JUN 07 2017

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

A

Permit Number HS094471

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 11411 Vanderview Rd (no rural route) City Hickman NE Zip 68372

Legal Description NW (1/4) 7 (Section) 7N (Township) 8E (Range) Vanderview Ridge (Subdivision) (Addition) 3 (Block) 1 (Lot)

PID 22-07-203-001-000

B. Owner

Name Travis Simpson Signature [signature]

Address 7920 S 157th St City/State/Zip Omaha, NE 68136

Phone 402-429-1628 Work Phone

C. Certified Installer

Name Lloyd Jakoubek, Raymond Contracting Inc Signature [signature]

Address 13890 NW 70th St City/State/Zip Raymond, NE 68428

Work Phone 402-690-6009 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

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 24.36 ☐ County Resolution No. 02-30

1. Health Department
Site visits
Comments
Date rec'd
Date fwd
ACTION ☐ Approved ☐ Disapproved
Signature

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

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

Installation Final Written Approval
By
Date

Business Office Use Only
Date Received 6-7-16 Amount Paid $395
Received By SB Cash/Check No. 91662

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

Form A Updated: 1/13

JUN 07 2017

B

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

Permit Number: HSD01471

Onsite Wastewater Treatment System

Soil Evaluation Report

NW1/4 S7-T7N-R8E
Vanderview Ridge Addition
Block 3, Lot 1

PLEASE PRINT OR TYPE

Onsite System Location

Address _____ City _____ NE, Zip _____
(no rural route)

Owner Travis Simpson Address 7920 S 157th St, Omaha, NE 68136

Date of Tests 5/22/17 to 5/23/17 Weather: Precipitation 0 Temperature 59°

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	74	5/22	12:00	5/22	4:00	5/23	12:00	6	5/23	12:30	30	5/8	48
2	88	"	"	"	"	"	"	6	"	"	"	3-1/8	10
3	88	"	"	"	"	"	"	6	"	"	"	2	15
4	84	"	"	"	"	"	"	6	"	"	"	2-1/4	13
								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: 86
Average of Rates: 22
Rate Used for Calculation: 48 (20 mpi variance)

Soil type (NRCS Maps/Other) Wymore SCL
Groundwater Depth >12'

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official _____ Date _____

Lincoln-Lancaster County Health Department
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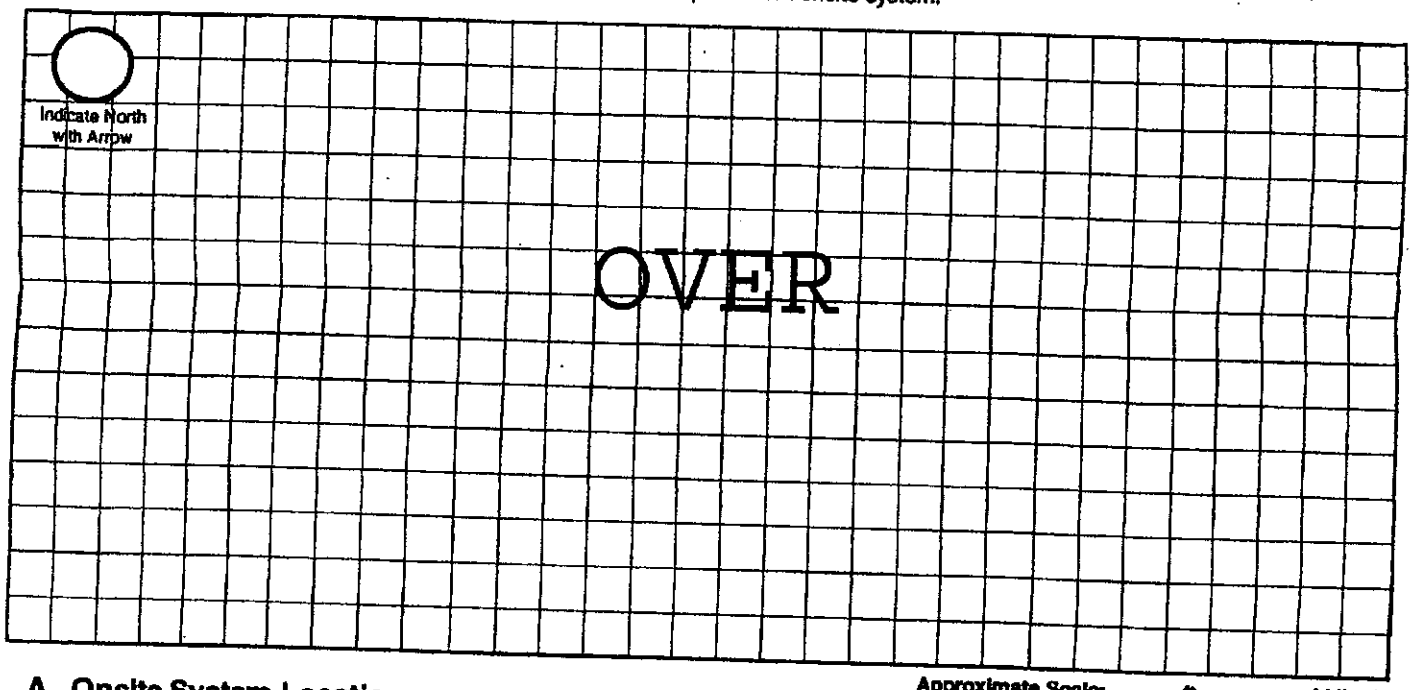
C

Permit Number: HSO01471

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) 11411 Vanderview Rd City Hickman NE, Zip 68372

B. Proposed Septic Tank/s

(Lift pump in home - Title 124/Increase tank size by 50%)

Septic Tank Cap. 2,500 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 48 (min/inch = mpi) No. of Bedrooms 4 Soil Type Wymore SCL Land Slope_____%

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

Total length of laterals 300 Type of distribution: ☐ Perforated pipe ☐ Half-Round ☐ Chamber ☒ Other EZFlow

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 ☐	☐

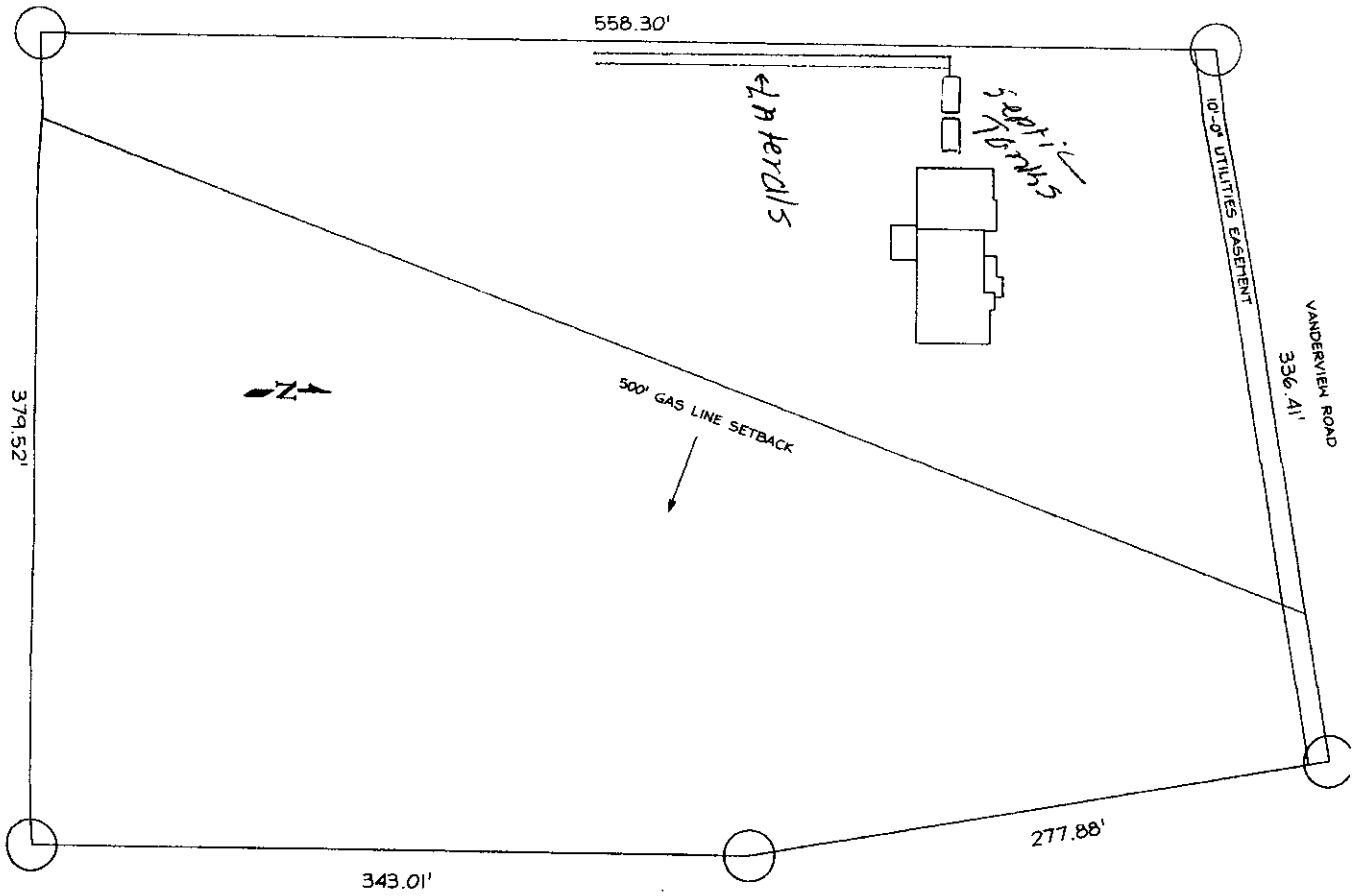
F. Required Signatures

Homeowner/Applicant _____ Date 6.6.17

Installer _____ Date 6/6/17

HS001471

JUN 0 / 2017



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. HS001471

System Type: Standard

Situs: 11411 VANDERVIEW RD, LINCOLN, NE

Issued: 6/8/2017

Expires: 6/8/2018

Description: VANDERVIEW RIDGE ADDITION, BLOCK 3, Lot 1

Owner: SIMPSON, TRAVIS & MEGAN
7920 S 157 ST
OMAHA, NE 68136

Charlotte Burke

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

Charlotte Burke, MS, RD
Interim Health Director

RAYMOND CONTRACTING
13800 NW 70TH ST
RAYMOND, NE 68428