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

A

Permit Number HS001468

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 13351 N 14th St (no rural route) City Raymond, NE Zip 68428

Legal Description NE (1/4) 11 (1/4) 11N (Section) 6E (Township) (Range) (Subdivison) (Addition) 3 (Block) (Lot)

PID 12-11-200-009-000

B. Owner

Name Charles Moreno Signature

Address 13351 N 14th St City/State/Zip Raymond, NE 68428

Home Phone 402-450-2292 Work Phone

C. Certified Installer

Name: Lloyd Jakoubek, Raymond Contracting Inc 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 4 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 5.11

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
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 6-2-17 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: HS001468

Onsite Wastewater Treatment System

Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 13351 N 14th St (no rural route) City Raymond NE, Zip 68428

Owner Chuck Moreno Address Same

Date of Tests 5/4/17 to 5/5/17 Weather: Precipitation 0 Temperature 71°

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		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	24	5/4	11:30a	5/4	2:00p	5/5	1:00p	6	5/5	1:30p	30	2-1/4	13
2	40	"	"	"	"	"	"	6	"	"	"	1/2	60
3	30	"	"	"	"	"	"	6	"	"	"	5/8	48
4	20	"	"	"	"	"	"	6	"	"	"	1/2	60
								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: 181
Average of Rates: 45
Rate Used for Calculation: 60 (20 mpi variance)

Soil type (NRCS Maps/Other) Crete SCL
Groundwater Depth >7'

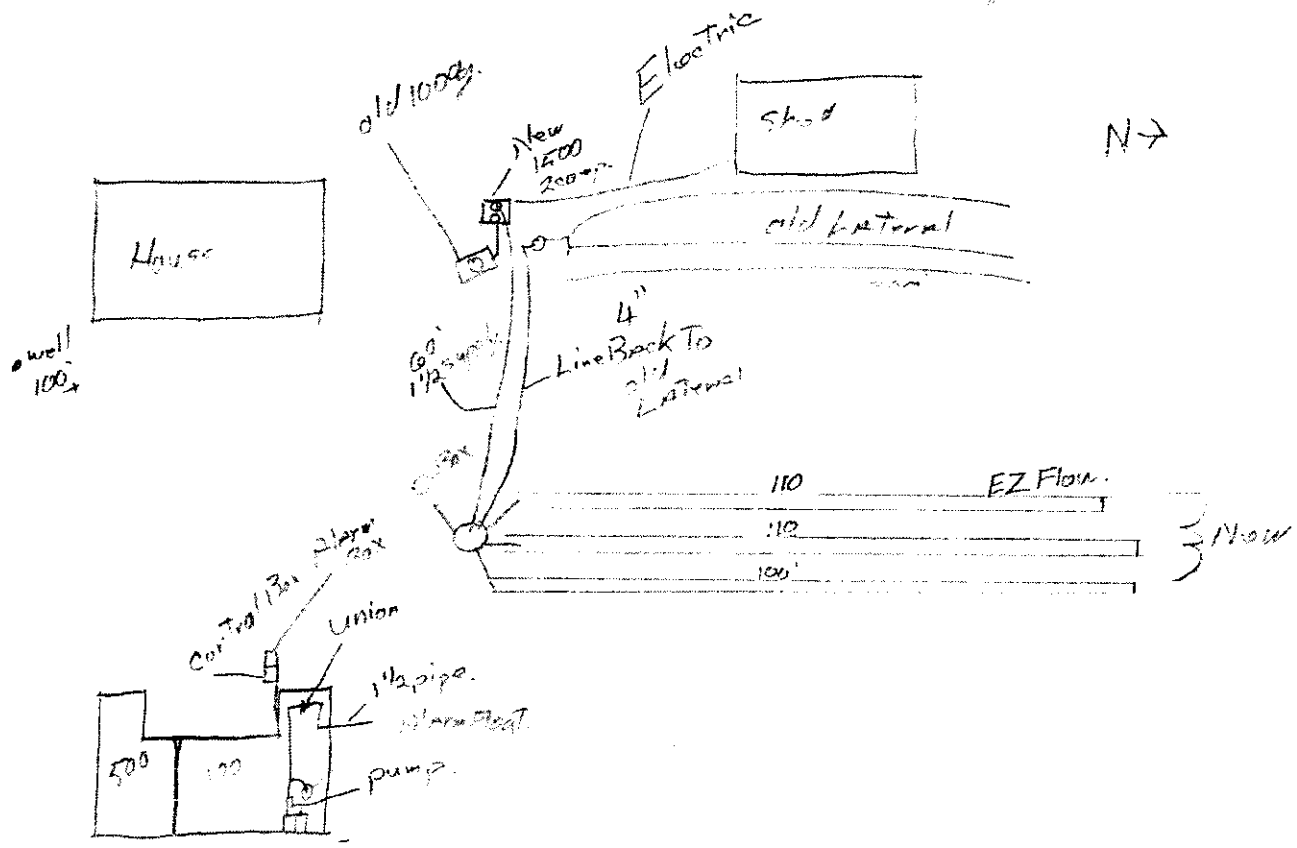
DO NOT WRITE BELOW THIS LINE

Reviewing Action

Comments (Soil type, groundwater, floodplain, etc.)

Signature of Reviewing Official Date

4 Bed Room
60 mil
1500 g Tank.



1033 Gallon ÷ 42" = (24.5 gallon per Inch)

5" pump x 24.5 = (122.5 per cycle)
60' Line = (10 gallon)
122.5
−10
(112.5 pump To D-Box per cycle)

Job
Chuck Marero 450-2292.
1355 N 14th. Raymond NE 68428

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

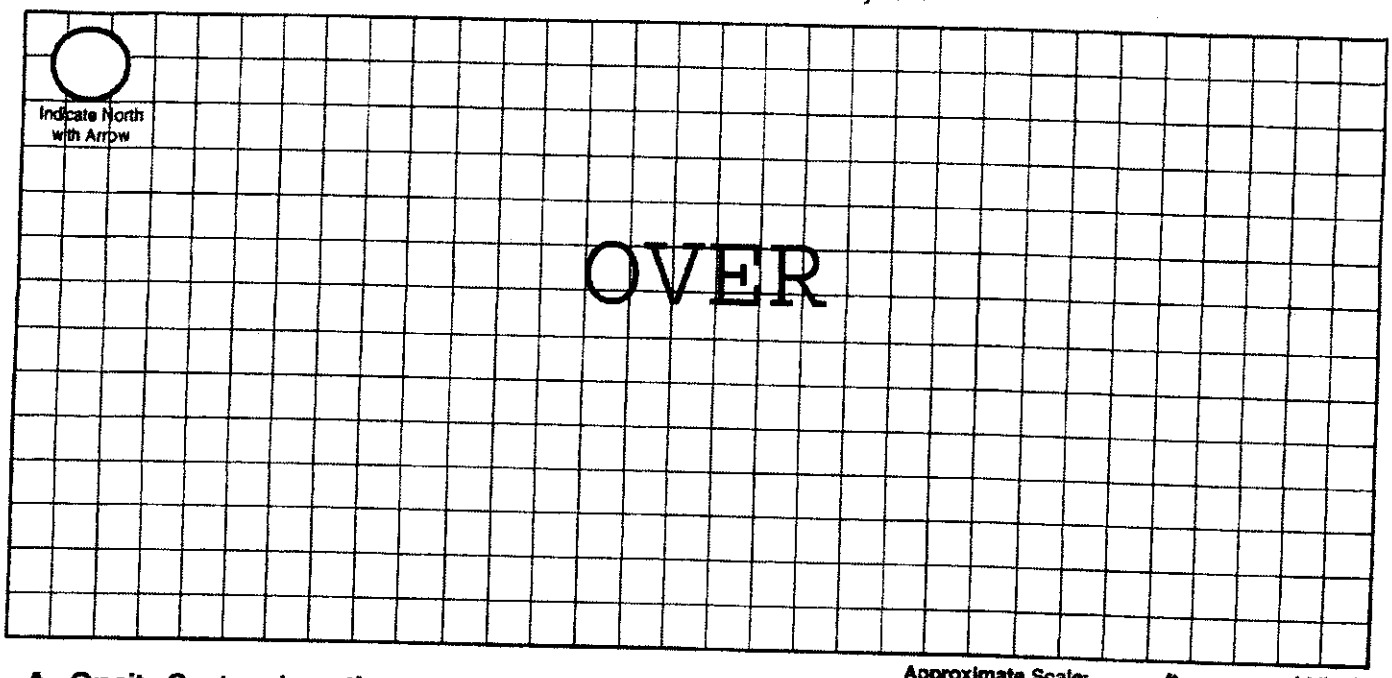
C

Permit Number: HS001468

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) 13351 N 14th St City Raymond NE, Zip 68428

B. Proposed Septic Tank/s

Septic Tank Cap. existing 1000 gals Adding a 1,500 pump tank 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 60 (min/inch = mpi) No. of Bedrooms 4 Soil Type Crete SCL Land Slope _____%

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 1,440 sq.ft.

Total length of laterals 320' Type of distribution: ☐ Perforated pipe ☐ Half-Round ☐ Chamber ☒ Other (EZ Flow)

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 Existing Home Date _____

Installer [signature] Date 6/1/17

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. HS001468

System Type: Standard

Situs: 13351 N 14 ST, RURAL, NE

Issued: 6/7/2017

Expires: 6/7/2018

Description: S11, T11, R6, 6th Principal Meridian, LOT 3 NE

Owner: MORENO, CHARLES & DEBRA
13351 N 14 ST
RAYMOND, NE 68428

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 COINTRACTING 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

Exhibit 5

Permit Number: HS001469

Onsite Wastewater Treatment System

Inspection Sheet

Date 6/28/17 Legal Description ____ ¼ ¼ 11/11/6 Lot 3
Section/Township/Range

Onsite System Location

Address (no rural route) 13351 N 14th City ____

Owner ____ Address ____

Mark One: ☒ ~~Dwelling~~ ☐ Non-dwelling

☐ New System ☒ ~~Alteration~~ [☐ Tank Only ☐ Trench Only] ☐ Lateral Only Added pump tank + laterals

☐ 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 1,440 Sq. Ft. Tank Size 1,000 + 1,500 gals

Total length of laterals 320 Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☐ Other (describe) E2 Flow

No. of Absorption Laterals 3 Width ~~6 Foot~~ 4.5 E2 Flow 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 NA

Lateral #1 ____ Lateral #3 ____

Lateral #2 ____ Lateral #4 ____

Comments:

Inspections prior to Final Approval
Initial D.S. Date ~~Worthless~~ 6/5/17

Follow-Up ____ Date ____

Follow-Up ____ Date ____

Installation Final Written Approval
By Doug Thiele

Date 6/28/17

Field Note Drawing (See Reverse Side):

OK
6/28/17

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: HSCC 1448

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 12-11-200-009-000

Address or Legal Description or Parcel Identification Number (PID) 13351 N. 14th St. Raymond, NE 68428

Owner: Charles Moore Address same

A. Wastewater Piping

1. Material: SDR 26 Diameter: 4 in.
2. Distance between dwelling and septic tank: 26 ft.

B. Septic Tank

1. Material Concrete
2. Capacity: 1,500 3 Mac
3. Depth to top of tank, below unfinished grade: 24 in.
4. Distance to:
   Well 100 ft. +
   Pressure line NH ft
   Property Line 50 ft. +
   Foundation 26 ft.

System uses existing 1,000 gallon tank as a pump tank

C Distribution Box or Drop Box

Distance and Direction from septic tank: 50 ft. E

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☐ Other
   Material brand and inside width of Chamberless: Expanded Poly Chambers 12"
2. Number of Laterals: 3
3. Length of each lateral (linear): ft. 110 ft. 110 ft. 100 ft.
4. Drainfield size: 1,140 sq. ft.
5. Distance to:
   Well 100 ft.
   Pressure line NH ft.
   Property line WC ft.
   Depth of Groundwater >5

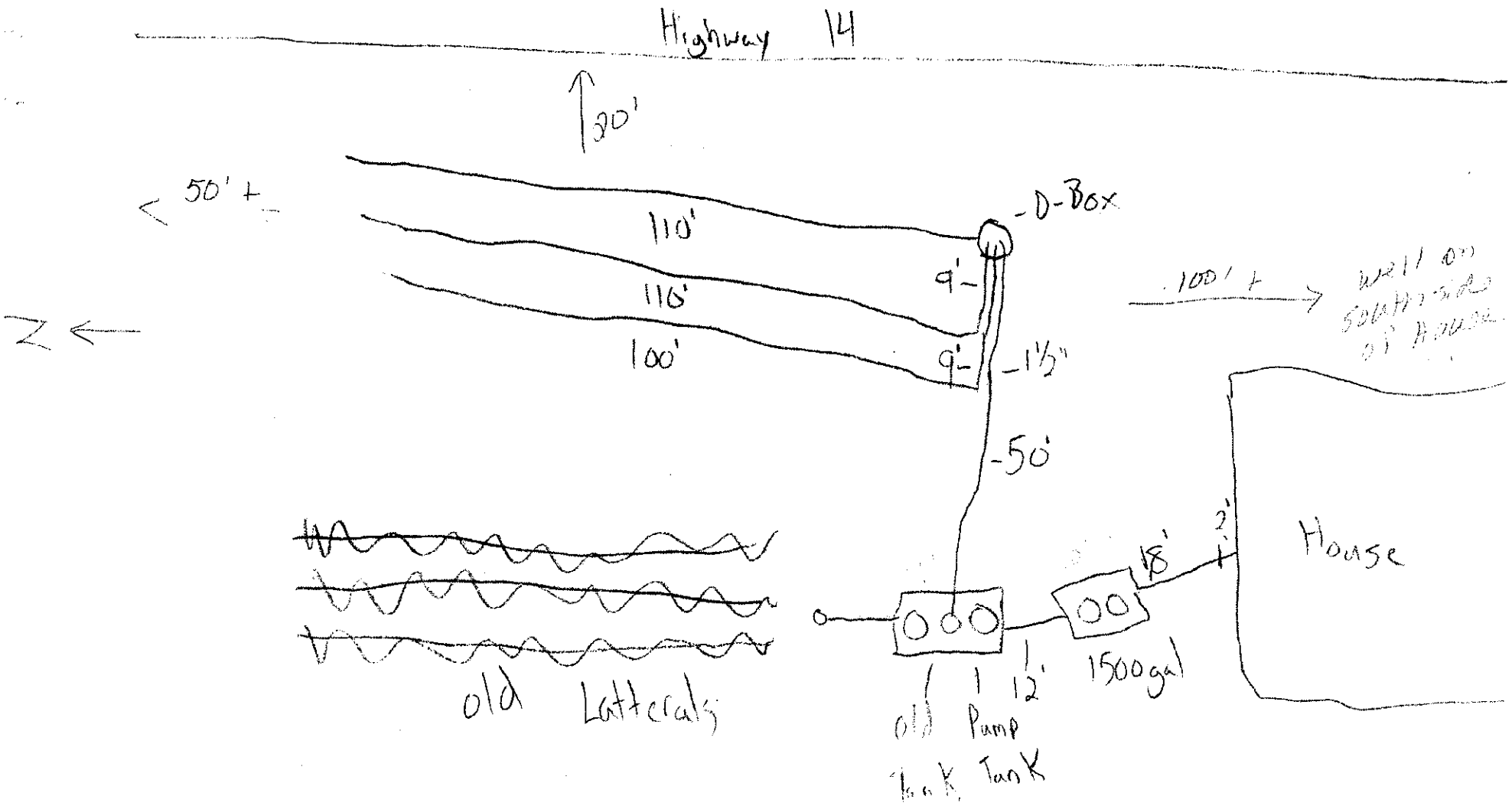
Was the Onsite Wastewater System covered prior to LLCHD inspection? ☒ Yes ☐ No you finally

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: 6/5/17

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