AUG 17 2016

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

A

Permit Number
HS001325

New Construction

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 S 73rd St (no rural route) City Roca, NE Zip 68430

Legal Description NW (1/4) 22 (1/4 Section) 8N (Township) 7E (Range) Mueller Addition (Subdivison) 2 (Addition) 3 (Block) (Lot)

PID 15-22-106-003-000

B. Owner

Name PAT & SHANDA Monaghan Signature

Address 4003 Raynor Pkwy #1404 City/State/Zip Bellevue, NE 68123

Home Phone P 402 618 6906 S 919 332 4001 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 4 Whirlpool Bathtub? ☒ Yes ☐ No Total Acres 3.02
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
Comments
Date rec'd
Date frwd
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

Business Office Use Only
Date Received 8-17-16 Amount Paid $385
Received By SB Cash/Check No. 8473

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: #S001325

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address S 73rd St (no rural route) City Roca NE, Zip 68430

Owner Shanda Monaghan Address 8385 S 64th St, Papillion, NE 68157

Date of Tests 8/3/16 to 8/4/16 Weather: Precipitation 0 Temperature 90 °

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	36	8/3	12:00p	8/3	4:00p	8/4	3:45p	6	8/4	4:15p	30	5/8	48
2	32	"	"	"	"	"	"	6	"	"	"	3/4	40
3	34	"	"	"	"	"	"	6	"	"	"	9/16	53
								6					
								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: 141
Average of Rates: 47
Rate Used for Calculation: 47

Soil type (NRCS Maps/Other) Wymore Silty Clay Loam
Groundwater Depth >8'

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

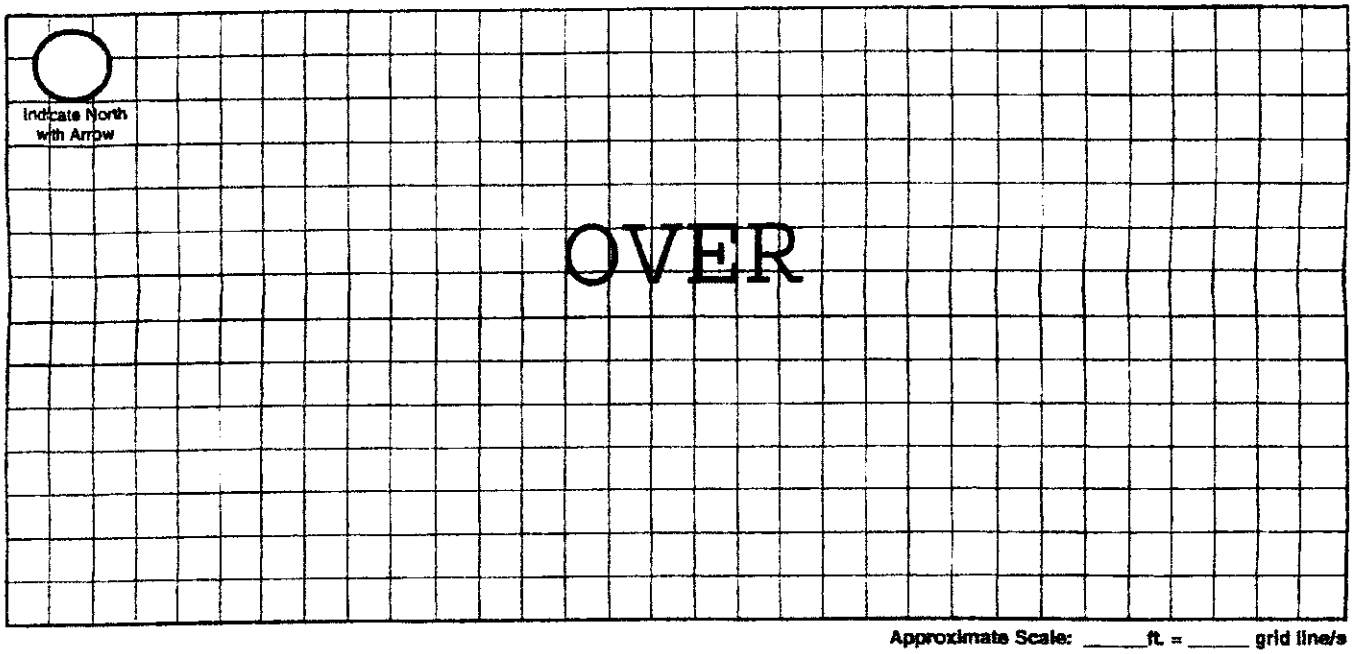
C

Permit Number: HS001325

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) S 73rd St City Roca NE, Zip 68430

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 47 (min/inch = mpi) No. of Bedrooms 4 Soil Type Wymore SCL Land Slope 3-6 %

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 1,323 sq.ft.

Total length of laterals 365' 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

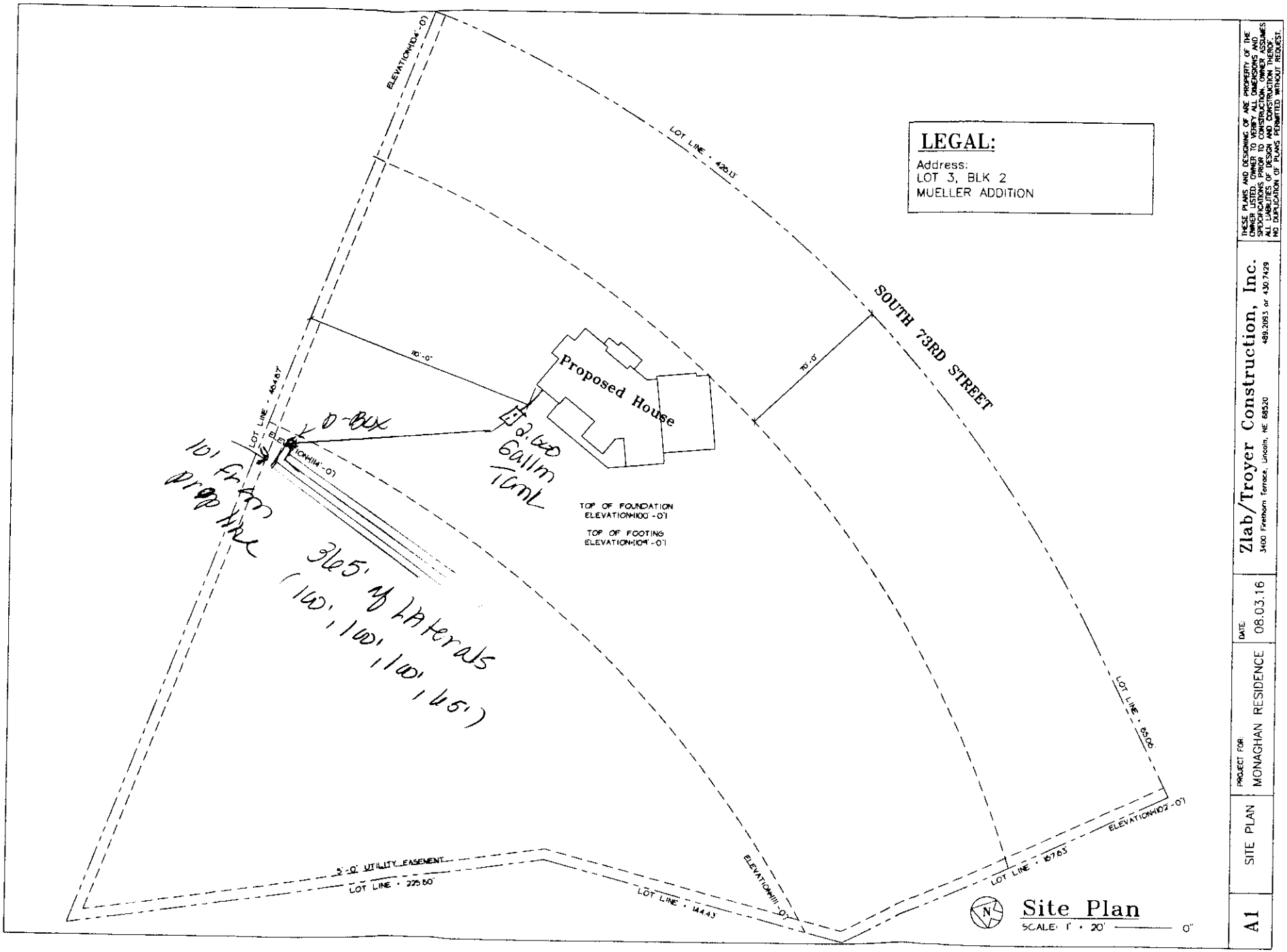
Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☒	500 ☒	50 ☒	NA ☒	25 ☒	20 ☒	15 ☒	25 ☒	☒
Field (ft)	100 ☒	500 ☒	50 ☒	4 ☒	30 ☒	20 ☒	30 ☒	40 ☒	☒
Lagoon (ft)	100 ☐	500 ☐	50 ☐	NA ☐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

F. Required Signatures

Home Building Contractor _____ Date 8-12-16

Installer _____ Date 8/15/16

Onsite Form C 12-06



THESE PLANS AND DESIGNING OF ARE PROPERTY OF THE OWNER LISTED. OWNER TO VERIFY ALL DIMENSIONS AND SPECIFICATIONS PRIOR TO CONSTRUCTION. OWNER ASSUMES ALL LIABILITIES OF DESIGN AND CONSTRUCTION THEREOF. NO DUPLICATION OF PLANS PERMITTED WITHOUT REQUEST.

Zlab/Troyer Construction, Inc.
3400 Firethorn Terrace, Lincoln, NE 68520
489.2093 or 430.7429

DATE: 08.03.16

PROJECT FOR: MONAGHAN RESIDENCE

SITE PLAN

A1

HS001325

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. HS001325

System Type: Standard

Situs: No Site Address Specified

Issued: 8/26/2016

Expires: 8/26/2017

Description: MUELLER ADDITION, BLOCK 2, Lot 3

Owner: MONAGHAN, SHANDA R
8385 S 64 ST
PAPILLION, NE 68157

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

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

11/30/16 gp
OK

Exhibit 5

Permit Number: HS001325

Onsite Wastewater Treatment System

Inspection Sheet

Date 11/29/16 Legal Description Mueller Add. Blk 2 Lot 3

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 16491 S 73rd 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 1,323 Sq. Ft. Tank Size 2,000 gals

Total length of laterals 365' Type of Distribution: ☒ ~~Chamber~~ ☐ Perforated Pipe ☐ Other (describe)_____

_____

No. of Absorption Laterals 4 Width 3.625 Infiltrator 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
Tank (ft)	50 ☑	500 ☑	50 ☑	NA ☑	10 ☑	5 ☑
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 DS Date 10/22/16

Follow-Up_____ Date _____

Follow-Up_____ Date _____

Installation Final Written Approval
By Doug Rasmussen

Date 11/29/16

Field Note Drawing (See Reverse Side):

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: HS001825

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 PID = 15-22-100-003-000

Address or Legal Description or Parcel Identification Number (PID) 16491 S. 73rd St. ROca, NE 68430

Owner: Shanda Monaghan Address 4003 Bayview Pkwy. #1404 Bellevue, NE 68123

A. Wastewater Piping

1. Material: SDR 26 Diameter: 4 in.
2. Distance between dwelling and septic tank: 56 ft.

B. Septic Tank

1. Material Concrete
2. Capacity: 2000
3. Depth to top of tank, below unfinished grade: 24 in.
4. Distance to:
   Well N/A ft.
   Pressure line 25'± ft
   Property Line 50'± ft.
   Foundation 50' ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: 7 ft. SW

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☒ Chamberless ☐ Other
   Material brand and inside width of Chamberless: ADS ARC 36 29"
2. Number of Laterals: 4
3. Length of each lateral (linear): ft. 95 ft. 90 ft. 90 ft. 90
4. Drainfield size: 1,223 sq. ft.
5. Distance to:
   Well N/A ft.
   Pressure line 25'± ft.
   Property line 50'± ft.
   Depth of Groundwater >7'

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: [signature] Date: 10/13/16

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

10/13/2016

