DocuSign Envelope ID: F23106FE-13EF-4222-BFF0-2166EDDA37D9

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

A

Permit Number: HS001459

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)

PLEASE PRINT OR TYPE

A. Onsite System Location

Address* 12977 W. Holdrege (no rural route) City Lincoln, NE Zip 68512

Legal Description Lucyann Jacoby Addition, lot 2

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

PID 04-19-202-002-000 *Approx. Address (if to be determined)

B. Owner

Name Brian & Katie Harlat Signature DocuSigned by: D8604567BD5F4F9...

Address 249 Gregory St City/State/Zip Lincoln, NE 68521

Home Phone 402 202 9437 Work Phone

C. Certified Installer

Name Justyn Peterson Signature Justyn

Address P.O. Box 14 City/State/Zip Milford, NE 68405

Work Phone 402-761-2281

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 6.74

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 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 5-12-17 Amount Paid $395.00

Received By SS Cash/Check No. CC

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

Form A Updated 4.16

HS001459

DocuSign Envelope ID: F23106FE-13EF-4222-BFF0-2166EDDA37D9

SOIL ABSORPTION TEST DATA REPORT

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

Owner: _____
Address _____

Property Dimensions: _____ acres

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

Dates of Tests: _____ to _____ **Weather:** Precip. _____ Temp. _____

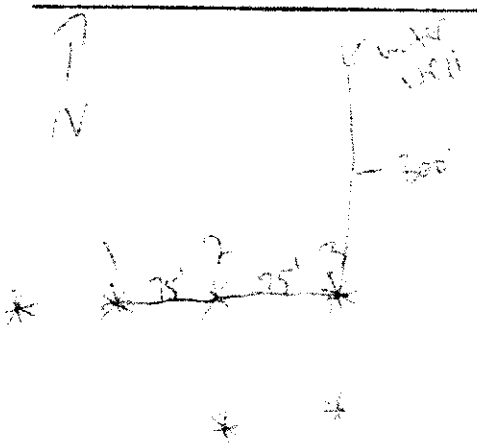
a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.
		Pre-Saturation Period				Percolation Readings					Results	
		Start		End		Start			End			Water
	Hole	Date	Time	Date	Time	Date	Time	Water	Time	Water	Elapsed	Level
Hole	Depth	(Mo.	(Hr.	(Mo.	(Hr.	(Mo.	(Hr.	Level	(Hr.	Level	Time	Drop
No.	(in.)	Day)	Min.)	Day)	Min.)	Day)	Min.)	(in.)	Min.)	(in.)	(Min.)	(in.)
1	36	9/12	12 [illegible]	9/12	[illegible]	9/12	[illegible]	6	[illegible]	5"	30	1
2	36	9/12	[illegible]	9/13	[illegible]	9/13	[illegible]	6	[illegible]	5"	30	1
3	36	9/12	[illegible]	9/13	[illegible]	9/13	[illegible]	6	[illegible]	4 3/4	30	1.25

Sum of Water Level Drops (in.) [Column m]: 3.25
Average of Water Level Drops (in.) [Column m]: 1.08
~~Inches per Minute~~: 2.25 MPI

PERSON CONDUCTING TEST:
Name _____
Address _____
_____
Phone: _____
Signature: _____

Square Feet of Lateral per Bedroom: 250

SKETCH SHOWING HOLE LOCATION:



_____
Official's Signature

DocuSign Envelope ID: F23106FE-13EF-4222-BFF0-2166EDDA37D9

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

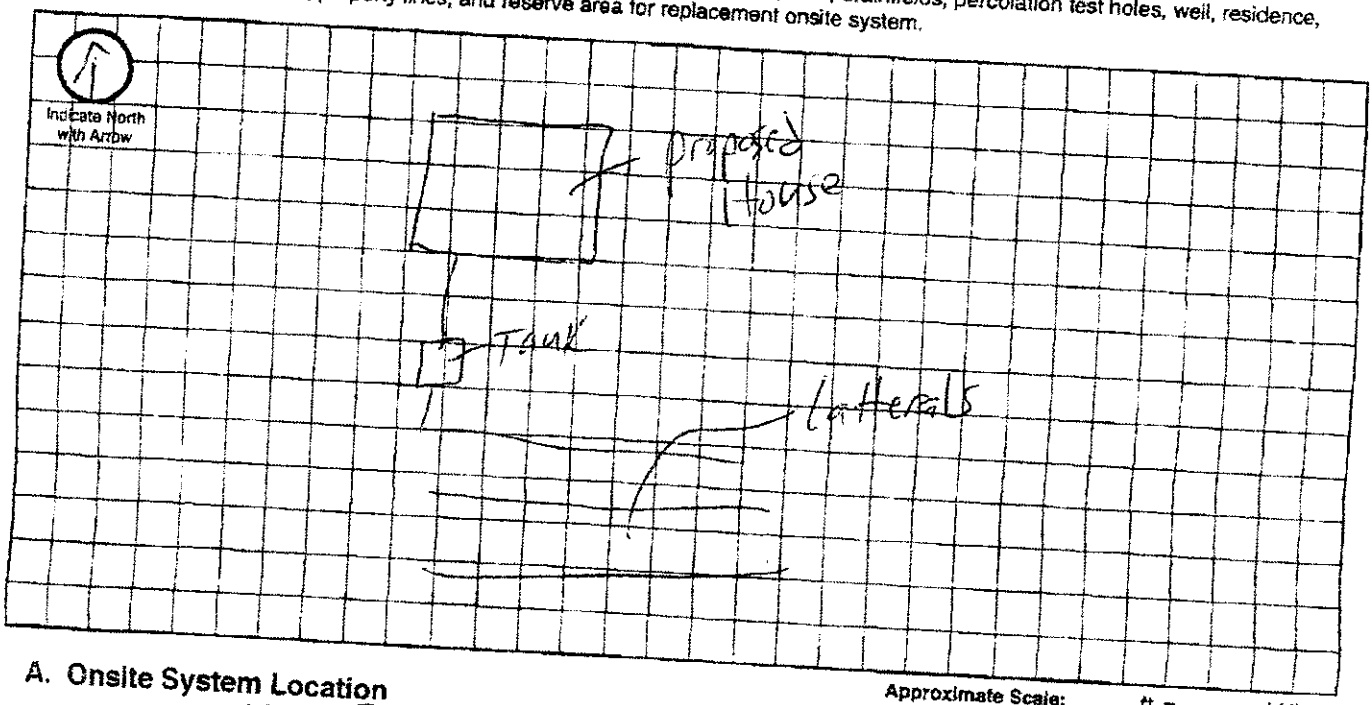
C

Permit Number: HS001459

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) 12977 W. Holdrege City _____ NE, Zip _____

B. Proposed Septic Tank/s

Septic Tank Cap. 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

Percolation Rate 27.5 (min/inch = mpi) No. of Bedrooms 5 Soil Type Clay loam Land Slope 1 %

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved) Total Square feet of drainfield 1377 sq.ft.

Total length of laterals ~~324~~ 380' Type of distribution: ☐ Perforated pipe ☐ Half-Round ☒ Chamber ☐ Other

No. of absorption trenches 3 Width 36" 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 _____

Installer _____ Date _____

Date 5/4/17

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. HS001459

System Type: Standard

Situs: 12977 W HOLDREGE ST, RURAL, NE

Issued: 5/18/2017

Expires: 5/18/2018

Description: LUCYANN JACOBY ADDITION, Lot 2

Owner: JACOBY, PAUL C & LAURA
2210 WESLEY DR
LINCOLN, NE 68512

Charlotte Burke, MS, RD, Interim 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.

Charlotte Burke, MS, RD
Interim Health Director

RAYMOND CONTRACTING INC
13800 NW 70TH ST
RAYMOND, NE 68428

DocuSign Envelope ID: F23106FE-13EF-4222-BFF0-2166EDDA37D9

SCANNED

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

A

Permit Number HS001459

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)

PLEASE PRINT OR TYPE

A. Onsite System Location

Address* 12977 W. Holdrege (no rural route) City Lincoln, NE Zip 68512

Legal Description Lucyann Jacoby Addition, Lot 2 T10, R5, Sec 19

1/4	1/4	Section	Township	Range	Subdivison	Addition	Block	Lot
								2

PID 04-19-202-002-000 *Approx. Address (If to be determined)

B. Owner

Name Brian & Katie Havlat Signature DocuSigned by: D8604567BD5F4F9...

Address 249 Gregory St City/State/Zip Lincoln, NE 68521

Home Phone 402 202 9437 Work Phone

C. Certified Installer

Name Justyn Peterson Signature

Address P.O. Box 14 City/State/Zip Milford, NE 68405

Work Phone 402-761-2281

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 6.74

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 8/24/17 DS
Comments
Date rec'd 5/17/17
Date frwd 5-17-17
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 Doug Ahrens
Date 9/14/17

Business Office Use Only
Date Received 5-12-17 Amount Paid $395.00
Received By SB Cash/Check No CC

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

Form A Updated 4/15

DocuSign Envelope ID: F23106FE-13EF-4222-BFF0-2166EDDA37D9

SCANNED

#S001459

SOIL ABSORPTION TEST DATA REPORT

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

Owner: John Crumrine (Home Real Estate)
Address 12977 W. Hadsage
john.crumrine@homerealestate.com

Property Dimensions: _____ acres

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

Dates of Tests: 4/22/17 to 4/23/17 **Weather:** Precip. Ø Temp. 60s

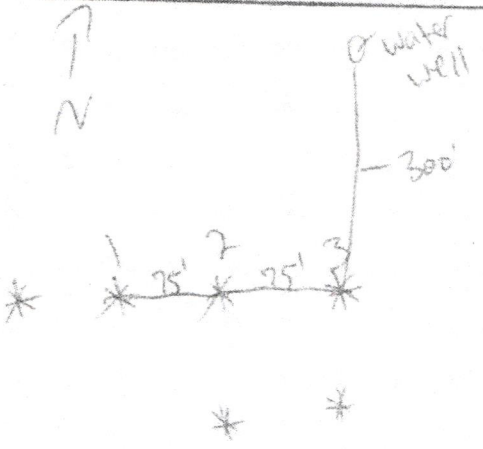
a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.
		Pre-Saturation Period				Percolation Readings						
		Start		End		Start			End		Results	
	Hole	Date	Time	Date	Time	Date	Time	Water	Time	Water		Water
Hole	Depth	(Mo.	(Hr.	(Mo.	(Hr.	(Mo.	(Hr.	Level	(Hr.	Level	Elapsed	Level
No.	(in.)	Day)	Min.)	Day)	Min.)	Day)	Min.)	(in.)	Min.)	(in.)	Time (Min.)	Drop (in.)
1	36	4/22	12:00pm	4/22	4:00pm	4/23	11:20am	6	11:50am	5	30	1
2	36	4/22	12:00pm	4/22	4:00pm	4/23	11:20am	6	11:50am	5	30	1
3	36	4/22	12:00pm	4/22	4:00pm	4/23	11:20am	6	11:50am	4¾	30	1.25

Sum of Water Level Drops (in.) [Column m]: 3.25
Average of Water Level Drops (in.) [Column m]: 1.08
~~Inches per Minute~~: 27.75 MPI

PERSON CONDUCTING TEST:
Name: Justin Peterson
Address: 322-238th Rd
Milford NE 68405
Phone: 402-641-6174
Signature: [signature]

Square Feet of Lateral per Bedroom: 250

SKETCH SHOWING HOLE LOCATION:



5 bedroom

Official's Signature

DocuSign Envelope ID: F23106FE-13EF-4222-BFF0-2166EDDA37D9

SCANNED

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

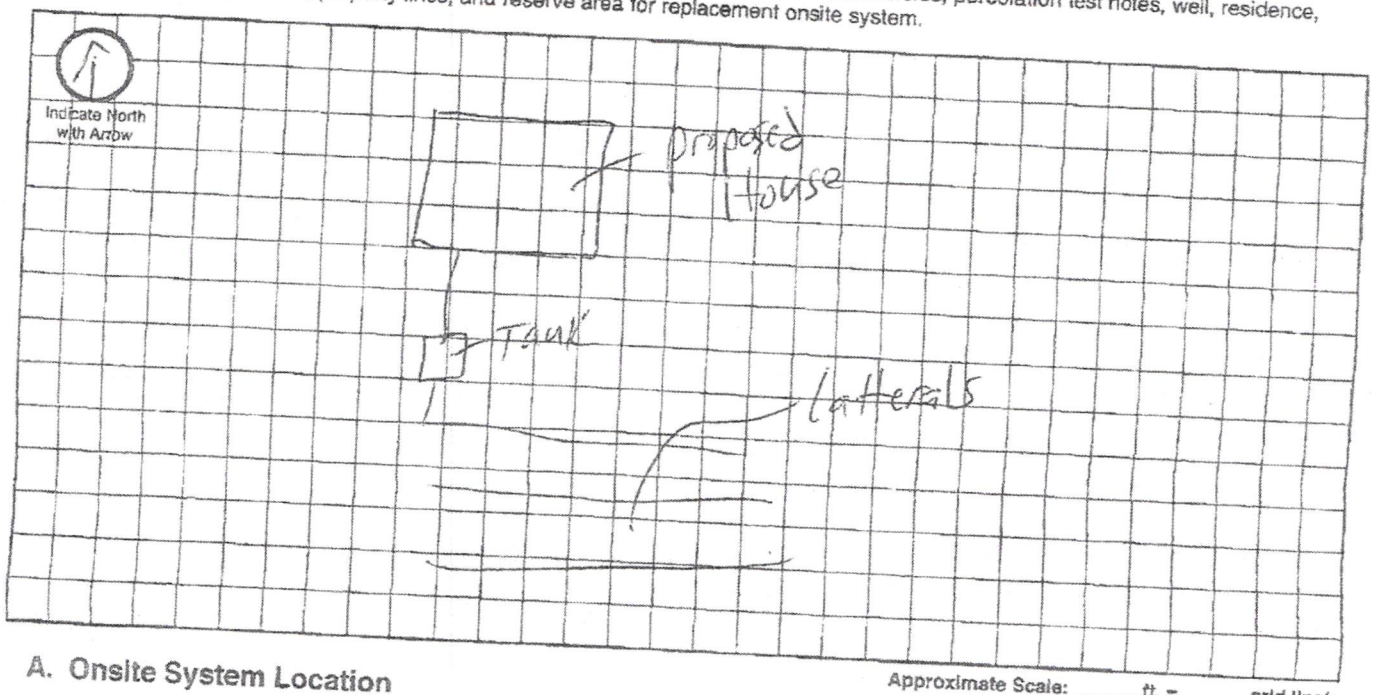
C

Permit Number: HS001459

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) 12977 W. Holdrege City _____ NE, Zip _____

B. Proposed Septic Tank/s

Septic Tank Cap. 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

Percolation Rate 27 (min/inch = mpi) No. of Bedrooms 5 Soil Type Clay loam Land Slope 1 %

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 1077 sq.ft.

Total length of laterals ~~391'~~ 380' Type of distribution: ☐ Perforated pipe ☐ Half-Round ☒ Chamber ☐ Other

No. of absorption trenches 3 Width 36" 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 _____ Date 5/4/17

Onsite Form C 12/06

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: HS001459

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 = 04-19-202-002-000

Address or Legal Description or Parcel Identification Number (PID) 12977 W Holdrege St, Lincoln, NE 68528

Owner: Brian Havlat Address 249 Gregory St, Lincoln, NE 68521

A. Wastewater Piping

1. Material: SDR26 Diameter: 4 in.
2. Distance between dwelling and septic tank: 45 ft.

B. Septic Tank

1. Material Concrete
2. Capacity: 2,000
3. Depth to top of tank, below unfinished grade: 12 in.
4. Distance to:
   Well 100 ft.+
   Pressure line N/A ft
   Property Line 50 ft.+
   Foundation 30 ft.+

C Distribution Box or Drop Box

Distance and Direction from septic tank: 20 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 lateral (linear): ft. 90 ft. 100 ft. 100 ft. 100
4. Drainfield size: 1,755 sq. ft.
5. Distance to:
   Well 100 ft.+
   Pressure line N/A ft.
   Property line 50 ft.+
   Depth of Groundwater >8'

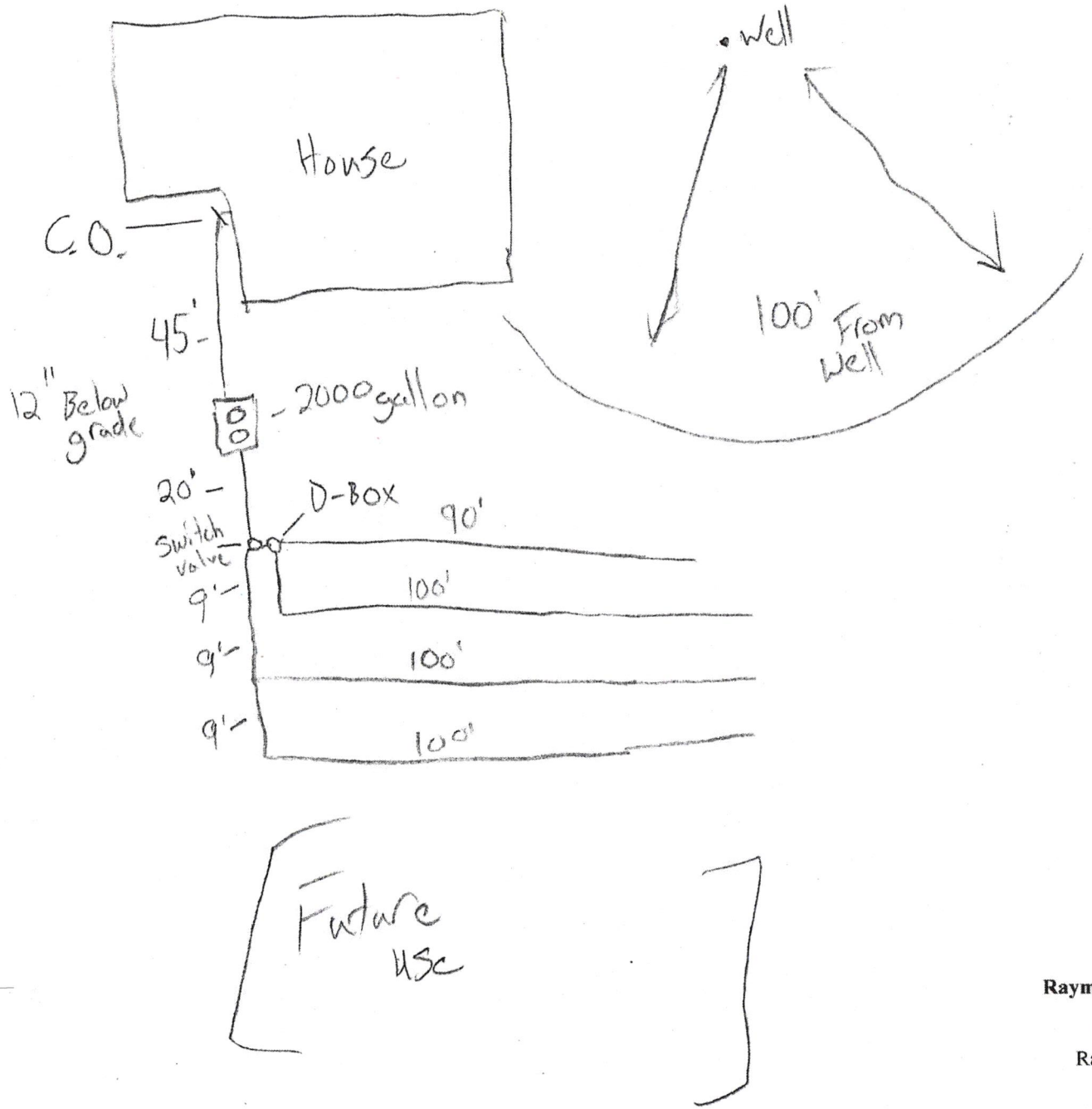
Was the Onsite Wastewater System covered prior to LLCHD inspection? ☒ Yes ☐ No (Partially)

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: 8/24/17

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

8/24/2017

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

Exhibit 5

Permit Number: HS 001459

Onsite Wastewater Treatment System

Inspection Sheet

Date 9/14/17 (9/14/17) Legal Description Lot 2 ¼ ¼ 19/10/5 Section/Township/Range

Onsite System Location

Address (no rural route) 12977 W Holdrege 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 1,755 Sq. Ft. Tank Size 2,000 gals

Total length of laterals 390' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☐ ~~Other~~ (describe) E2 flow

No. of Absorption Laterals 4 Width E2 flow 4.5 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 NA Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments:

Inspections prior to Final Approval
Initial DS Date 8/24/17

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By Doug Ams
Date 9/14/17

Field Note Drawing (See Reverse Side):