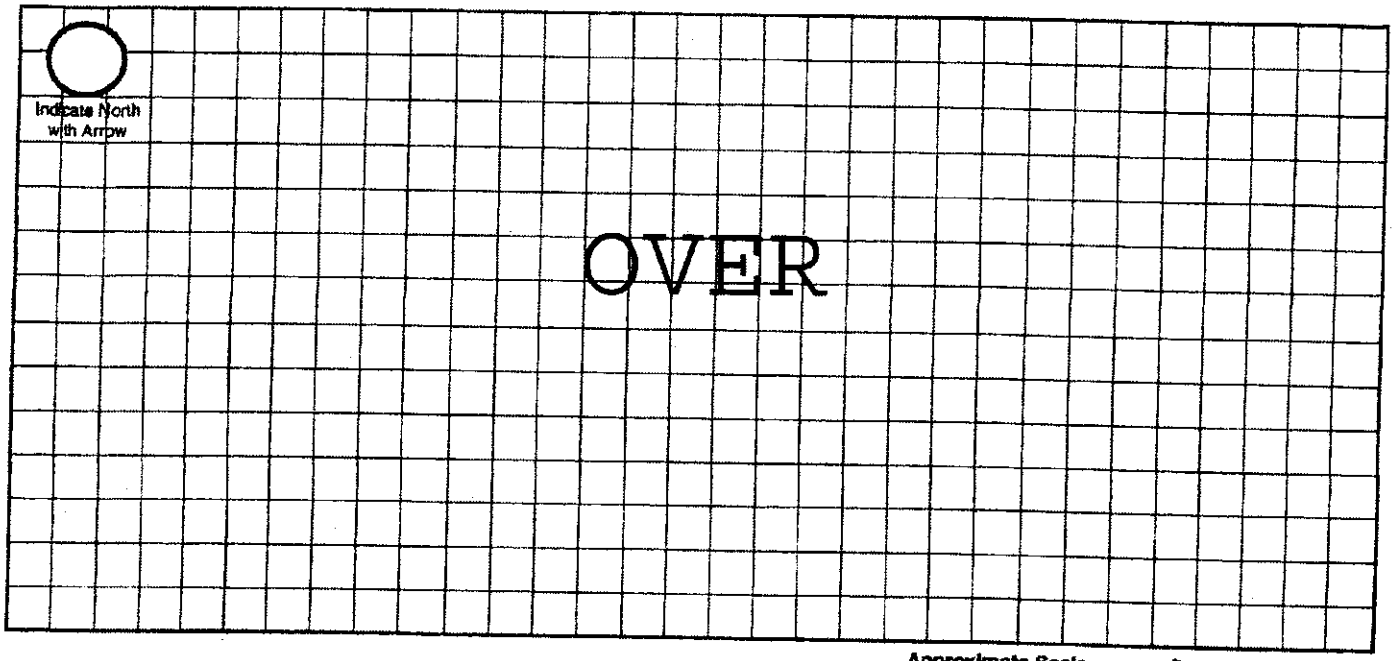
C

Permit Number: HSO 01125

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) 9141 S 63rd St City Lincoln NE, Zip 68516

B. Proposed Septic Tank/s

Septic Tank Cap. 1,000 (old) 1,000 (new) 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 53 (min/inch = mpi) No. of Bedrooms 4 Soil Type Silty Clay Loam Land Slope _____ %

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 1,400 sq.ft.

Total length of laterals 350' Type of distribution: ☐ Perforated pipe ☐ Half-Round ☒ Chamber ☐ Other

No. of absorption trenches 4 Width 40" No. of drop boxes _____ Distrubtion Box 2

No. of absorption beds _____ Width _____ No of Distribution lines per bed _____

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

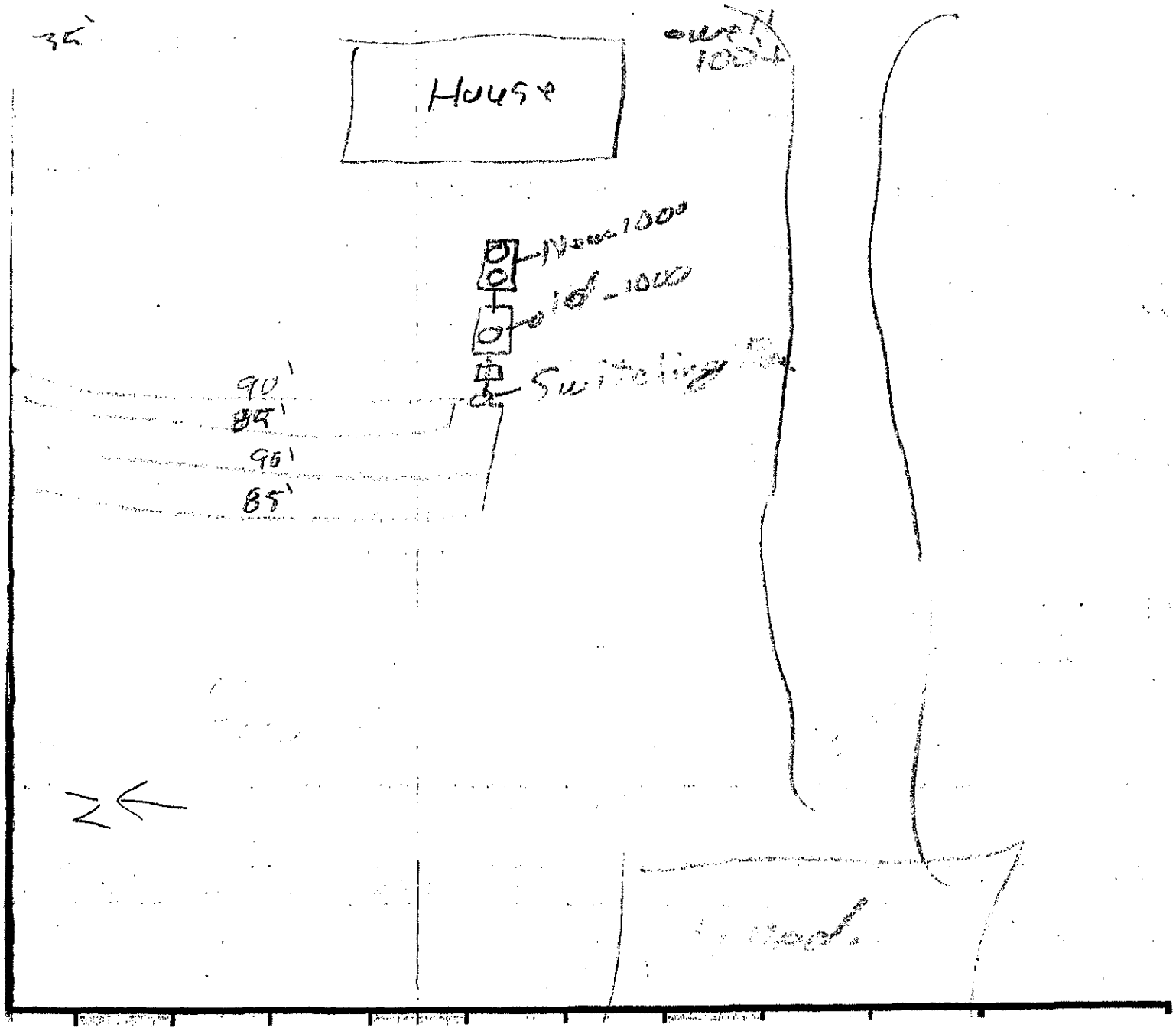
Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☒	500 ☒	50 ☒	NA ☒	25 ☒	20 ☒	15 ☒	25 ☒	☒
Field (ft)	100 ☒	500 ☒	50 ☒	4 ☒	30 ☒	20 ☒	30 ☒	40 ☒	☒
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐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

F. Required Signatures

Home Building Contractor Existing Date _____

Installer Kevin Jakoubek Date 8/24/2015

Onsite Form C 12-06


35'
HOUSE
Curb
100'
New 1000
Old - 1000
90'
85'
90'
85'
N

Nate C. Hartman

From: jakoubek63@windstream.net
Sent: Monday, August 24, 2015 11:00 PM
To: Nate C. Hartman
Subject: Septic Permit
Attachments: Herrera Septic Permit.pdf

Hi Nate - I think this might be the first time this season I forgot to take out a permit (I think)...

Anyway, the guys started installing today (tank is set) and will finish with laterals tomorrow. Permit paperwork is attached and I will call you in the morning with my credit card info.

Sooooo Sorry!!

Thanks,

--

Terri Jakoubek
Raymond Contracting, Inc.
13800 NW 70th St
Raymond, NE 68428
402-783-2663 (Office)
402-783-2341 (Fax)
402-890-3870 (Mobile)
jakoubek63@windstream.net

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. HS001125

System Type: Standard

Situs: 9141 S 63 ST, RURAL, NE

Issued: 8/28/2015

Expires: 8/28/2016

Description: YANKEE RIDGE, BLOCK 3, Lot 5

Owner: HERRERA, MANUEL & JERI J
9141 S 63 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 INC
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

ok 7/19/16

Exhibit 5

Permit Number: H-500125

Onsite Wastewater Treatment System

Inspection Sheet

Date 7/14/16

Legal Description Venice Ridge Blk 3 Lot 5 — 28 / 9 / 7 (¼ ¼ Section/Township/Range)

Onsite System Location

Address (no rural route) 9141 S 63rd City _____

Owner _____ 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 Required 1,400 ~~Installed 1,269~~ Sq. Ft. Tank Size 1,000 ~ two tanks - + 1,000 gals

Total length of laterals 350' Type of Distribution: ☑ Chamber ☐ Perforated Pipe ☐ Other (describe) _____

No. of Absorption Laterals 4 Width 3.625 Recm No. of Drop Boxes _____ Distribution Box 1

Leveling Method Used Laser

System installed and sized prior to final NDEQ determination on chamber width allowance. NDEQ agreed to allow Raymond Contracting to use old requirement on second installation

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 ☑c	5 ☑

Geographical Coordinates to 6 Decimals:

Tank _____

Lateral #1 NA Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments:

Inspections prior to Final Approval
Initial DS Date August 2015

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By Doug Shuma
Date 7/14/16

Field Note Drawing (See Reverse Side):