Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1714
Phone • (402) 441-8049

A

Permit Number: HS001608

New Construction

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

Include Form B and C.
Submit correct fee
with this Application

Septic is more restrictive 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: W Rokeby Rd (or rural route) City: Denton NE Zip: 68339

Legal Description: NE (1/4) 31 (Section) 9N (Township) 5E (Range) ____ (Subdivision) ____ (Addition) 22 (Block) ____ (Lot)

PID: 03-31-200-013-000

B. Owner

Name: Danial Pape Signature: Melissa Pape

Address: 2533 W Plum St City, State, Zip: Lincoln, NE 68532

Home Phone: 402 429 0274 Work Phone: 402 474-4819

C. Certified Installer

Name: Lloyd Jakoubek, Raymond Contracting Inc Signature: Lloyd Jakoubek

Address: 13800 NW 70th St City, State, Zip: Raymond, NE 68428

Cell 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 Without Garbage Grinder? ☐ Yes ☒ No Total Acres: 28.44

☐ Commercial Establishment/Other (Explain) Specify: ____ Design flow in gallons per day: ____

Type of system will be: ☐ Domestic ☐ Non-Domestic

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Mandatory Code 21.39 ☐ Submit Percolation Test Data

1. Health Department

Site Visit: ____ Date: ____ ACTION: ☐ Approved ☐ Disapproved

Comments: ____ Date Rec'd: ____ Signature: ____

2. Supt. Engineering or Chief Plans Examiner

Comments: ____ Date Rec'd: ____ ACTION: ☐ Approved ☐ Disapproved

Date Appv'd: ____ Signature: ____

3. City or County Engineer

Comments: ____ Date Rec'd: ____ ACTION: ☐ Approved ☐ Disapproved

Date Appv'd: ____ Signature: ____

Installation Final Inspection Approval

By: ____ Date: ____

Business Office Use Only
Date Received: 3-01-18 Amount Paid: $405.00
Received By: JAD Check/Cash No: 9345

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

C

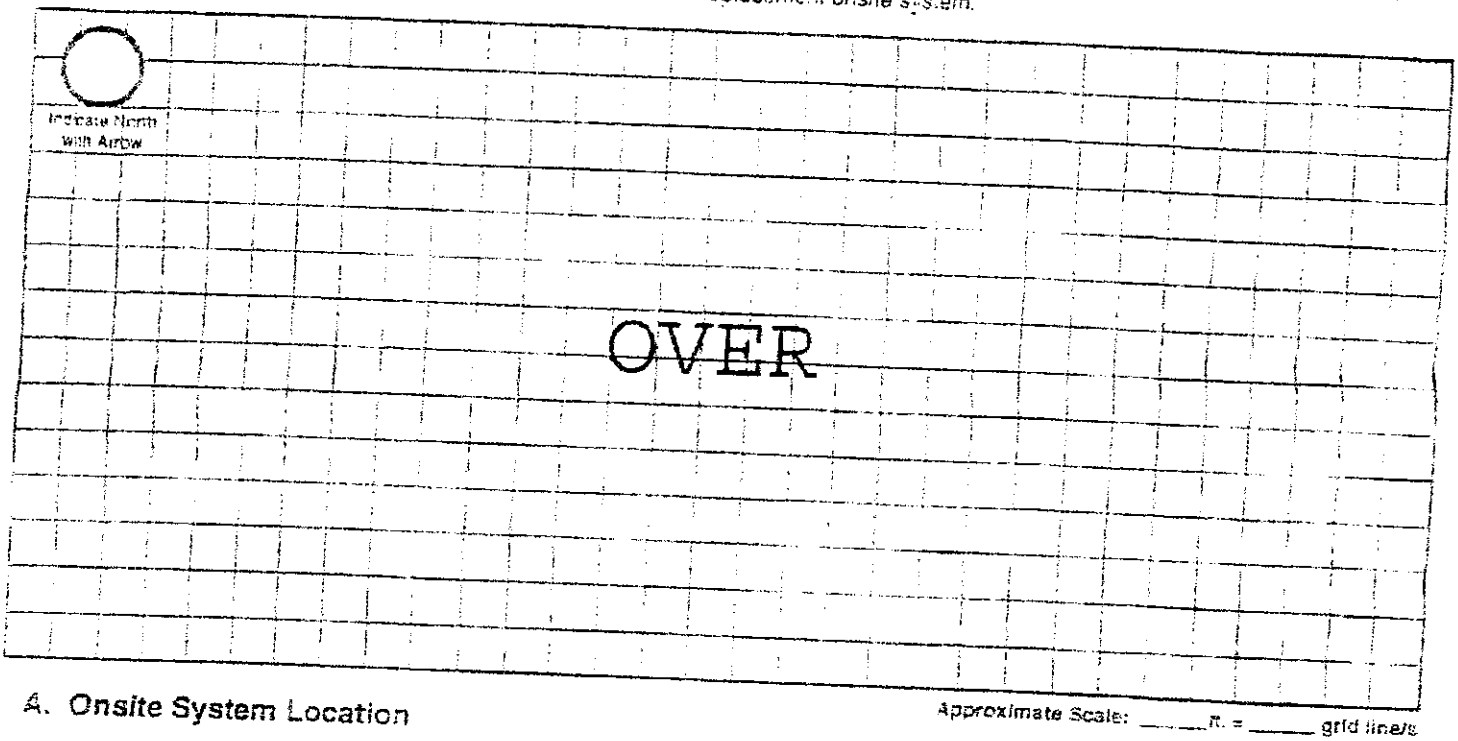
Permit Number

03-31-20-013-000

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) W Rokeby Rd City Denton NE, Zip 68339

B. Proposed Septic Tank/s

Septic Tank Cap. _____ gals Tank Material: ☐ Concrete ☐ Plastic ☐ Other _____ ☒ Lagoon Max. sewage 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 _____ Distribution Box _____

No. of absorption beds _____ Width _____ No of Distribution lines per bed _____

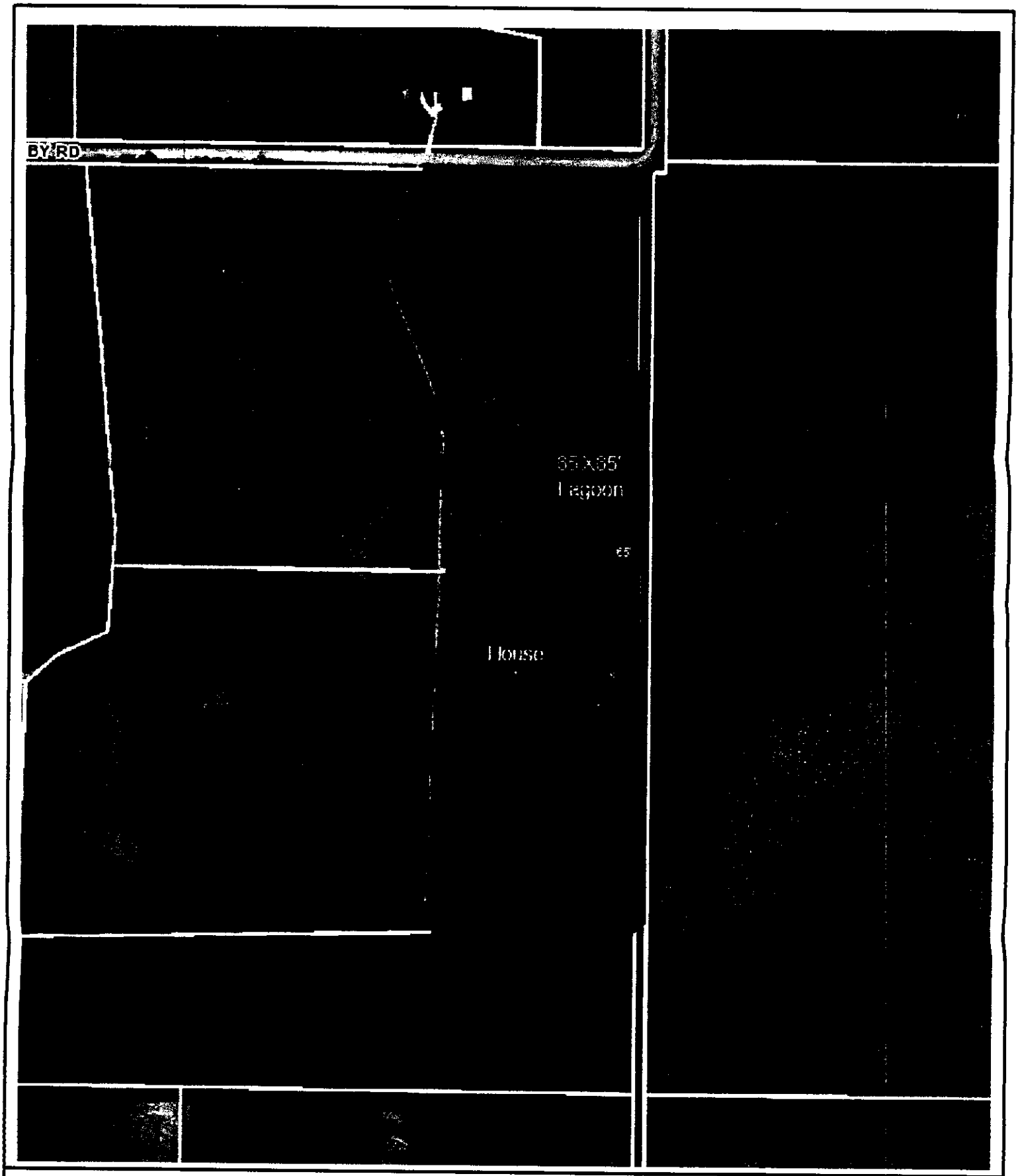
E. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

Distance From	Private Well	Public Well	Surface Water	Ground Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☐	500 ☐	50 ☐	N/A ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
Lagoon (ft)	100 ☒	500 ☒	50 ☒	N/A ☒	30 ☒	50 ☒	150 ☒	200 ☒	☒

F. Required Signatures

Home Building Contractor Maria A Siemers Date 3-6-18

Installer Maria A Siemers Date 3-6-18



Lancaster County/City of Lincoln GIS Map

Danial Pape W Rokeby Rd, Denton, NE 68339

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Printed: Mar 06, 2018

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
3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

Exhibit 6

Permit Number: H5001608

Onsite Wastewater Treatment System-Lagoon

Inspection Sheet

Date 9/19/18 Legal Description ___ ¼ ___ ¼ 31/9/5 Lot 22
Section/Township/Range

Onsite System Location

Address (no rural route) 12715 W Rokeby Rd City ___

Owner ___ Address ___

Mark One: ☒ Dwelling ☐ Non-dwelling

☒ New System ☐ Repair

☐ Temporary modification (Describe problem causing discharge and reason for temporary modification): ___

Lagoon constructed so not to receive surface water	Yes ✓ No ___
Lagoon floor is level	Yes ✓ No ___
Lagoon is equipped with a depth gage/concrete slab	Yes ✓ No ___
Influent line is at least 4 inches and slopes no less than 1/8 inch	
Clean outs located every 75 feet and one located 1 foot about highest water level	Yes ✓ No ___
Inside slope not steeper than three horizontal to one vertical	Yes ✓ No ___
Minimum width of the top of the dike shall be 4 feet	Yes ✓ No ___
Fence installed	Yes ✓ No ___

Top of the Dike 65' Bottom of Lagoon 29' Design Flow 375 gpd

Setbacks (Check the Boxes Below if the Required Setback has been Satisfied):

Surface Water distance from Water Mark	Private Drinking Water Wells	Public Drinking Water Supply Wells		All Other Water Wells	Property Lines	Trees and Brush	Neighbor's Foundation		All Other Setbacks
50 ft ☐	100 ft ☐	Non-Community	100ft ☐	100ft ☐	50ft ☐	50ft ☐	Class 1	200ft ☐	☐
		Community	☐				Class 2	200ft ☐	
							Class 3	100ft ☐	

*Evaluated by a professional engineer for potential impact on the well and submitted to Dept. for approval if less than 1000ft.

Geographical Coordinates to 5 Decimals: ___

Dike North side

Comments:

Inspections prior to Final Approval
Initial ___ Date 9/19/18

Follow-Up ___ Date ___

Follow-Up ___ Date ___

Installation Final Written Approval
By ___
Date 9/19/18

Updated 4/15

SCANNED

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln, NE 68510
Phone: 402-441-8021

A

Permit Number: HS001608

New Construction

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

Include Form B and C. Submit correct fee with this Application

Please complete the following 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

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Legal Description: NE 1/4 31 Section 9N Township 5E Range Subdivision 22 Addition Block Lot

PIN: 03-31-200-013-000

B. Owner

Name: Danial Pape Signature: Danial Pape

Address: 2533 W Plum St City, State, Zip: Lincoln, NE 68532

Home Phone: 402 429 0274 Work Phone: 402 474-4814

C. Certified Installer

Name: Lloyd Jakoubek, Raymond Contracting Inc Signature:

Address: 13800 NW 70th St City, State, Zip: Raymond, NE 68428

Cell 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

☒ Residence Number of Bedrooms: 4 Mobile Home? ☐ Yes ☒ No Total Acres: 28.44

Garbage Grinder? ☒ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify: Design Flow: Gallons per day:

Type of System: ☐ Domestic ☐ Non-Domestic

DO NOT WRITE BELOW THIS LINE

Approval Process: ☐ Municipal Code 21.30 ☐ Other Regulations (specify)

1. Health Department
Signature: 9/19/18 Date Rec'd: 3/8/18 3/8/18 ACTION: ☒ Approved ☐ Disapproved
Comments:

2. Public Bldg. Insp. or Design Engr.
Comments: Not in F.P. Date Rec'd: 3-8-18 3-8-18 ACTION: ☒ Approved ☐ Disapproved
Signature:

3. City or County Engineer
Comments: Date Rec'd: 3-8-2018 ACTION: ☒ Approved ☐ Disapproved
Signature:

Assistant Director, Director, Health Officer, or Designee Approval
Signature: Date: 9/19/18

Business Office Use Only
Date Received: 3-09-18 Amount Paid: $405.00
Received By: JAD Check No: 9345

SCANNED

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

C

Permit Number:

03-31-20-013-000

Onsite Wastewater Treatment System

Preliminary Plan Specifications

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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_____ Distrubition Bcx_____

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

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

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Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
Lagoon (ft)	100 ☒	500 ☒	50 ☒	N/A ☒	30 ☒	50 ☒	100 ☒	200 ☒	☒

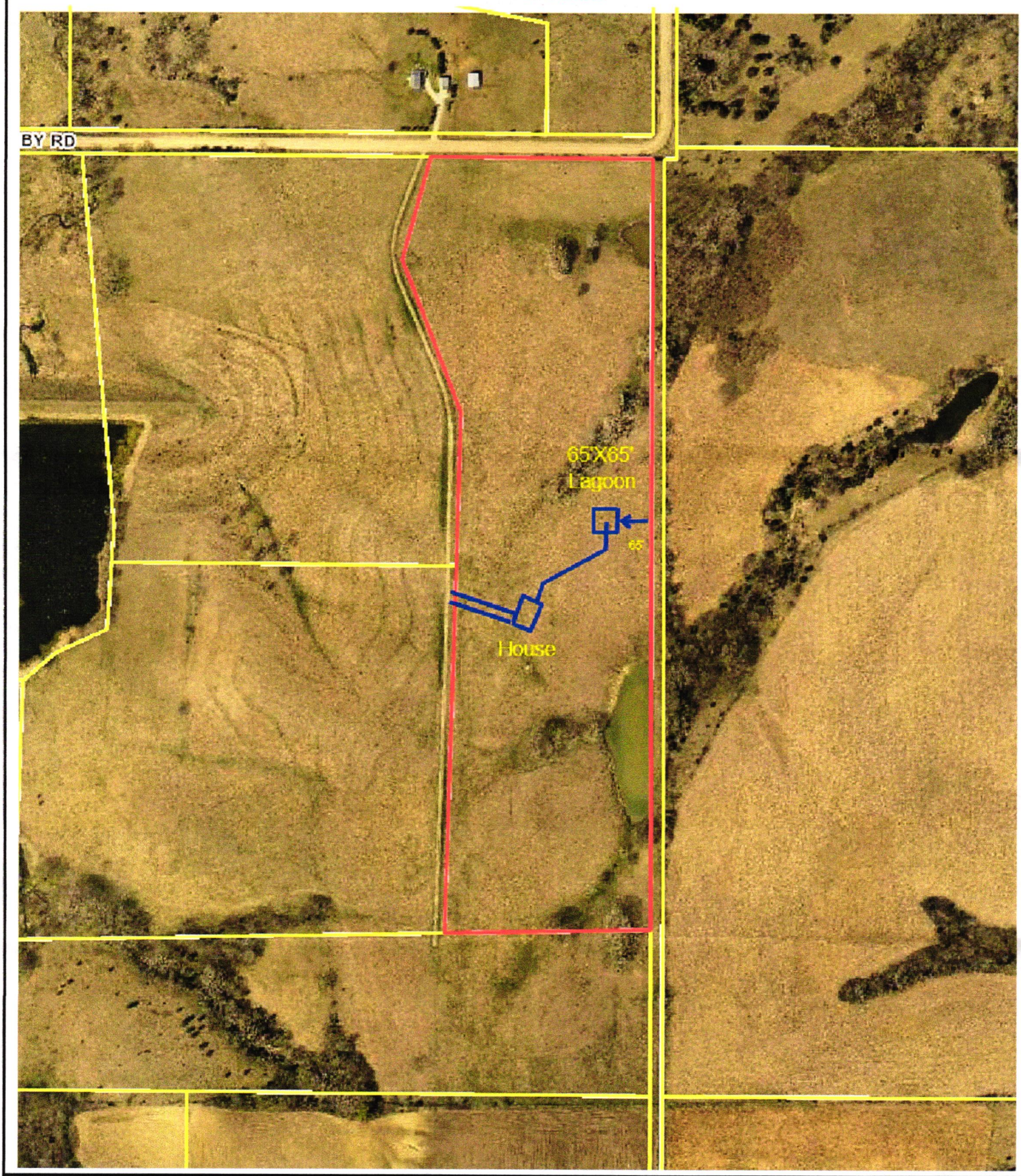
F. Required Signatures

Home Building Contractor Maria A Sinner Date 3-6-18

Installer Kevin L Johnson Date 3-6-18

Omaha Form C-12, 05

SCANNED



Lancaster County/City of Lincoln GIS Map

Danial Pape W Rokeby Rd, Denton, NE 68339

N
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Printed: Mar 06, 2018

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.