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

A

Permit Number
#S001222

Existing Home

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 1955 Dixie Trl (no rural route) City Lincoln, NE Zip 68527

Legal Description S1/2 (1/4) 18 (1/4) 10N (Section) 8E (Township) Dagley Replat (Range) 5 (Subdivison) (Addition) (Block) (Lot)

PID 23-18-401-005-000

B. Owner

Name David Rodgers Signature David Rodgers

Address 1955 Dixie Trl City/State/Zip Lincoln, NE 68527

Home Phone 402-430-4206 Work Phone

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 3 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 3.9
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 fwd Signature
Comments

2. **Supt. Bldg. Insp. or Village Clerk**
Comments Date rec'd ACTION ☐ Approved ☐ Disapproved
Date fwd Signature

3. **City or County Engineer**
Comments Date rec'd ACTION ☐ Approved ☐ Disapproved
Date fwd Signature

Installation Final Written Approval
By
Date

Business Office Use Only
Date Received 4-8-16 Amount Paid $395.00
Received By SB Cash/Check No. VISA

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: HS001222

Onsite Wastewater Treatment System

Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 1955 Dixie Trl (no rural route) City Lincoln NE, Zip 68527

Owner David Rodgers Address Same

Date of Tests 3/25/16 to 3/26/16 Weather: Precipitation trace Temperature 44°

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		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	29	3/25	12:00p	3/25	4:00p	3/26	1:00p	6	3/26	1:30p	30	1/2	60
2	27	"	"	"	"	"	"	6	"	"	"	5/8	48
3	32	"	"	"	"	"	"	6	"	"	"	13/16	37
4	28	"	"	"	"	"	"	6	"	"	"	9/16	53
								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: 198

Average of Rates: 50

Rate Used for Calculation: 60 (20 mpi variance)

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

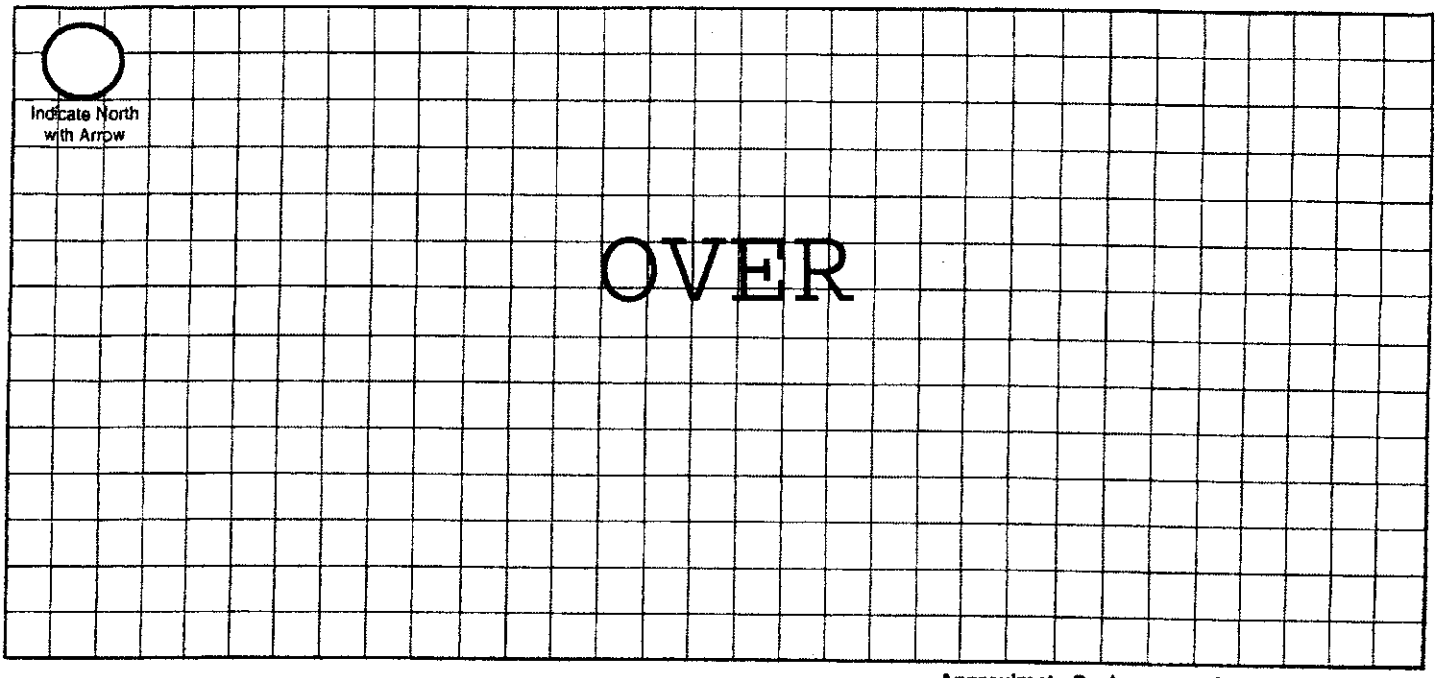
C

Permit Number: HS001222

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) 1955 Dixie Trl City Lincoln NE, Zip 68527

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 60 (min/inch = mpi) No. of Bedrooms 3 Soil Type Aksarben Silty Clay Loam Land Slope 6-11 %

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 1,052 sq.ft.

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

No. of absorption trenches 4 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 Kevin L. Johnson Date 4/4/16



Lancaster County/City of Lincoln GIS Map

N
W E
S

David Rodgers 1955 Dixie Trl, Lincoln, NE 68527 402-430-4206

Printed: Apr 07, 2016

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.

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. HS001222

System Type: Standard

Situs: 1955 DIXIE TRL, RURAL, NE

Issued: 4/12/2016

Expires: 4/12/2017

Description: DAGLEY REPLAT, Lot 5

Owner: RODGERS, DAVID W & LAURA K
1955 DIXIE TRL
LINCOLN, NE 68527-9441

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 @ 4/26/16

Exhibit 5

Permit Number: HS001222

Onsite Wastewater Treatment System

Inspection Sheet

Date 4/26/16 Legal Description Ryder Replat Lot 5 — ¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 1955 Dixie Tr 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 1051.25 Sq. Ft. Tank Size 1500 gals

Total length of laterals 290 Type of Distribution: ☒ Chamber ☐ Perforated Pipe ☐ Other (describe) 909 - 3,625

No. of Absorption Laterals 4 Width 3' No. of Drop Boxes 0 Distribution Box 1

Leveling Method Used Laser - Verified.

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:
No well - Rural water
No well observed @ neighbor house.

Field Note Drawing (See Reverse Side):

Inspections prior to Final Approval
Initial _____ Date 4/26/16

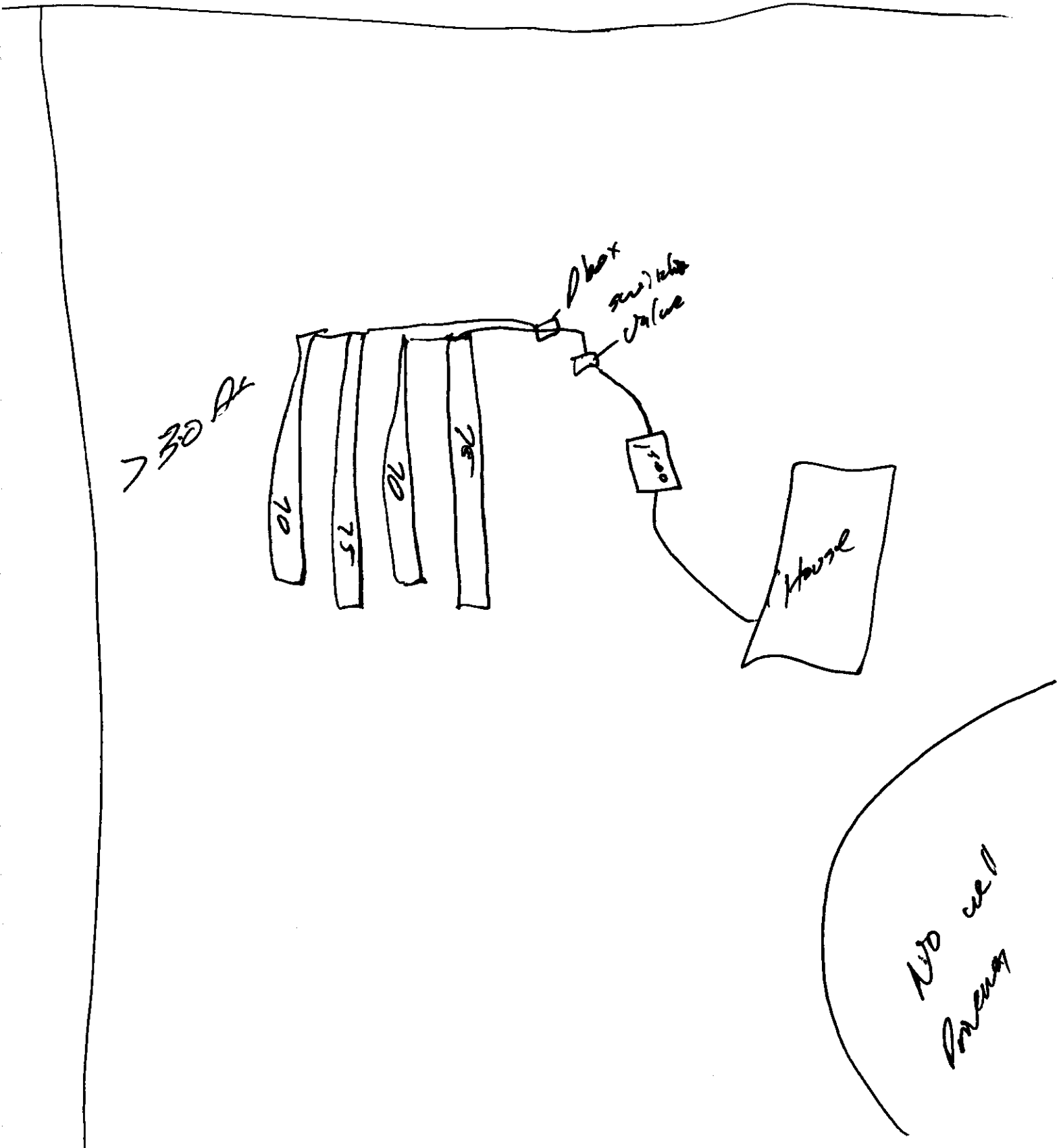
Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By _____

Date 4/26/16

Updated 4/15


>30 ft
Box
Switch
Valve
70
75
70
75
House
NO well
Pressure