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

A

Permit Number HS001407

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 20900 NW 98th St (no rural route) City Valparaiso, NE Zip 68065

Legal Description NW (1/4) 15 (Section) 12N (Township) 5E (Range) _____ (Subdivison) _____ (Addition) _____ (Block) 5 (Lot)

PID 06-15-100-004-000

B. Owner

Name Tony Komenda Signature _____

Address 20900 NW 98th St City/State/Zip Valparaiso, NE 68065

Home Phone 402-560-6598 Work Phone _____

C. Certified Installer

Name: Lloyd Jakoubek, Raymond Contracting Inc Signature [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 2 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 2.42

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 _____ ACTION ☐ Approved ☐ Disapproved
Date frwd _____ Signature _____
Comments _____

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 2-10-17 Amount Paid $395
Received By SB Cash/Check No. VISA

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

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

B

Permit Number: HS001407

Onsite Wastewater Treatment System

Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 20900 NW 98th St (no rural route) City Valparaiso NE, Zip 68065

Owner Tony Komenda Address Same

Date of Tests 3-6-17 to 3-7-16 Weather: Precipitation 0 Temperature 55°

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	20	3/6	11:00a	3/6	3:00p	3/7	4:00p	6	3/7	4:30p	30	15/16	32
2	22	"	"	"	"	"	"	6	"	"	"	1-1/4	24
3	22	"	"	"	"	"	"	6	"	"	"	2-3/8	13
								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: 69
Average of Rates: 23
Rate Used for Calculation: 23

Soil type (NRCS Maps/Other) Pawnee Clay Loam, granular structure located within old tree row
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

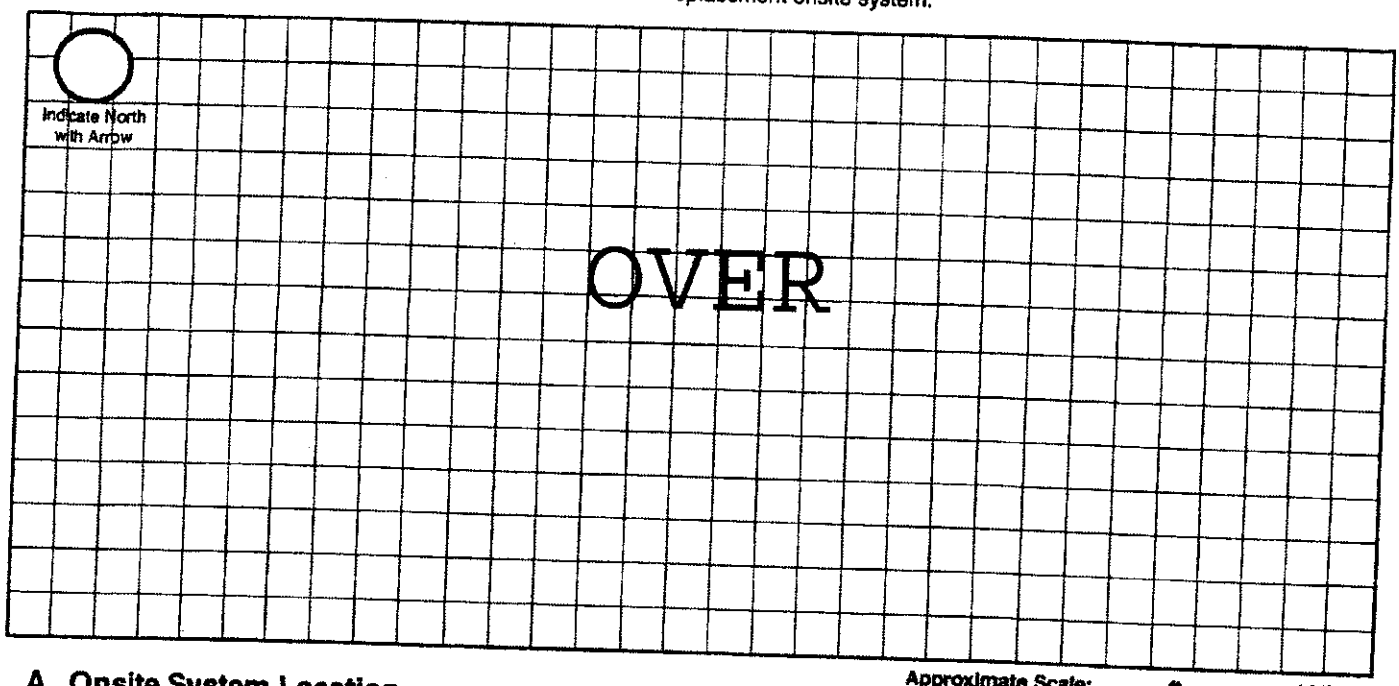
C

Permit Number: HS001407

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) 20900 NW 98th St City Valparaiso NE, Zip 68065

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

Granular Structure located in an old tree row

Percolation Rate 23 (min/inch = mpi) No. of Bedrooms 2 Soil Type Pawnee CL Land Slope _____ %

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 507 sq.ft.

Total length of laterals 140 Type of distribution: ☐ Perforated pipe ☐ Half-Round ☒ Chamber ☐ Other

No. of absorption trenches 2 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 Existing Home

Installer _____ Date _____

Date 3/9/17



N
W E
S

Lancaster County/City of Lincoln GIS Map

20900 NW 98th St, Valparaiso, NE 68065

Homeowners Initials _____

Printed: Mar 09, 2017

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. HS001407

System Type: Standard

Situs: 20900 NW 98 ST, RURAL, NE

Issued: 3/13/2017

Expires: 3/13/2018

Description: S15, T12, R5, 6th Principal Meridian, LOT 5 NW

Owner: KOMENDA FAMILY TRUST, THE
20900 NW 98 ST
VALPARAISO, NE 68065

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 INC
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

Lot Back size 1976 Okay 3/13/17

Exhibit 5

Permit Number: H5001407

Onsite Wastewater Treatment System

Inspection Sheet

Date 3/13/17 Legal Description ¼ ¼ 15/12/5 Lot 5 Section/Township/Range

Onsite System Location

Address (no rural route) 20900 NW 98th 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 507' Sq. Ft. Tank Size 1,000 gals

Total length of laterals 140' Type of Distribution: ☒ Chamber ☐ Perforated Pipe ☐ Other (describe)

No. of Absorption Laterals 2 Width 40" No. of Drop Boxes 1 Distribution Box

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 #2

Lateral #3

Lateral #4

Comments:

Inspections prior to Final Approval
Initial DS Date 3/10/17

Follow-Up Date

Follow-Up Date

Installation Final Written Approval
By Doug Thun
Date 3/13/17

Field Note Drawing (See Reverse Side):