APR 2 1 2017

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1614
Phone: 402-441-8043

A

Permit Number
HS001440

New Construction

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

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

Check all that are 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 14820 N 43rd St (no rural route) City Lincoln NE Zip 68514

Legal Description NW 5 11N 7E Northern Divide 2 1
1/4 1/4 Section Township Range Subdivision Addition Block Lot

PID 18-05-102-001-000

B. Owner

Name Troy & Laura Phillips Signature [signature]

Address 13411 Isles Ct City/State/Zip Waverly, NE 68462

Home Phone 402-429-7124 (Laura) Work Phone 402-610-0791 (Troy)

C. Certified Installer

Name: Lloyd Jakoubek, Raymond Contracting Inc Signature [signature]

Address 13800 NW 70th St City/State/Zip Raymond, NE 68428

Work Phone 402-890-6309 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 3.21
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 fwd Signature
Comments

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

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

Installation Final Written Approval
By
Date

Business Office Use Only
Date Received 4-17-19 Amount Paid $395.00
Received By SB Cash/Check No. 4135

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

Form A 2008-01 Rev

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

B

Permit Number: HSOO 1440

Onsite Wastewater Treatment System

Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 14820 N 43rd St (no rural route) City Davey NE, Zip 68336

Owner Troy & Laura Phillips Address 13411 Isles Ct, Waverly, NE 68462

Date of Tests 6/5/16 to 6/6/16 Weather: Precipitation 0 Temperature 87°

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	30	6/5	12:00p	6/5	4:00p	6/6	4:30p	6	6/6	5:00p	30	9/16	53
2	24	"	"	"	"	"	"	6	"	"	"	9/16	53
3	22	"	"	"	"	"	"	6	"	"	"	1/2	60
4	20	"	"	"	"	"	"	6	"	"	"	5/8	48
								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: 214

Average of Rates: 54

Rate Used for Calculation: 54

Soil type (NRCS Maps/Other) Aksarben 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

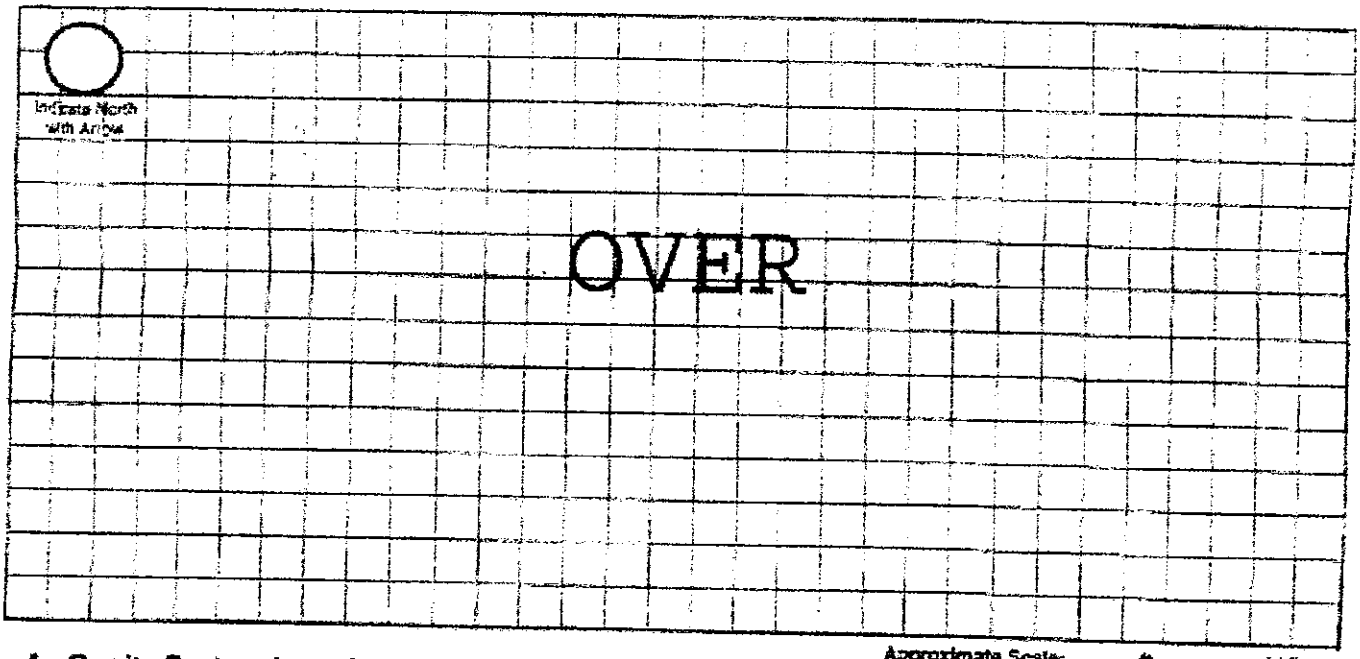
C

Permit Number: HS001440

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) 14820 N 43rd St City Lincoln NE, Zip 68514

B. Proposed Septic Tank/s

Septic Tank Cap. 2,000 gals Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____ ☐ Lagoon(max. wastage 1/4" per day)

C. Reserve Area for Replacement Onsite System

☐ Drainfield Absorption Area (percolation test required) ☒ Lagoon

D. Drainfield Absorption System

Percolation Rate 54 (min/inch = mpi) No. of Bedrooms 5 Soil Type Silty Clay Loam Land Slope _____ %

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved) Total Square feet of drainfield 1,758 sq.ft.

Total length of laterals 485 Type of distribution: ☐ Perforated pipe ☐ Half-Round ☒ Chamber ☐ Other

No. of absorption trenches 4 Width 40" No. of drop boxes 1 Distribution Box _____

No. of absorption beds _____ Width _____ No of Distribution lines per bed _____

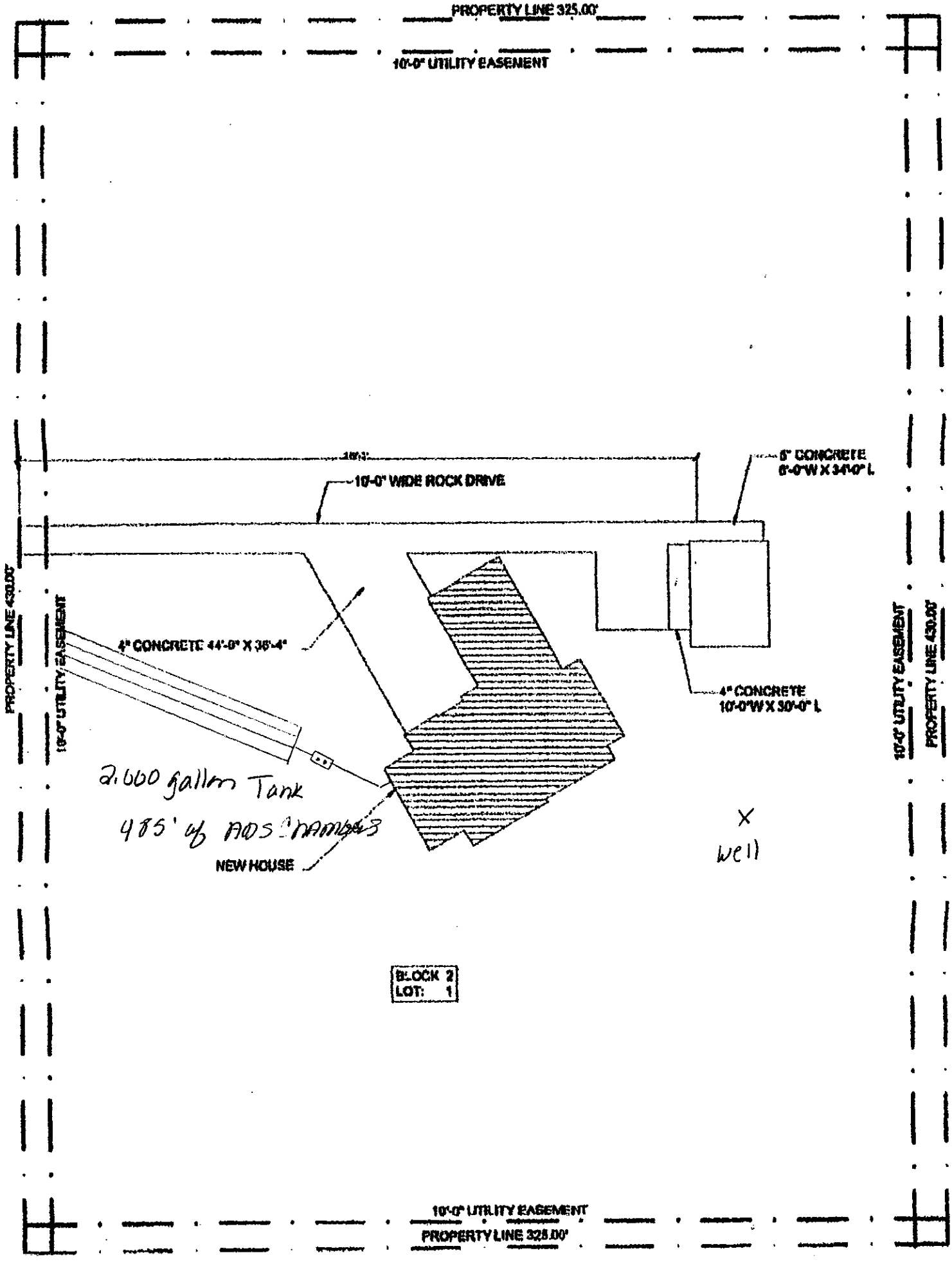
E. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

Distance From	Private Well	Public Well	Surface Water	Ground 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 4/19/17

Installer _____ Date 4/20/17


PROPERTY LINE 325.00'
10'-0" UTILITY EASEMENT
10'-0" WIDE ROCK DRIVE
6" CONCRETE
6'-0"W X 34'-0" L
PROPERTY LINE 430.00'
10'-0" UTILITY EASEMENT
4" CONCRETE 44'-0" X 36'-4"
4" CONCRETE
10'-0"W X 30'-0" L
2,000 gallon Tank
485' of ABS Pipe
NEW HOUSE
well
BLOCK 2
LOT: 1
10'-0" UTILITY EASEMENT
PROPERTY LINE 325.00'

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. HS001440

System Type: Standard

Situs: 14820 N 43 ST, RURAL, NE

Issued: 4/25/2017

Expires: 4/25/2018

Description: NORTHERN DIVIDE ADDITION, BLOCK 2, Lot 1

Owner: PHILLIPS, TROY & LAURA
13411 ISLES CT
WAVERLY, NE 68462

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

SCANNED APR 2 1 2017

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

A

Permit Number
HS0014440

New Construction

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

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

Check all that are 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 14820 N 43rd St (no rural route) City Lincoln NE Zip 68514

Legal Description NW 5 11N 7E Northern Divide 2 1
1/4 1/4 Section Township Range Subdivision Addition Block Lot

PID 18-05-102-001-000

B. Owner

Name Troy & Laura Phillips Signature Laura Phillips

Address 13411 Isles Ct City/State/Zip Waverly, NE 68462

Home Phone 402-429-7124 (Laura) Work Phone 402-610-0791 (Troy)

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 5 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 3.21
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. 07-30

1. Health Department
Site visits
Comments
Date rec'd 4/24/17
Date final 4/24/17
ACTION ☒ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd 4-24-17
Date final 4-24-17
ACTION ☒ Approved ☐ Disapproved
Signature

3. City or County Engineer
Comments
Date rec'd 4-24-17
Date final 4-24-17
ACTION ☒ Approved ☐ Disapproved
Signature Kenneth D. Schroeder

Installation Final Written Approval
By
Date
Initial - Health Department

750
120
744
Final - Engineer

Business Office Use only
Date Received 4-17-17 Amount Paid $395.00
Received By SB Cash/Check No. 4135

Extension: pd 5-01-18 $120.00
Final - Building & Safety JAO CC 7152
Fee Account

SCANNED APR 2 1 2017

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

A

Permit Number
HS001440

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 14820 N 43rd St (no rural route) City Lincoln NE Zip 68514

Legal Description NW 5 11N 7E Northern Divide 2 1
1/4 1/4 Section Township Range Subdivision Addition Block Lot

PID 18-05-102-001-000

B. Owner

Name Troy & Laura Phillips Signature Laura Phillips

Address 13411 Isles Ct City/State/Zip Waverly, NE 68462

Home Phone 402-429-7124 (Laura) Work Phone 402-610-0791 (Troy)

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 5 Whirlpool Bathtub? ☐ Yes ☒ No Garbage Grinder? ☒ Yes ☐ No Total Acres 3.21

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day

Type of Wastewater ☐ Domestic ☐ Non-Domestic

DNH

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 4/24/17
Date fwd 4/24/17
ACTION ☒ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd 4-24-17
Date fwd 4-24-17
ACTION ☒ Approved ☐ Disapproved
Signature

3. City or County Engineer
Comments
Date rec'd 4-24-17
Date fwd 4-24-17
ACTION ☒ Approved ☐ Disapproved
Signature

Installation Final Written Approval
By
Date 6/5/18

7501
1207
7644

Business Office Use Only 17
Date Received 4-17-19 Amount Paid $395.00
Received By SB Cash/Check No. 9135

Extension: pd 5-01-18 $120.00 JAO CC 7152

White - Health Department Yellow - Engineer Pink - Building & Safety Form Updated 7/13

SCANNED

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: HS001440

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 = 18-05-102-001-000

Address or Legal Description or Parcel Identification Number (PID) 14820 N 43rd St, Lincoln, NE 68517

Owner: Troy & Laura Phillips Address 13411 Isles Ct, Waverely, NE 68462

A. Wastewater Piping

1. Material: SDR26 Diameter: 4 in.
2. Distance between dwelling and septic tank: 54 ft.

B. Septic Tank

1. Material Concrete
2. Capacity: 2,000
3. Depth to top of tank, below unfinished grade: 18-30 in.
4. Distance to:
   - Well 100 ft.+
   - Pressure line N/A ft
   - Property Line 100 ft.+
   - Foundation 300 ft.+

C ~~Distribution Box or Drop Box~~ Drainfield Control Valve

Distance and Direction from septic tank: 8 ft. W

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☒ Other
   Material brand and inside width of Chamberless: EZFlow 1203H Bundles
2. Number of Laterals: 4
3. Length of each lataral (linear): ft. 100 ft. 120 ft. 130 ft. 140
4. Drainfield size: 2,205 sq. ft.
5. Distance to:
   - Well 100 ft.+
   - Pressure line N/A ft.
   - Property line 20 ft.+
   - Depth of Groundwater >8'

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

If Yes, the Certified Professional must sign below for final approval: (Partially)

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: Ryan L. Jakowski Date: 5/23/18

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

Updated 4/15

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

Permit Number: H300 1440

Onsite Wastewater Treatment System

Inspection Sheet

Date 6/5/18 Legal Description Northern Ridge Blk 2, Lot 1

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) _____ 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 2205 Sq. Ft. (150 gpd) Tank Size 2000 gals

Total length of laterals 490 Poly bundles Type of Distribution: ☒ Chamber ☐ Perforated Pipe ☐ Other (describe)_____

No. of Absorption Laterals 4 Width 3' No. of Drop Boxes 0 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_____ Lateral #3_____

Lateral #2_____ Lateral #4_____

Comments:

see Asbuilt

Inspections prior to Final Approval
Initial DH Date 5/23/18

Follow-Up_____ Date _____

Follow-Up_____ Date _____

Installation Final Written Approval
By _____

Date 6/5/18

Field Note Drawing (See Reverse Side):

PROPERTY LINE 325.00'

10'-0" UTILITY EASEMENT

5/23/2018

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

N

