Lancaster County Health Department

Permit Number
H S001224

New Construction

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

Include Form B and C
Submit correct fee
with this Application

For the use of [illegible] X 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 3601 Oakview Blvd (not rural route) City Raymond NE Zip 68428

Legal Description: NW 1/4 | 5 Section | 11N Township | 6E Range | Oak Valley Estates Subdivision | 2 Addition | 6 Block | Lot

PID 12-05-102-006-000

B. Owner

Name Roger & Carla Harris Signature Roger Harris

Address 3100 S 40th St City/State/Zip Lincoln, NE 68506

Home Phone 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

X Residential Dwelling Number of Bedrooms 4 Whirlpool Bathtub? X Yes ☐ No Total Acres 3.25
Garbage Grinder? X 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 24-36 ☐ County Resolution No. 02-30

1. Health Department
Site visits Date rec'd Date appvd
Comments
ACTION ☐ Approved ☐ Disapproved
Signature

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

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

Installation Final Written Approval
By
Date

Business Office Use Only
Date Received 4-8-16 Amount Paid $385.00
Received By SB Cash/Check No. VISA

Form B Updated 3/17

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

B

Permit Number: HS001224

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 3100 S. 40 (no rural route) City LINCOLN NE, Zip 68506

Owner Cecile Harris Address Lot 6 Block 3

Soil Type (SCS): Mrd Percolation Rate: _____ min./inch

Date of Tests 12/11 to 12/12 Weather: Precipitation ____ Temperature 40s

Percolation Test Data Table

A.	B.	C.	D.	E.	F.	G.	H.	I.	J.	K.	L.	M.	N.
		Pre-Saturation Period				Percolation Readings					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)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time (Min)	Water Level Drop (in)	Percolation Rates (Min/in)
1	34	12/11	9:30	12/12	9:30	12/12	10:30	28 3/8	12/12	11:00	30	7/8	34
2			AM		AM		AM	30		AM		3/4	40
3								29				3/4	40
4								27 5/8				5/8	48
5								30 7/8				3/4	40
6								29 1/2				7/8	34

Person Conducting Percolation Tests

Name: Brad Southwick
Phone: 430-7606
Address 105 Locust P.O. Box 191
Hickman NE 68372

Sum of Percolation Rates: 236
Average of Rates: 40
Rate Used for Calculation: 40

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-86

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

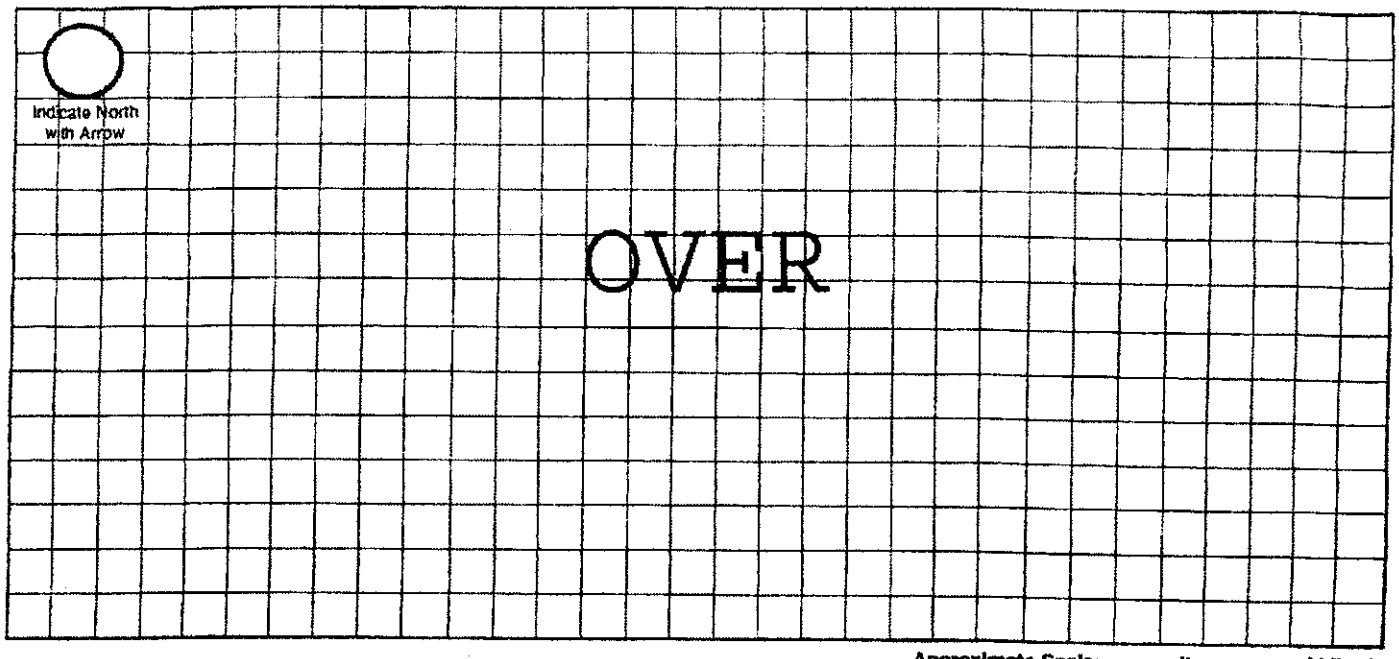
C

Permit Number: HS001224

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) 3601 Oakview Blvd City Raymond NE, Zip 68428

B. Proposed Septic Tank/s

Septic Tank Cap. 2,000 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 40 (min/inch = mpi) No. of Bedrooms 4 Soil Type Yutan Silty Clay Loam Land Slope 6-11 %

☒ 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

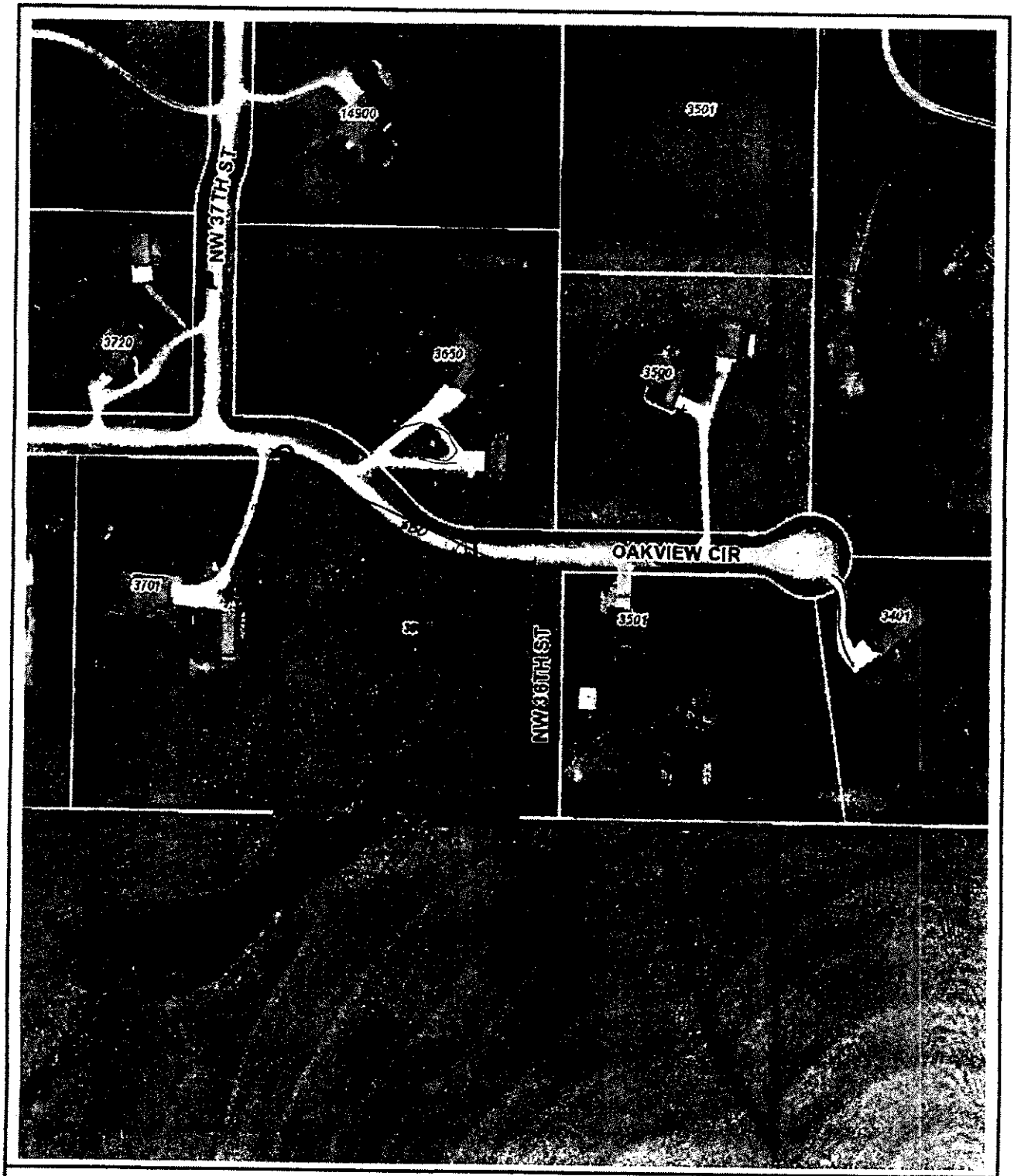
Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☒	500 ☒	50 ☒	NA ☒	25 ☒	20 ☒	15 ☒	25 ☒	☒
Field (ft)	100 ☒	500 ☒	50 ☒	4 ☒	30 ☒	20 ☒	30 ☒	40 ☒	☒
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐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

F. Required Signatures

Home Building Contractor _____ Date 4/7/2016

Installer Kevin L. Johnson Date 4/7/2016

RAYMOND CITY WATER $500 CONNECTION



Lancaster County/City of Lincoln GIS Map

N
W E
S

Printed: Jun 26, 2014

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 gis@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. HS001224

System Type: Standard

Situs: 3601 OAKVIEW BLVD, RURAL, NE

Issued: 4/13/2016

Expires: 4/13/2017

Description: OAK VALLEY ESTATES, BLOCK 2, Lot 6

Owner: HARRIS, ROGER D & CARLA L
3100 S 40 ST
LINCOLN, NE 68506

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

~~Hold~~ OK
5/1/16 JA

Exhibit 5

Permit Number: HS001324

Onsite Wastewater Treatment System

Inspection Sheet

Date 5/2/16 Legal Description _____

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) _____ 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 _____ Sq. Ft. Tank Size _____ gals

Total length of laterals 4 Type of Distribution: ❑ Chamber ❑ Perforated Pipe ❑ Other (describe) _____

No. of Absorption Laterals _____ Width _____ 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 _____

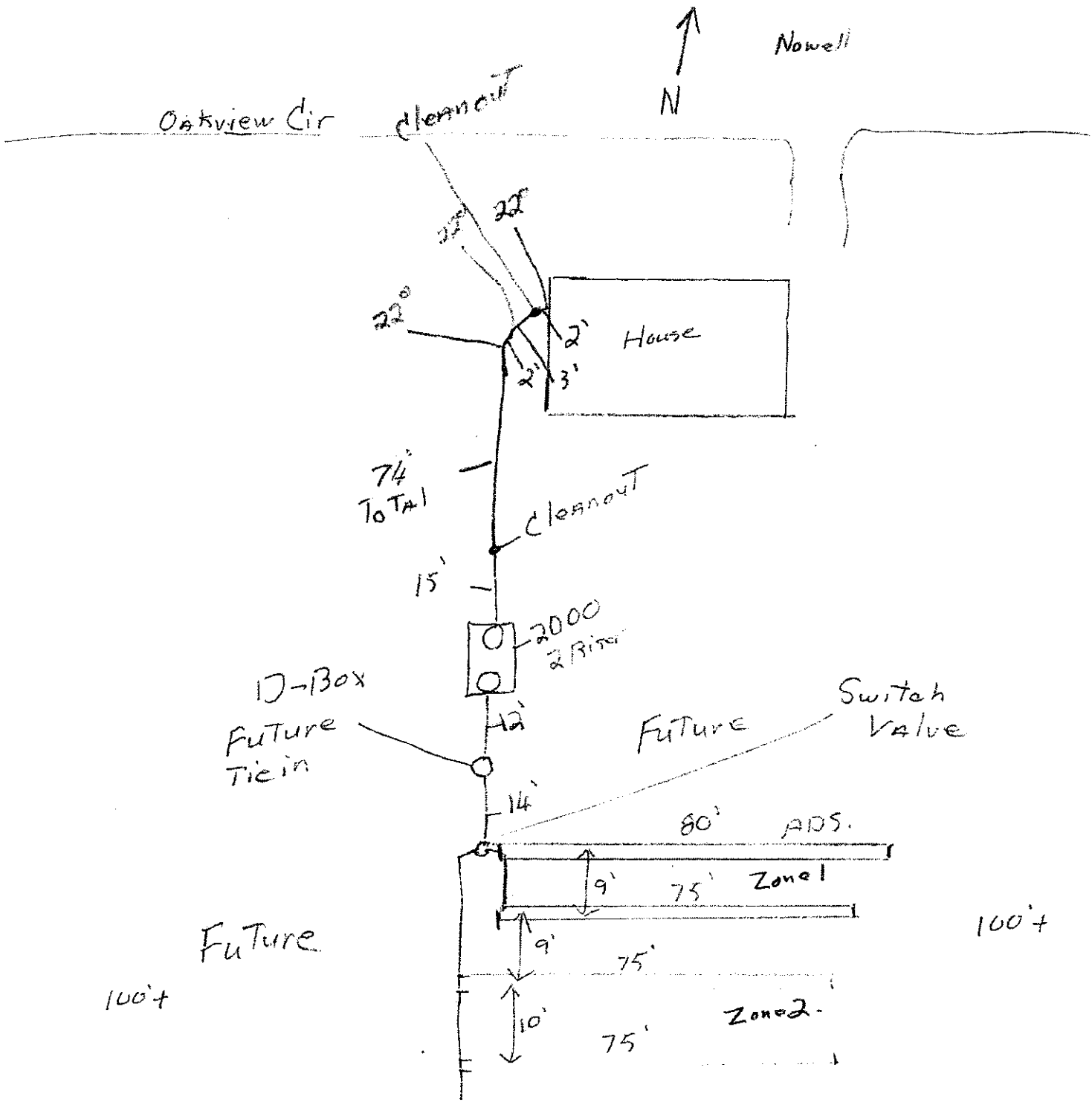
Inspections prior to Final Approval
Initial _____ Date _____
Follow-Up _____ Date _____
Follow-Up _____ Date _____
Installation Final Written Approval
By _____
Date 5/2/16

Comments:

+ System Covered N.O. to inspection + see contractor notes

Field Note Drawing (See Reverse Side):

+ Rural Water



4/26/2016

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