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

A

Permit Number
HS001332

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

Include Form B and C
Submit correct fee
with this Application

Forms to be completed 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: Oak Prairie Cir (no rural route) City: Lincoln NE Zip: 68528

Legal Description: NW (1/4) 19 (Section) 10N (Township) 5E (Range) Oak Prairie Estates (Subdivision) 3rd (Addition) (Block) 1 (Lot)

PID: 04-19-103-001-000

B. Owner

Name: Darrell & Lynn Rasmussen Signature: Darrell Rasmussen

Address: 1307 N Michigan Ave City/State/Zip: York, NE 68467

Home Phone: 402-366-8220 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: 402-880-6009 or 402-783-2063

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: 4.72
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 final:
Comments:
ACTION ☐ Approved ☐ Disapproved
Signature:

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

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

Installation Final Written Approval
By:
Date:

Business Office Use Only
Date Received: 8-31-16 Amount Paid: $385
Received By: SB Cash/Check No.: 8981

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

B

Permit Number: HS001332

Onsite Wastewater Treatment System

Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address Oak Prairie Cir (no rural route) City Lincoln NE, Zip 68528

Owner Darrell & Lynn Rasmussen Address 1307 N Michigan Ave, York, NE 68467

Date of Tests 8/20/15 to 8/21/15 Weather: Precipitation 0 Temperature 76°

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	20	8/20	11:00a	8/20	3:00p	8/21	11:30a	6	8/21	12:00p	30	1-3/4	17
2	24	"	"	"	"	"	"	6	"	"	"	1-11/16	18
3	22	"	"	"	"	"	"	6	"	"	"	2-1/8	14
4	22	"	"	"	"	"	"	6	"	"	"	13/16	37
								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: 86
Average of Rates: 22
Rate Used for Calculation: 37 (20 mpi variance)

Soil type (NRCS Maps/Other) Morrill clay loam (alfalfa field)
Groundwater Depth >6.7'

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Comments (Soil type, groundwater, floodplain, etc.)

Signature of Reviewing Official _____ Date _____



Lancaster County/City of Lincoln GIS Map

Darrell & Lynn Rasmussen 402-366-8220 NW 140th & Holdrege/Oak Prairie Estates

• = perc test holes

N W E S

Printed: Jun 12, 2015

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: 402-441-8022

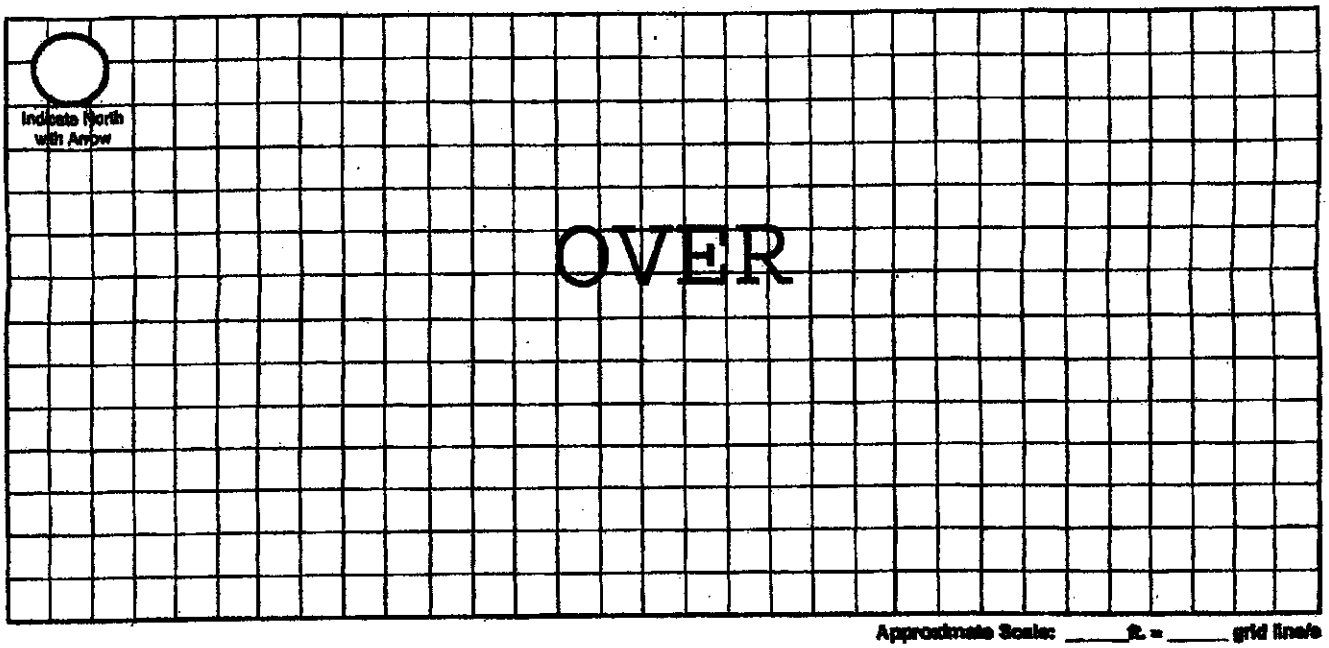
C

Permit Number: HS001332

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 lines

A. Onsite System Location

Address (no rural route) Oak Prairie Cir City Lincoln NE, Zip 68528

B. Proposed Septic Tank/s

Septic Tank Cap. 1,500 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

(alfalfa field)

Percolation Rate 37 (min/inch = mpi) No. of Bedrooms 4 Soil Type Morrill Clay Loam Land Slope 6-11 %

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 1,105 sq.ft.

Total length of laterals 305 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 ☒	26 ☒	☒
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 Brett Eby Date 8/25/16

Installer Derek Jakobsen Date 8/29/16

Onsite Form C 12-08

SCANNED



Lancaster County/City of Lincoln GIS Map

N
W E
S

Darrell & Lynn Rasmussen Oak Prairie Cir, Lincoln, NE 68528 402-366-8220

Printed: Aug 29, 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 (402) 441-8027
3140 N Street Lincoln, Nebraska 68510-1514

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT
No. HS001332

System Type: Standard

Situs: No Site Address Specified

Issued: 9/7/2016

Expires: 9/7/2017

Description: OAK PRAIRIE ESTATES 3RD ADDITION, Lot 1

Owner: RASMUSSEN, DARRELL W & LYNN E
1307 N MICHIGAN AVE
YORK, NE 68467

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

OV 12-1-16

Exhibit 5

Permit Number: HS001372

Onsite Wastewater Treatment System

Inspection Sheet

Date 11/29/16 Legal Description Oak Prairie Estates 3rd Lot 1

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 1355 Oak Prairie Cir. 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 1,105 Sq. Ft. Tank Size 1500 gals

Total length of laterals 305 Type of Distribution: ☒ Chamber ☐ Perforated Pipe ☐ Other (describe)_____

No. of Absorption Laterals 4 Width 3.625 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 NA

Lateral #1 _____ Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments:

Inspections prior to Final Approval
Initial DC Date 11/16/16

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By Doug Rau

Date 11/29/16

Field Note Drawing (See Reverse Side):

SCANNED

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

A

Permit Number
HS001332

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: Oak Prairie Cir (no rural route) City: Lincoln NE Zip: 68528

Legal Description: NW (1/4) 19 (1/4) Section 10N Township 5E Range Oak Prairie Estates Subdivision 3rd Addition 1 Block Lot

PID: 04-19-103-001-000

B. Owner

Name: Darrell & Lynn Rasmussen Signature: Darrell Rasmussen

Address: 1307 N Michigan Ave City/State/Zip: York, NE 68467

Home Phone: 402-366-8220 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

☒ Residential Dwelling Number of Bedrooms: 4 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres: 4.72
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. 93-20

1. Health Department
Site visits:
Comments:
Date rec'd: 9/1/16
Date fwd: 9/2/16
ACTION ☒ Approved ☐ Disapproved
Signature:

2. Supt. Bldg. Insp. or Village Clerk
Comments:
Date rec'd: 9-2-16
Date fwd: 9-2-16
ACTION ☒ Approved ☐ Disapproved
Signature:

3. City or County Engineer
Comments:
Date rec'd: 9/2/16
Date fwd: 9/2/16
ACTION ☒ Approved ☐ Disapproved
Signature: Chad Packard

Installation Final Written Approval
By: Doug Rau
Date: 11/29/16

Business Office Use Only
Date Received: 8-31-16 Amount Paid: $385
Received By: SB Cash/Check No.: 8981

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

Form A Updated 1/13

SCANNED

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

B

Permit Number: HS001332

Onsite Wastewater Treatment System

Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address Oak Prairie Cir (no rural route) City Lincoln NE, Zip 68528

Owner Darrell & Lynn Rasmussen Address 1307 N Michigan Ave, York, NE 68467

Date of Tests 8/20/15 to 8/21/15 Weather: Precipitation 0 Temperature 76°

Percolation Test Data Table

A.	B.	C. D. E. F. Saturation/Swelling Time				G. H. I. J. K. Last 30 mins of 4 hr or last 10 mins of 1 hr Water Level Drop					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	20	8/20	11:00a	8/20	3:00p	8/21	11:30a	6	8/21	12:00p	30	1-3/4	17
2	24	"	"	"	"	"	"	6	"	"	"	1-11/16	18
3	22	"	"	"	"	"	"	6	"	"	"	2-1/8	14
4	22	"	"	"	"	"	"	6	"	"	"	13/16	37
								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: 86
Average of Rates: 22
Rate Used for Calculation: 37 (20 mpi variance)

Soil type (NRCS Maps/Other) Morrill clay loam (alfalfa field)

Groundwater Depth >6.7'

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Comments (Soil type, groundwater, floodplain, etc.) _____

Signature of Reviewing Official _____ Date _____



N
W E
S

Lancaster County/City of Lincoln GIS Map

Darrell & Lynn Rasmussen 402-366-8220 NW 140th & Holdrege/Oak Prairie Estates

• = perc test holes

Printed: Jun 12, 2015

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.

SCANNED

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

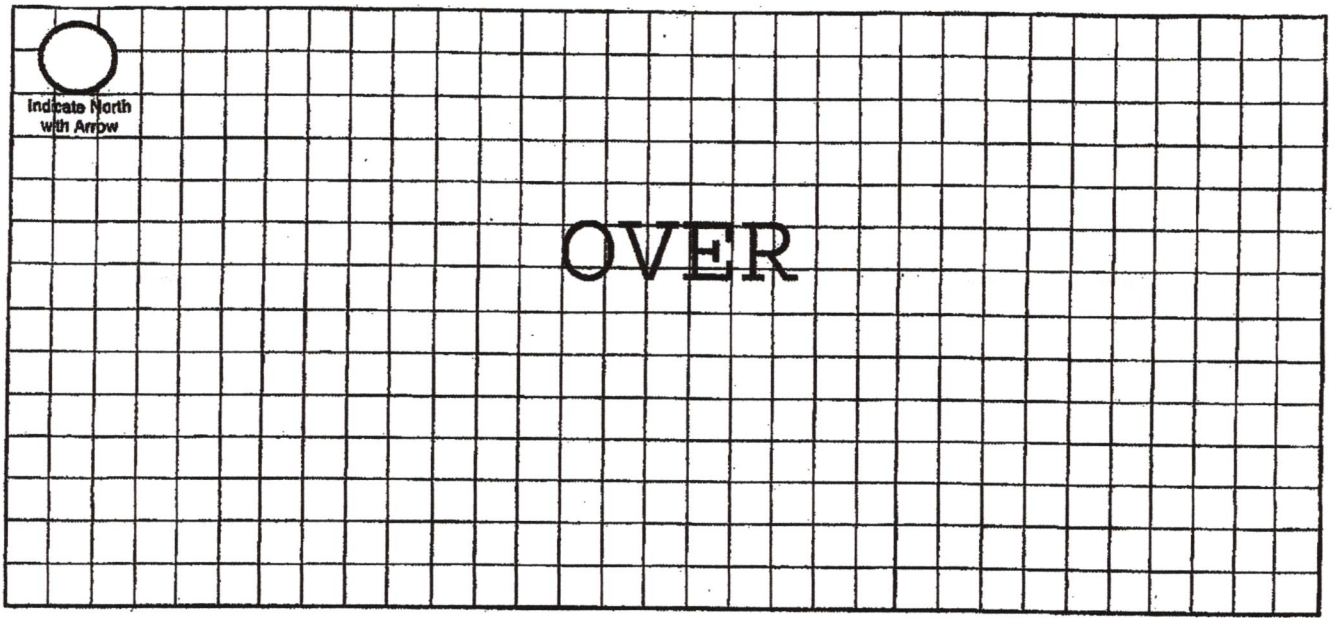
C

Permit Number: HS001332

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) Oak Prairie Cir City Lincoln NE, Zip 68528

B. Proposed Septic Tank/s

Septic Tank Cap. 1,500 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

(alfalfa field)

Percolation Rate 37 (min/inch = mpi) No. of Bedrooms 4 Soil Type Morrill Clay Loam Land Slope 6-11 %

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 1,105 sq.ft.

Total length of laterals 305 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 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

F. Required Signatures

Home Building Contractor Brett Ely Date 8/25/16

Installer [signature] Date 8/29/16

SCANNED



Lancaster County/City of Lincoln GIS Map

Darrell & Lynn Rasmussen Oak Prairie Cir, Lincoln, NE 68528 402-366-8220

N
W E
S

Printed: Aug 29, 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

D Exhibit 4

Permit Number: HS001332

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 = 04-19-103-001-000

Address or Legal Description or Parcel Identification Number (PID) 1355 Oak Prairie Cir, Lincoln, NE 68528

Owner: Darrell Rasmussen Address 1307 N. Michigan Ave, York, NE 68467

A. Wastewater Piping

1. Material: SDR 26 Diameter: 4 in.
2. Distance between dwelling and septic tank: 100' ft.

B. Septic Tank

1. Material Concrete
2. Capacity: 1500
3. Depth to top of tank, below unfinished grade: 12 in.
4. Distance to:
   Well 100+ ft.
   Pressure line 100+ ft
   Property Line 100'+ ft.
   Foundation 100'+ 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 29" ARC36
2. Number of Laterals: 4
3. Length of each lateral (linear): ft. 80 ft. 75 ft. 75 ft. 75
4. Drainfield size: 1,105 sq. ft.
5. Distance to:
   Well 100+ ft.
   Pressure line 100+ ft.
   Property line 100+ ft.
   Depth of Groundwater 10'+

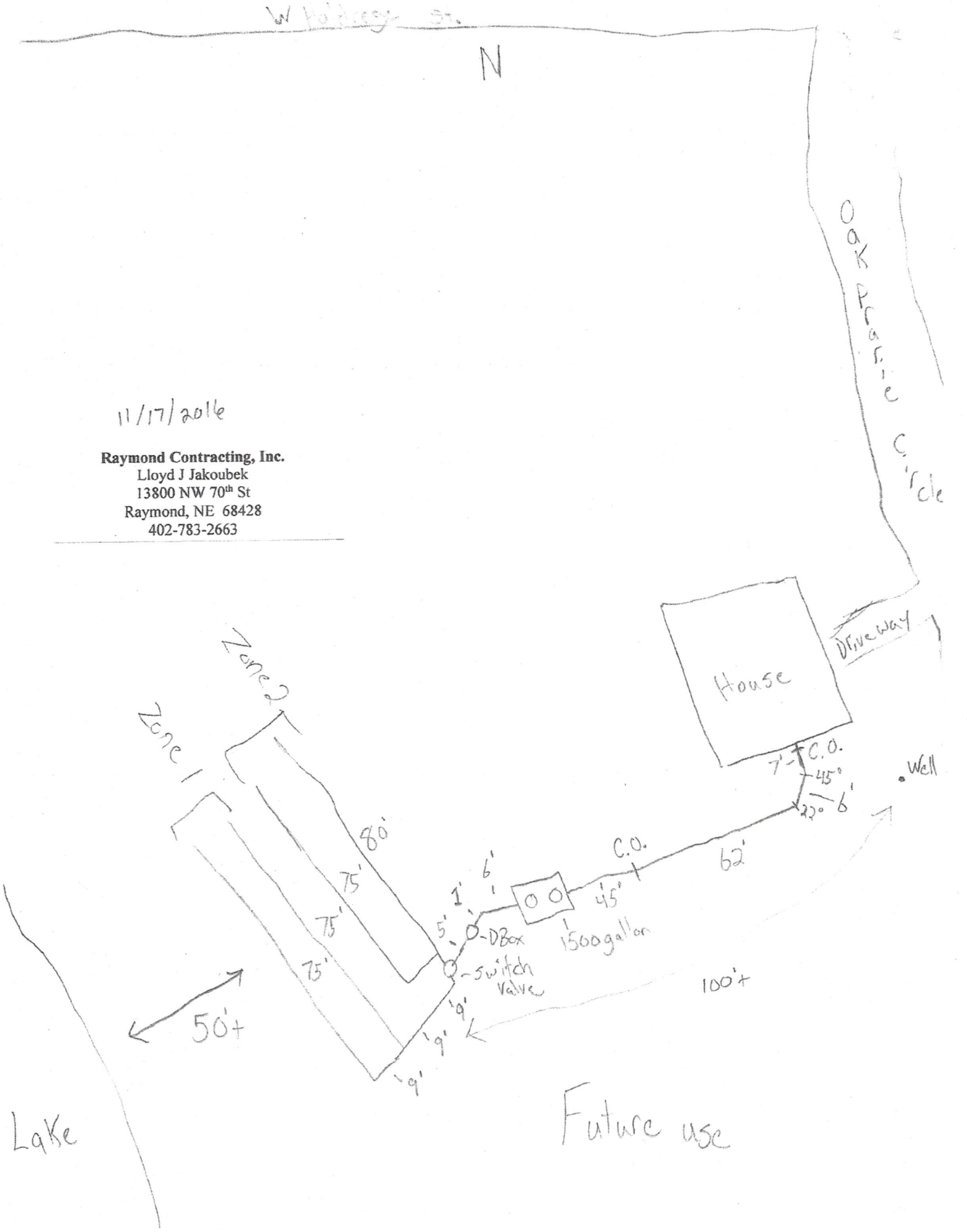
Was the Onsite Wastewater System covered prior to LLCHD inspection? ☑ Yes ☐ No

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: Kevin L. Jakowski Date: 11/17/16

Complete As-Built drawing on the back of this form.



11/17/2016

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

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

SCANNED
12-1-16

Exhibit 5

Permit Number: HS001332

Onsite Wastewater Treatment System

Inspection Sheet

Date 11/29/16 Legal Description Oak Prairie Estates 3rd Lot 1

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 1355 Oak Prairie Cir. 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 1,105 Sq. Ft. Tank Size 1500 gals

Total length of laterals 305 Type of Distribution: ☒ Chamber ☐ Perforated Pipe ☐ Other (describe)_____

No. of Absorption Laterals 4 Width 3.625 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 NA

Lateral #1 _____ Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments:

Inspections prior to Final Approval
Initial DC Date 11/16/16

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By Doug Rau

Date 11/29/16

Field Note Drawing (See Reverse Side):