MAY 13 2016

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

A

Permit Number HS601258

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 19300 NW 112th St (no rural route) City Raymond NE Zip 68428

Legal Description NW (1/4) 21 (1/4 Section) 12N (Township) 5E (Range) ____ (Subdivision) ____ (Addition) 15 (Block) ____ (Lot)

PID 06-21-100-005-000

B. Owner

Name Kim Rayment Signature Kim Mayne (Rayment)

Address 19300 NW 112th St City/State/Zip Raymond, NE 68428

Home Phone 402-783-5031 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 402-783-2883

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 19.56
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 fwd ____
Comments ____
ACTION ☐ Approved ☐ Disapproved Signature ____

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

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

Installation Final Written Approval
By ____
Date ____

Business Office Use Only
Date Received 5-17-16 Amount Paid $385
Received By SB Cash/Check No. 8512

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

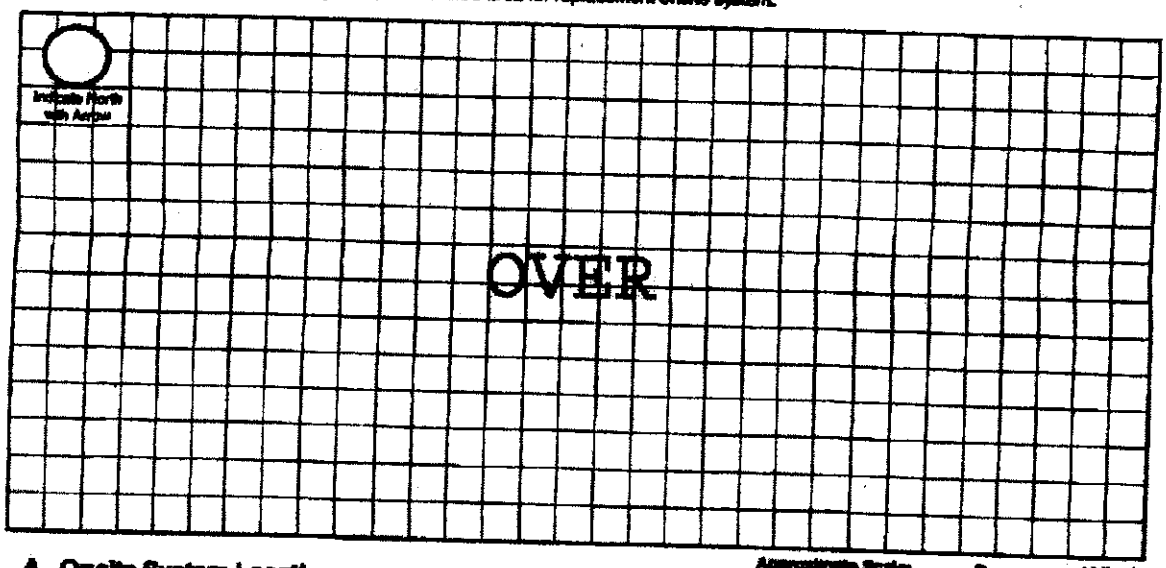
C

Permit Number: HS601258

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 blocks

A. Onsite System Location

Address (no rural route) 19300 NW 112th St City Raymond Nb, Zip 68428

B. Proposed Septic Tank/s

Septic Tank Cap ____ gals Tank Material: ☐ Concrete ☐ Plastic ☐ Other ____ ☒ Lagoon(s) (min. average 1/3 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 ____ Distribution 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	Ground Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	16 ☐	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 Kim Mayer Date 5-9-16

Installer [signature] Date 5/9/16

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. HS001258

System Type: Lagoon

Situs: 19300 NW 112 ST, RURAL, NE

Issued: 5/20/2016

Expires: 5/20/2017

Description: S21, T12, R5, 6th Principal Meridian, LOT 15 NW

Owner: RAYMENT, KIM A & MINGE, JOEL E
19300 NW 112 ST
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
13800 NW 70TH ST
RAYMOND, NE 68428

MAY 13 2016

SCANNED

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

A

Permit Number HS601258

New House Moving onto Existing Homesite

Onsite Wastewater Treatment System
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Address 19300 NW 112th St (no rural route) City Raymond, NE Zip 68428

Legal Description NW 21 12N 5E 15
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 06-21-100-005-000

B. Owner

Name Kim Rayment Signature Kim Mcrye (Rayment)

Address 19300 NW 112th St City/State/Zip Raymond, NE 68428

Home Phone 402-783-5031 Work Phone

C. Certified Installer

Name: Lloyd Jakoubek, Raymond Contracting Inc Signature

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Work Phone 402-990-6009 or 402-783-2663

D. Engineer ☐ Check and complete if engineer designed system P.E. License Number:

Designer Name Firm Work Phone

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Approval Process ☐ Municipal Code 24.38 ☒ County Resolution No. 02-30

1. Health Department
Site visits
Comments
Date rec'd 5/19/16
Date frwd 5/19/16
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 Jerry Prue
Date 11/1/2017

Business Office Use Only
Date Received 5-17-16 Amount Paid 385
Received By SB Cash/Check No. 8900

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

Form A Updated: 1/13