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

A

Permit Number
HS001185

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 9700 W Raymond Rd (no rural route) City Raymond, NE Zip 68428

Legal Description SW 34 12N 5E 18

1/4 | 1/4 | Section | Township | Range | Subdivison | Addition | Block | Lot

PID 06-34-300-004-000

B. Owner

Name Chad Blazek Signature

Address 9700 W Raymond Rd City/State/Zip Raymond, NE 68428

Home Phone 402-799-8393 Work Phone

C. Certified Installer

Name: Lloyd Jakoubek, Raymond Contracting Inc Signature Lloyd K. 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 3 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 4.9

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 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 Amount Paid
Received By Cash/Check No.

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: HS001185

Onsite Wastewater Treatment System

Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 9700 W Raymond Rd (no rural route) City Raymond NE, Zip 684258

Owner Chad Blazek Address Same

Date of Tests 12/9/15 to 12/10/15 Weather: Precipitation 0 Temperature 33°

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			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	24	12/9	8:00a	12/9	12:00p	12/10	11:30a	6	12/10	12:00p	30	2-1/2	12
2	30	"	"	"	"	"	"	6	"	"	"	3-1/4	9
3	32	"	"	"	"	"	"	6	"	"	"	3-1/8	10
4	24	"	"	"	"	"	"	6	"	"	"	7/8	34
								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

Soil type (NRCS Maps/Other) Judson Silt Loam
Groundwater Depth >7'

Sum of Percolation Rates: 65
Average of Rates: 16
Rate Used for Calculation: 34 (20 mpi variance)

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

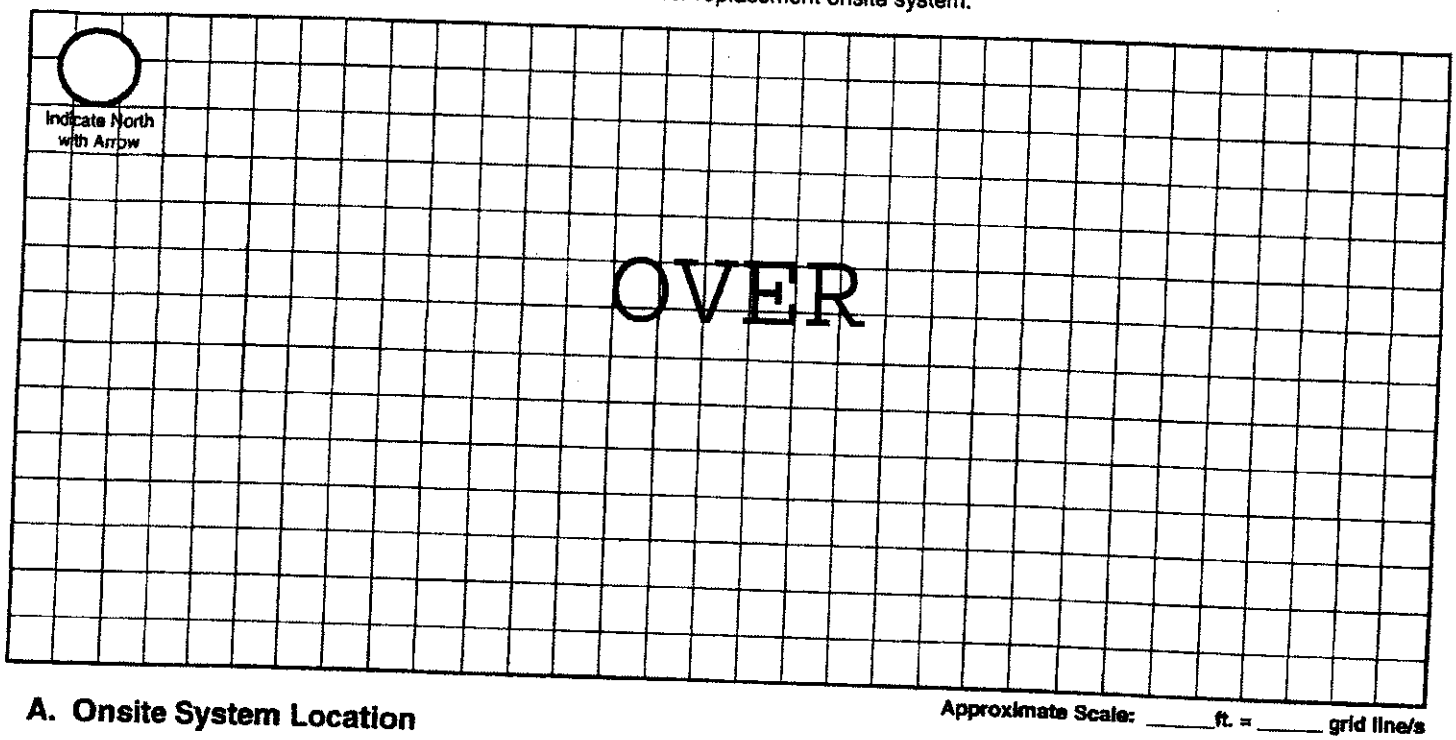
C

Permit Number: HS001185

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) 9700 W Raymond Rd City Raymond NE, Zip 68428

B. Proposed Septic Tank/s

Septic Tank Cap. 1,500 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 3 Soil Type Silt Loam Land Slope _____%

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 1,107 sq.ft.

Total length of laterals 305 Type of distribution: ☐ Perforated pipe ☐ Half-Round ☒ Chamber ☐ Other

No. of absorption trenches 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 Existing Home Date _____

Installer _____ Date 10-21-2015

Onsite Form C 12-06



N
W E
S

Lancaster County/City of Lincoln GIS Map

9700 W Raymond Rd, Raymond, NE Chad Blazek 402-799-8393

Printed: Dec 21, 2015

DISCLAIMER: The information is presented on a best-efforts basis, and should not be relied upon for making financial, survey, legal or other commitments. If you have questions or comments regarding the data displayed on this map, please email age@lincoln.ne.gov and you will be directed to the appropriate department.

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. HS001185

System Type: Standard

Situs: 9700 W RAYMOND RD, RURAL, NE

Issued: 12/24/2015

Expires: 12/24/2016

Description: S34, T12, R5, 6th Principal Meridian, LOT 18 SW

Owner: BLAZEK, CHAD
9700 W RAYMOND RD
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 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

Exhibit 5

Permit Number: HS 001185

Onsite Wastewater Treatment System

Inspection Sheet

Date 12/22/15 Legal Description ¼ ¼ 34 / 12N / 5E Section/Township/Range

Onsite System Location

Address (no rural route) 9700 W Raymond Rd City Raymond

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 1,105.625 Sq. Ft. Tank Size 1500 gals

Total length of laterals 305 Type of Distribution: ☒ Chamber ☐ Perforated Pipe ☐ Other (describe) _____

No. of Absorption Laterals 2 Width 3.625 (multiplier) 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 _____

Lateral #1 _____ Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments:

- sized for a 4 bedroom house
- covered prior to inspection

Field Note Drawing (See Reverse Side):

Inspections prior to Final Approval

Initial _____ Date _____

Follow-Up _____ Date _____

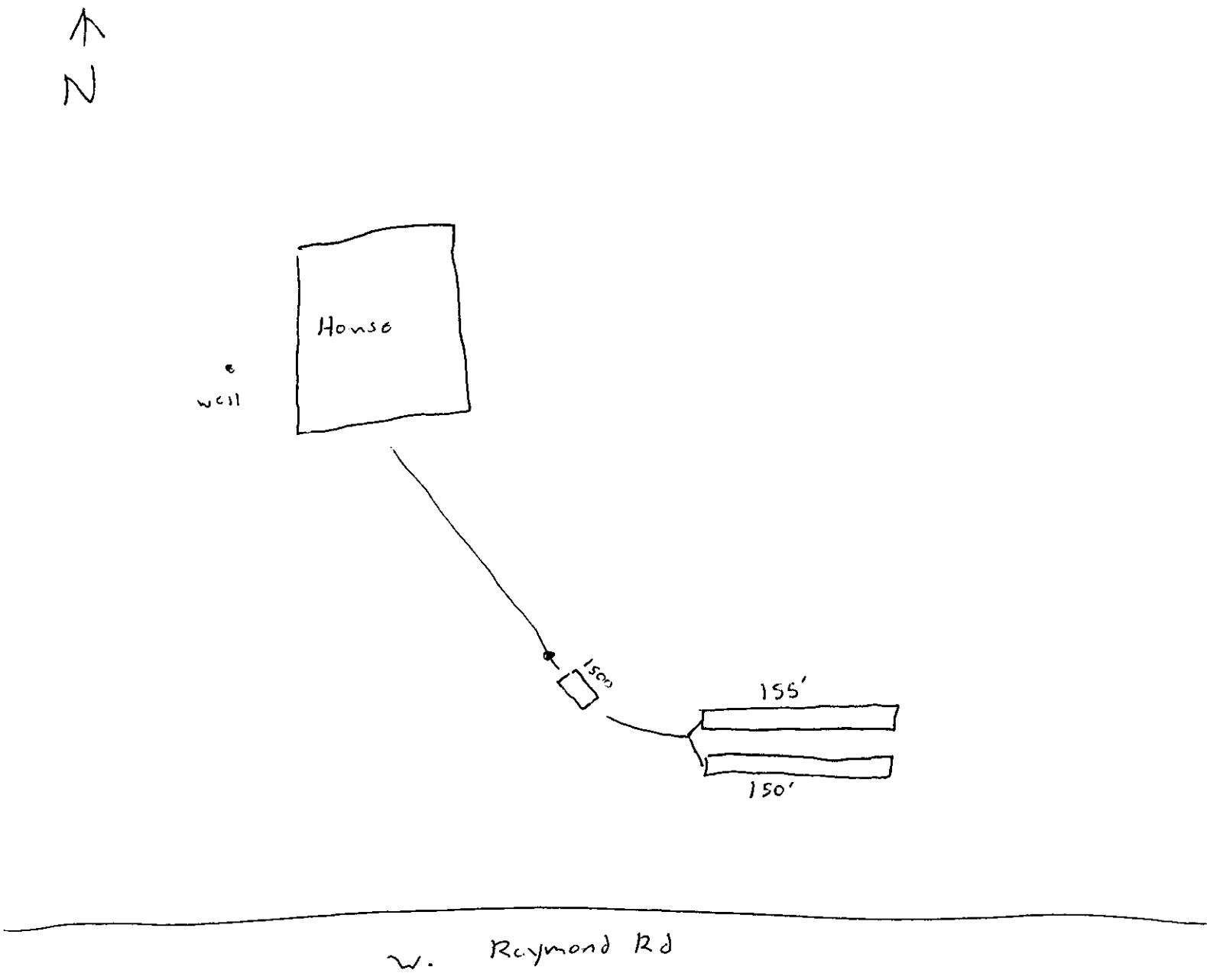
Follow-Up _____ Date _____

Installation Final Written Approval

By [signature]

Date 12/22/15

Updated 4/15


N
House
well
150'
155'
150'
W. Raymond Rd

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 441-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE SYSTEM REPAIR

No. 93390032001

Issued 03/29/93
Expires 09/29/93
Revenue Code 18754

Establishment
DIANE BLAZEK
T12N R5E SEC 34
LOT 7
15100 NW 98 STREET

FEES: $50.00

TOTAL $50.00

Permittee
DIANE BLAZEK
RR0001
BOX 00078
RAYMOND NE 68428

Issued By M. Jane Ford
Health Director

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW
"POST IN A PROMINENT PLACE"

FORM HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Ave.
Lincoln, Nebraska 68502 (Phone: 471-7800)

FILE NO. _____

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: March 24, 1993

The undersigned hereby applies for a permit to ALTER ☐, EXTEND ☐, or REPAIR ☒ an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. Legal description of property: Twp. 12N ; Range 5E ; Section 34 ;
Block _____ ; Lot 7 IT ; Addition _____
Street Address 15100 NW 98

2. Property Use: Residential _____ ☒ ; Commercial _____ ☐
No. Bedrooms 3 Describe _____
Other Use ☐
Describe _____

3. Type of existing Individual Sewage Disposal System: Septic Tank ☒ ; Other ☐

4. Description of proposed alteration, extension or repair: 100 sq ft backhoe dug and place for Septic Tank

5. Work to be done by: Owner ☐ ; or Contractor ☒ , Webster Well Inc.
Contractor's Name

6. Estimated cost of project:
a. Materials $ _____
b. Labor $ _____
c. Other $ _____
TOTAL $ more than $500.00

Diane Blezek

Diane Blezek
Signature of Applicant (owner or lessee)

RR1 Box 78 Raymond, NE. 68428
Address

(Do not write below this line)

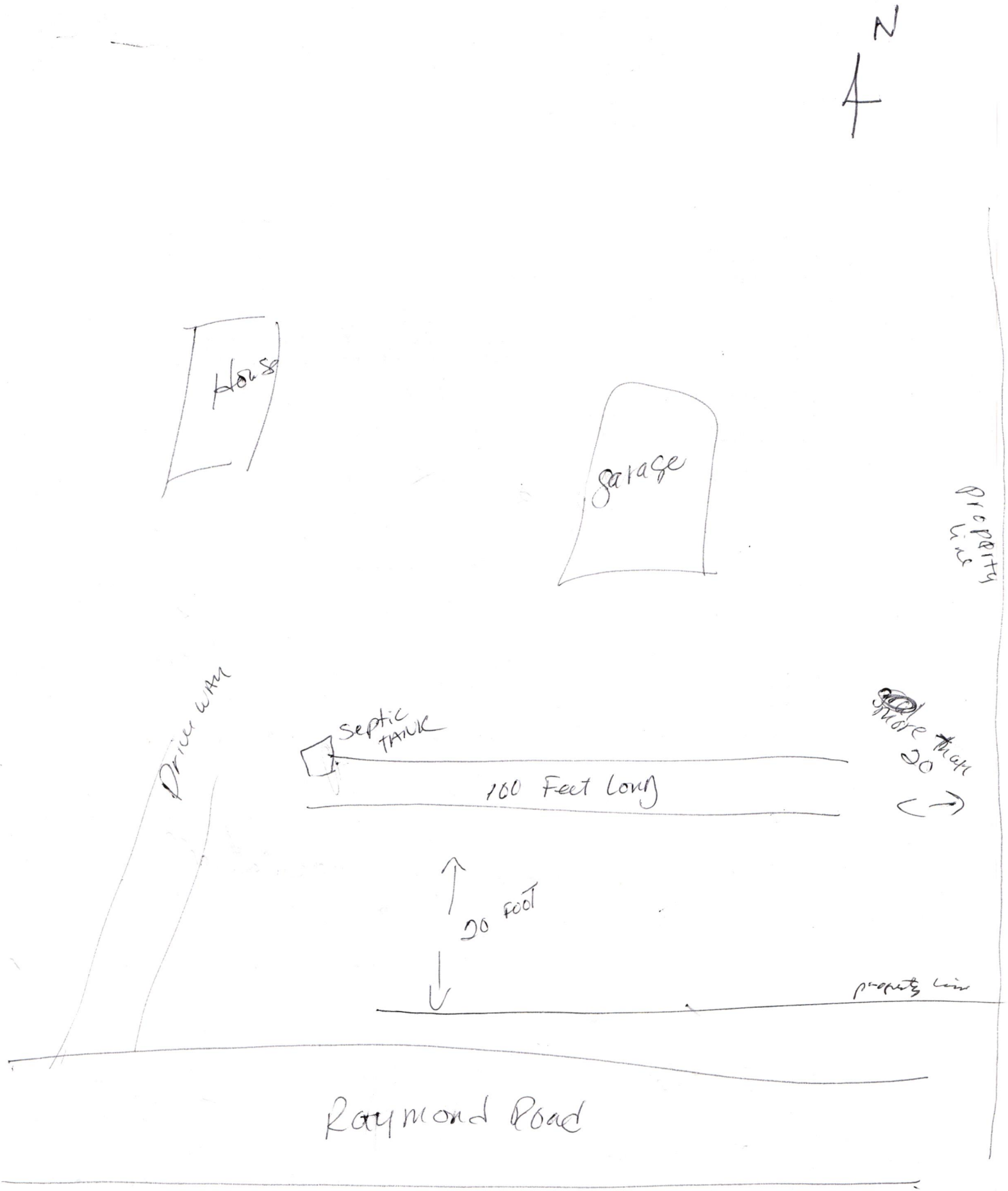
REVIEWING ACTION

1. Date Rec'd: 3-26-93
Filing Fee: $ 50.00

2. Site Visits:
Date: 3-26-93 by: rmm
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved ☒ ; Disapproved ☐
by: Ron Maynard

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 3-26-93 by: Ron Maynard


N
House
garage
property line
Driveway
Septic TANK
more than 20
100 Feet Long
20 foot
property line
Raymond Road

009

Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, Nebraska 68502 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

This form must be completed and returned to request a real estate transfer inspection.

MAKE CHECK PAYABLE TO: Lincoln-Lancaster County Health Department or LLCHD

☑ Enclosed is $150.00. Allow two weeks for processing. Incomplete information will delay processing.

☐ Evaluation of the Individual Water System ☑ Evaluation of the Sewage Disposal System

Legal Description of Property: Street Address 15100 NW 98th

Twp 12N Range 5E Section 34 1/4 ___ 1/4 ___ Block ___ Lot 7 Addition ___

Directions to Property From Hwy. 79 and Raymond Road Intersection - 3 miles west on Raymond Road - North side of Road

Location of Well West of House Tap Location: Inside ☐ Outside ☑

Location of Sewage System North of garage Year Installed ?

	NAME	ADDRESS	PHONE
Present Owner:	Diane Blazek	RR1 Box 78 Raymond	783-2158
Tenant/Buyer:			
Return to:	Diane Blazek	RR1 Box 78 RR1 Raymond NE 68428	783-2158

Signature of Applicant Diane Blazek Address RR 1 Box 78 Raymond, NEBR. 68428 Date 3/8/93

HEALTH DEPARTMENT USE ONLY

Date Received 03/11/93 Received $150.00 Check ☑ #6518 Cash ☐

PRELIMINARY STATUS--By rm **DATE:** 3/12/93

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☑	☐	Approved ☐	Date 3/26/93 by rm
Bacteria	☑ 0 /ml	☐ ___ /ml	Provisional ☐	Date ___/___/___ by ___
Nitrate	☑ <0.1 ppm	☐ ___ ppm	Disapproved ☑	Date ___/___/___ by ___

Comments: Discharging septic system was repaired & a permit was taken out and is on file at the Health Department. Original septic system predates County regulations. Thus, the provisional approval. See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Approved: ☑ **SEWAGE DISPOSAL SYSTEM** Approved: ☐ Provisional Approval: ☑

Approved by Ron Moyer R.S. Date 3/26/93

Approval or disapproval is based on State and local standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operations.

295

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

SCANNED

A

Permit Number
HS001185

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 9700 W Raymond Rd (no rural route) City Raymond, NE Zip 68428

Legal Description SW (1/4) 34 (1/4) 12N (Section) 5E (Township) (Range) (Subdivison) (Addition) 18 (Block) (Lot)

PID 06-34-300-004-000

B. Owner

Name Chad Blazek Signature

Address 9700 W Raymond Rd City/State/Zip Raymond, NE 68428

Home Phone 402-799-8393 Work Phone

C. Certified Installer

Name: Lloyd Jakoubek, Raymond Contracting Inc Signature Lloyd L. 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 3 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 4.9 ✓

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 12/24/15
Date frwd 12/24/15
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

Installation Final Written Approval
By
Date 12/29/15

Business Office Use Only
Date Received 12-22-15 Amount Paid $385.00
Received By SP Cash/Check No. VISA

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

SCANNED

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

B

Permit Number: HS001185

Onsite Wastewater Treatment System

Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 9700 W Raymond Rd (no rural route) City Raymond NE, Zip 684258

Owner Chad Blazek Address Same

Date of Tests 12/9/15 to 12/10/15 Weather: Precipitation 0 Temperature 33°

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			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	24	12/9	8:00a	12/9	12:00p	12/10	11:30a	6	12/10	12:00p	30	2-1/2	12
2	30	"	"	"	"	"	"	6	"	"	"	3-1/4	9
3	32	"	"	"	"	"	"	6	"	"	"	3-1/8	10
4	24	"	"	"	"	"	"	6	"	"	"	7/8	34
								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: 65
Average of Rates: 16
Rate Used for Calculation: 34 (20 mpi variance)

Soil type (NRCS Maps/Other) Judson Silt Loam
Groundwater Depth >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

SCANNED

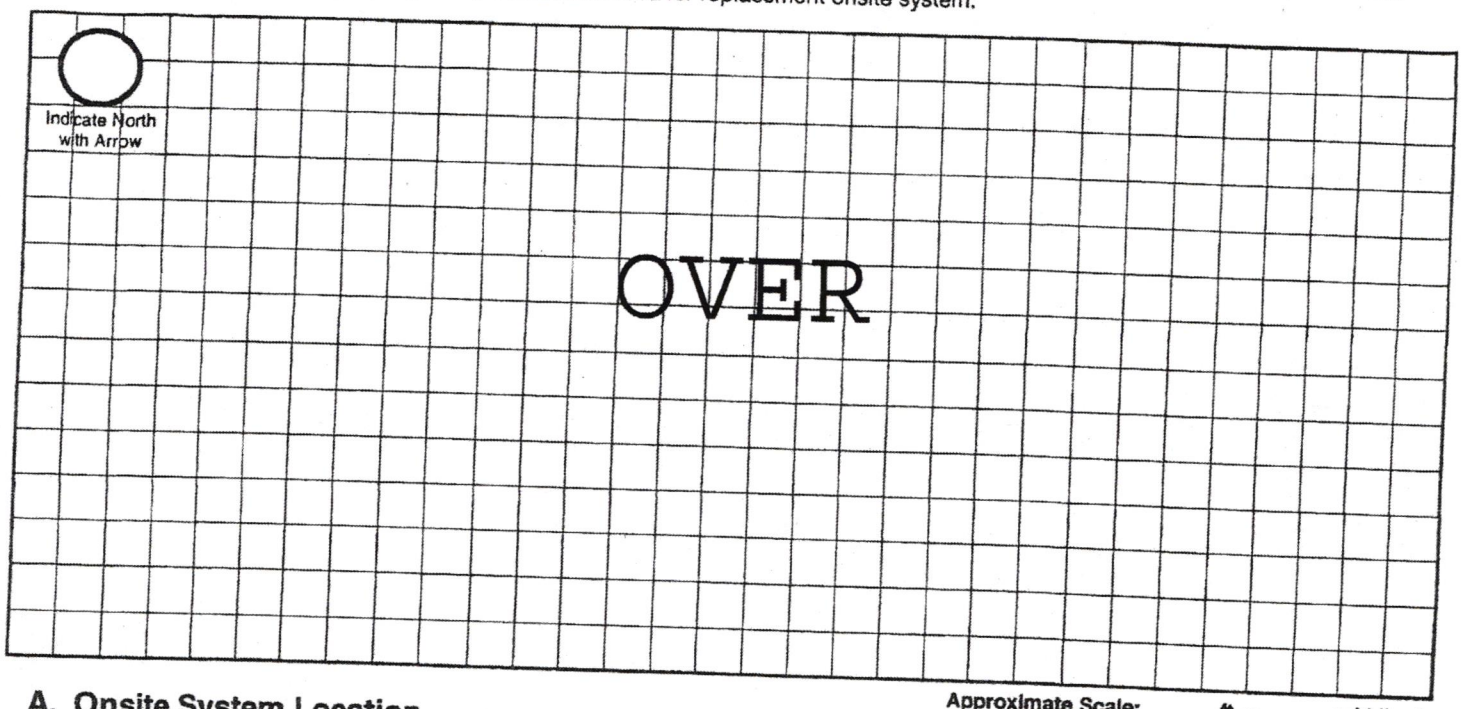
C

Permit Number: HS001185

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) 9700 W Raymond Rd City Raymond NE, Zip 68428

B. Proposed Septic Tank/s

Septic Tank Cap. 1,500 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 3 Soil Type Silt Loam Land Slope_____%

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 1,107 sq.ft.

Total length of laterals 305 Type of distribution: ☐ Perforated pipe ☐ Half-Round ☒ Chamber ☐ Other

No. of absorption trenches 3 Width 40" No. of drop boxes 1 Distrubtion Box_____

No. of absorption beds_____ Width_____ No of Distribution lines per bed_____

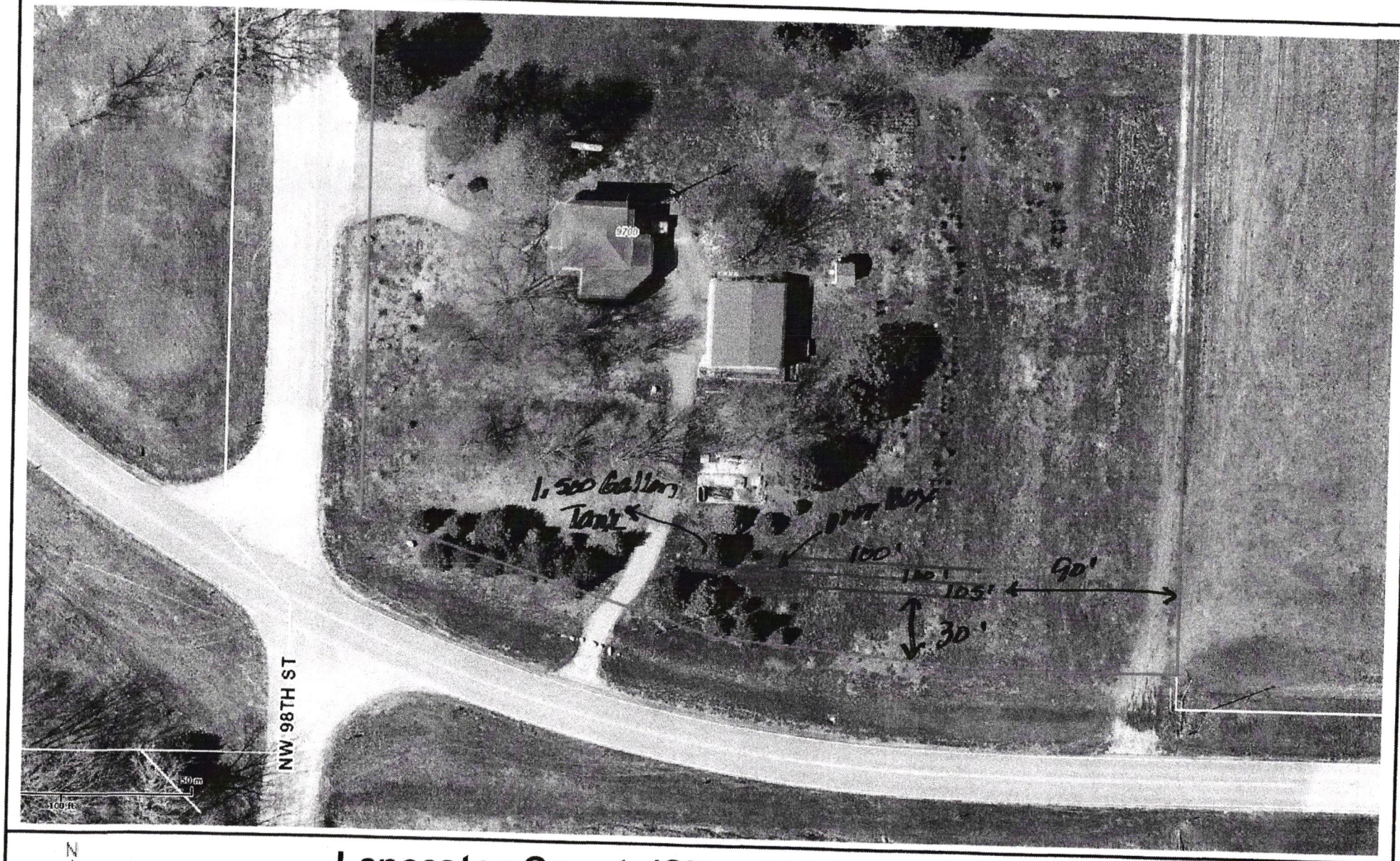
E. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

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 Existing Home Date_____

Installer Dennis Gabrielsen Date 10-21-2015



N
W E
S

Lancaster County/City of Lincoln GIS Map

9700 W Raymond Rd, Raymond, NE Chad Blazek 402-799-8393

Printed: Dec 21, 2015

DISCLAIMER: The information is presented on a best-efforts basis, and should not be relied upon for making financial, survey, legal or other commitments. If you have questions or comments regarding the data displayed on this map, please email ags@lincoln.ne.gov and you will be directed to the appropriate department.

DEC 28 2015

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:

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) 9700 W Raymond Rd, Raymond NE 68428

Owner: Chad Blazek Address Same

A. Wastewater Piping

1. Material: 100' Orange Berg- 11' SDR26 Diameter: 4" in.
2. Distance between dwelling and septic tank: 110' ft.

B. Septic Tank

1. Material Concrete New
2. Capacity: 1500
3. Depth to top of tank, below unfinished grade: 18" in.
4. Distance to:
   Well 100+ ft.
   Pressure line 100+ ft
   Property Line 100 ft.
   Foundation 100+ ft.

C Distribution Box or Drop Box

Distance **and** Direction from septic tank: 29 ft. S

D. Drainfield/Absorption Field

☑ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☑ Chamberless ☐ Other
   Material brand and inside width of Chamberless: ADS 29"
2. Number of Laterals: 2
3. Length of each lataral (linear): ft. 150 ft. 155 ft. ____ ft. ____
4. Drainfield size: 1,107 sq. ft.
5. Distance to:
   Well 100+ ft.
   Pressure line 100' ft.
   Property line 60' ft.
   Depth of Groundwater 10'+

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

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

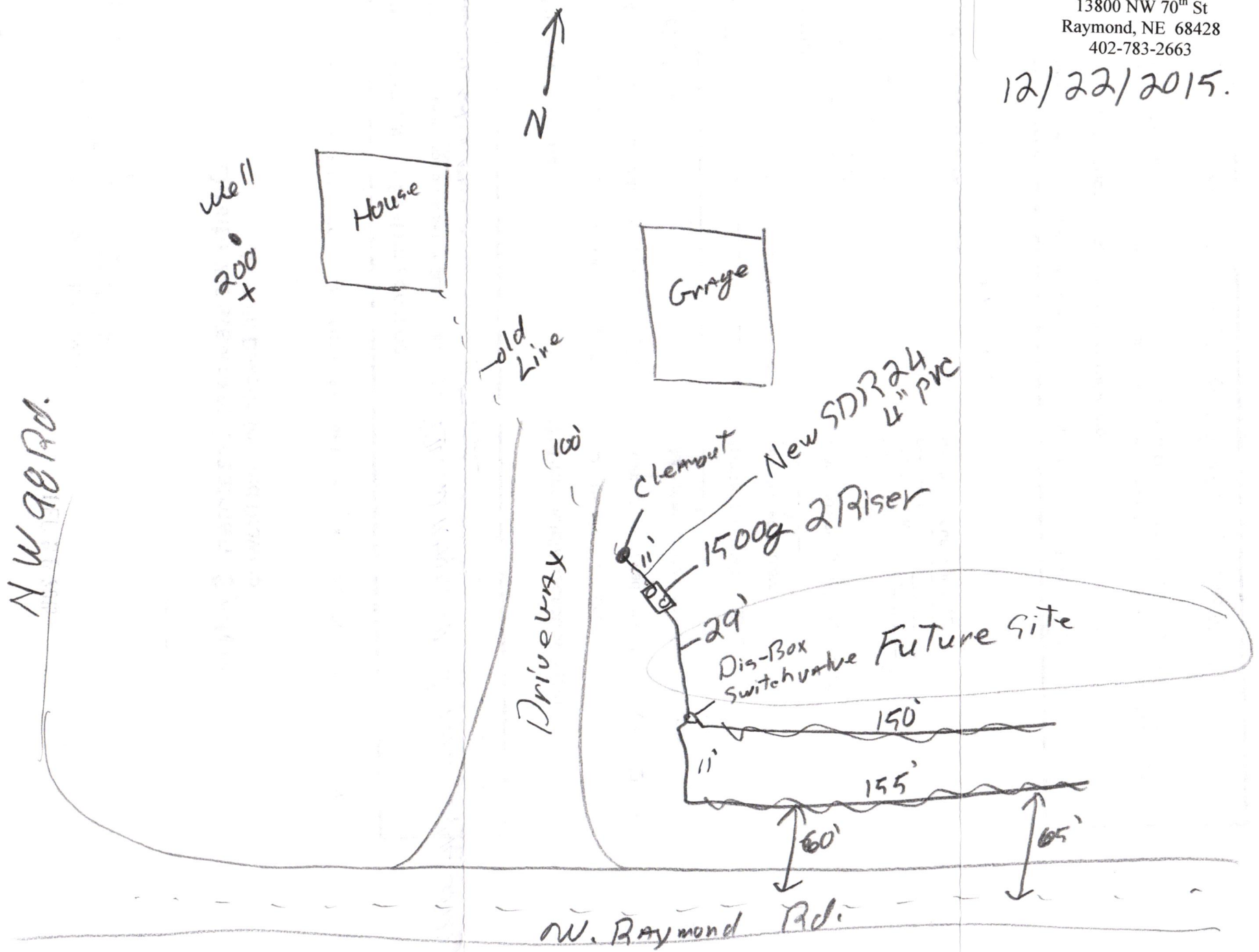
I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: Lloyd Jakobush Date: 12/22/2015

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

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

12/22/2015.



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

SCANNED

Exhibit 5

Permit Number: HS 001185

Onsite Wastewater Treatment System

Inspection Sheet

Date 12/22/15 Legal Description ¼ ¼ 34 / 12N / 5E Section/Township/Range

Onsite System Location

Address (no rural route) 9700 W Raymond Rd City Raymond

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 1,105.625 Sq. Ft. Tank Size 1500 gals

Total length of laterals 305 Type of Distribution: ☒ Chamber ☐ Perforated Pipe ☐ Other (describe)_____

_____

No. of Absorption Laterals 2 Width 3.625 (multiplier) 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_____

Lateral #1_____ Lateral #3_____

Lateral #2_____ Lateral #4_____

Comments:

- sized for a 4 bedroom house
- covered prior to inspection

Inspections prior to Final Approval
Initial _____ Date _____

Follow-Up_____ Date _____

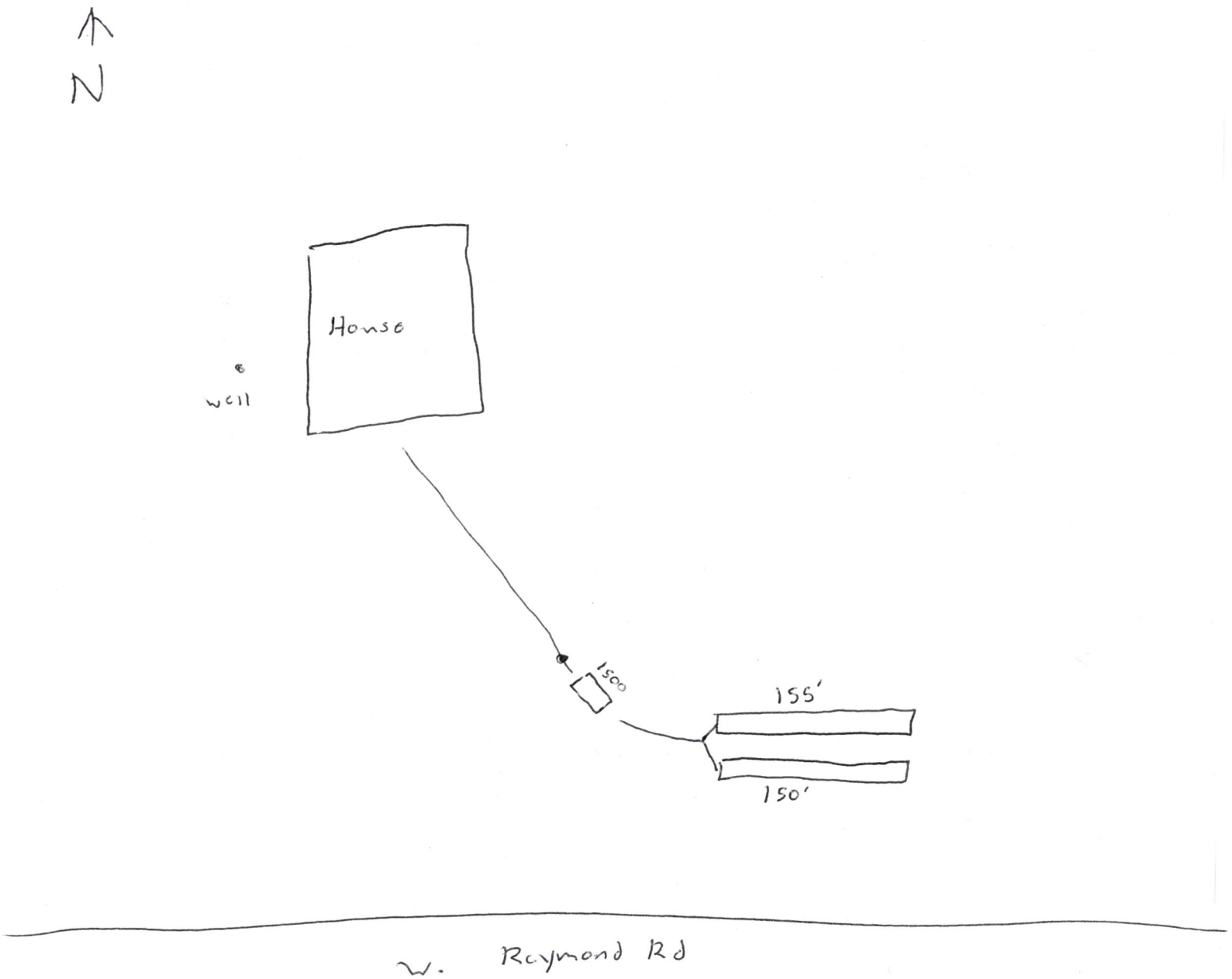
Follow-Up_____ Date _____

Installation Final Written Approval
By [signature]

Date 12/22/15

Field Note Drawing (See Reverse Side):

Updated 4/15


N
House
well
1500
155'
150'
W. Raymond Rd