Repair

AUG 15 2016

A

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

Permit Number HS001323

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 11777 N 79th St (no rural route) City Lincoln, NE Zip 68517

Legal Description: NE (1/4) 15 (1/4) (Section) 11N (Township) 7E (Range) Finigan Ridge (Subdivison) (Addition) 1 (Block) 4 (Lot)

PID 18-15-201-004-000

B. Owner

Name Bryan Robinson Signature

Address 11777 N 79th St City/State/Zip Lincoln, NE 68517

Home Phone 402-525-8696 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 5 Whirlpool Bathtub? ☒ Yes ☐ No Total Acres 2.99

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 ACTION ☐ Approved ☐ Disapproved

Site visits Date rec'd Signature

Date fwd

Comments

2. Supt. Bldg. Insp. or Village Clerk ACTION ☐ Approved ☐ Disapproved

Comments Date rec'd Signature

Date fwd

3. City or County Engineer ACTION ☐ Approved ☐ Disapproved

Comments Date rec'd Signature

Date fwd

Installation Final Written Approval

By

Date

Business Office Use Only
Date Received 8-16-16 Amount Paid $210.00
Received By SB Cash/Check No. 897

White - Health Department Yellow - Engineer Pink - Building & Safety Form A Updated 1/15

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

B

Permit Number:
033802675
HS001323

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 11777 N 79th (no rural route) City Lincoln NE, Zip 68517

Owner Bryan Robinson Address 5415 W Bruton Dr, Lincoln, NE 68521

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

Date of Tests _____ to _____. Weather: Precipitation _____ Temperature _____

Percolation Test Data Table

A.	B.	C. D. E. F. Pre-Saturation Period				G. H. I. J. K. Percolation Readings					L. M. N. 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)
	24-26"											3/4	
												1/2	60 mpi
												3/4	
												1"	30 mpi
												1/2	
												1/4	
			See Attached Sheet										

Person Conducting Percolation Tests

Name: Haes Contracting Inc.
Phone: 402-423-3553
Address 10600 S 40th
Roca, NE 68430

Sum of Percolation Rates: _____
Average of Rates: >20 mpi
Rate Used for Calculation: 60 mpi

DO NOT WRITE BELOW THIS LINE

over

Reviewing Action

Remarks Shortening bed.

Signature of Reviewing Official _____ Date 7-21-03

FORM 23-101 10-96

30 min intervals

North 79th perk test holes – Brian

5-21-03

1	2	3	4	5	6
9:30 63"	9:32 61"	9:36 37"	9:38 58.5"	9:43 41.5"	9:47 40"
10:00 63.5"	10:02 62"	10:05 37.75"	10:07 60.5"	10:10 42.25"	10:12 40.5"
10:30 64"	10:31 62.25"	10:32 38.25"	10:33 61.75"	10:34 42.5"	10:35 41"
11:00 64.62"	11:01 62.5"	11:02 38.5"	11:03 62.75"	11:04 43"	11:05 41.5"
11:30 65"	11:30 63.25"	11:30 39.25"	11:30 64"	11:31 43.5"	11:31 42"
12:00 66.5"	12:00 64"	12:00 40.25"	12:00 64.25"	12:00 43.5"	12:00 42.75"
12:30 67"	12:30 64"	12:30 40.75"	12:30 65"	12:30 43.75"	12:30 43"
1:00 67.5"	1:00 64.5"	1:00 41.5"	1:00 66.5"	1:00 44"	1:00 43.5"
1:30 68.25"	1:30 65"	1:30 42.25"	1:30 67.5"	1:30 44.5"	1:30 43.75"
3/4"	1/2"	3/4"	1"	1/2"	1/4"

last reading

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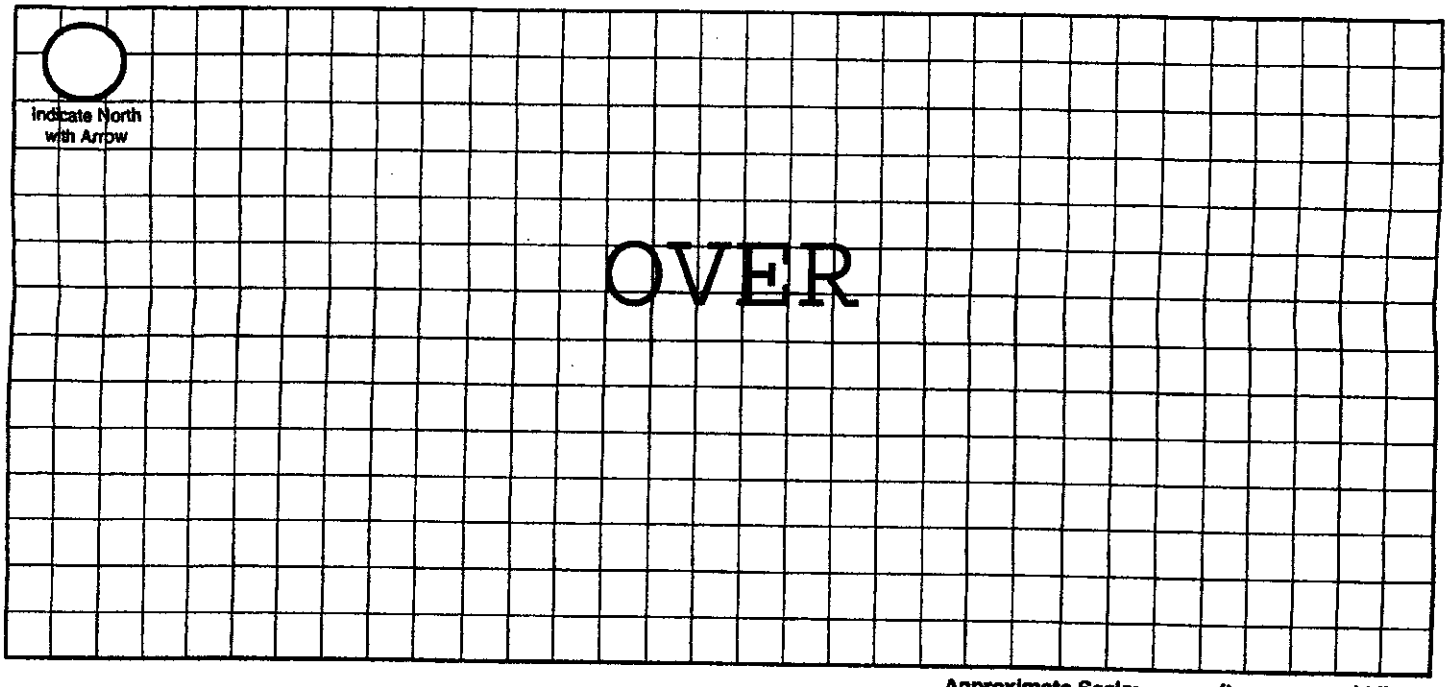
C

Permit Number: HS001323

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) 11777 N 79th St City Lincoln NE, Zip 68517

B. Proposed Septic Tank/s

Septic Tank Cap. 1,750 (Existing) 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 5 Soil Type Aksarben SCL Land Slope_____%

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 1,755 sq.ft.

Total length of laterals 390' Type of distribution: ☐ Perforated pipe ☐ Half-Round ☐ Chamber ☒ Other

No. of absorption trenches_____ Width 40" No. of drop boxes_____ Distrubtion Box_____ (EZFlow 1203H)

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

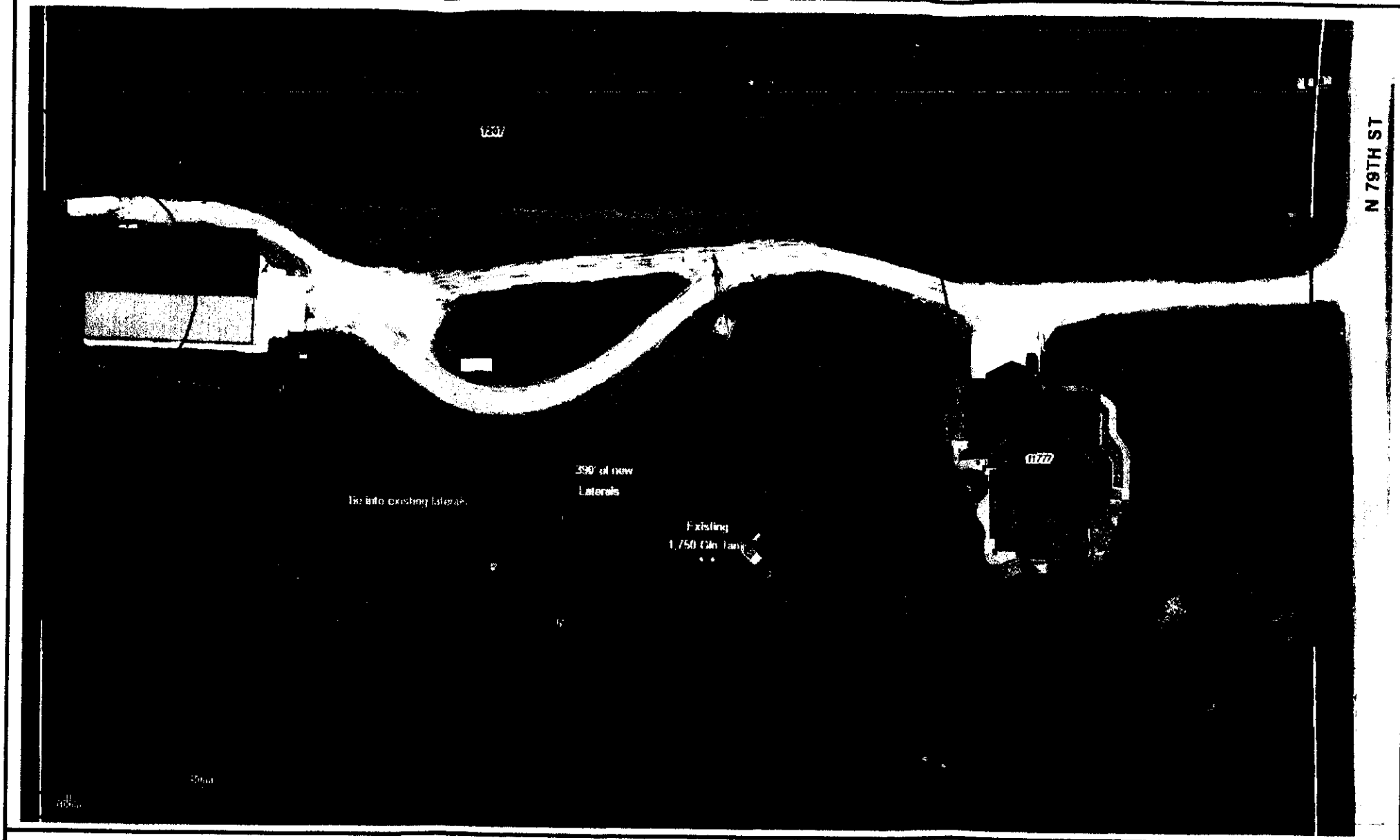
E. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

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 Ronald L. Jakobsen Date 8/10/16



N
W E
S

Lancaster County/City of Lincoln GIS Map

Bryan Robinson 11777 N 79th St, Lincoln, NE 68517 402-525-8696

Printed: Aug 11, 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
3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

Exhibit 5

9/15/16

Permit Number: HS001323

Onsite Wastewater Treatment System

Inspection Sheet

Date 9/5/16 Legal Description ¼ ¼ 15/11/7 Lot 4
Section/Township/Range

Onsite System Location

Address (no rural route) 11777 N 79 City LN

Owner Robinson Address

Mark One: ☒ Dwelling ☐ Non-dwelling Repair

☐ 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 1755 Sq. Ft. Tank Size 1,750 gals

Total length of laterals 390' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☒ Other (describe) E2 Flow

No. of Absorption Laterals 4 Width 1.5 Facto. No. of Drop Boxes _____ Distribution Box 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
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Field (ft)	100 ☐	500 ☒	50 ☒	4 ☒	25 ☒	5 ☒

Geographical Coordinates to 6 Decimals:

Tank _____

Lateral #1 N/A Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments:

Inspections prior to Final Approval
Initial DC Date 9/5/16

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By Doug Thiel
Date 9/5/16

Field Note Drawing (See Reverse Side):

SCANNED

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

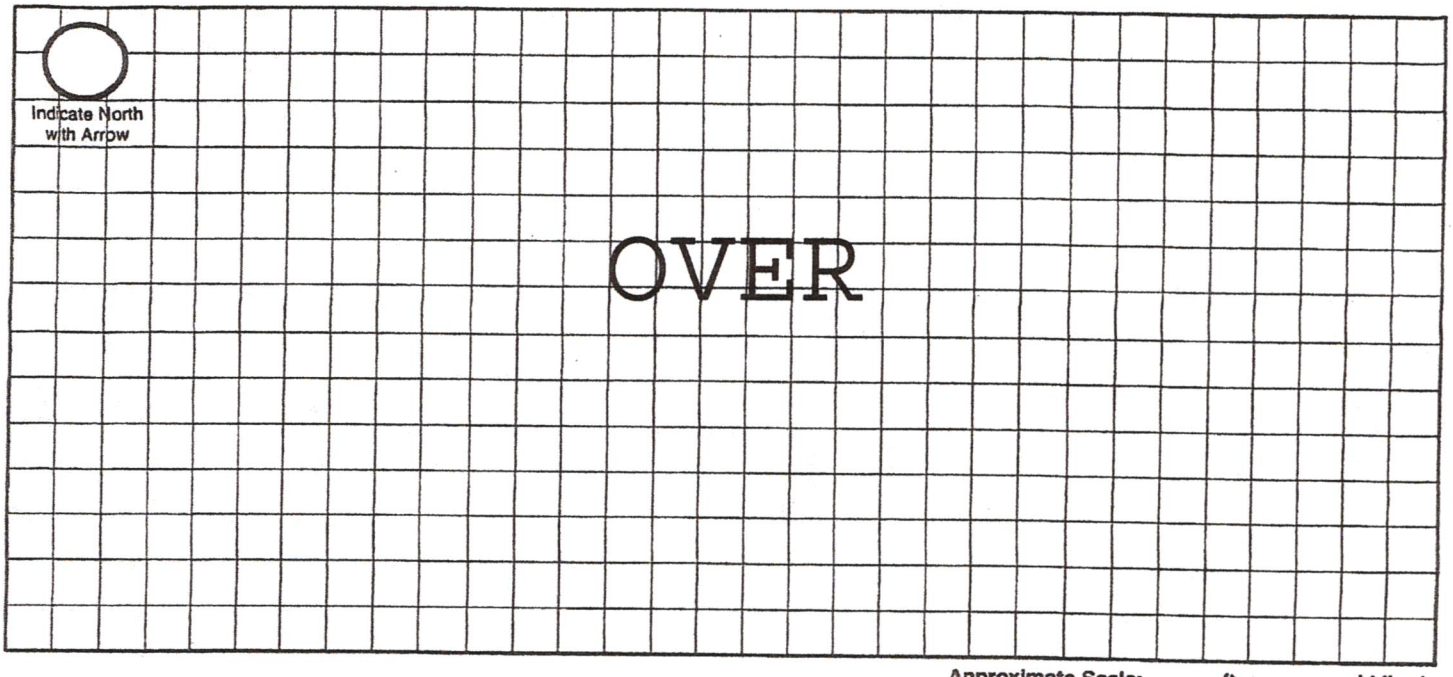
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F. Required Signatures

Home Building Contractor Existing Home Date _____

Installer _____ Date 8/10/14

SCANNED



N
W E
S

Lancaster County/City of Lincoln GIS Map

Bryan Robinson 11777 N 79th St, Lincoln, NE 68517 402-525-8696

Printed: Aug 11, 2016

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Repair

AUG 15 2016

SCANNED

A

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with this Application

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Name: Lloyd Jakoubek, Raymond Contracting Inc Signature

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

Designer Name Firm Work Phone

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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-[illegible]

1. Health Department
Site visits
Comments
Date rec'd 8/16/16
Date frwd 8/16/16
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
Date 9/5/16

Business Office Use Only
Date Received 8-16-16 Amount Paid $210.00
Received By SB Cash/Check No. 8971

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

Form A Updated 1/13