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

A

Permit Number HS001481

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 4700 W A St (no rural route) City Lincoln, NE Zip 68522

Legal Description SE 40 10N 6E 32
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 10-30-400-027-000

B. Owner

Name Kenneth Endorf Signature

Address 4700 W A St City/State/Zip Lincoln, NE 68522

Home Phone 402-476-9766 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 3 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 1.2
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 ACTION ☐ Approved ☐ Disapproved
Site visits Date rec'd Signature
Date frwd
Comments

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

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

Installation Final Written Approval
By
Date

Business Office Use Only
Date Received 6-19-17 Amount Paid $395
Received By SB Cash/Check No. cc

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

Form A Updated: 1/13

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

B

Permit Number: HS001481

Onsite Wastewater Treatment System

Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 4700 W A St (no rural route) City Lincoln NE, Zip 68522

Owner Kenneth Endorf Address Same

Date of Tests 6/12/17 to 6/13/17 Weather: Precipitation .5" during presoak Temperature 93 °

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			End				
Hole No.	Hole Depth (in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Initial Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time Interval	Water Level Drop (in)	Percolation Rates (Min/in = mpi)
1	39	6/12	4:00p	6/12	7:00p	6/13	4:30p	6	6/13	5:00p	30	1/2	60
2	36	"	"	"	"	"	"	6	"	"	"	11/16	44
3	38	"	"	"	"	"	"	6	"	"	"	1/2	60
								6					
								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: 164

Average of Rates: 55

Rate Used for Calculation:

Soil type (NRCS Maps/Other) Kennebec SL

Groundwater Depth

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

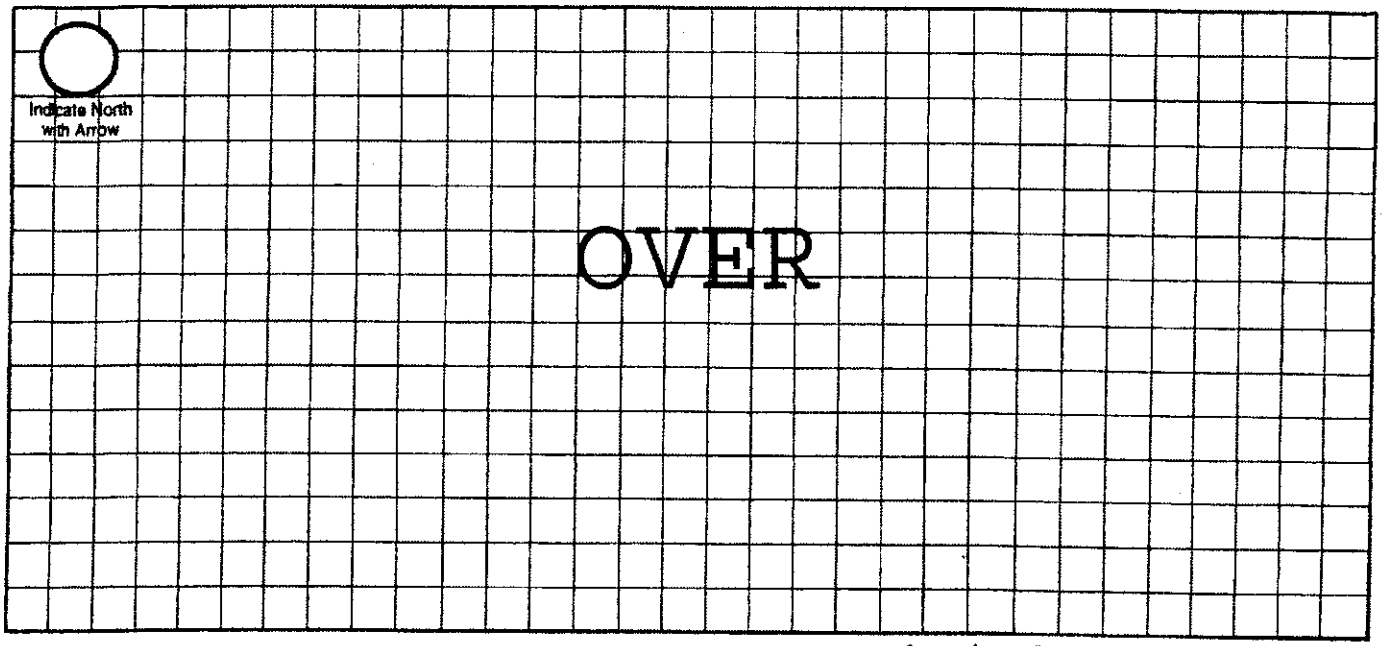
C

Permit Number: HS001481

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) 4700 W A St City Lincoln NE, Zip 68522

B. Proposed Septic Tank/s

Septic Tank Cap. 1,000 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 55 (min/inch = mpi) No. of Bedrooms 3 Soil Type Kennebec SL Land Slope _____%

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 1,080 sq.ft.

Total length of laterals 240' Type of distribution: ☐ Perforated pipe ☐ Half-Round ☐ Chamber ☒ Other EZFlow 1203H

No. of absorption trenches _____ 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 ☐	☐

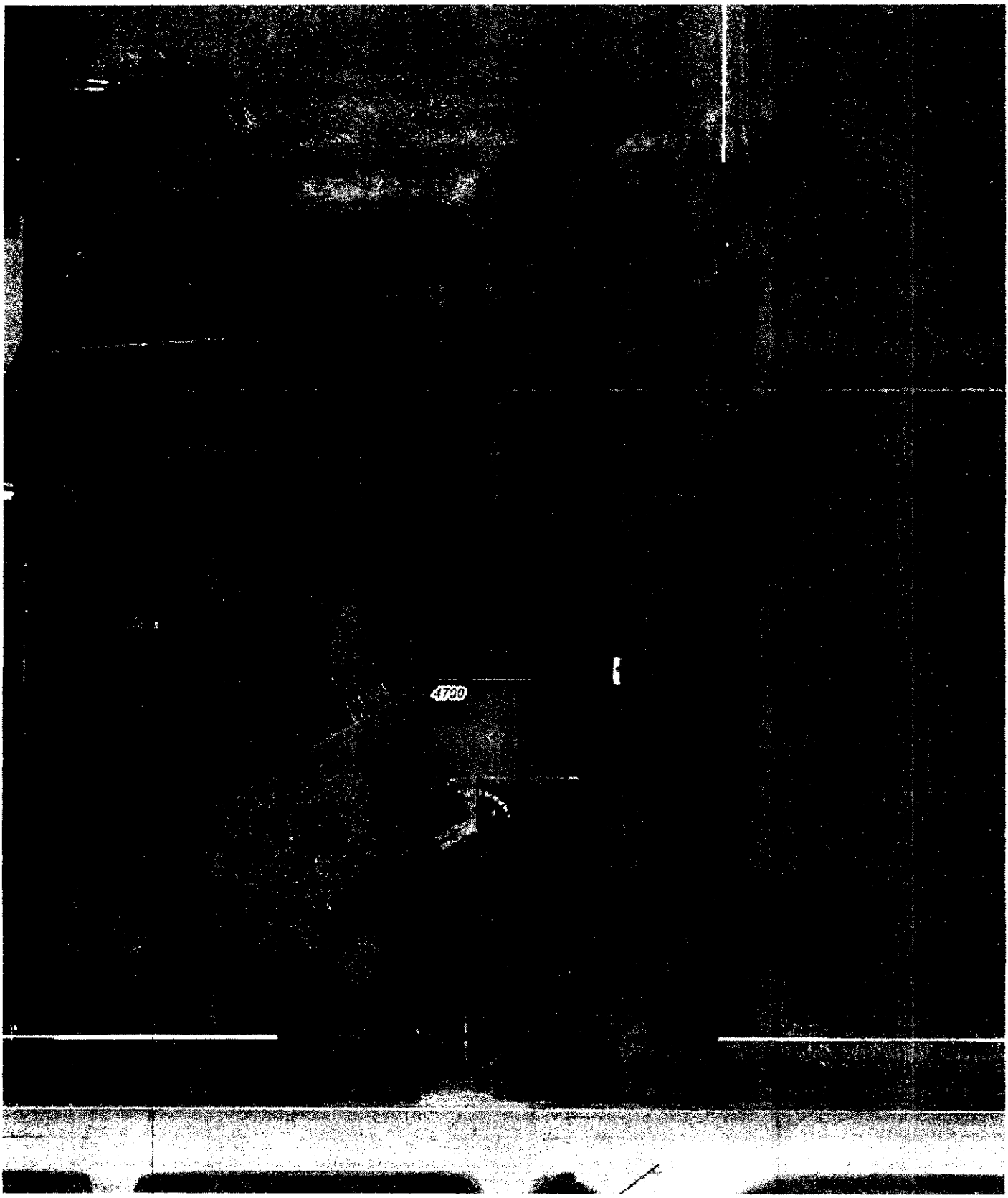
F. Required Signatures

Home Building Contractor Existing Home Date _____

Installer _____ Date 6/19/17

Onsite Form C 12-06

HS001481



Lancaster County/City of Lincoln GIS Map

Kenneth Endord 4700 W A St, Lincoln, NE 68522

N
W E
S

Printed: Jun 19, 2017

DISCLAIMER: The information is presented on a best-efforts basis, and should not be relied upon for making financial, survey, legal or other commitments. If you have questions or comments regarding the data displayed on this map, please email ags@lincoln.ne.gov and you will be directed to the appropriate department.

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. HS001481

System Type: Standard

Situs: 4700 W A ST, RURAL, NE

Issued: 6/19/2017

Expires: 6/19/2018

Description: S30, T10, R6, 6th Principal Meridian, LOT 32 SE

Owner: ENDORF, KENNETH P & PATRICIA J
4700 W A ST
LINCOLN, NE 68522

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

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

Exhibit 5

Permit Number: H500 1481

Onsite Wastewater Treatment System

Inspection Sheet

Date 6/27/12 Legal Description 10-6-30 Lot 32

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 4700 W. "9" St. 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 _____ Sq. Ft. Tank Size 1000 gals

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

No. of Absorption Laterals _____ Width _____ No. of Drop Boxes _____ Distribution Box _____

Leveling Method Used _____

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: Laterals were not installed yet, at the time of inspection. - NH see a sheet

Inspections prior to Final Approval
Initial NH Date 6/27/12

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By _____
Date 6/27/12

NO

Field Note Drawing (See Reverse Side):

Updated 4/15

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: HS001481

OK 4/28/17

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 = 10-30-400-027-000

Address or Legal Description or Parcel Identification Number (PID) 4711 W D St, Lincoln NE 68522

Owner: Kenneth Enderle Address Same

A. Wastewater Piping

1. Material: Existing Diameter: 4 in.
2. Distance between dwelling and septic tank: 27 ft.

B. Septic Tank

1. Material Concrete
2. Capacity: 1000
3. Depth to top of tank, below unfinished grade: 18 in.
4. Distance to:
   Well 100 ft.
   Pressure line N/A ft
   Property Line 50 ft.
   Foundation 27 ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: 4 ft. N

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☒ Other
   Material brand and inside width of Chamberless: EZ Flow 12" H Bundles
2. Number of Laterals: 3 new (2 old)
3. Length of each lateral (linear): ft. 100 ft. 70 ft. 70 ft.
4. Drainfield size: 1050 sq. ft.
5. Distance to:
   Well 100 ft.
   Pressure line N/A ft.
   Property line 15 ft.
   Depth of Groundwater >8

partial of tank use

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

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.

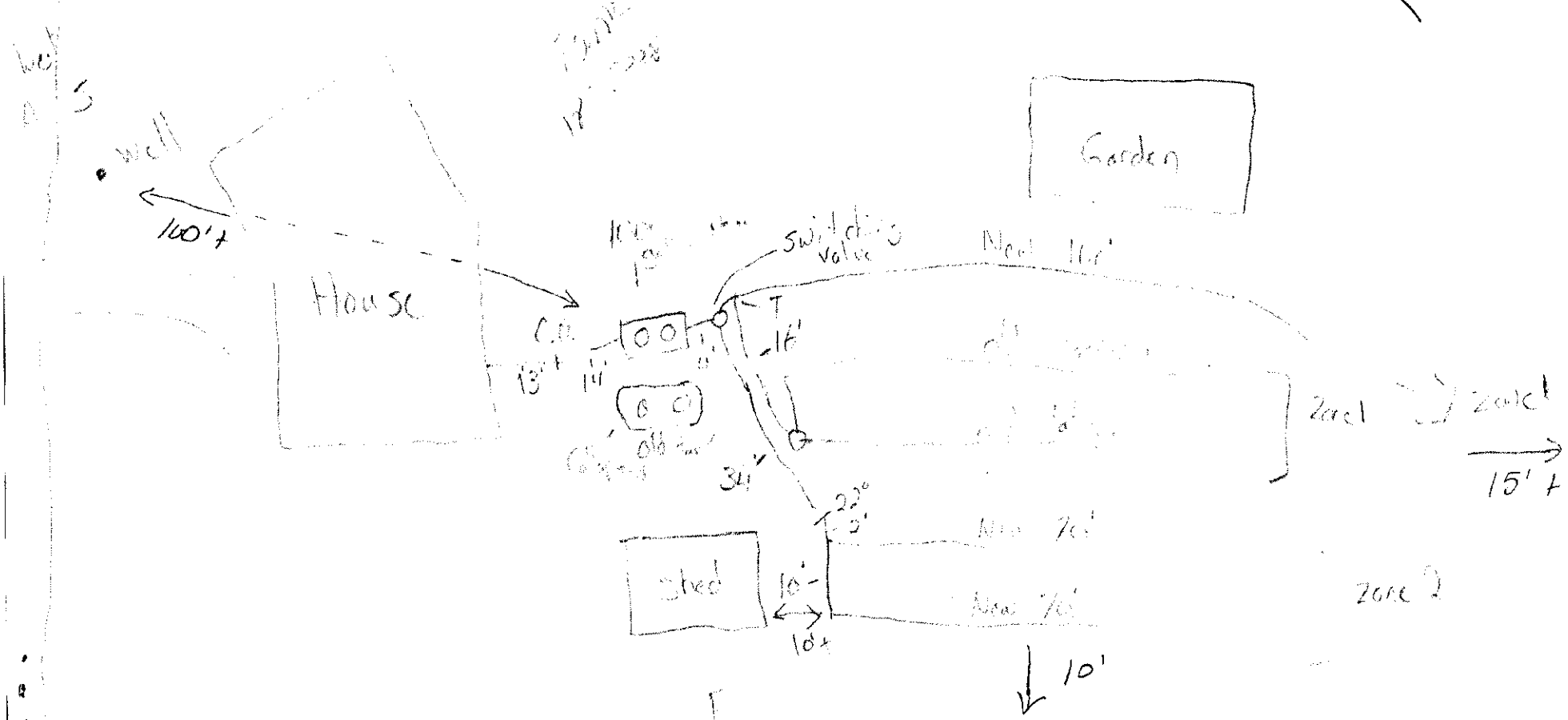
Certified Professional Signature: Ronald L. Johnson Date: 6/20/17

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

01/20/17

1250 sq ft new



FILE NO. 1992

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF LICENSE OR PERMIT

DECEMBER 2, 1983
THIS LICENSE OR PERMIT EXPIRES

BIG CLYDE SANITATION SERVICE BOX 483 WALTON NE 68461
LICENSEE OR PERMITTEE ADDRESS

T10N, R6E, SECTION 30
NAME OF ESTABLISHMENT, IF ANY ADDRESS

REMARKS: NONTRANSFERABLE REPAIR

PERMIT	INSPECTION FEE	OCCUPATION TAX	LICENSE	TOTAL
$ 30.00	$	$	$	$ 30.00

ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
018754	XXXXXX 110.16	XXXXXX 148.14	XXXXX 6-2

SERIAL NO.	DATE	AMOUNT
63982	2 3	30.00 -

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

APPLICATION
HEALTH

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

FORM HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☒
County Resolution No. 2832 ☐

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Ave.
Lincoln, Nebraska 68502 (Phone: 475-6221)

FILE NO. 1992

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: 12-11-82

The undersigned hereby applies for a permit to ALTER ☐, EXTEND ☐, or REPAIR ☒ an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. Legal description of property: Twp. 10 N ; Range 6E ; Section 30 ;
Block ____ ; Lot ____ ; Addition ____
Street Address 4700 W 7th St Lincoln Nebr.

2. Property Use: Residential yes ☐; Commercial ____ ☐
No. Bedrooms ____ Describe ____
Other Use ☐
Describe ____

3. Type of existing Individual Sewage Disposal System: Septic Tank ☒; Other ☐

4. Description of proposed alteration, extension or repair: add my Lattord Compass

5. Work to be done by: Owner ☐ ; or Contractor ☒ , Big Clyde Sanitation
Contractor's Name

6. Estimated cost of project: over $400.00

a. Materials	$
b. Labor	$
c. Other	$
TOTAL	$

Big Clyde Sanitation Service
Signature of Applicant (owner or lessee)

B[illegible]483 Walton, Nebo 68461
Address

(Do not write below this line)

REVIEWING ACTION

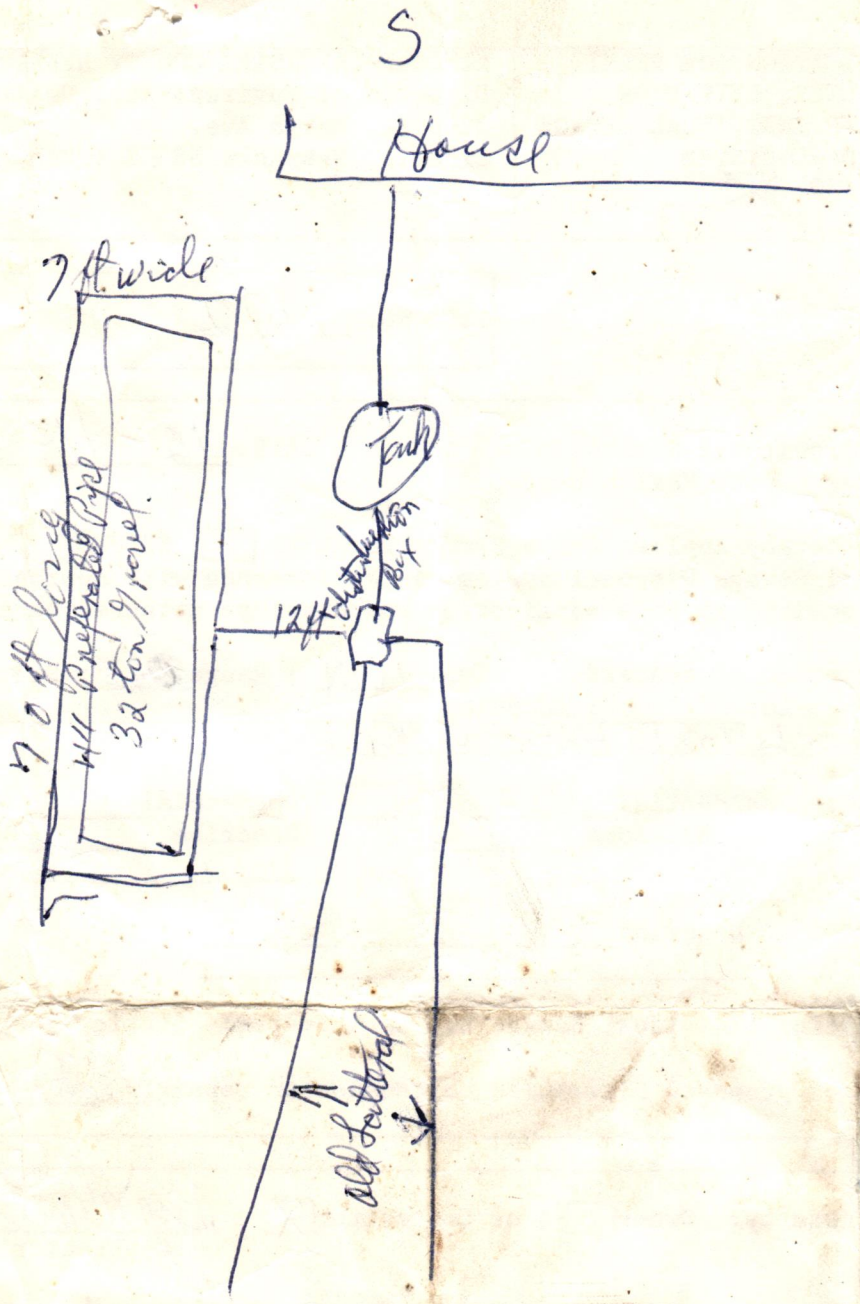
1. Date Rec'd: ____
Filing Fee: $ 30.00

2. Site Visits:
Date: 12/10/82 by: J.C.H.
Date: ____ by: ____
Date: ____ by: ____

3. Date: Approved ☒; Disapproved ☐
by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL ☒
Date: ____ by: ____

* PROVISIONAL APPROVAL
EXPERIMENTAL SYSTEM


S
House
7 ft wide
70 ft long
Prefabricated Pipe
32 ton 9 rows
Tank
12 ft
Distribution Box
All Lateral
E
W
N

FILE NO. 354

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

February 22, 1974 — THIS LICENSE OR PERMIT EXPIRES

David Johnson — LICENSEE OR PERMITTEE

4700 West A — ADDRESS

T10N; R6E; Sec. 30; Lot P28I.T.-SE1/4.

NAME OF ESTABLISHMENT, IF ANY — ADDRESS

LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	LICENSE	TOTAL
$ 30.00	$	$	$	$ 30.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE	
621-1585 110.15	110.16	148.14	6-2	

SERIAL NO.	DATE	AMOUNT

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

APPLICATION

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

FORM HD-30(67) REQUEST FOR SITE CLEARANCE FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 432-7611)

FILE NO. 354

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

The undersigned hereby requests SITE CLEARANCE to construct an Individual Sewage Disposal System in conformance with Lincoln City Ordinance No. 9150, as described herein:

1. Legal description of property: Twp. 10; Range 6E; Section 30;
Block ____; Lot P 28 IT; Addition ____;
Street Address SE¼.

2. Property Use: Residential ____ ☒; Commercial ____ ☐
No. of Bedrooms 3. Describe: ____
Other Use ____ ☐
Describe: ____

3. Type of Individual Sewage Disposal System: Septic Tank ☒; Other ☐

4. Distance to public sewer: ____ ft.

Roger Bailey for David Johnson
Signature of Applicant (owner or lessee)

4700 West A
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 8/22/73. Date Frwd. 8/22/73. ACTION: Approved ____ ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. ____. Date Frwd. 8-22-73. ACTION: Approved ____ ☒ Disapproved ☐ Signature: Emmett Dennis

3. ~~City~~ Engineer: Date Rec'd. 8/22/73. Date Frwd. ____. ACTION: Approved ____ ☒ Disapproved ☐ Signature: [illegible]

REMARKS OR REASONS FOR DISAPPROVAL ____

FINAL ACTION ON SITE CLEARANCE: Approved ☐ Disapproved ☐

Date Applicant Notified: ____ Signature ____

FORM HD-32(67) APPLICATION FOR PERMIT
TO CONSTRUCT INDIVIDUAL SEWAGE
DISPOSAL SYSTEM
City Ordinance No. 9150

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 432-7611)

FILE NO. 354

DATE: _____

TO: Director of Health
Lincoln-Lancaster County Health Dept.

The undersigned hereby applies for a permit to construct an Individual Sewage Disposal System in conformance with Lincoln City Ordinance No. 9150, as described in this application and the annexed forms attached hereto.

1. Legal description of property: Twp. 10; Range 6E; Section 30;
Block _____; Lot pt 28 I.T.; Addition _____;
Street Address SE¼.

2. Property Use: Residential _____ [X]; Commercial _____ [ ]
No. of Bed Rooms 3 Describe: _____

Other Use _____ [ ]
Describe: _____

3. Type of Individual Sewage Disposal System: Septic Tank [X]; Other [ ]

4. Plans and Specifications of Proposed System. (See FORM HD-32a(67) PLANS & SPECIFICATIONS, SEWAGE DISPOSAL SYSTEM, attached hereto.)

5. Soil Absorption Properties. (See FORM HD-33(67) SOIL ABSORPTION TEST DATA REPORT, attached hereto.)

David Johnson
Signature of Applicant (owner or lessee)

4700 WestA
Address

(Do not write below double line)

REVIEWING ACTION

1. Date Rec'd: _____
Filing Fee: $30.00

2. Date Site Clearance _____

3. Site Visits:
Date: _____ by: _____
Date: _____ by: _____
Date: _____ by: _____

4. Date: Approved [X]; Disapproved [ ]: 8/22/73
by: Jerrold C. Hood

5. BUREAU OF LICENSES & PERMITS
Date Notified: _____
Date Issued: _____ Serial _____

6. INSTALLATION FINAL WRITTEN APPROVAL
Date: 1/15/74 by: Jerrold C. Hood

FORM HD-33(67) SOIL ABSORPTION
TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone 432-7611)

FILE NO. 354

PROPERTY WHERE SOIL TESTED:
Location: Township T 10 R 6
Section & ¼ Sect. 30 SE ¼
Property Dimensions: ____ ft. x ____ ft.
Area: _____ acres. (Attach sketch of property showing hole location).

Owner: Dave A Johnson
Address 4700 West A

Soil Type: Silty Clay ☐; Silty Clay Loam ☒; Sandy Loam ☐
Silty Loam ☐; Clay Loam ☐; Sandy Clay ☐

Dates of Tests: Aug 18 to Aug 19. Weather: Precip. No Rain Temp. 88 F.

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
		Pre-Saturation Period				Percolation Readings					Results		
		Start		End		Start			End				
Hole No.	Hole Depth (in.)	Date (Mo. Day)	Time (Hr. Min.)	Date (Mo. Day)	Time (Hr. Min.)	Date (Mo. Day)	Time (Hr. Min.)	Water Level (in.)	Time (Hr. Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./inch)
1	40										4 hours	8	
2												7	
3												8	
4												8	
5												7	
6												7	

Signature of Person Conducting Test

Address _____
Phone: _____

Sum of Percolation Rates _____
Average of Rates: _____
Mean of Rates: 1" 30 min

(Do not write below this line)

REVIEWING ACTION

REMARKS: _____

Approved Percolation Rate(s)
A. 32 min./inch
B. _____ min./inch
C. _____ min./inch

DATE: August 22, 1973

Gerald C. Hood R. S.
Signature of Reviewing Official

FORM HD-32a(67) PLANS & SPECIFICATIONS
SEWAGE DISPOSAL SYSTEM
(Annex to Application)
Ordinance No. 9150

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 432-7611)

FILE NO. 354

SPECIFICATIONS

DATE: _____

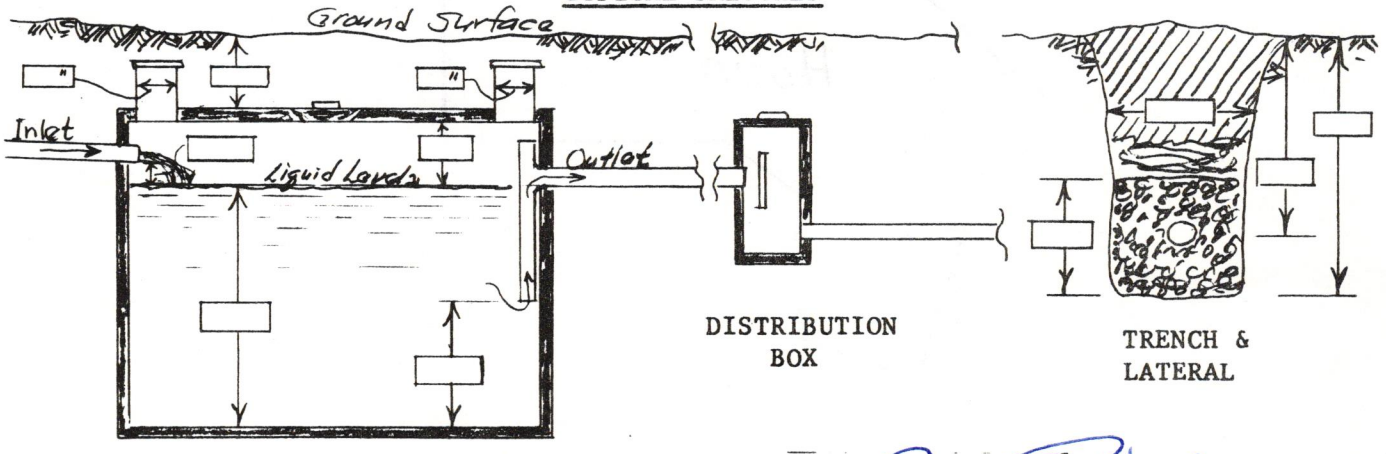
A. BUILDING SEWER:
1. Material PLASTIC; Diameter 4 in.
2. Distance above basement floor ___ in.; or below basement floor ___ in.
3. Distance between dwelling and septic tank 34½ ft.
4. Number of clean-outs 1.
5. Distances To:
Well or Suction Line — ft.;
Stream — ft.; Pressure Line — ft.;
Property Line — ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material FIBERGLASS; No. of compartments 1.
2. Capacity 1000 gals.; Liquid depth ___ in.
3. Factory Built: Yes ☒ (Company CORRUGATED FIBERGLASS) No ☐
4. Manholes: Over Inlet; diam. 16 in.
Over Outlet; diam. ___ in.
Below Grade ___ in.
5. Inlet: Baffle ☐; or Tee ☒
6. Outlet: Baffle ☐; or Tee ☐
Depth of outlet below inlet ___ in.
7. Depth of top of tank below finished grade 24 in.
8. Distances To:
Well or Suction Line — ft.;
Stream — ft.; Pressure Line — ft.;
Property Line — ft.

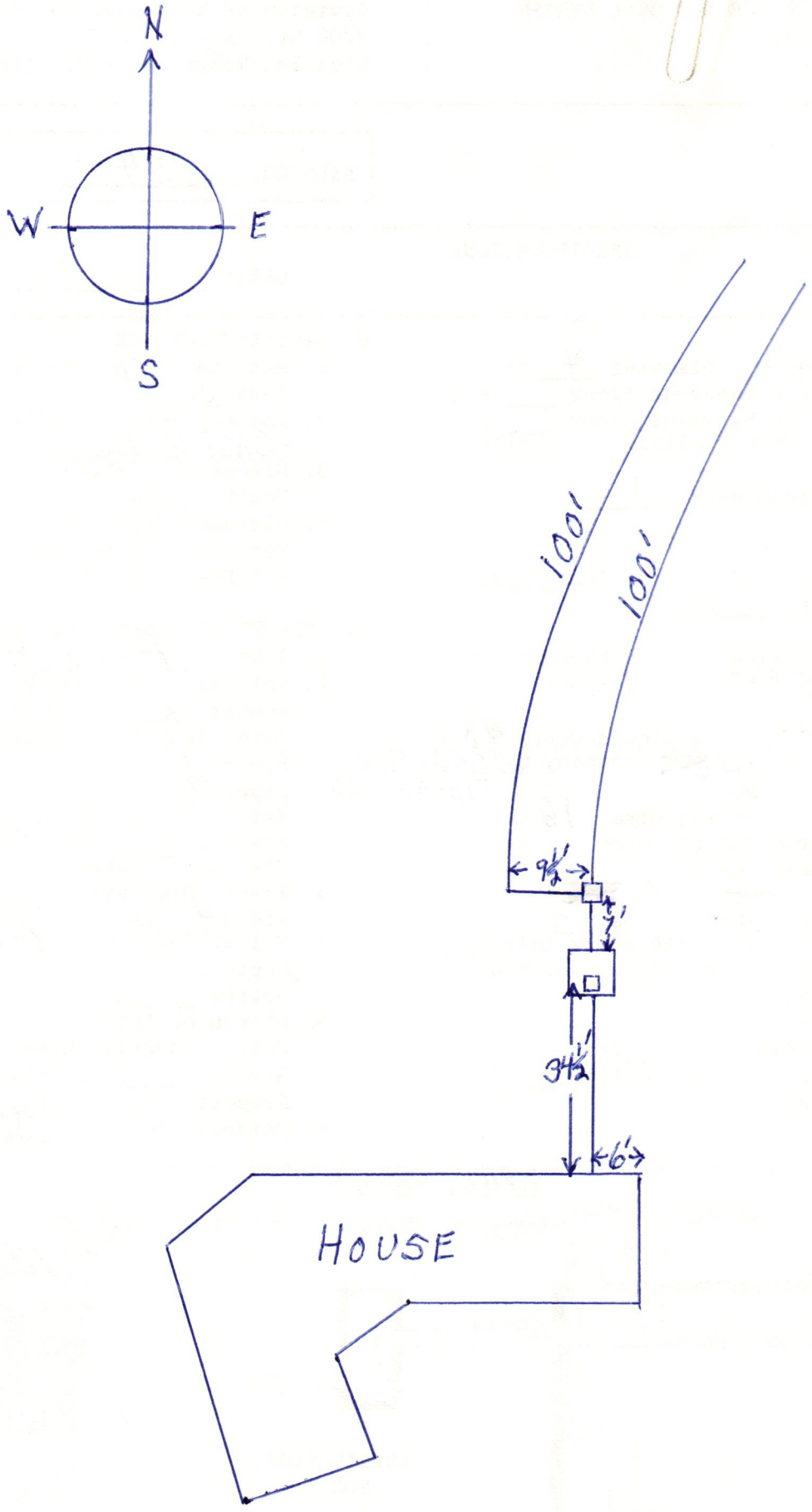
C. DISTRIBUTION BOX
1. Material CON; No. available outlets 5.
2. Factory Built: Yes ☒ (Company PRE-CAST STEP) No ☐
3. Dimension: Length ___ in.; Width ___ in. Depth ___ in.
4. Distance from Septic Tank 7 ft.
5. Serial Distribution: Yes ☐, No ☒ (If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: Half Round
2. Lateral Lines: Depth below grade ___ in. Number 2; Length of each line 100 ft Total length of Laterals 200 ft.; Slope 4 in/100 ft. Diameter of pipe 16 in.; Shape ~
Material: concrete ☐; (fiber) asbestos ☐; clay ☐; other ___
Distance between lateral lines ___ ft.
3. Trench Dimensions: Depth 48 in.; Width 48 in.
4. Filter Material: Gravel.
Depth of material from trench bottom ___ in.
5. Distances To:
Well or Suction Line — ft.;
Stream — ft.; Pressure Line — ft.
Property Line — ft.
6. Percolation Rate: 32 minutes/inch

TYPICAL SKETCHES



Ryl Bailey
Signature of Applicant


N
W
E
S
100'
100'
9½'
3'
34½'
6'
HOUSE

SCANNED

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

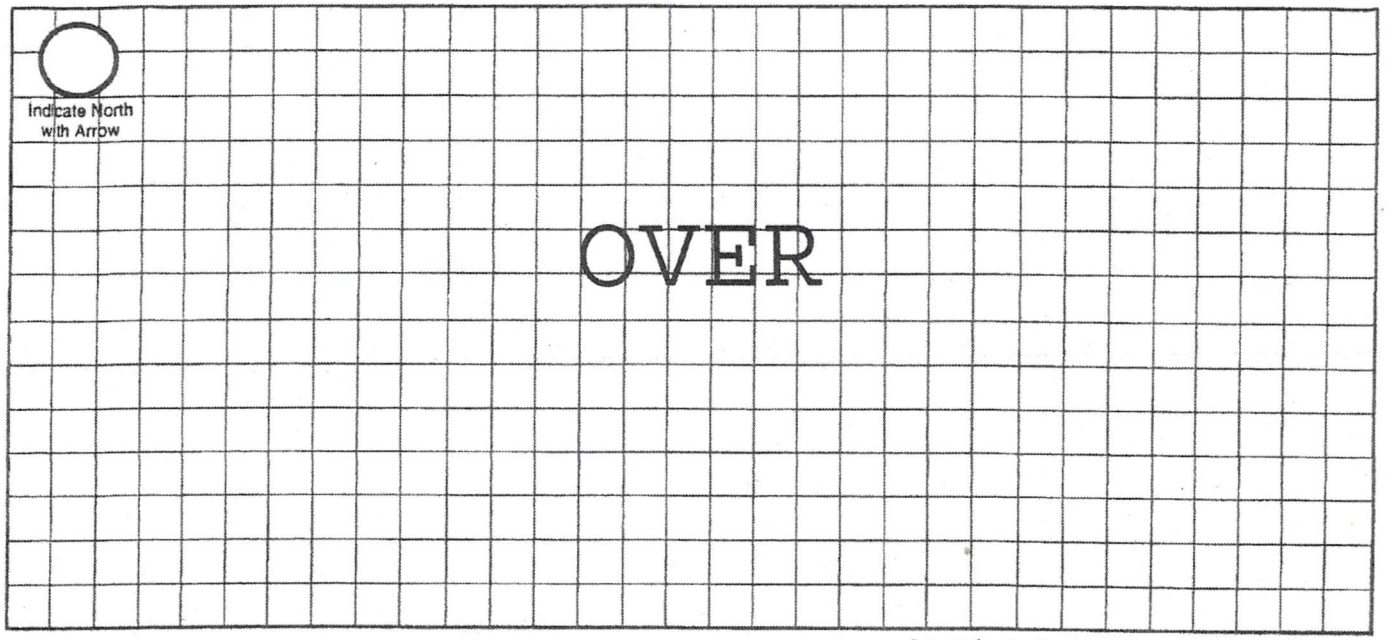
C

Permit Number: HS001481

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) 4700 W A St City Lincoln NE, Zip 68522

B. Proposed Septic Tank/s

Septic Tank Cap. 1,000 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 55 (min/inch = mpi) No. of Bedrooms 3 Soil Type Kennebec SL Land Slope_____%

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 1,080 sq.ft.

Total length of laterals 240' Type of distribution: ☐ Perforated pipe ☐ Half-Round ☐ Chamber ☒ Other EZFlow 1203H

No. of absorption trenches_____ 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 6/19/17

SCANNED

HS001481



Lancaster County/City of Lincoln GIS Map

Kenneth Endord 4700 W A St, Lincoln, NE 68522

N
W E
S

Printed: Jun 19, 2017

DISCLAIMER: The information is presented on a best-efforts basis, and should not be relied upon for making financial, survey, legal or other commitments. If you have questions or comments regarding the data displayed on this map, please email ags@lincoln.ne.gov and you will be directed to the appropriate department.

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

06/20/17

1250 SF for new

