JAN 11 2016

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

A

Permit Number HS001191

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 10715 NW 33rd St (no rural route) City Lincoln, NE Zip 68508

Legal Description SW 17 11 6 20

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

PID 12-17-300-002-000

B. Owner

Name Gary Meers Signature Gary D Meers

Address 10715 NW 33rd St City/State/Zip Lincoln, NE 68508

Home Phone 402-783-3403 Work Phone

C. Certified Installer

Name: Lloyd Jakoubek, Raymond Contracting Inc 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 3 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 8.98

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 1-12-16 Amount Paid $385.00
Received By SB Cash/Check No. 8823

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

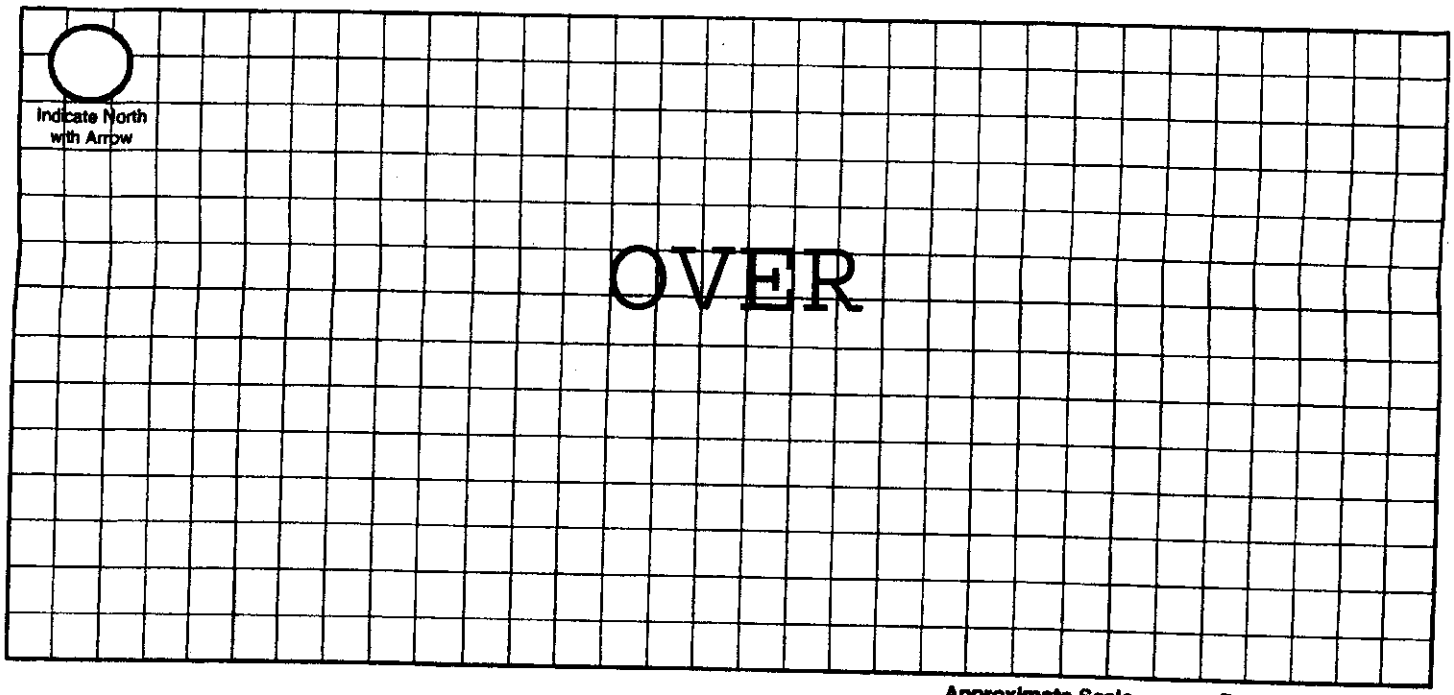
C

Permit Number: H-S001191

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) 10715 NW 33rd St City Lincoln NE, Zip 68508

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 Will Complete perc test & add appropriate amount of drainfield in Spring 2016

D. ~~Drainfield Absorption System~~

Percolation Rate _____ (min/inch = mpi) No. of Bedrooms 3 Soil Type Kennebec SL 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 40" 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 Existing Home Date _____

Installer _____ Date 1/7/2016

Raymond Contracting, Inc.
Lloyd J Jakoubek
13800 NW 70th St
Raymond, NE 68428
402-783-2663
Drive way
Shed
House
well
Old Septic Tank Location
1500 gal Riser
20'
Old
Fence
Shed
173'
D-Box
Fence
Swing Valve
85' New 1 1/4 poly
after water
10'
After Water Installation
Future Meter
Highlighted work
Completed

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

B

Permit Number: HS001191

Onsite Wastewater Treatment System

Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 10715 NW 33rd St (no rural route) City Lincoln NE, Zip 68508

Owner Gary Meers Address Same

Date of Tests 3/10/16 to 3/11/16 Weather: Precipitation 0 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		Initial	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 Interval	Water Level Drop (in)	Percolation Rates (Min/in = mpi)
1	24	3/10	11:00a	3/10	3:00p	3/11	11:30a	6	3/11	12:00p	30	1/2	60
2	34	"	"	"	"	"	"	6	"	"	"	1	30
3	27	"	"	"	"	"	"	6	"	"	"	9/16	53
4	36	"	"	"	"	"	"	6	"	"	"	2-1/4	13
								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: 156

Average of Rates: 39

Rate Used for Calculation: 60 (20 mpi variance)

Soil type (NRCS Maps/Other) Kennebec SL

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

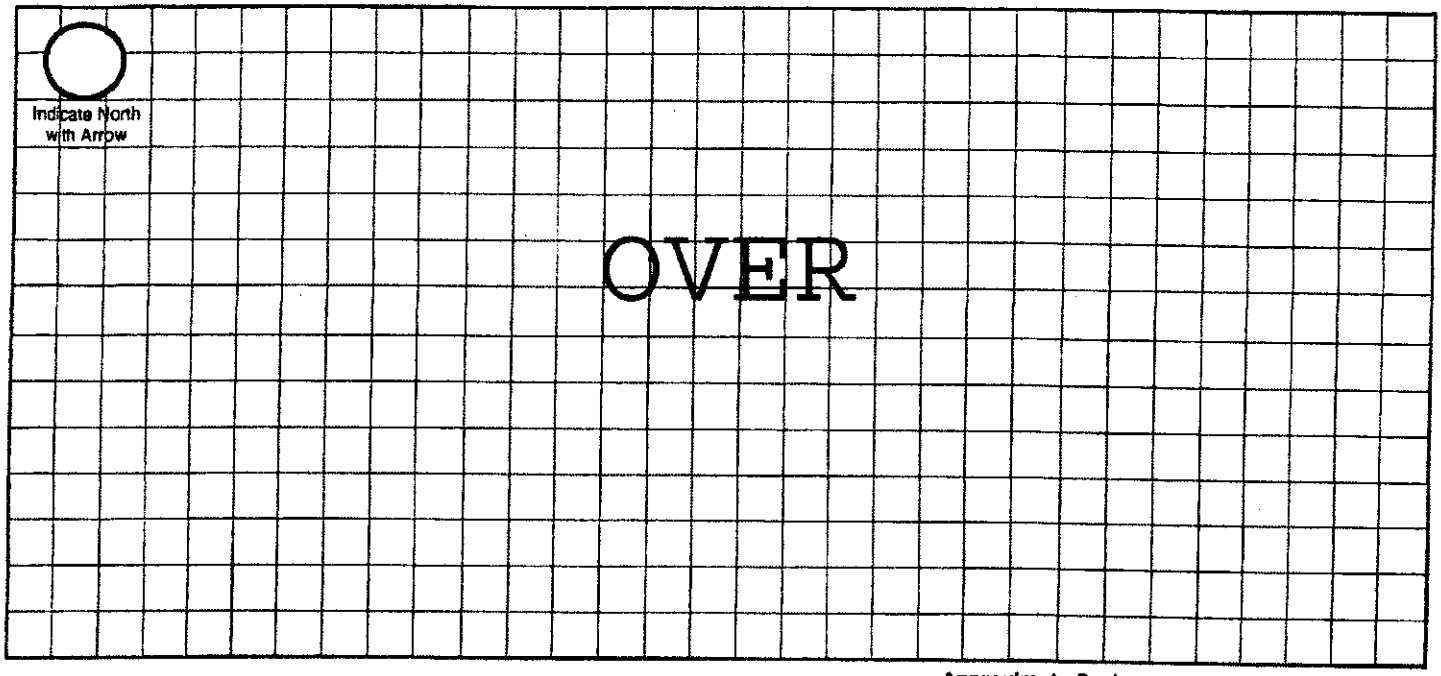
C

Permit Number: HS001191

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) 10715 NW 33rd St City Lincoln NE, Zip 68508

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

85' of Chambers installed 1-5-16

Percolation Rate 60 (min/inch = mpi) No. of Bedrooms 3 Soil Type Kennebec Silt Loam Land Slope _____%

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 1,052.7 sq.ft.

Total length of laterals 290 Type of distribution: ☐ Perforated pipe ☐ Half-Round ☒ Chamber ☐ Other

No. of absorption trenches 3 Width 40" No. of drop boxes 2 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 Ken Johnson Date 3/14/16

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. HS001191

System Type: Standard

Situs: 10715 NW 33 ST, RURAL, NE

Issued: 3/28/2016

Expires: 3/28/2017

Description: S17, T11, R6, 6th Principal Meridian, LOT 20 SW

Owner: MEERS FAMILY TRUST, THE
10715 NW 33 ST
LINCOLN, NE 68508

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: HS001191

Onsite Wastewater Treatment System

Inspection Sheet

Date 3/28/16 Legal Description _____

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 10715 NW 33rd 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 See Sq. Ft. Tank Size N/O gals

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

No. of Absorption Laterals _____ Width _____ No. of Drop Boxes _____ Distribution Box 2 sheet 1

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 _____ Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Inspections prior to Final Approval
Initial _____ Date _____
Follow-Up _____ Date _____
Follow-Up _____ Date _____
Installation Final Written Approval
By _____
Date _____

Comments: Saw very little while onsite, the system was partially completed prior to winter. Contractors didn't have a lot completed while onsite. N/A
* used 2 different products- Easy-flo & ~~[illegible]~~ Plastic.

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: HS001191

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 12-17-300-002-000

Address or Legal Description or Parcel Identification Number (PID) 10713 NW 32nd St Lincoln, NE 68508

Owner: Gary Meers Address Same

A. Wastewater Piping

1. Material: SDR 26 Diameter: 4 in.
2. Distance between dwelling and septic tank: 30 ft.

B. Septic Tank

1. Material Concrete
2. Capacity: 1,500
3. Depth to top of tank, below unfinished grade: 24 in.
4. Distance to:
   Well 100 ft. +
   Pressure line N/A ft
   Property Line 80 ft. +
   Foundation 30 ft. +

C Distribution Box or Drop Box

Distance and Direction from septic tank: 12 ft. S

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☒ Chamberless ☒ Other E
   Material brand and inside width of Chamberless: ½ ADS ARC36 / 29" + ½ EZ Flow 1103H
2. Number of Laterals: 2
3. Length of each lateral (linear): ft. 130' ft. 130
   ft. ____ ft. ____
4. Drainfield size: 1056 sq. ft.
5. Distance to:
   Well 100 ft. +
   Pressure line N/A ft.
   Property line 7 ft. +
   Depth of Groundwater >7'

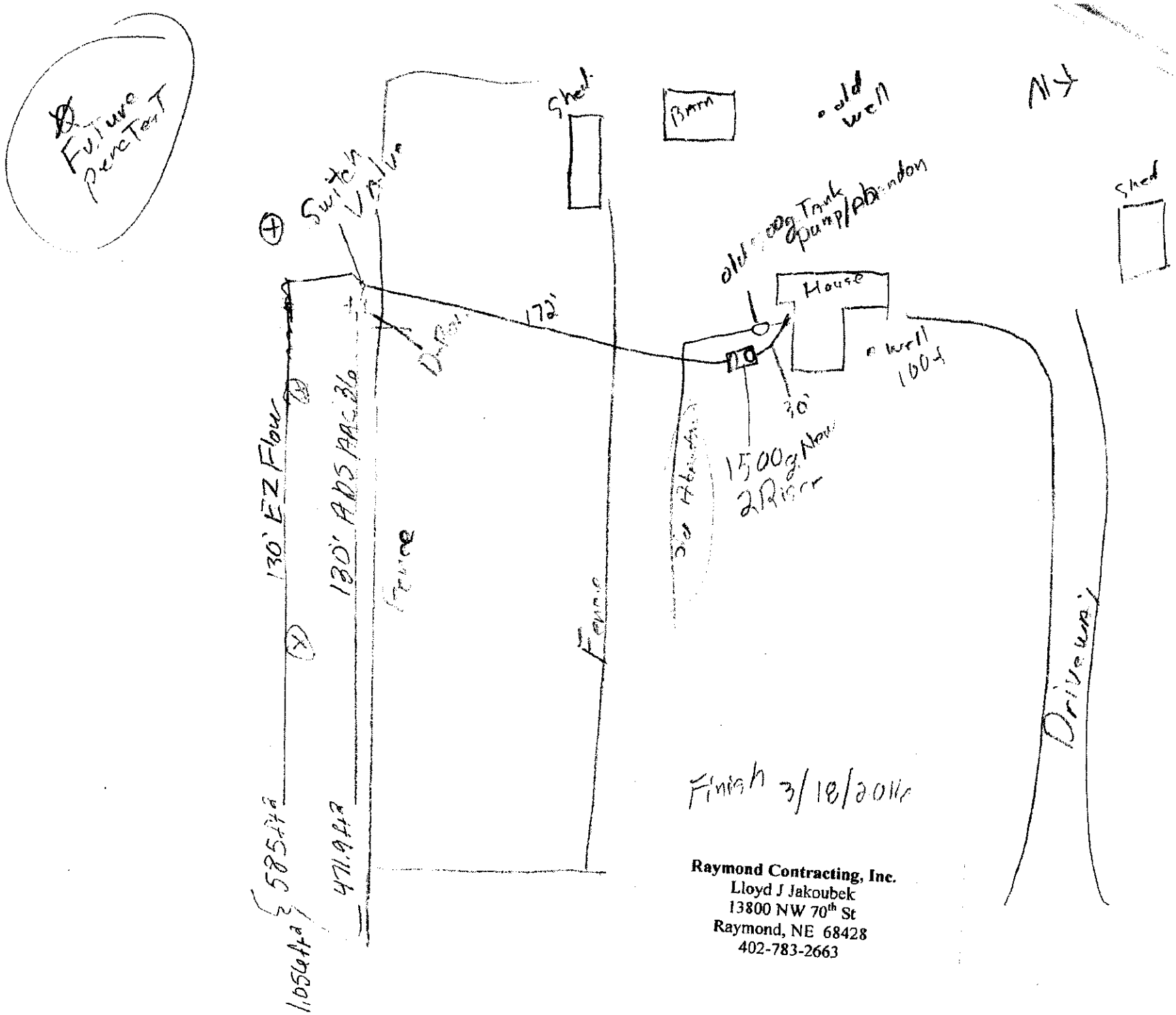
Was the Onsite Wastewater System covered prior to LLCHD inspection? ☒ Yes ☐ No partially

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: 3/18/16

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