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

MAR 08 2018

A

Permit Number
HS001612

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 3200 W Raven Rd (no rural route) City Raymond, NE Zip 68428

Legal Description ____ 20 12 6 6th P.M. 25 SE
1/4 1/4 Section Township Range Subdivison Addition Block Lot

Geographical Location (if known): Lat/Long: ____ PID 13-20-400-007-000

B. Owner

Name John Jacobs Signature [signature]

Address 17100 NW 70th St City/State/Zip Raymond, Ne 68428

Home Phone 402-580-7698 Work Phone Ne

C. Certified Installer

Name: Kurt Virgil Signature [signature]

Address 4620 W Mary Louise Ln City/State/Zip Lincoln, Ne 68528

Work Phone 402-525-6681

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 Is there a Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 70.75

☐ Commercial Establishment/Other Facility Specify ____ Design flow in gallons per day ____

Type of Wastewater ☐ Domestic ☐ Non-Domestic Well Permit Applied for ☐ Yes ☐ No ☐ Not Applicable

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 ____ Date frwd ____
ACTION ☐ Approved ☐ Disapproved
Signature ____

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

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

Installation Final Written Approval
By ____
Date ____

Business Office Use Only
Date Received 3-08-18 Amount Paid $405.00
Received By JAD Cash/Check No. 1299

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

Form A Updated: 5/10

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

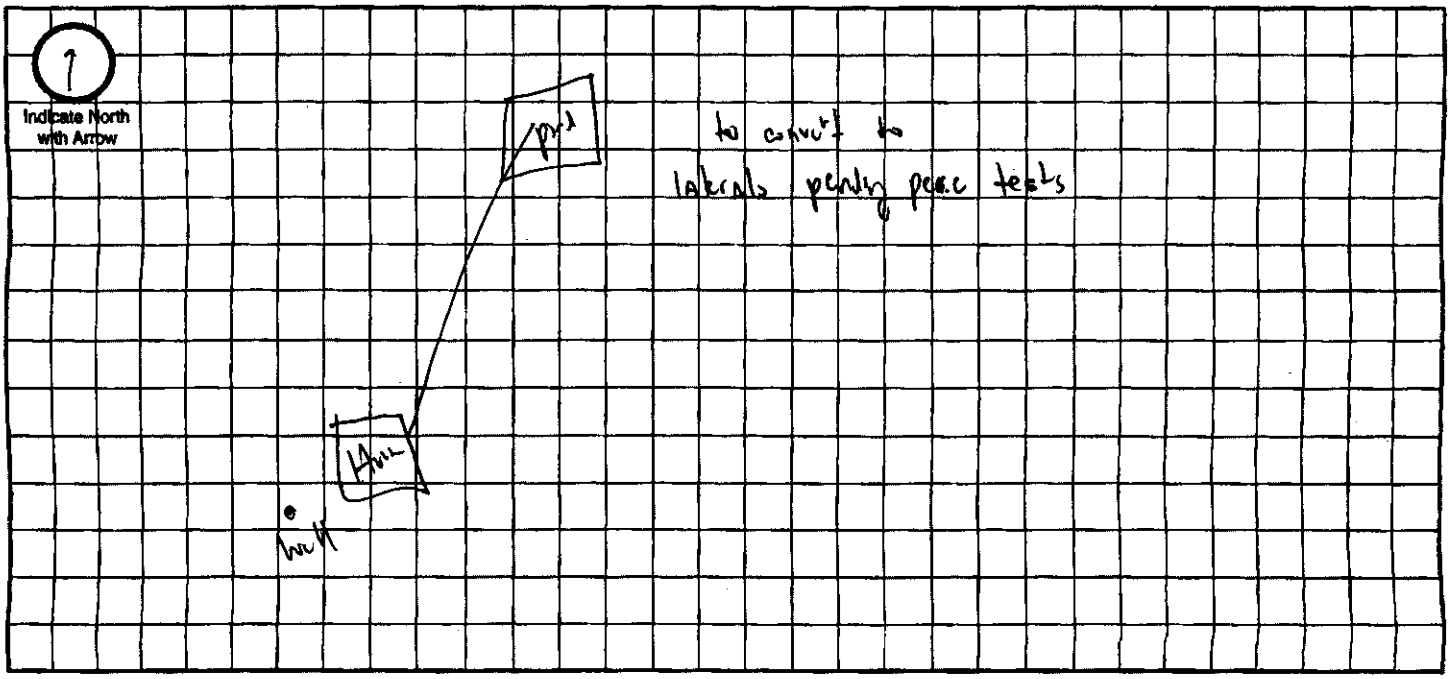
C

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) 3200 W Raney Rd City Raymond NE, Zip 68428

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_____ Date_____

Installer_____ Date 3-5-10

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

Permit Number: 4500 1612

Onsite Wastewater Treatment System

Inspection Sheet

Date 9/21/18

Legal Description T12N, R6E, Sec 20 Lot 25
¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 3250 W. Davey Rd 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 765 Sq. Ft (150 gpd) Tank Size 1500 gals

Total length of laterals 170' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☒ Other (describe) _____
E2 Flow

No. of Absorption Laterals 2 Width 3' No. of Drop Boxes 0 Distribution Box 1

Leveling Method Used Laser

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: See D sheet

Inspections prior to Final Approval
Initial DH Date 8/24/18

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By _____

Date 9/21/18

Field Note Drawing (See Reverse Side):

SCANNED

MAR 08 2018

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

A

Permit Number
HS001612

Onsite Wastewater Treatment System
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Home Phone 402-580-7698 Work Phone Ne

C. Certified Installer

Name: Knet Virgil Signature [signature]

Address 4620 W Mary Louise Ln City/State/Zip Lincoln, Ne 68528

Work Phone 402-525-6681

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 + 3 Op per contract Is there a Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 70.75

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day

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Comments Date frwd Signature

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

Installation Final Written Approval
By [signature]
Date 9/24/18

Business Office Use Only
Date Received 3-08-18 Amount Paid $405.00
Received By JAD Cash/Check No. 1299

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

Form A Updated: 5/10

* Existing Property

SEP 07 2018

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

D

Permit Number:

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date 8-24-18 Legal Description Lot 33 20-12-6
1/4 1/4 Section Township Range

Onsite System Location

Address (no rural route) 3250 W Davey Rd City Raymond NE, Zip 68428

Owner John & Lori Jacobs Address Same

A. Sewer Pipe

1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: — in.
   or distance below basement floor: 18 in.
3. Distance between dwelling and septic tank: 92 ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line 100 ft.
   stream 150 ft.
   pressure line 125 ft.
   property line 125 ft.

B. Septic Tank

☑ Label with Manufacturer, address and gallon capacity

1. Material: Concrete
   Number of compartments: 1
2. Capacity: 1500 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter 24 in.
   Over outlet, diameter 24 in.
   Riser: ☑ above ☐ below grade 6 in.
5. Inlet: ☑ baffle ☐ tee ☐ 6" dia. inspection pipe
6. Outlet: ☑ baffle ☐ tee ☐ 6" dia. inspection pipe
7. Depth to top of tank, below unfinished grade: 12 in.
8. Distances to: Well or suction line 100 ft.
   Stream 150 ft.
   Pressure line 125 ft.
   Property line 125 ft.

C. ☑ Distribution Box ☑ Drop Boxes

(≥ 12" inspection opening) (removable lid to inspect)

1. Material: Plastic
   Number available outlets: 4
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 50 & 13 ft.

D. Drainfield Absorption

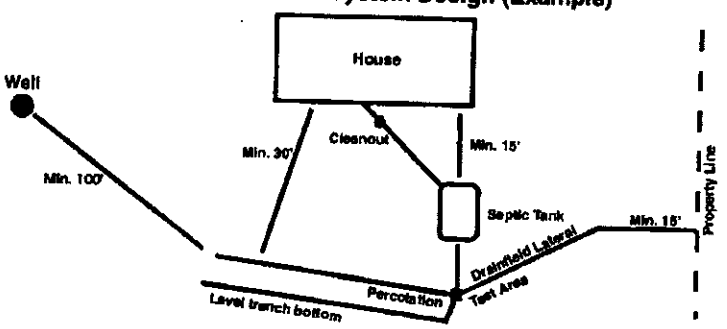
☐ Trench ☐ Bed ☐ Level Bottom ☑ ez flow

1. Type: ☐ Half rounds ☐ Perforated pipe ☐ Chambers
   Diameter or width: 36"
   Number of distribution lines in bed 1
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☑ other ez flow
2. Drainfield Laterals: Number 2
   Length of each line: 90 ft. 80 ft.
   ___ ft. ___ ft., ___ ft.
3. Drainfield dimensions: Width 3 ft.
   Distribution Pipe Slope 0 in/100 ft.
   Average depth 38 in
4. Filter material: NA
   Depth of material NA in.
5. Distances to: Well or suction line 100 ft.
   Pressure line 125 ft.
   Property line 125 ft.
   House or building 92 ft.
   Lake or Stream 150 ft.

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

Onsite Wastewater System Design (Example)

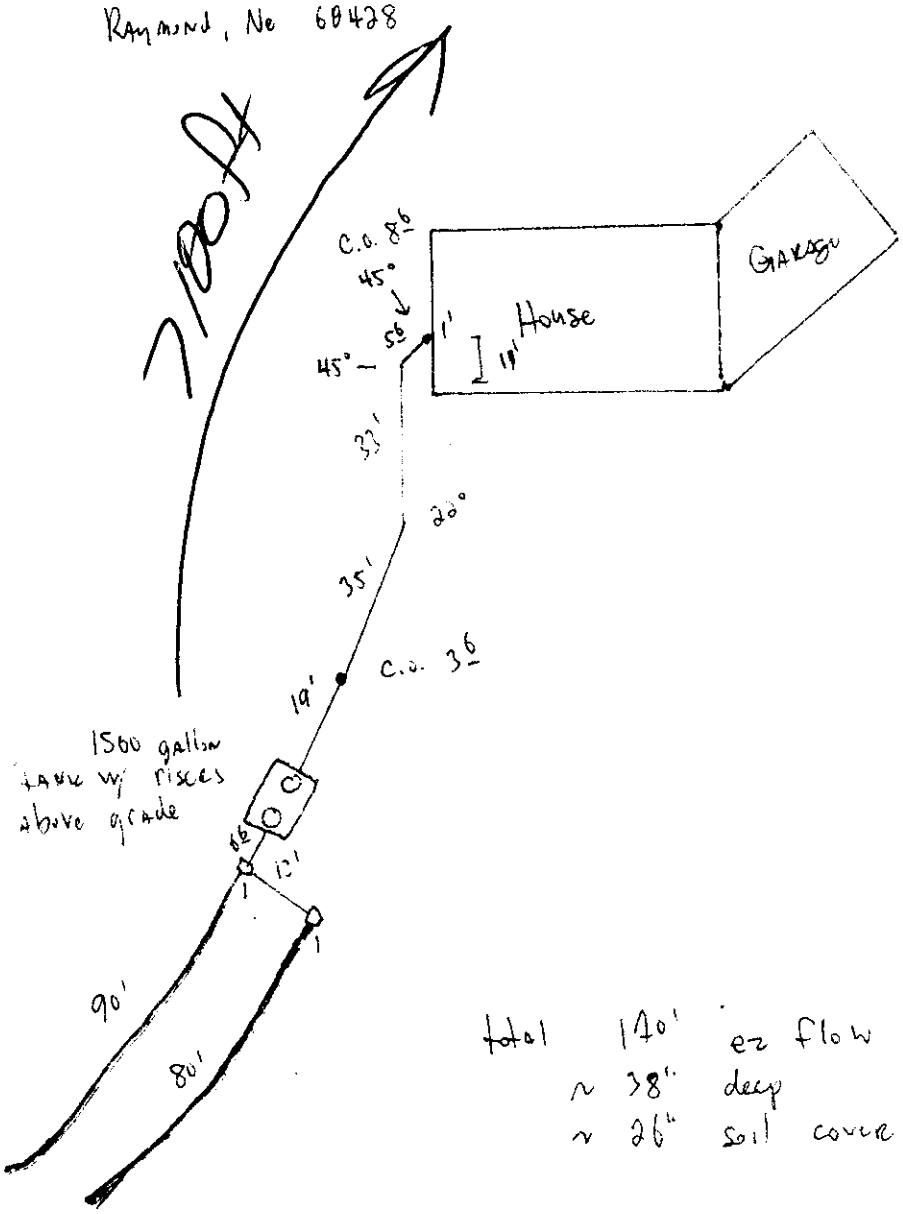
Indicate North with Arrow



John & Lori Jacobs
3250 W Davey Rd
Raymond, Ne 68428

Septic Data
Completed 8-24-18

→ N
⟷ = 10'



120ft

total 140' ez flow laterals
~ 38" deep
~ 26" soil cover
} on average

All setback requirements met.

Nate C. Hartman

From: Kurt Virgil <kvirgil1@hotmail.com>
Sent: Friday, August 03, 2018 10:47 AM
To: Nate C. Hartman
Subject: John Jacob's B sheet
Attachments: Jacobs.pdf

Jacobs

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 3250 W Davey Rd (no rural route) City Raymond NE, Zip 68428

Owner John Jacobs Address 17100 NW 70th St Raymond, Ne 68428

Date of Tests 7-21-18 to 7-22-18 Weather: Precipitation NA Temperature 85°

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			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	27	7/21	900	7/21	100	7/22	550	6	7/22	620	30	1	30
2	36	"	"	"	"	"	"	6	"	"	"	2 1/4	13
3	32	"	"	"	"	"	"	6	"	"	"	1 3/4	17
4	31	"	"	"	"	"	"	6	"	"	"	1 1/2	20
5	29	"	"	"	"	"	"	6	"	"	"	1	30
6	35	"	"	"	"	"	"	6	"	"	"	1 3/8	22
								6					
								6					

Person Conducting Percolation Test

Name: Kurt Virgil
Phone: 402-525-6601
Address 3276 W Branched Oak Rd
Raymond, Ne 68428

Soil type (NRCS Maps/Other) Malcolm Silt Loam
Groundwater Depth > 10'

Sum of Percolation Rates: 132
Average of Rates: 22
Rate Used for Calculation: 21-30 mpi

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official Date

Onsite Form B 12_06