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

JUN 2 3 2016

**A**

Permit Number HS001295

# Onsite Wastewater Treatment System Permit Application

☐ Septic System ☒ Lagoon ☐ Other (Refer to Form C)

**Include Form B and C. Submit correct fee with this Application**

**PLEASE PRINT OR TYPE**

**A. Onsite System Location**

Address* 6500 Hitching Post Lane (no rural route) City ~~Lincoln~~ Denton, NE Zip 68523

Legal Description 17 9 6 SD Twin Pines 6 2

PID 09-17-406-002-000 SD (1/4, 1/4, Section, Township, Range, Subdivison, Addition, Block, Lot)

*Approx. Address (If to be determined)

**B. Owner**

Name Kurt Ramaekers

Address 1000 West Pioneers Blvd Signature Kurt Ramaekers

Home Phone 402-416-4335 City/State/Zip Lincoln, NE 68522

Work Phone

**C. Certified Installer**

Name: Scott Haes of Haes Contracting, Inc.

Address 9800 Breagan Road Signature Scott Haes

Work Phone 402-499-1166 City/State/Zip Lincoln, NE 68526-9336

**D. Engineer** ☐ **Check and complete if engineer designed system**

Designer Name Firm P.E. License Number:

Work Phone

**E. This system will serve a**

☒ Residential Dwelling Number of Bedrooms 4 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 3+

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**

**1. Health Department**

Site visits Date rec'd ACTION ☐ Approved ☐ Disapproved

Comments Date frwd Signature

**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 6-23-16 Amount Paid $385

Received By SB Cash/Check No. 1740

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

Form A Updated 4/15

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

JUN 23 2016

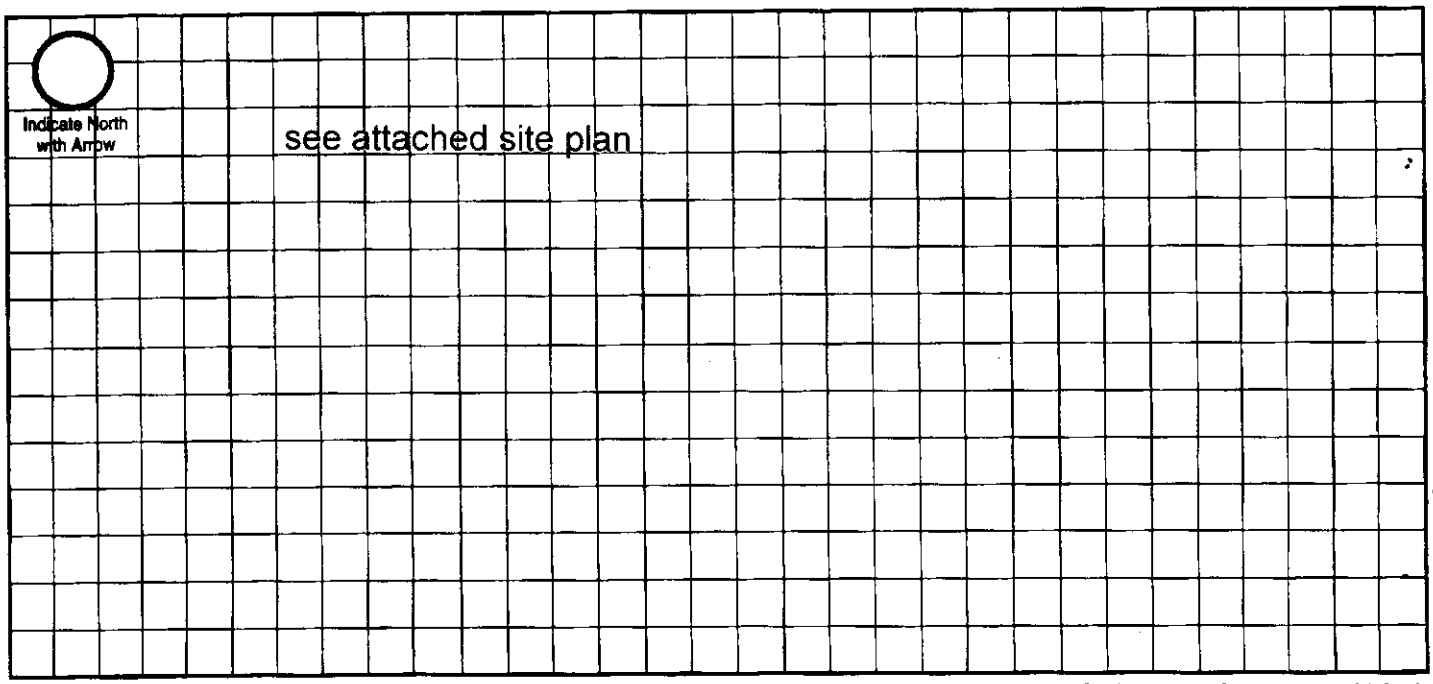
C

Permit Number: HS001295

# 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) 6500 Hitching Post Lane City Lincoln NE, Zip NE

## B. Proposed Septic Tank/s

Septic Tank Cap._____ 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_____ (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_____ Distrubtion Box_____

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

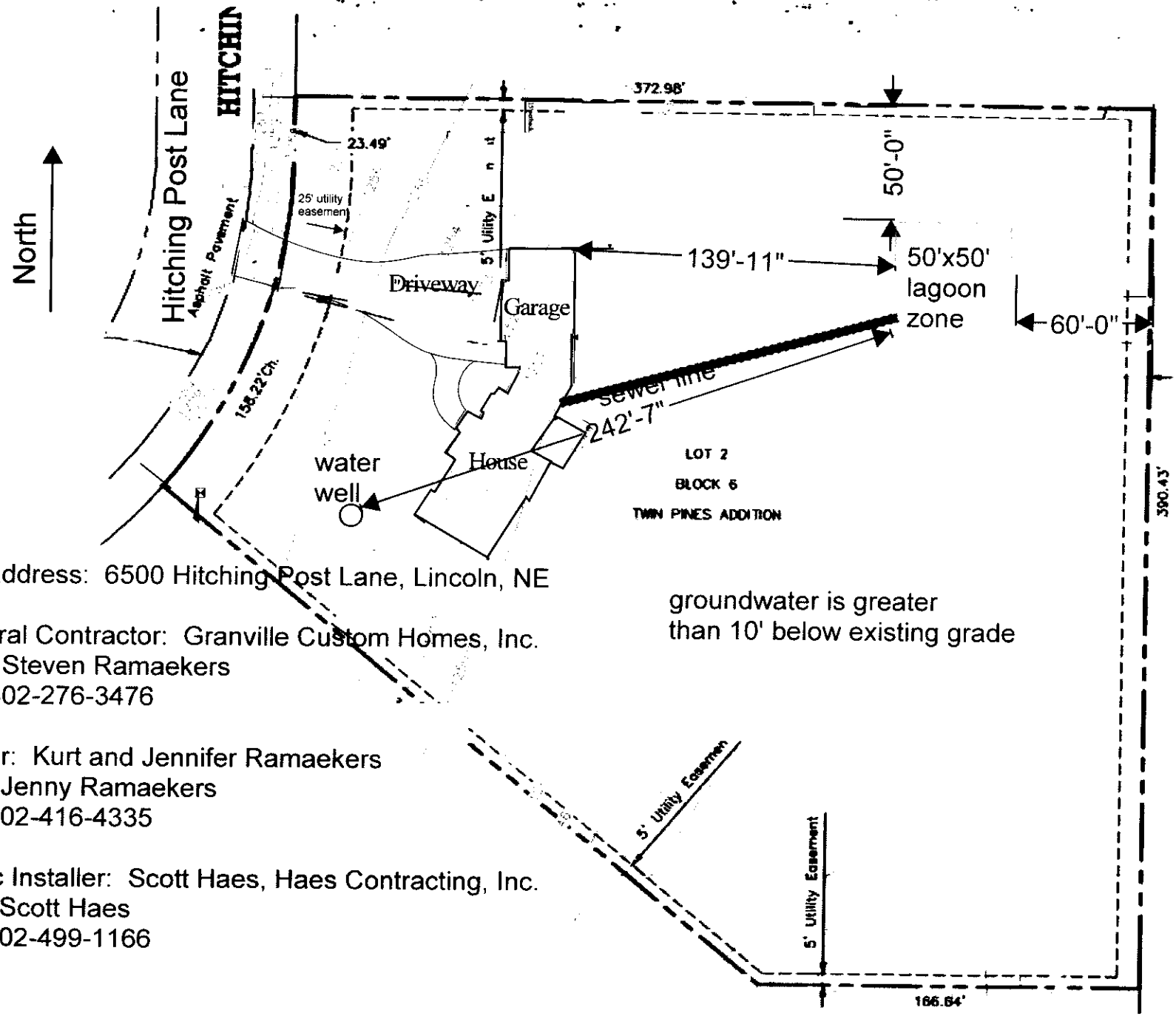
## E. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

| 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 ~~Jeff Bruker~~ Granville Date 6/23/16

Installer Scott Baer Haes Excavating INC. Date 6-23-2016




JUN 2 3 2016

Site address: 6500 Hitching Post Lane, Lincoln, NE

groundwater is greater
than 10' below existing grade

General Contractor: Granville Custom Homes, Inc.
Attn: Steven Ramaekers
Ph: 402-276-3476

Owner: Kurt and Jennifer Ramaekers
Attn: Jenny Ramaekers
Ph: 402-416-4335

Septic Installer: Scott Haes, Haes Contracting, Inc.
Attn: Scott Haes
Ph: 402-499-1166

**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. HS001295**

**System Type:** Lagoon

**Situs:** No Site Address Specified

Issued: 6/30/2016

Expires: 6/30/2017

**Description:** TWIN PINES ADDITION, BLOCK 6, Lot 2

**Owner:** RAMAEKERS, KURT & JENNIFER
4100 LOWELL CIR STE A
LINCOLN, NE 68502

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

KURT RAMAEKERS
1000 WEST PIONEERS BLVD
LINCOLN, NE 68522

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

SCANNED

JUN 23 2016

**A**

Permit Number HS001295

# Onsite Wastewater Treatment System Permit Application

☐ Septic System ☒ Lagoon ☐ Other (Refer to Form C)

**Include Form B and C. Submit correct fee with this Application**

**PLEASE PRINT OR TYPE**

**A. Onsite System Location**

Address* 6500 Hitching Post Lane (no rural route) City ~~Lincoln~~ Denton, NE, NE Zip 68523

Legal Description 17 9 6 SB Twin Pines 6 2

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

PID 09-17-406-002-000 SB *Approx. Address (If to be determined)

**B. Owner**

Name Kurt Ramaekers Signature Kurt Ramaekers

Address 1000 West Pioneers Blvd City/State/Zip Lincoln, NE 68522

Home Phone 402-416-4335 Work Phone

**C. Certified Installer**

Name: Scott Haes of Haes Contracting, Inc. Signature Scott Haes

Address 9800 Breagan Road City/State/Zip Lincoln, NE 68526-9336

Work Phone 402-499-1166

**D. Engineer** ☐ Check and complete if engineer designed system

Designer Name Firm P.E. License Number: Work Phone

**E. This system will serve a**

☒ Residential Dwelling Number of Bedrooms 4 Whirlpool Bathtub? ☐ Yes ☒ No Garbage Grinder? ☒ Yes ☐ No Total Acres 3+ 3.07

☐ 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**

**1. Health Department**

Site visits 4/24/16 lagoon. Needs fence

Comments

Date rec'd 6/30/16 Date frwd 6/30/16

ACTION ☒ Approved ☐ Disapproved Signature

**2. Supt. Bldg. Insp. or Village Clerk**

Comments

Date rec'd 6-30-16 Date frwd 6-30-16

ACTION ☒ Approved ☐ Disapproved Signature

**3. City or County Engineer**

Comments

Date rec'd 6-30-16 Date frwd 6-30-16

ACTION ☒ Approved ☐ Disapproved Signature James Plouzek

**Installation Final Written Approval**

By

Date

***Business Office Use Only***
Date Received 6-23-16 Amount Paid $385
Received By SB Cash/Check No. 1790

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

Form A Updated 4/15

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: 1t500 1295

2 New Construction homes, sharing 1 Lagoon

# 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

09-17-406-001-000
09-17-406-002-000

Address or Legal Description or Parcel Identification Number (PID) 6450 & 6500 Hitching Post Hills Lincoln, NE 68523

Owner: Ryan Paul Cunningham / Kurt D. Raamaekers Address 6020 Thornton Dr Apt 1014, Lincoln, NE 68521 / 4111 Holdrege Cir Ste A, Lincoln, NE 68504

### A. Wastewater Piping

1. Material: SDR 26 Diameter: 4 in.
2. Distance between dwelling and ~~septic tank~~ Lagoon: 160 ft.

### B. Septic Tank

1. Material _____
2. Capacity: _____
3. Depth to top of tank, below unfinished grade: ____ in.
4. Distance to:
   Well _____ ft.
   Pressure line _____ ft
   Property Line _____ ft.
   Foundation _____ ft.

### C Distribution Box or Drop Box

Distance and Direction from septic tank: _____ ft. _____

### D. Drainfield/Absorption Field

☐ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☒ Chamberless ☐ Other
   Material brand and inside width of Chamberless: _____
2. Number of Laterals: _____
3. Length of each lateral (linear): ft._____ ft._____ ft._____ ft._____
4. Drainfield size: _____ sq. ft.
5. Distance to:
   Well _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.
   Depth of Groundwater _____

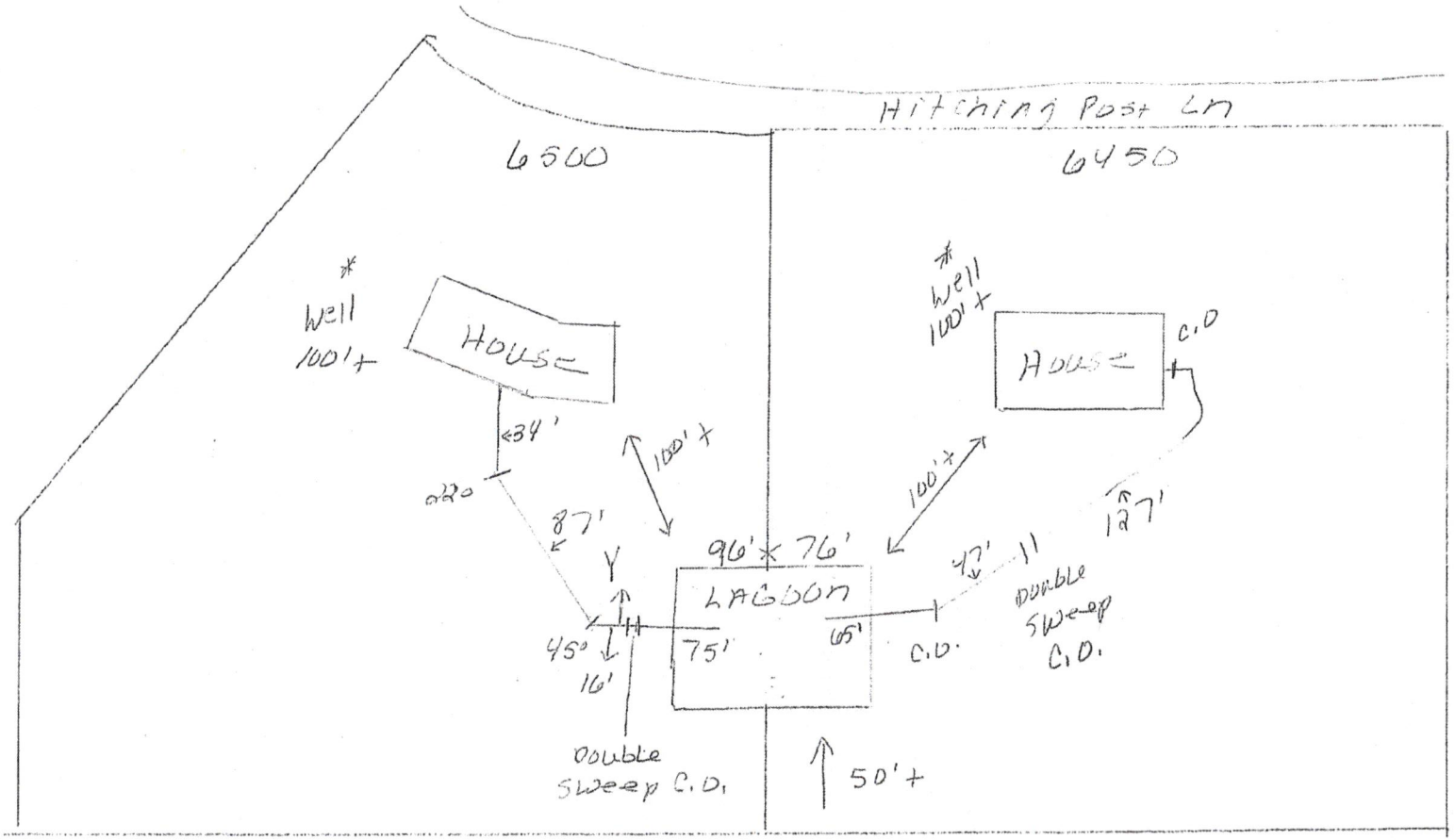
Was the Onsite Wastewater System covered prior to LLCHD inspection? ☒ Yes ☐ No partially

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: Kurt D. Raamaekers Date: 4/24/2017

**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

4/24/2017

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

Exhibit 6

Permit Number: HS00 1295

# Onsite Wastewater Treatment System-Lagoon

## Inspection Sheet

Date ~~6~~ 5/4/17 Legal Description Twin Pines P/L 6 Lot 2

¼ ¼ Section/Township/Range

**Onsite System Location** 6450 + 6500 Hitching Post — 09-17-406-001-000 PID — 09-17-406-002-000

Address (no rural route) _____ City _____

Owner _____ Address _____

**Mark One:** ☑ Dwelling ☐ Non-dwelling Shared lagoon

☑ New System ☐ Repair

☐ Temporary modification (Describe problem causing discharge and reason for temporary modification): _____

| | |
|---|---|
| Lagoon constructed so not to receive surface water | Yes ✕ No ___ |
| Lagoon floor is level | Yes ✕ No ___ |
| Lagoon is equipped with a depth gage/concrete slab | Yes ✕ No ___ |
| Influent line is at least 4 inches and slopes no less than 1/8 inch | |
| Clean outs located every 75 feet and one located 1 foot about highest water level | Yes ✕ No ___ |
| Inside slope not steeper than three horizontal to one vertical | Yes ✕ No ___ |
| Minimum width of the top of the dike shall be 4 feet | Yes ✕ No ___ |
| Fence installed 96'x76' | Yes ✕ No ✕ |

Top of the Dike_____ Bottom of Lagoon_____ Design Flow 675 gpd

**Setbacks (Check the Boxes Below if the Required Setback has been Satisfied):**

| Surface Water distance from Water Mark | Private Drinking Water Wells | Public Drinking Water Supply Wells | | All Other Water Wells | Property Lines | Trees and Brush | Neighbor's Foundation | | All Other Setbacks |
|---|---|---|---|---|---|---|---|---|---|
| 50 ft ☑ | 100 ft ☑ | Non-Community | 100ft ☑ | 100ft ☑ | 50ft ☑ | 50ft ☑ | Class 1 | 200ft ☑ | ☑ |
| | | Community | * ☑ | | | | Class 2 | 200ft ☑ | |
| | | | | | | | Class 3 | 100ft ☑ | |

*Evaluated by a professional engineer for potential impact on the well and submitted to Dept. for approval if less than 1000ft.

**Geographical Coordinates to 6 Decimals:** _____

Dike North side

**Comments:**

Inspections prior to Final Approval
Initial DR Date 4/24/17

Follow-Up _____ Date _____

Follow-Up _____ Date _____

**Installation Final Written Approval**
By _____

Date 5/9/18

Updated 4/15