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

A

Permit Number HS001553

New Modular 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 4488 W McKelvie Rd (no rural route) City Lincoln, NE Zip 68524

Legal Description SE 19 11N 6E 25

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

PID

B. Owner

Name Danja Siders Signature Danja Siders

Address 4900 N 14th St City/State/Zip Lincoln, NE 68521

Home Phone 402-304-1309 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 77.91

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 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 10/11/07 Amount Paid $405.00
Received By SKO Cash/Check No. 1264

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

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

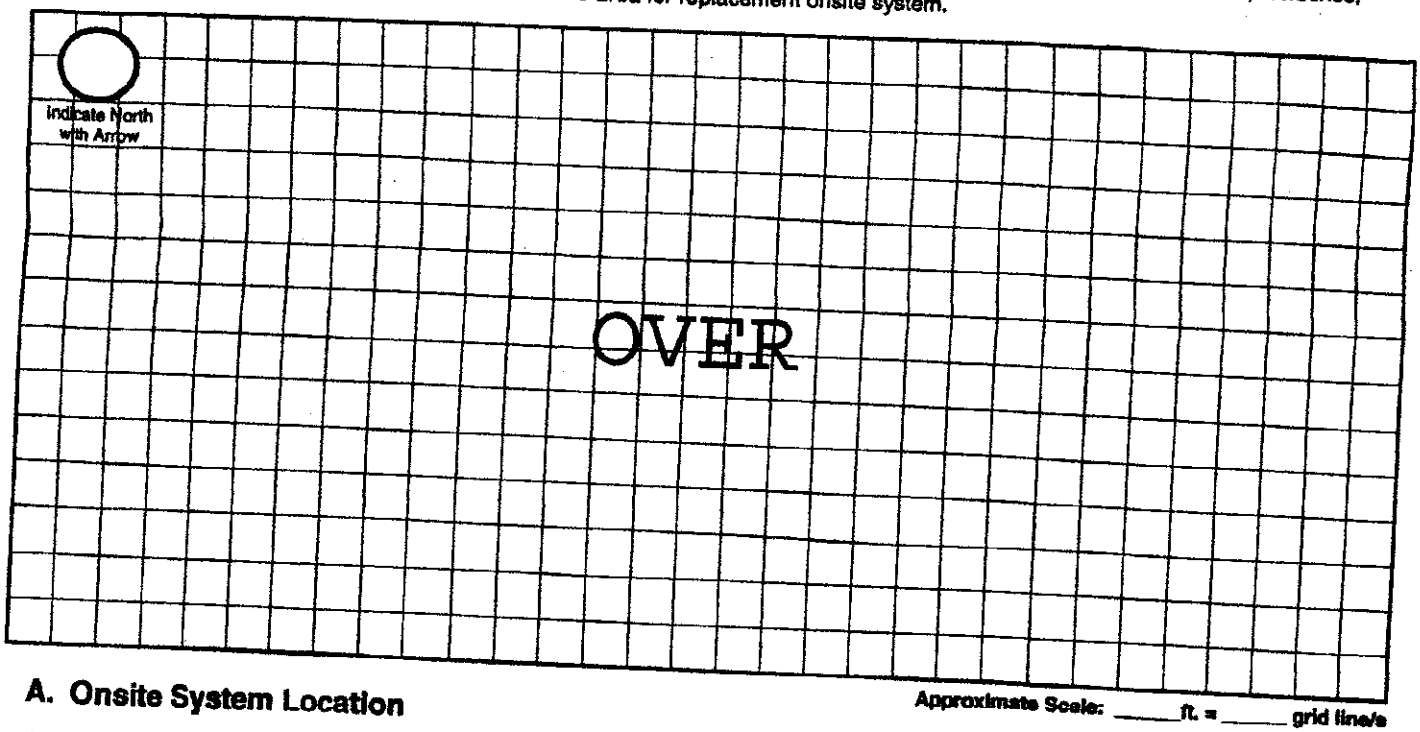
C

Permit Number:

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) 4488 W McKelvie Rd City Lincoln NE, Zip 68524

B. Proposed Septic Tank/s

Septic Tank Cap._____ 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_____ (min/inch = mpi) No. of Bedrooms_____ Soil Type_____ Land Slope_____%

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

Total length of laterals_____ Type of distribution: ☐ Perforated pipe ☐ Half-Round ☐ Chamber ☐ Other

No. of absorption trenches_____ Width_____ No. of drop boxes_____ Distrubtion Box_____

No. of absorption beds_____ Width_____ No of Distribution lines per bed_____

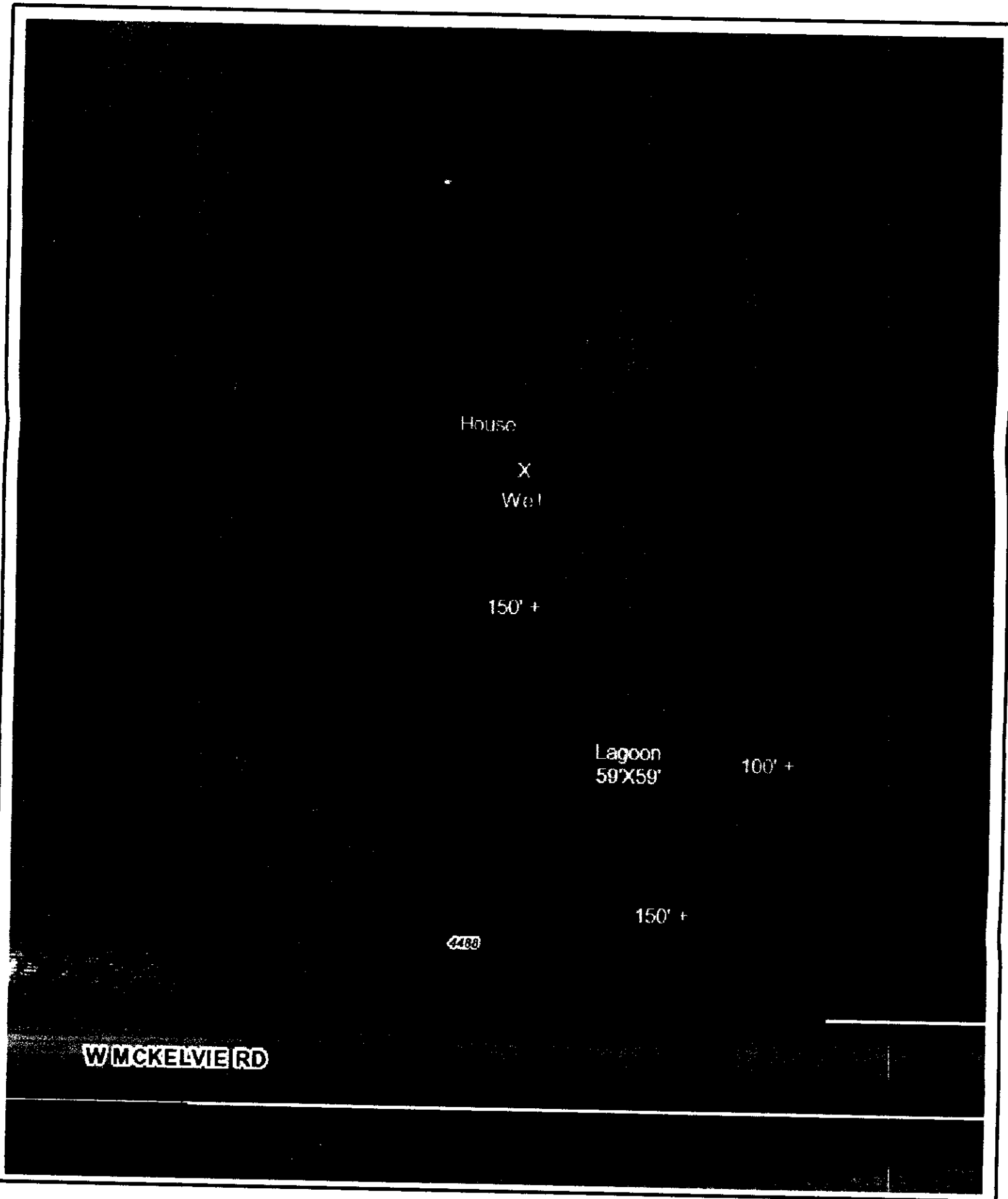
E. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

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 Darla Sikes Date 10-11-17

Installer [signature] Date 10/11/17



Lancaster County/City of Lincoln GIS Map

Danja Siders 402-340-1309 4488 W McKelvie, Lincoln, NE 68524

N
W E
S

Printed: Oct 10, 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. HS001553

System Type: Lagoon

Situs: 4488 W MCKELVIE RD, RURAL, NE

Issued: 10/12/2017

Expires: 10/12/2018

Description: S19, T11, R6, 6th Principal Meridian, LOT 25 SE

Owner: AGINVEST LLC
ATTN: DANJA M PEGRAM-SIDERS
4900 N 14 ST
LINCOLN, NE 68521

Shavonna M. Lausterer, MPH, CPH, 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.

Shavonna M. Lausterer, MPH, CPH
Health Director

RAYMOND CONTRACTING
13800 NW 70 ST
RAYMOND, NE 68428

Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3131 O Street Lincoln, Nebraska 68510-1514

ON-SITE WASTE WATER SYSTEM
CONSTRUCT/ INSTALL EXTENSION PERMIT
No. HS001553

System Type: Lagoon

Situs: 4488 W MCKELVIE RD, RURAL, NE

Issued: 10/13/2018

Expires: 4/12/2019

Description: S19, T11, R6, 6th Principal Meridian, LOT 25 SE

Owner: AGINVEST LLC
ATTN: DANJA M PEGRAM-SIDERS
4900 N 14 ST
LINCOLN, NE 68521

Patricia D. Lopez

Patricia D. Lopez, RN, MSN, Interim Health Director

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Patricia D. Lopez

Patricia D. Lopez, RN, MSN
Interim Health Director

RAYMOND CONTRACTING
13800 NW 70 ST
RAYMOND, NE 68428

SCANNED

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

OCT 11 2017

A

Permit Number HS001553

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PID 12-19-400-001-002

B. Owner

Name Danja Siders Signature Danja Siders

Address 4900 N 14th St City/State/Zip Lincoln, NE 68521

Home Phone 402-304-1309 Work Phone _____

C. Certified Installer

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Site visits _____ Date rec'd 10/12/17 ACTION ☒ Approved ☐ Disapproved

Comments _____ Date frwd 10/12/17 Signature _____

2. Supt. Bldg. Insp. or Village Clerk

Comments _____ Date rec'd _____ ACTION ☒ Approved ☐ Disapproved

Date frwd _____ Signature Jim Plouzek

3. City or County Engineer

Comments _____ Date rec'd 10-12-17 ACTION ☒ Approved ☐ Disapproved

Date frwd 10-12-17 Signature _____

Installation Final Written Approval

By _____

Date _____

*NOTE PERMIT EXPIRED

Sent to let permit Expire 5/4/19

White - Health Department Yellow - Engineer

Business Office Use Only

Date Received 10/11/17 Amount Paid $405.00

Received By SAO Cash/Check No. 1264

extension 9-21-18 OK 9/18/18 SAO $12.00

Pink - Building & Safety