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. HS001461

System Type: Lagoon

Situs: No Site Address Specified

Issued: 5/31/2017

Expires: 5/31/2018

Description: S18, T12, R6, 6th Principal Meridian, S1/2 S1/2 NW

Owner: GERDES, MILDRED T LIFE ESTATE
4400 W ROCK CREEK RD
VALPARAISO, NE 68065

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

KURT VIRGIL
4620 W MARY LOUISE LN
LINCOLN, NE 68528

MAY 22 2017

SCANNED

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

A

Permit Number
#S001461

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 NA (no rural route) City Raymond, NE Zip 68428

Legal Description NW X 18 12 6 Acres 6th P.M.
S½ S½ 1/4 1/4 Section Township Range Subdivison Addition Block Lot

Geographical Location (if known): Lat/Long: PID 13-18-100-004-000

B. Owner

Name Mildred T Gerdes Life Estate Signature

Address 4400 W Rock Creek Rd City/State/Zip Plattsmouth, NE 68065

Home Phone Work Phone

C. Certified Installer

Name: Kurt T Virgil Signature

Address 4620 W Mary Louise LN City/State/Zip Lincoln/ NE/ 68528

Work Phone

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 3 Is there a Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 38

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

Type of Wastewater ☐ Domestic ☐ Non-Domestic Well Permit Applied for ☐ Yes ☐ No ☒ Not Applicable

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 5/31/17
Date frwd 5/31/17
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
Date 12/7/17

7466
2503

Business Office Use Only
Date Received 5-22-17 Amount Paid $395
Received By SB Cash/Check No. 12666

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

Form A Updated: 5/10

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 20350 NW 56th St (no rural route) City Raymond NE, Zip 68428

Owner Bob Brooks Address 4900 W Rock Creek Rd, Raymond, NE 68428

Date of Tests 11/27/17 to 11/28/17 Weather: Precipitation 0 Temperature 52

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 T	20	11/27	3:00p	11/27	7:00p	11/28	4:00p	6	11/28	4:30p	30	3/4	40
3 2	28	"	"	"	"	"	"	6	"	"	"	1	30
4 3	32	"	"	"	"	"	"	6	"	"	"	1/2	60
6 4	26	"	"	"	"	"	"	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

Soil type (NRCS Maps/Other) Steinauer Loam
Groundwater Depth >8'

Sum of Percolation Rates: 178
Average of Rates: 45
Rate Used for Calculation: 60 (20 mpi variance)

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: 402-441-8643

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 PID = 13-18-100-004-00

Address or Legal Description or Parcel Identification Number (PID) 20350 NW 56th St, Raymond, NE 68428

Owner: Robert Brooks Address 4400 W Rock Creek Rd, Raymond, NE 68428

A. Wastewater Piping

1. Material: SDR26 Diameter: 4 in.
2. Distance between dwelling and septic tank: 75 ft.

B. Septic Tank

1. Material Concrete
2. Capacity: 1,500
3. Depth to top of tank, below unfinished grade: 18 in.
4. Distance to:
   Well 130 ft. +
   Pressure line N/A ft
   Property Line 100 ft. +
   Foundation 75 ft. +

C Distribution Box or Drop Box

Distance and Direction from septic tank: 15 ft. S

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. 60 ft. 60 ft. 60 ft. 60
4. Drainfield size: 1,080 sq. ft.
5. Distance to:
   Well 100 ft. +
   Pressure line N/A ft.
   Property line 80 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:

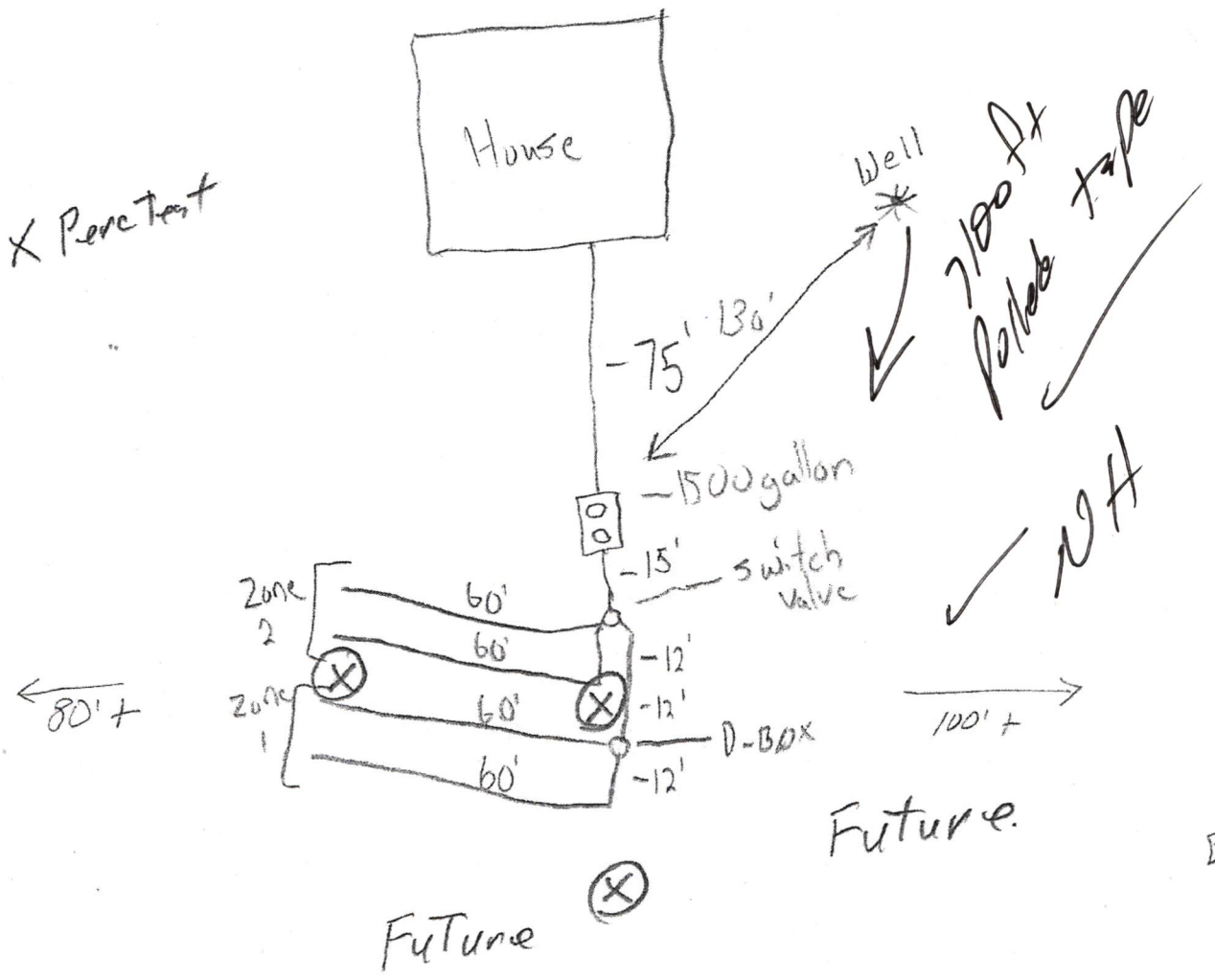
I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

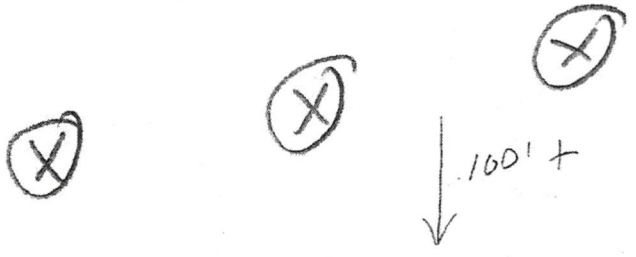
Certified Professional Signature: Ronald L. Jahnke Date: 12/5/17

✓ DH system being covered upon arrival.

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

N





12/5/2017

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

Exhibit 5

Permit Number: H5001461

Onsite Wastewater Treatment System

Inspection Sheet

Date 12/7/17

Legal Description 18-12-6 NW ¼
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 1080 Sq. Ft. Tank Size 1500 gals

Total length of laterals 60x4 (1050 req'd) Type of Distribution: ☒ Chamber ☐ Perforated Pipe ☐ Other (describe) _____

N/O see D-sheet

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 D-sheet
System covered upon arrival

Field Note Drawing (See Reverse Side):

Inspections prior to Final Approval
Initial DH Date 12/7/17

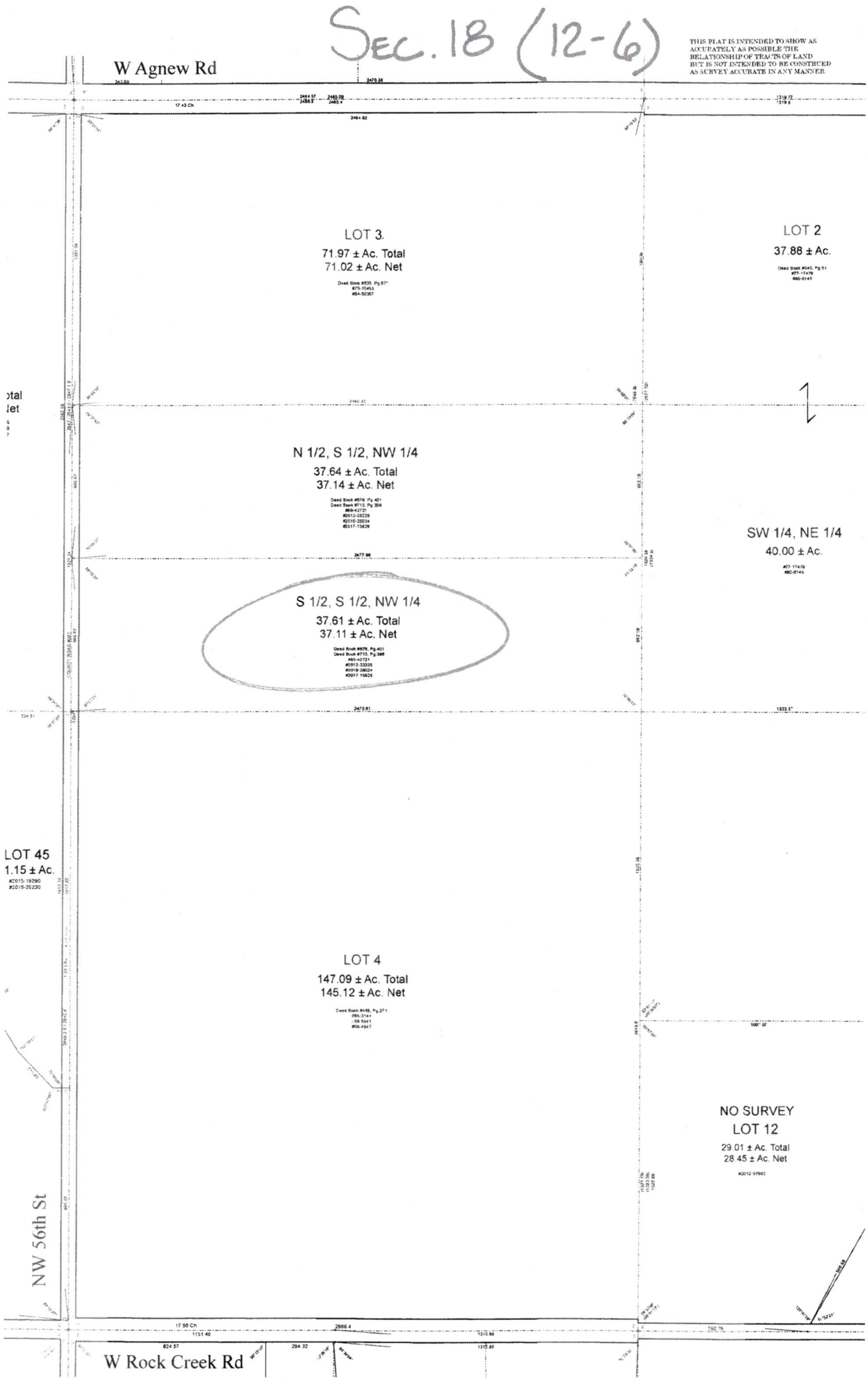
Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By _____

Date 12/7/17

Updated 4/15


SEC. 18 (12-6)
THIS PLAT IS INTENDED TO SHOW AS ACCURATELY AS POSSIBLE THE RELATIONSHIP OF TRACTS OF LAND BUT IS NOT INTENDED TO BE CONSTRUED AS SURVEY ACCURATE IN ANY MANNER
W Agnew Rd
LOT 3.
71.97 ± Ac. Total
71.02 ± Ac. Net
LOT 2
37.88 ± Ac.
N 1/2, S 1/2, NW 1/4
37.64 ± Ac. Total
37.14 ± Ac. Net
SW 1/4, NE 1/4
40.00 ± Ac.
S 1/2, S 1/2, NW 1/4
37.61 ± Ac. Total
37.11 ± Ac. Net
LOT 45
1.15 ± Ac.
LOT 4
147.09 ± Ac. Total
145.12 ± Ac. Net
NO SURVEY
LOT 12
29.01 ± Ac. Total
28.45 ± Ac. Net
NW 56th St
W Rock Creek Rd