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

A

Permit Number
H5001610

New Construction
Blake Builders

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 17475 Birdsong Pl (no rural route) City Hickman, NE Zip 68372

Legal Description SE 23 8N 7E Cedar Woods Estates 1
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 15-23-401-001-000

B. Owner

Name Joel Vlasnik Signature

Address 5720 La Salle St City/State/Zip Lincoln, NE 68516

Home Phone 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 4.3
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 3/8/18
Date frwd 3/8/18
ACTION ☒ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments Not in FP
Date rec'd 3-8-18
Date frwd 3-8-18
ACTION ☒ Approved ☐ Disapproved
Signature

3. City or County Engineer
Comments
Date rec'd 3/8/18
Date frwd 3/8/18
ACTION ☒ Approved ☐ Disapproved
Signature

Installation Final Written Approval
By
Date 11/16/18

Business Office Use Only
Date Received 3-08-18 Amount Paid $405.00
Received By Cash/Check No 7150

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

NOV 0 7 2018

D

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

Permit Number:

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

Address or Legal Description or Parcel Identification Number (PID) 15-23-401-001-000

Owner Joel Vlasnick Address

A. Wastewater Piping

1. Material PVC Diameter 4 in
2. Distance between dwelling and septic tank 45 ft

B. Septic Tank

1. Material Plastic
2. Capacity 1500 gal
3. Depth to top of tank below unfinished grade 30 in
4. Distance to:
   - Well NA ft
   - Pressure line 145' ft
   - Property line 5 ft
   - Foundation 45 ft

C. Distribution Box or Drop Box

Distance **and** Direction from septic tank: ____ ft. ____

D. Drainfield/Absorption Field (circle one)

(Trench) Bed

1. Type (Perforated Pipe) Chamberless Other

Material brand and inside width of Chamberless

1203 H EZ Flow

2. Number of Laterals 3
3. Length of each lateral (linear) ft. 105 & 105 ft 110 ft.
4. Drainfield size 1440 sq. ft. 1100 sq ft
5. Distance to:
   - Well NA ft.
   - Pressure line 140' ft.
   - Property line 50 ft.
   - Depth of Groundwater > 8'

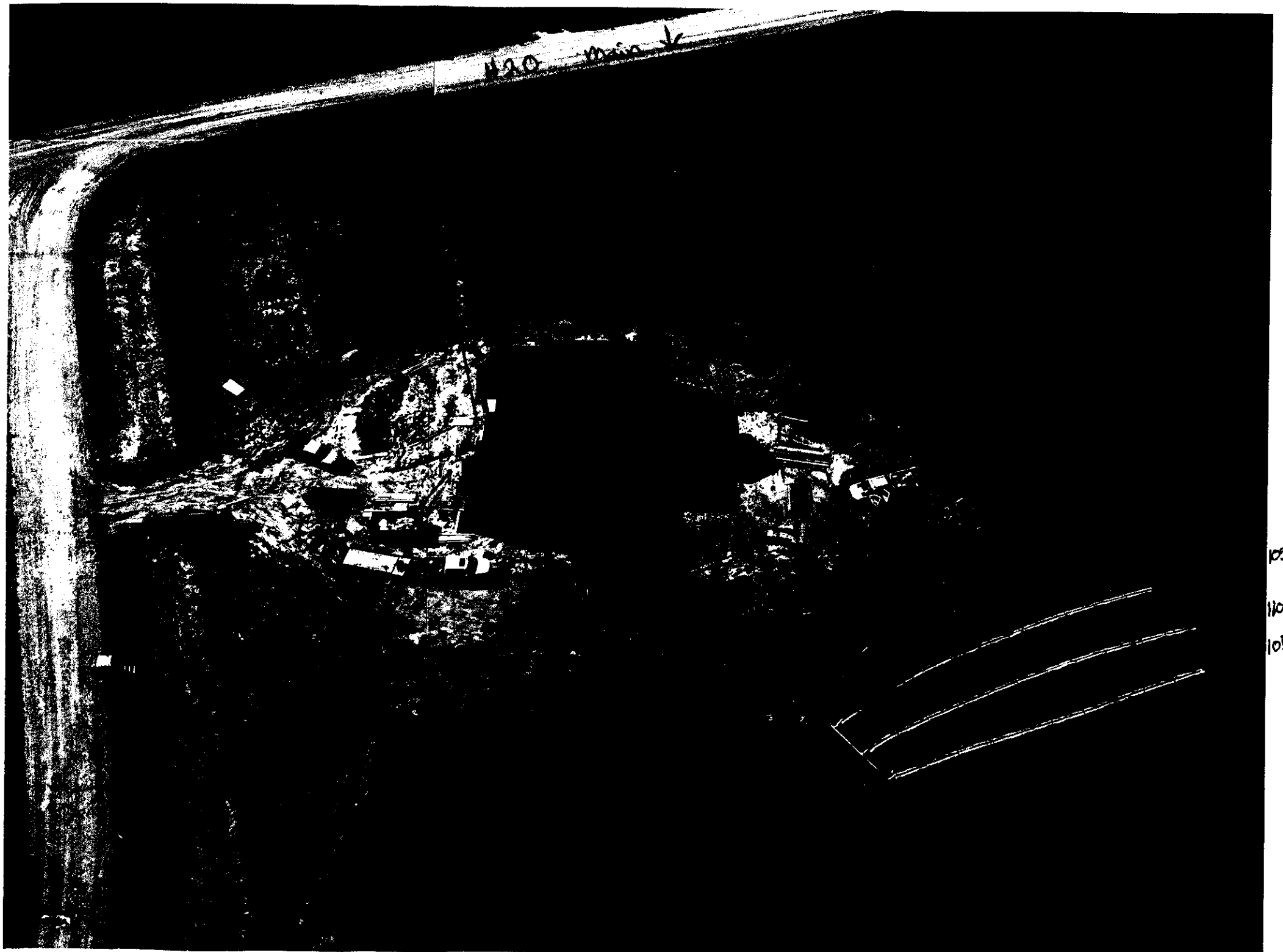
Was the Onsite Waste Water System covered prior to LLCHD inspection? (YES) NO

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 02-0030 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature [signature] Date 9-14-18

Complete As-Built drawing on the back of this form.


#20 Main
105'
110'
105'

Nate C. Hartman

From: Darcie Ross <darcie@rossplumbingco.com>
Sent: Friday, September 14, 2018 1:45 PM
To: Nate C. Hartman
Subject: Fwd: Vlasnik Perc Test
Attachments: perc test.pdf

Nate
Took me a while to get this to you! I spoke with you a few weeks ago about this septic and the permit had already been pulled. You said you just needed Troy's perc Test. It is attached. He is working on it today and tomorrow. Please let me know if you have any questions.
Thanks!
Darcie
402-560-0725

Get Outlook for iOS

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

B

Permit Number:

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 17475 Birdsong Pl (no rural route) City Roca NE, Zip 68372

Owner Joel Vlasnik Address 5720 La Salle St Lincoln NE 68516

Date of Tests 7-10-18 to 7-11-18 Weather: Precipitation -0- Temperature 90°

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	24	7/10	1:00	7/11	2:30	7/11	2:40	6	7/11	3:10	30	3/4	40
2	24	"	"	"	"	"	"	6	"	"	"	3/4	40
3	24	"	"	"	"	"	"	6	"	"	"	1"	30
								6					
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Troy Ross

Phone: 402-610-1809

Address 2451 County Rd A Denton NE 68339

Soil type (NRCS Maps/Other) Silty Clay Loam

Groundwater Depth 60'

Sum of Percolation Rates: 110

Average of Rates: 37

Rate Used for Calculation: 40

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official _____ Date _____

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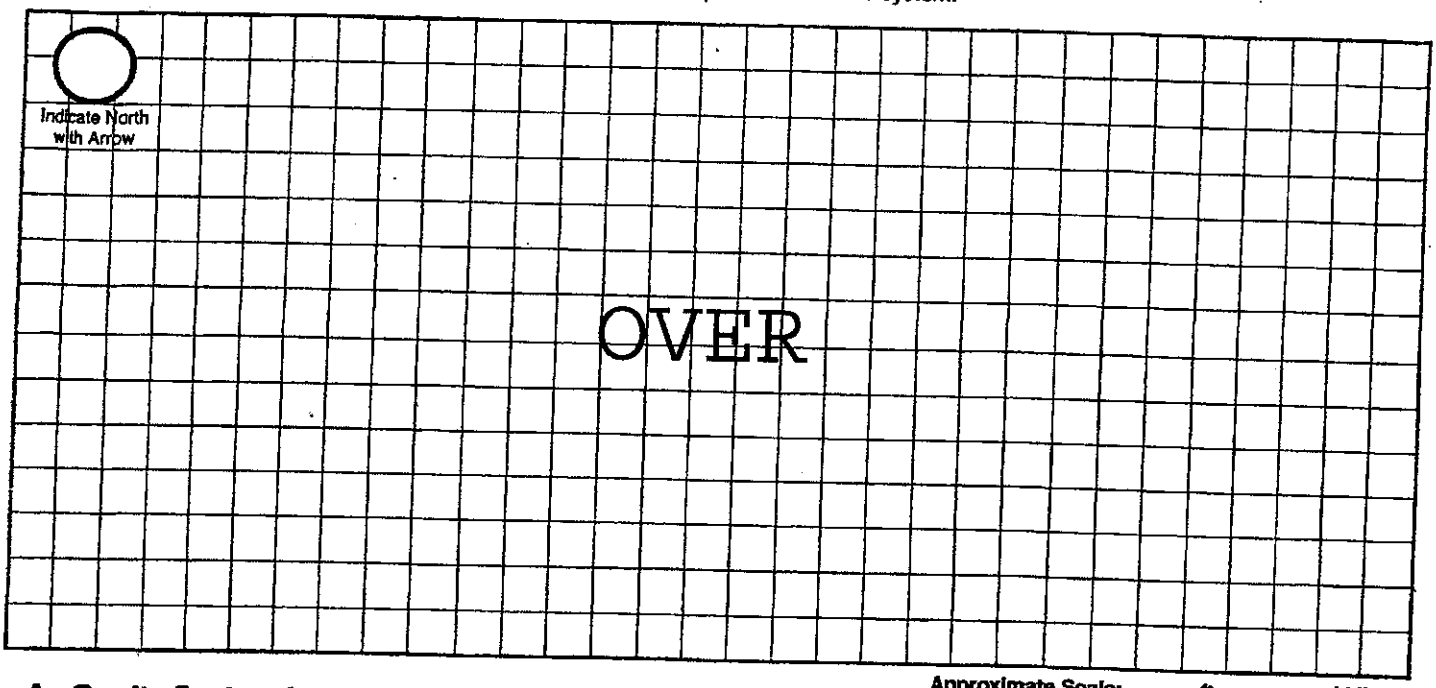
C

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) 17475 Birdsong Pl City Hickman NE, Zip 68372

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_____

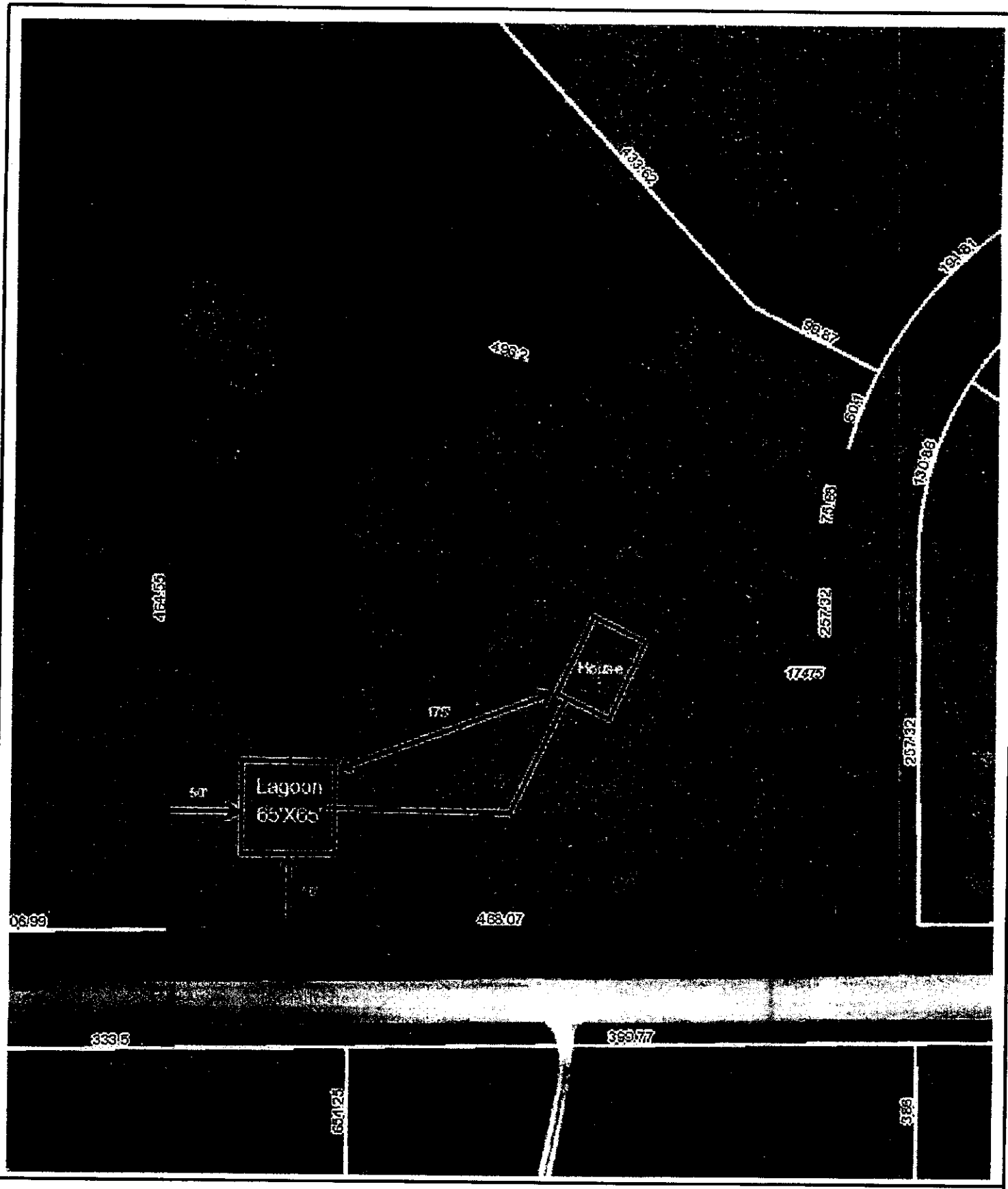
E. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

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 Builder/Contractor _____ Date 3/8/18

Installer _____ Date _____



Lancaster County/City of Lincoln GIS Map

17475 Birdsong Pl, Hickman, NE 68372 - Joel Vlasnik

N
W E
S

Printed: Mar 08, 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 egs@lincoln.ne.gov and you will be directed to the appropriate department.