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

NOV 12 2015

A

Permit Number
HS001169

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 12990 N 14th St (no rural route) City Raymond, NE Zip 68428

Legal Description NW 12 11N 6E 1
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 12-12-100-003-000

B. Owner

Name Capital City Horse & Pony Club Signature [signature]

Address 15601 N 1st St City/State/Zip Raymond, NE 68428

Home Phone 402-405-4982 Work Phone 402-405-4982

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 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 Whirlpool Bathtub? ☐ Yes ☐ No Total Acres 26.9
Garbage Grinder? ☐ Yes ☐ No

☒ Commercial Establishment/Other Facility Specify restrooms for riding arena Design flow in gallons per day 400

Type of Wastewater ☒ Domestic ☐ Non-Domestic (Maximum 50 people p/event @ 8 gallons p/person for toilets with running water = 400 gallons p/event)

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 11-12-15 Amount Paid $385.00
Received By 11-12-15 Cash/Check No. 8773

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: 402-441-8022

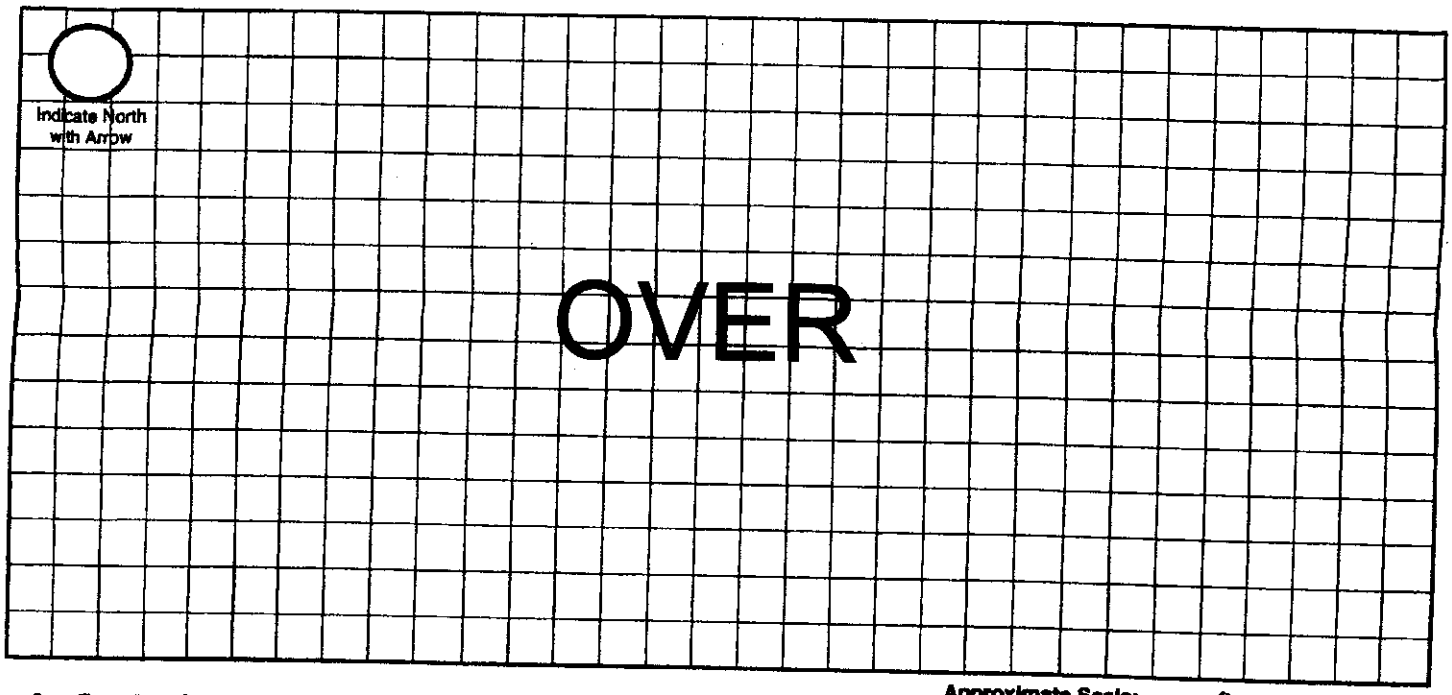
C

Permit Number: HS001169

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) 12990 N 14th St City Raymond NE, Zip 68428

B. Proposed Septic Tank/s

Septic Tank Cap. 4,000 gals (2 - 2,000 gallon holding tanks with high water float) 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_____ 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_____

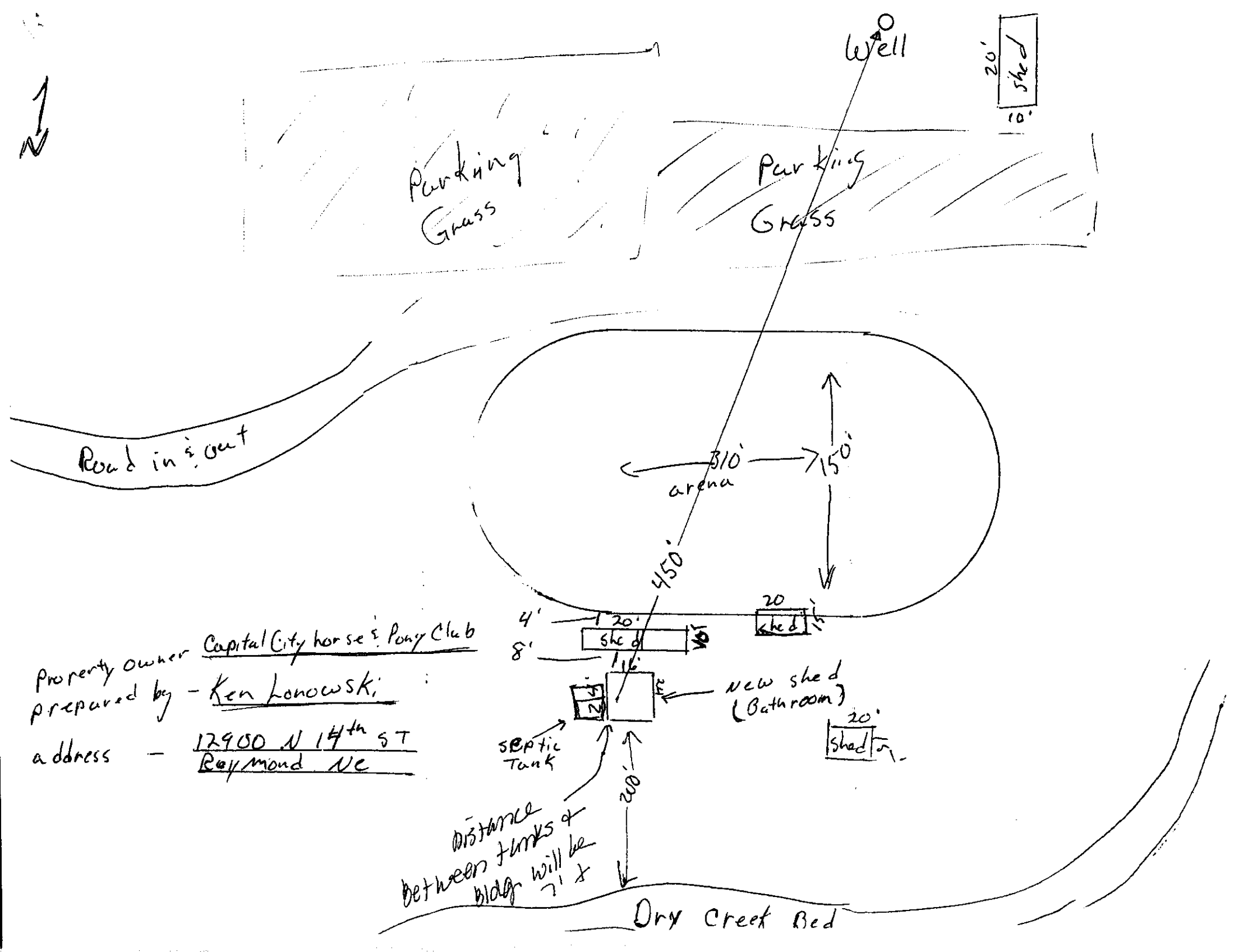
E. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

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 11/6/15

Installer _____ Date 11/7/15



Property owner Capital City horse & Pony Club

prepared by - Ken Lonowski

address - 12900 N 14th ST
Raymond NE

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. HS001169

System Type: Standard

Situs: 12990 N 14 ST, RURAL, NE

Issued: 11/17/2015

Expires: 11/17/2016

Description: S12, T11, R6, 6th Principal Meridian, LOT 1 NW

Owner: CAPITAL CITY HORSE & PONY CLUB
15601 N 1 ST
RAYMOND, NE 68428

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

SCANNED

NOV 12 2015

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

A

Permit Number HS001169

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

Include Form B and C. Submit correct fee with this Application

Holder Tank as per Jakoubek Tech

3 acres or more required for: ☐ Septic System ☐ Lagoon ☒ Other (Refer to Form C)

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Legal Description: NW (1/4) 1/4 | 12 Section | 11N Township | 6E Range | Subdivison | Addition | Block | 1 Lot

PID 12-12-100-003-000

B. Owner

Name Capital City Horse & Pony Club Signature [signature]

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Home Phone 402-405-4982 Work Phone 402-405-4982

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Date rec'd 11/17/15

Date frwd 11/17/15

ACTION ☒ Approved ☐ Disapproved

Signature [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

*NOTE PERMIT EXPIRED

Installation Final Written Approval

By

Date

Business Office Use Only

Date Received 11-12-15 Amount Paid $385.00

Received By 11-12-15 Cash/Check No. 8773

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

Form A Updated: 1/13