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DEC 07 2015

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

A

Permit Number HS001178

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 _____ (no rural route) City Roca, NE Zip 68430

Legal Description SE (1/4) 8 (1/4) 8N (Section) 7E (Township) Meyer Shire II (Range) 4 (Subdivison) (Addition) (Block) (Lot)

PID 15-08-408-004-000

B. Owner

Name Tyler & Amanda Loos Signature DocuSigned by: [signature]

Address 3431 Canyon Rd City/State/Zip Lincoln, NE 68516

Home Phone 402-570-0127 (Tyler) Work Phone 402-570-1563 (Amanda)

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 5 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 3.10

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 _____
Comments _____
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 12-7-15 Amount Paid $385.00
Received By SB Cash/Check No. 8795

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

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3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

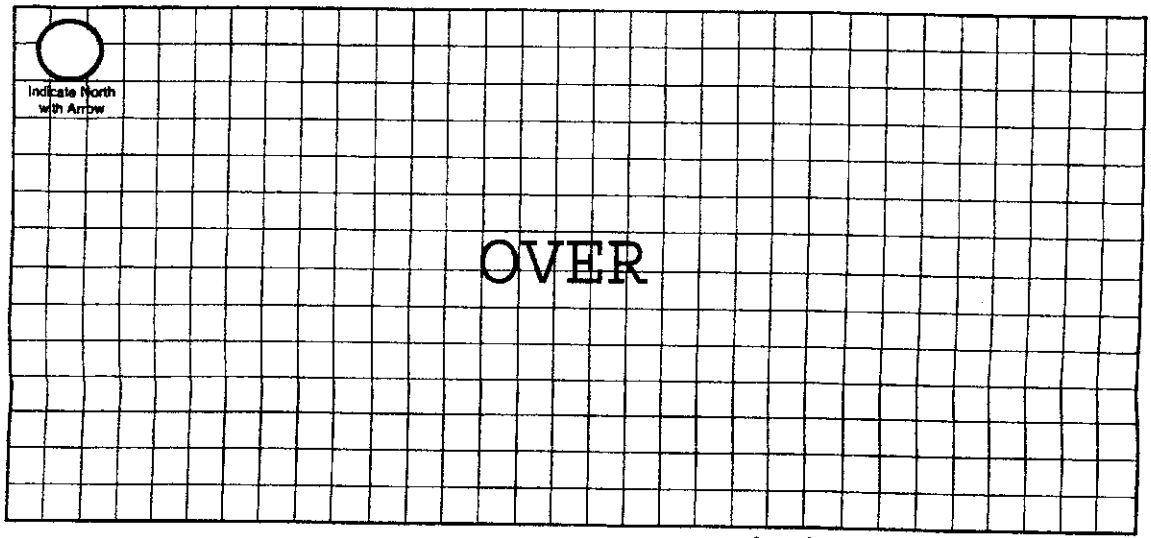
C

Permit Number: HS001178

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

Meyer Shire II, Lot 4

Address (no rural route) _____ City Roca NE, Zip 68430

B. Proposed Septic Tank/s

Septic Tank Cap._____ 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_____ 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

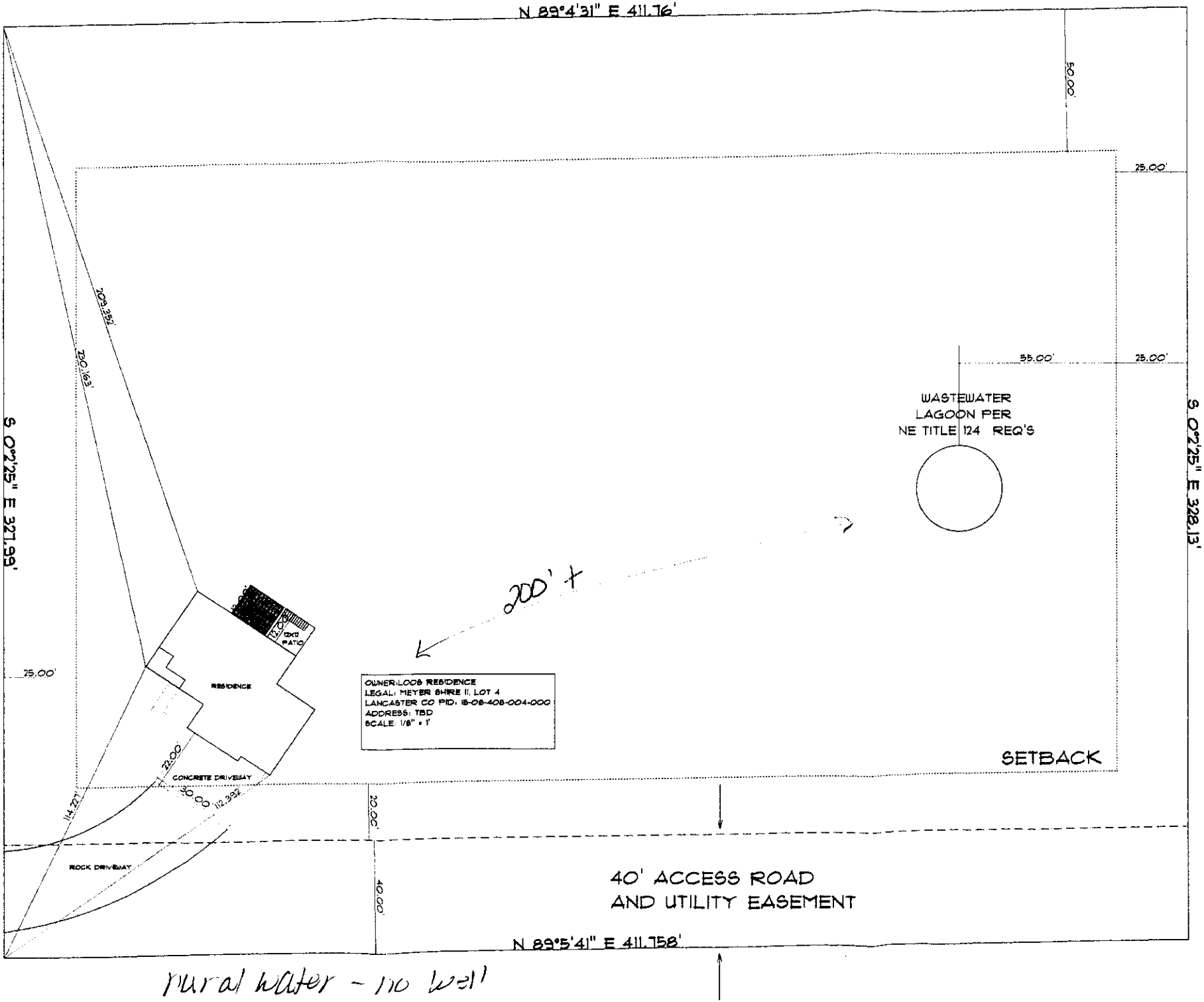
Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
Lagoon (ft)	100 ☒	500 ☒	50 ☒	N/A ☒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

F. Required Signatures

Home Building Contractor DocuSigned by: Scott Schneider 48287B91CF9248D... Date 11/2/2015

Installer _____ Date 11/20/15

Onsite Form C 12-06



rural water - no well

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. HS001178

System Type: Lagoon

Situs: No Site Address Specified

Description: MEYER SHIRE II, Lot 4

Issued: 1/12/2016

Expires: 1/12/2017

Owner: LOOS, TYLER & AMANDA
3431 CANYON RD
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
13800 NW 70TH ST
RAYMOND, NE 68428

8-7-8

D Exhibit 4

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

Permit Number: HS001178

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) 14340 S. 46th St. Raca, NE 68430

Owner: Tyler Loos Address same

A. Wastewater Piping

1. Material: SDR 26 Diameter: 4 in.
2. Distance between dwelling and ~~septic tank~~ Lagoon: 212 ft.

B. Septic Tank

1. Material _____
2. Capacity: _____
3. Depth to top of tank, below unfinished grade: ____ in.
4. Distance to:
   Well _____ ft.
   Pressure line _____ ft.
   Property Line _____ ft.
   Foundation _____ ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: _____ ft. _____

D. Drainfield/Absorption Field

☐ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☐ Other
   Material brand and inside width of Chamberless: _____
2. Number of Laterals: _____
3. Length of each lataral (linear): ft._____ ft._____ ft._____ ft._____
4. Drainfield size: _____ sq. ft.
5. Distance to:
   Well _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.
   Depth of Groundwater _____

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

If Yes, the Certified Professional must sign below for final approval:

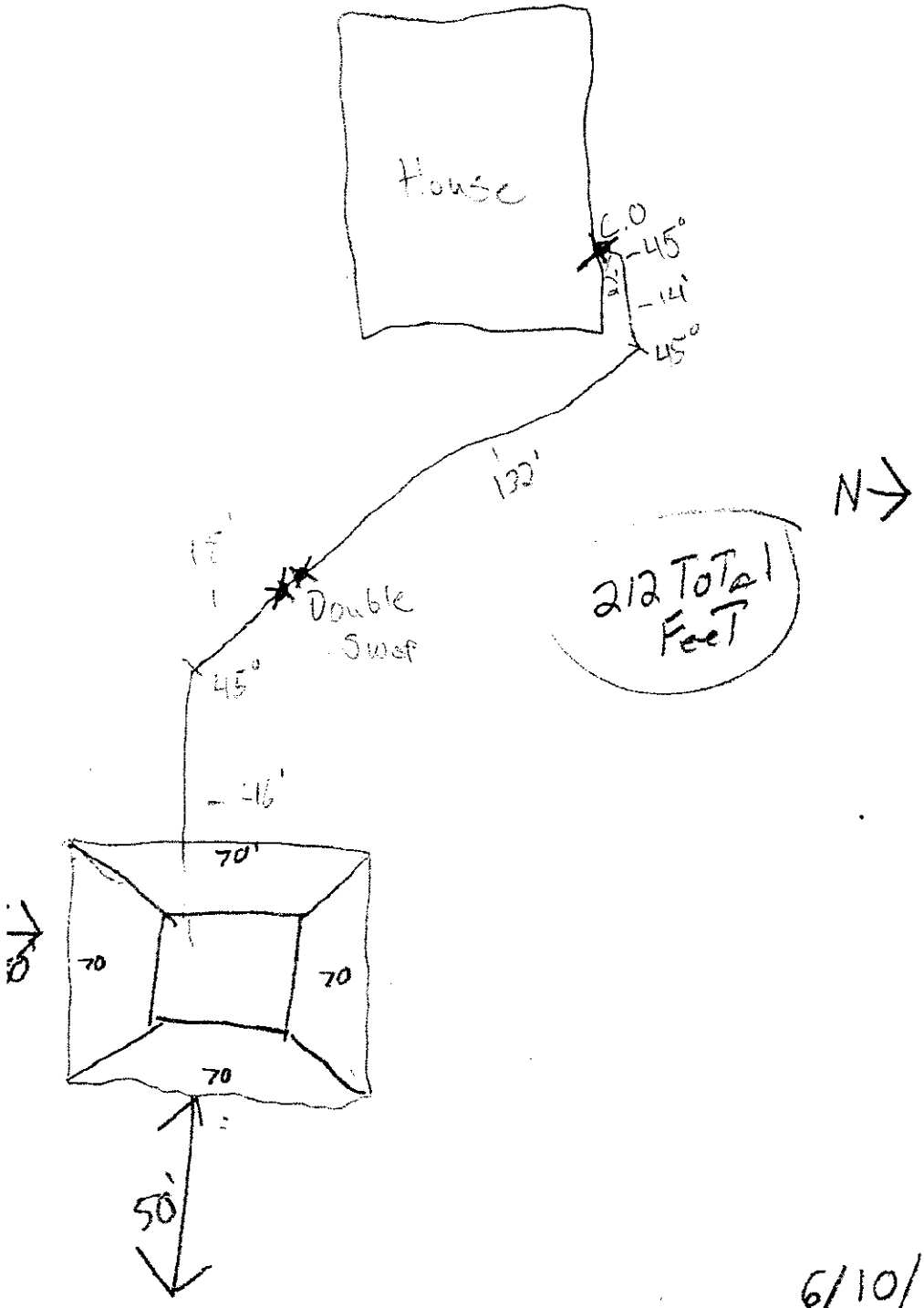
I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: Kevin L. Jamsen Date: 6/10/16

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

No Well

X cleanouts.



6/10/16

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

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

OK 9/13/16

Exhibit 6

Permit Number: HS 001178

Onsite Wastewater Treatment System-Lagoon

Inspection Sheet

Meyer Shire II

Date 6/13/16 Legal Description ___ ¼ ___ ¼ 8/8/7 Lot 4
Section/Township/Range

Onsite System Location PID 15-08-408-004-000

Address (no rural route) No address found City Roca

Owner 14340 S 4 Roca Address 6N A55155065,156

Mark One: ☒ Dwelling ☐ Non-dwelling

☒ New System ☐ Repair

☐ Temporary modification (Describe problem causing discharge and reason for temporary modification): ___

Lagoon constructed so not to receive surface water		Yes X No ___
Lagoon floor is level		Yes X No ___
Lagoon is equipped with a depth gage/concrete slab	NO	Yes ___ No ___
Influent line is at least 4 inches and slopes no less than 1/8 inch		
Clean outs located every 75 feet and one located 1 foot about highest water level		Yes X No ___
Inside slope not steeper than three horizontal to one vertical		Yes X No ___
Minimum width of the top of the dike shall be 4 feet		Yes X No ___
Fence installed		Yes ___ No X

Top of the Dike 70' Bottom of Lagoon 34' Design Flow 450

Setbacks (Check the Boxes Below if the Required Setback has been Satisfied):

Surface Water distance from Water Mark	Private Drinking Water Wells	Public Drinking Water Supply Wells		All Other Water Wells	Property Lines	Trees and Brush	Neighbor's Foundation		All Other Setbacks
50 ft ☑	100 ft ☐	Non-Community	100ft ☑	100ft ☑	50ft ☑	50ft ☑	Class 1	200ft ☑	☐
		Community	* ☑				Class 2	200ft ☑	
							Class 3	100ft ☑	

*Evaluated by a professional engineer for potential impact on the well and submitted to Dept. for approval if less than 1000ft.

Geographical Coordinates to 6 Decimals: NA

Dike North side

Comments: Fence installed 9-9-16
- Needs fence
- Depth marker
- splash pad

Inspections prior to Final Approval
Initial DC Date 6/16/16

Follow-Up ___ Date ___

Follow-Up ___ Date ___

Installation and Written Approval
By ___

Date 9/9/16

Updated 4/15