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

A

Permit Number
HS061367

Onsite Wastewater Treatment System Permit Application

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

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

PLEASE PRINT OR TYPE

A. Onsite System Location

Address* 2201 W. Rokeby Rd (no rural route) City Lincoln NE Zip 68502

Legal Description NW 33 9 6 33 1.

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

PID 09-33-100-011-000 SB *Approx. Address (If to be determined)

B. Owner

Name SHERWOOD Family Trust Signature Gary N. Sherwood Trustee

Address 620 GARFIELD St City/State/Zip Lincoln, NE 68502

Home Phone 402-435-1616 Work Phone 402-450-9613

C. Certified Installer

Name: Systyn Peterson Signature

Address P.O. Box H City/State/Zip Milford, NE 68405

Work Phone 402-641-6174

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 2 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 1.77 ±

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
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

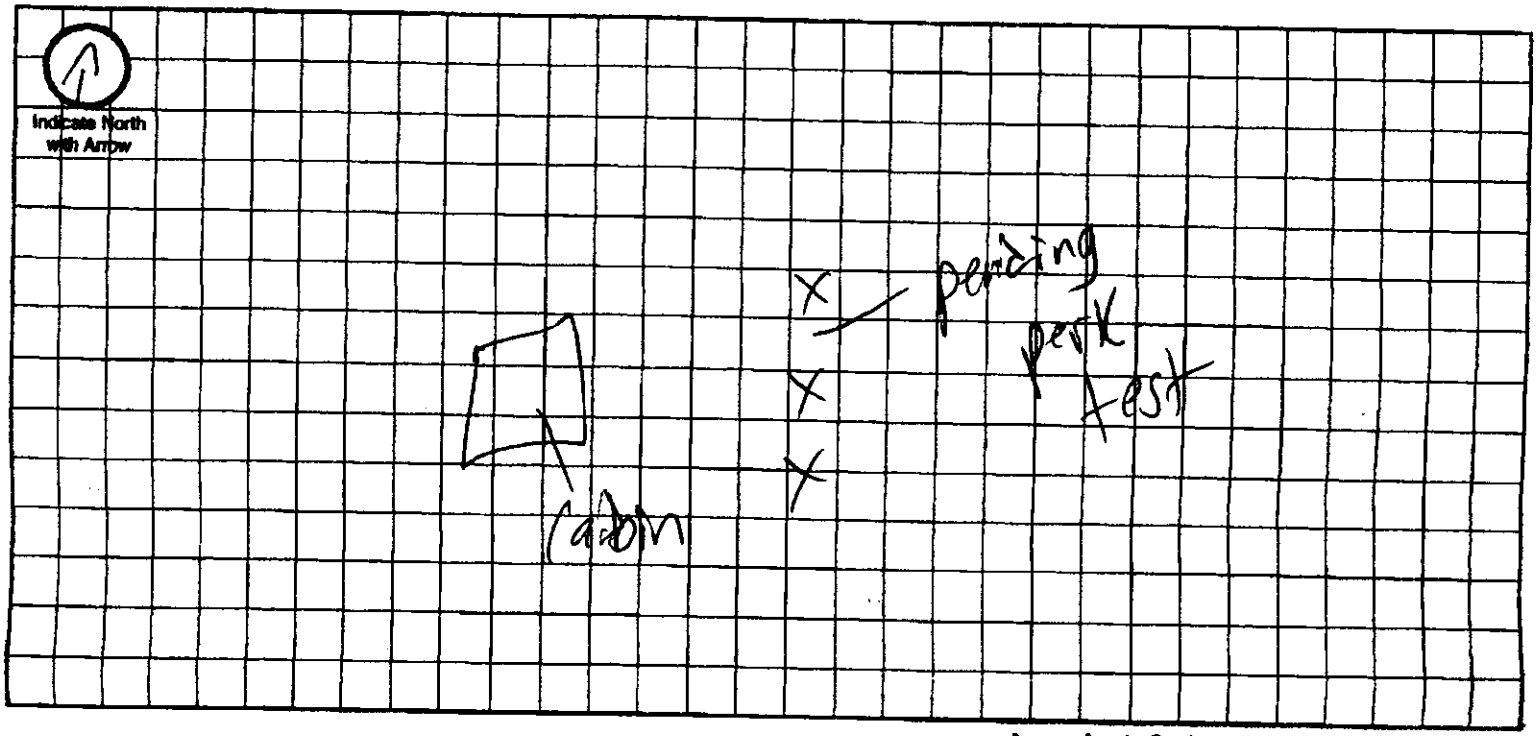
Business Office Use Only
Date Received 11-14-96 Amount Paid $395.00
Received By SB Cash/Check No. 6196

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

Form A Updated: 4/15

7774
7684
7867

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) 2201 W. Kolleby Rd City _____ NE, Zip _____

B. Proposed Septic Tank/s

Septic Tank Cap. ~~1000~~ 2000 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 Pending

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 ☐	☐

[redacted]

Home Building Contractor Sherwood Family Trust, Gary M. Sherwood Trustee Date 11/7/16

Installer _____ Date 11/7/16

Onsite Form C 12 06

SOIL ABSORPTION TEST DATA REPORT

Location: Precinct _____ Section _____
Township _____ Range _____
1/4 Section _____

Owner: [illegible]
Address 225 Nobody Rd

Property Dimensions: _____ acres

Soil Type: Silty Clay ____ Silty Clay Loam ____ Sandy Loam ____ Silty Loam ____ Clay Loam X Sandy Clay ____

Dates of Tests: 11/2/16 to 11/3/16 **Weather:** Precip 0 Temp 60's

a	b	c	d	e	f	g	h	i	j	k	l	m
		Pre-Saturation Period				Percolation Readings					Results	
		Start		End		Start			End			Water
	Hole	Date	Time	Date	Time	Date	Time	Water	Time	Water	Elapsed	Level
Hole	Depth	(Mo.	(Hr.	(Mo.	(Hr.	(Mo.	(Hr.	Level	(Hr.	Level	Time	Drop
No.	(in.)	Day)	Min.)	Day)	Min.)	Day)	Min.)	(in.)	Min.)	(in.)	(Min.)	(in.)
1	36	11/2	3:30pm	11/2	7:30pm	11/3	11:30am					
2	36	11/2	3:30pm	11/2	7:30pm	11/3	11:30am					
3	36	11/2	3:30pm	11/2	2:30pm	11/3	11:30am					

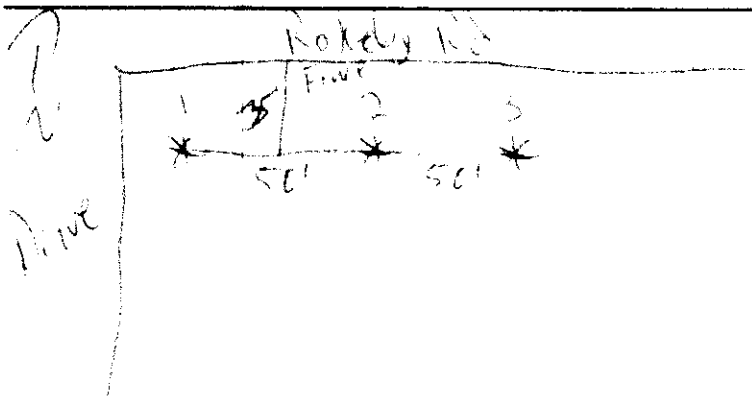
FILED

Sum of Water Level Drops (in.) [Column m]: _____
Average of Water Level Drops (in.) [Column m]: _____
Inches per Minute: _____

PERSON CONDUCTING TEST:
Name: Justin Peterson
Address: 322-2365 Rd
Alfalfa, NE 68405
Phone: 402-641-6174
Signature: [signature]

Square Feet of Lateral per Bedroom: _____

SKETCH SHOWING HOLE LOCATION:



_____
Official's Signature

Fee $..50.00..... COUNTY NO. 264

NW ¼, SEC. 33 T. 9 N., R. 6 E.

APPLICATION FOR SUBDIVISION PERMIT

TO THE LINCOLN CITY—LANCASTER COUNTY PLANNING DEPARTMENT

The undersigned hereby applies for a permit to subdivide the following described parcel of land:

LEGAL DESCRIPTION OF PROPERTY Lot 28 I.T. in the northwest quarter of Section 33 Township 9 North, Range 6 East of the 6th P.M. **in Lancaster County, Nebraska**

DESCRIPTION OF PARCELS CREATED:

DESCRIPTION KEY: Parcel numbers are not to be used for legal descriptions.

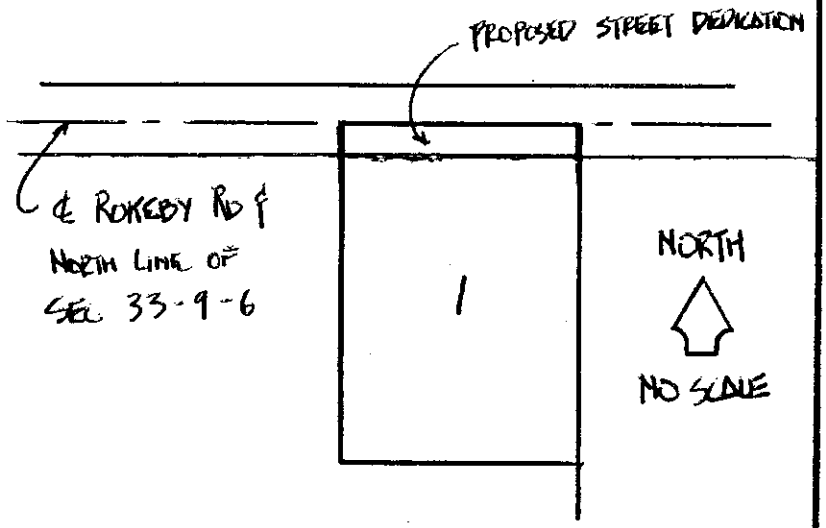
PARCEL 1 Lot 28 I.T. in the northwest quarter of Section 33, Township 9 North, Range 6 East of the 6th P.M., Lancaster County, Nebraska, except the north 33 feet thereof.

PARCEL 2

PARCEL 3

PARCEL 4

NOTE: ~~This~~ subdivision permit supercedes prior County Subdivision Permit No. 209 issued ~~May~~ 17, 1977, and renders said Permit No. 209 null and void.



APPROVED THIS 9th **DAY OF** NOVEMBER **19**83

1. CITY OF LINCOLN, AND ITS CITY COUNCIL

GARNER STOLL BY Jim Felton
PLANNING DIRECTOR

—OR—

2. LANCASTER COUNTY, AND ITS COUNTY BOARD

CHAIRMAN, COUNTY BOARD

COUNTY SURVEYOR

PLANNING DIRECTOR

I HEREBY CERTIFY THAT THE ABOVE STATEMENTS ARE CORRECT

X Gary N. Sherwood X Susan K. Sherwood
Gary N. Sherwood Susan K. Sherwood

OWNER

620 Garfield St., Lincoln, Nebr.
ADDRESS

2.1—WARRANTY DEED

WARRANTY DEED

Rachael Sherwood, a widow , herein called the grantor whether one or more,

in consideration of One dollar and other valuable consideration

received from grantee, does grant, bargain, sell, convey and confirm unto

Gary N. Sherwood and Susan K. Sherwood, husband and wife

herein called the grantee whether one or more, the following described real property in

Lancaster County, Nebraska:

Pt. Lot 7

Commencing at the northeast corner of the northwest quarter ($NW\frac{1}{4}$) of Section 33, Township 9 North, Range 6 East of the 6th Principal Meridian, Lancaster County, Nebraska; thence westerly along the north line of the said northwest quarter ($NW\frac{1}{4}$), a distance of 671.6 feet to the point of beginning; thence continuing westerly along the said north line, a distance of 245.0 feet; thence southerly on an angle of 90 degrees, 06 minutes left, a distance of 348.0 feet; thence easterly on an angle of 89 degrees, 54 minutes left, a distance of 245.0 feet, more or less, to a point located on the west line of Lot 6, irregular tract; thence northerly along the said west line and the west line extended of Lot 6, irregular tract, a distance of 348.0 feet, more or less, to the point of beginning.

Containing 1.96 acres, more or less, of which 0.19 acre, more or less, is existing county road right of way.

To have and to hold the above described premises together with all tenements, hereditaments and appurtenances thereto belonging unto the grantee and to grantee's heirs and assigns forever.

And the grantor does hereby covenant with the grantee and with grantee's heirs and assigns that grantor is lawfully seised of said premises; that they are free from encumbrance

that grantor has good right and lawful authority to convey the same; and that grantor warrants and will defend the title to said premises against the lawful claims of all persons whomsoever.

Dated January 19th, 1977.

Rachael Sherwood

NEBRASKA DOCUMENTARY STAMP TAX
MAY 9 1977
$.55 BY

STATE OF NEBRASKA, County of Lancaster :

Before me a notary public qualified for said county personally came

11/14/2016

NATE HARTMAN
LANCASTER COUNTY HEALTH DEPT
3140 N ST.
LINCOLN, NE 68510

SUBJECT: MOVE ON CABIN - 2201 W. ROKEBY RD.

MR. HARTMAN.

THIS LETTER IS TO CONFIRM THAT THE CABIN WHICH WE PROPOSE TO MOVE TO THE SUBJECT ADDRESS WILL ONLY BE USED AS A RECREATIONAL USE CABIN AND WILL NOT BE USED AS A PERMANANT DWELLING.

SINCERELY:

Gary N. Sherwood
Susan K. Sherwood
TRUSTEES, SHERWOOD FAMILY REVOCABLE TRUST.

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. HS001367

System Type: Holding Tank

Situs: 2201 W ROKEBY RD, RURAL, NE

Issued: 11/28/2016

Expires: 11/28/2017

Description: S33, T9, R6, 6th Principal Meridian, LOT 33 NW

Owner: SHERWOOD FAMILY REVOCABLE TRUST
620 GARFIELD ST
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

GARY SHERWOOD
620 GARFIELD ST
LINCOLN, NE

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

Exhibit 5

Permit Number: HS0013767

Onsite Wastewater Treatment System

Inspection Sheet

Date 3/20/17 Legal Description ¼ ¼ 33/9/6 Lot 33
Section/Township/Range

Onsite System Location

Address (no rural route) 2201 W. Rokeby City

Owner Address

Mark One: ☒ Dwelling ☐ Non-dwelling
Cabin

☒ 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 561' Sq. Ft. Tank Size 1,000 gals

Total length of laterals 155' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☐ Other (describe)

No. of Absorption Laterals 3 Width 1.625 Inches 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 DC. Date 3/17/17

Follow-Up Date

Follow-Up Date

Installation Final Written Approval
By Dave Thiel
Date 3/20/17

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

3/24 OK R

A

Permit Number HK01367

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 2201 W Rokeby Rd (no rural route) City Lincoln, NE Zip 68523

Legal Description NW 33 9N 6E 33
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 09-33-100-011-000

B. Owner Gary, Sherwood

Name Sherwood Family Revocable Trust Signature

Address 620 Garfield St City/State/Zip Lincoln, NE 68502

Home Phone 402-450-9613 Work Phone

C. Certified Installer

Name: Lloyd Jakoubek, Raymond Contracting Inc Signature Lloyd L. 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 2 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 1.77
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 3/12/17
Comments
Date rec'd 11/30/16
Date frwd 11/30/16
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 3/20/17

Business Office Use Only
Date Received Amount Paid
Received By Cash/Check No.

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:

Onsite Wastewater Treatment System

Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 2201 W Rokeby Rd (no rural route) City Lincoln NE, Zip 68523

Owner Gary Sherwood Address 620 Garfield St, Lincoln, NE 68502

Date of Tests 11/21/16 to 11/22/16 Weather: Precipitation Trace Temperature 48°

Percolation Test Data Table

A.	B.	C.	D.	E.	F.	G.	H.	I.	J.	K.	L.	M.	N.
		Saturation/Swelling Time				Water Level Drop Last 30 mins of 4 hr or last 10 mins of 1 hr					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)	Initial Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time Interval	Water Level Drop (in)	Percolation Rates (Min/in = mpi)
1	22	11/21	1:00p	11/21	5:00p	11/22	2:00p	6	11/22	2:30p	30	1	30
2	24	"	"	"	"	"	"	6	"	"	"	3/4	40
3	24	"	"	"	"	"	"	6	"	"	"	1-1/4	24
								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: 94

Average of Rates: 31

Rate Used for Calculation: 31

Soil type (NRCS Maps/Other) Wymore SCL

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

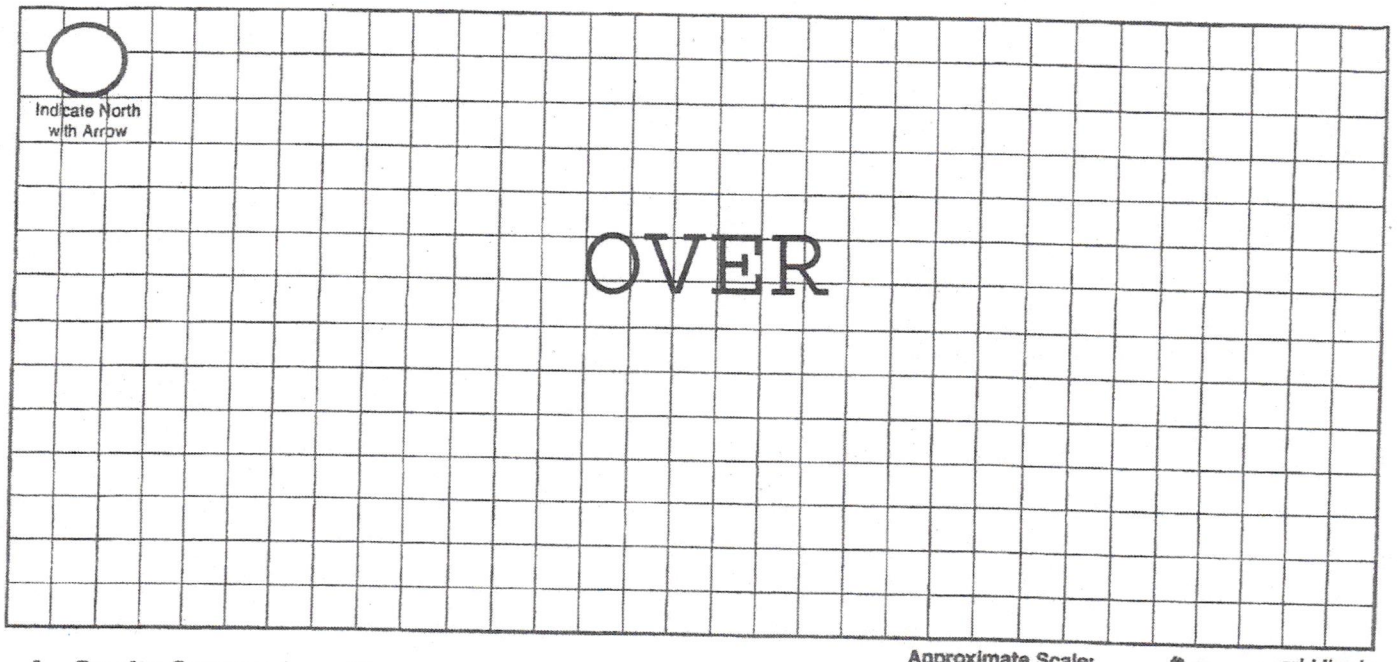
C

Permit Number:

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) 2201 W Rokeby Rd City Lincoln NE, Zip 68523

B. Proposed Septic Tank/s

Septic Tank Cap. 1,000 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 31 (min/inch = mpi) No. of Bedrooms 2 Soil Type Wymore SCL Land Slope_____%

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 561 sq.ft.

Total length of laterals 155' Type of distribution: ☐ Perforated pipe ☐ Half-Round ☒ Chamber ☐ Other

No. of absorption trenches 3 Width 40" No. of drop boxes 1 Distrubtion Box_____

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

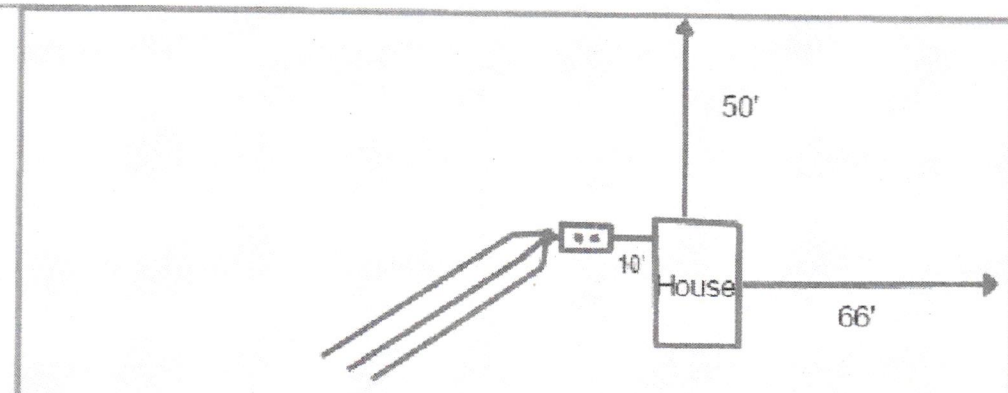
E. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

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_____ Date_____

Installer Wm L Johnson Date 11/22/11



1,000 Gallon Tank

155' of Laterals

55', 50', 50'

2201

No well onsite yet

Lancaster County/City of Lincoln GIS Map

Gary Sherwood 2201 W Rokeby Rd, Lincoln, NE 68528 402-450-9613

N
W E
S

Printed: Nov 22, 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:

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 09-33-100-011-000

Address or Legal Description or Parcel Identification Number (PID) 2201 W Rokeby Rd, Lincoln, NE 68523

Owner: Gary Sherwood Address 1420 Barfield St Lincoln, NE 68502

A. Wastewater Piping

1. Material: SDR26 Diameter: 4 in.
2. Distance between dwelling and septic tank: 10 ft.

B. Septic Tank

1. Material Concrete
2. Capacity: 1000 gallons
3. Depth to top of tank, below unfinished grade: 12 in.
4. Distance to:
   Well 200+ ft.
   Pressure line NA ft
   Property Line 100+ ft.
   Foundation 10' ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: 10 ft. West

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: 3
3. Length of each lateral (linear): ft. 56 ft. 50 ft. 50 ft.
4. Drainfield size: 561 sq. ft.
5. Distance to:
   Well 200'+ ft.
   Pressure line NA ft.
   Property line 100+ ft.
   Depth of Groundwater 72"

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: Kevin L. Jakowski Date: 3/12/17

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

W Bobby Rd
N
50'+
1000gal
C.O.
55'
50'
50'
10'
10'
20'+
House
50'+
D-Box
Drive Way
200'
Garage
Well