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

A

Permit Number HS001634

New Construction

Rybak ~~Homes~~ Construction **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 5900 Kiowa Rd (no rural route) City Crete, NE Zip 68333

Legal Description SE (1/4) 25 (1/4 Section) 8N (Township) 5E (Range) Kicking Bird Estates (Subdivison) 4 (Addition) (Block) (Lot)

PID 02-25-401-004-000

B. Owner

Name Rybak Construction Inc Signature

Address 1411 West 13th Street City/State/Zip Crete

Home Phone Work Phone 4026174078

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 5 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 4.22

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 3-28-18 Amount Paid $405.00

Received By JMO Cash/Check No. 4258

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

Form A Updated 1/13

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

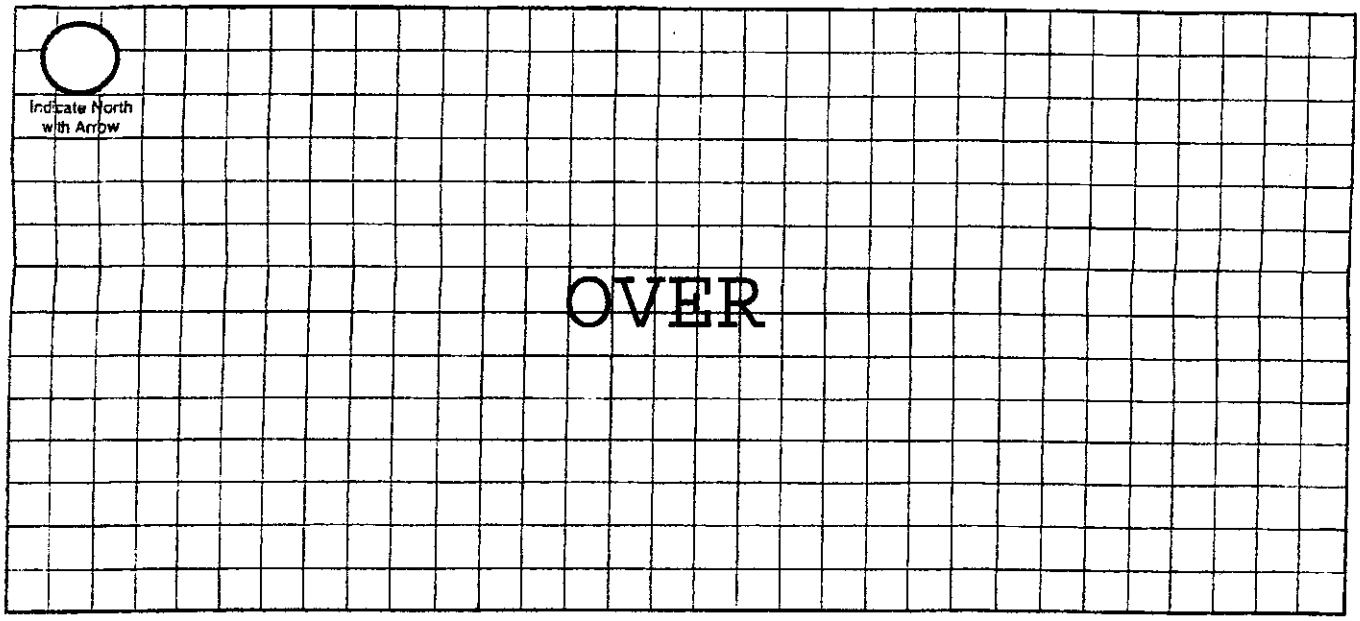
C

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) 5900 Kiowa Rd City Crete NE, Zip 68333

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

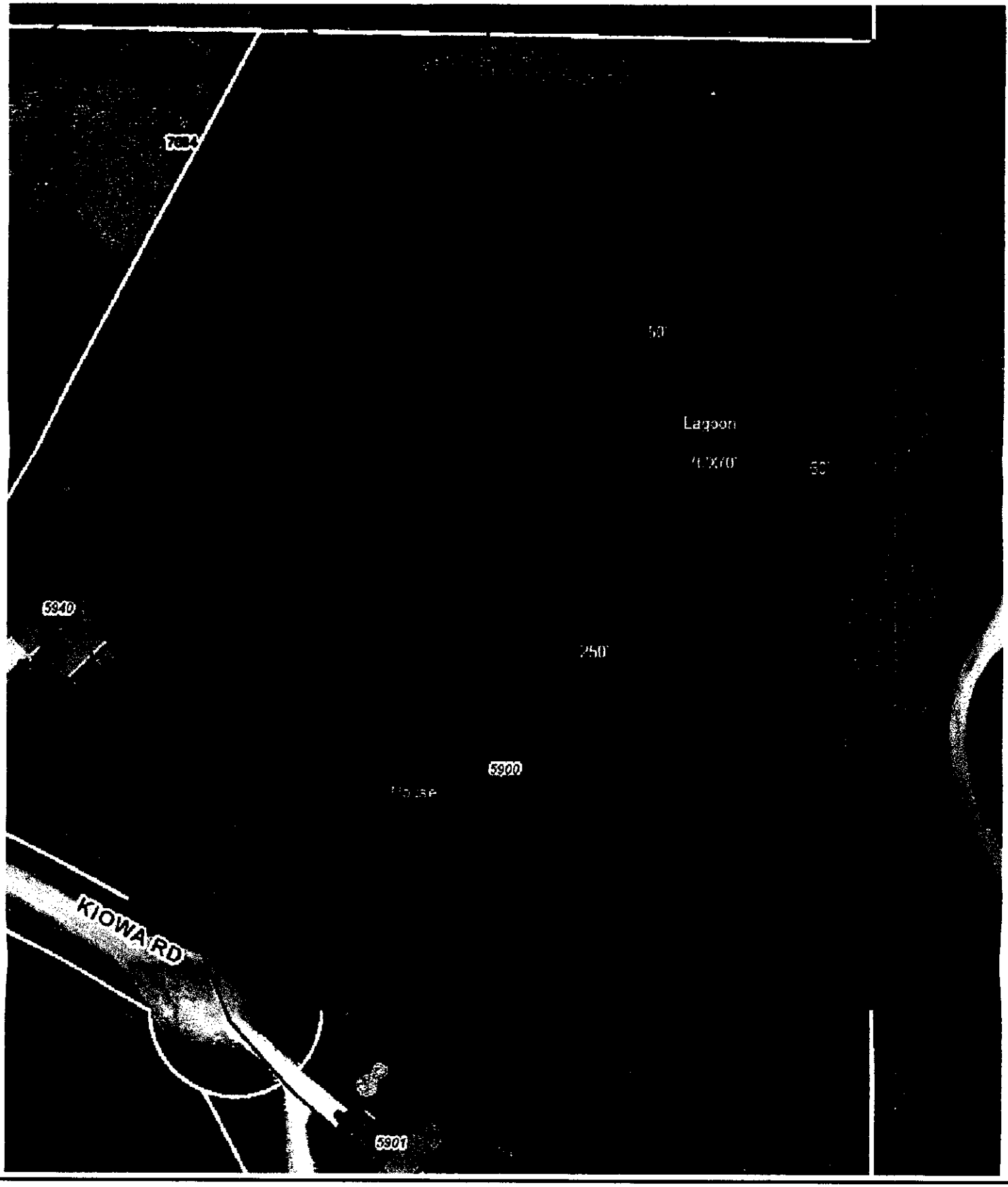
Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
Lagoon (ft)	100 ☒	500 ☒	50 ☒	N/A ☒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

F. Required Signatures

Home Building Contractor Ryba Construction Inc Date 3/27/18

Installer [signature] Date 3/28/18

Onsite Form C 12-06



Lancaster County/City of Lincoln GIS Map

Rybak Homes 5900 Kiowa Rd, Crete, NE 68333

N
W E
S

Printed: Mar 26, 2018

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

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT
No. HS001634

System Type: Lagoon

Situs: 5900 KIOWA RD, CRETE, NE 68404

Issued: 4/2/2018

Expires: 4/2/2019

Description: KICKING BIRD SUBDIVISION, Lot 4

Owner: HAAG, JARED A & WILSHUSEN, MEGAN R
835 LARKSPUR DR
HICKMAN, NE 68372

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 70TH 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

A

Permit Number HS001634

New Construction

Rybak ~~Homes~~ Construction **Onsite Wastewater Treatment System**

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PID 02-25-401-004-000

B. Owner

Name Rybak Construction Inc Signature

Address 1411 West 13th Street City/State/Zip 68502

Home Phone Work Phone 4026174070

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 5 Whirlpool Bathtub? ☐ Yes ☒ No Garbage Grinder? ☒ Yes ☐ No Total Acres 4.22

☐ 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 8/22/18
Need fence
Comments
Date rec'd 3/30/18
Date frwd 3/30/18
ACTION ☒ Approved ☐ Disapproved
Signature

2. **Supt. Bldg. Insp. or Village Clerk**
Comments
Date rec'd 3-30-2018
Date frwd 3-30-2018
ACTION ☒ Approved ☐ Disapproved
Signature

3. **City or County Engineer**
Comments
Date rec'd 3-30-18
Date frwd 3-30-18
ACTION ☒ Approved ☐ Disapproved
Signature

Installation Final Written Approval
By Doug Arnold
Date 9/7/18

Business Office Use Only
Date Received 3-28-18 Amount Paid $405.00
Received By Cash/Check No. 42598

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

Form A Updated 1/13

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

Exhibit 6

Permit Number: H-5001634

Onsite Wastewater Treatment System-Lagoon

Inspection Sheet

Date 9/7/18 Legal Description _____

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 5900 Kiowa Rd City Crete

Owner Jared Haag 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 70' Bottom of Lagoon 34' Design Flow 450'

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 6 Decimals: NA

Dike North side

Comments:

Inspections prior to Final Approval
Initial _____ Date 8/22/18

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By _____

Date 9/7/18

Nate C. Hartman

From: Terri Jakoubek <jakoubek63@windstream.net>
Sent: Thursday, August 30, 2018 8:36 PM
To: Nate C. Hartman
Cc: Doug R. Smith
Subject: Fwd: 5900 Kiowa D-Sheet
Attachments: 5900 Kiowa D-Sheet.pdf

Fence is up on this lagoon.

Thanks,

Terri Jakoubek
Raymond Contracting, Inc.
13800 NW 70th St
Raymond, NE 68428
402-783-2663 (Office)
402-783-2341 (Fax)
402-890-3870 (Mobile)
jakoubek63@windstream.net

From: "Terri Jakoubek" <jakoubek63@windstream.net>
To: "Nate Hartman" <nhartman@lincoln.ne.gov>
Cc: "Doug Smith" <drsmith@lincoln.ne.gov>
Sent: Thursday, August 23, 2018 5:41:58 PM
Subject: 5900 Kiowa D-Sheet

HS001634 attached.

Thanks,

Terri Jakoubek
Raymond Contracting, Inc.
13800 NW 70th St
Raymond, NE 68428
402-783-2663 (Office)
402-783-2341 (Fax)
402-890-3870 (Mobile)
jakoubek63@windstream.net

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: HS001634

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 = 02-25-401-004-000

Address or Legal Description or Parcel Identification Number (PID) 5900 Kiowa Rd, Crete, NE 68333

Owner: Jared Haag Address 835 Larkspur Dr, Hickman, NE 68372

A. Wastewater Piping

1. Material: SDR26 Diameter: 4 in.
2. Distance between dwelling and ~~septic tank~~ Lagoon: 167 ft.

B. Septic Tank

1. Material _____
2. Capacity: _____
3. Depth to top of tank below unfinished grade: ____ in.
4. Distance to:
   Well _____ ft.
   Pressure line _____ ft
   Property Line _____ ft.
   Foundation _____ ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: _____ ft. _____

D. Drainfield/Absorption Field

☐ Trench ☐ Bed

1. Type ☐ Perforated Pipe ☐ Chamberless ☐ Other
   Material and inside width chamberless: _____
2. Number of Laterals _____
3. Length of each lateral: ft._____ ft._____ ft._____ ft._____
4. Drainfield s _____
5. Distance to:
   Well _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.
   Depth of Groundwater _____

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

If Yes, the Certified Professional must sign below for final approval:

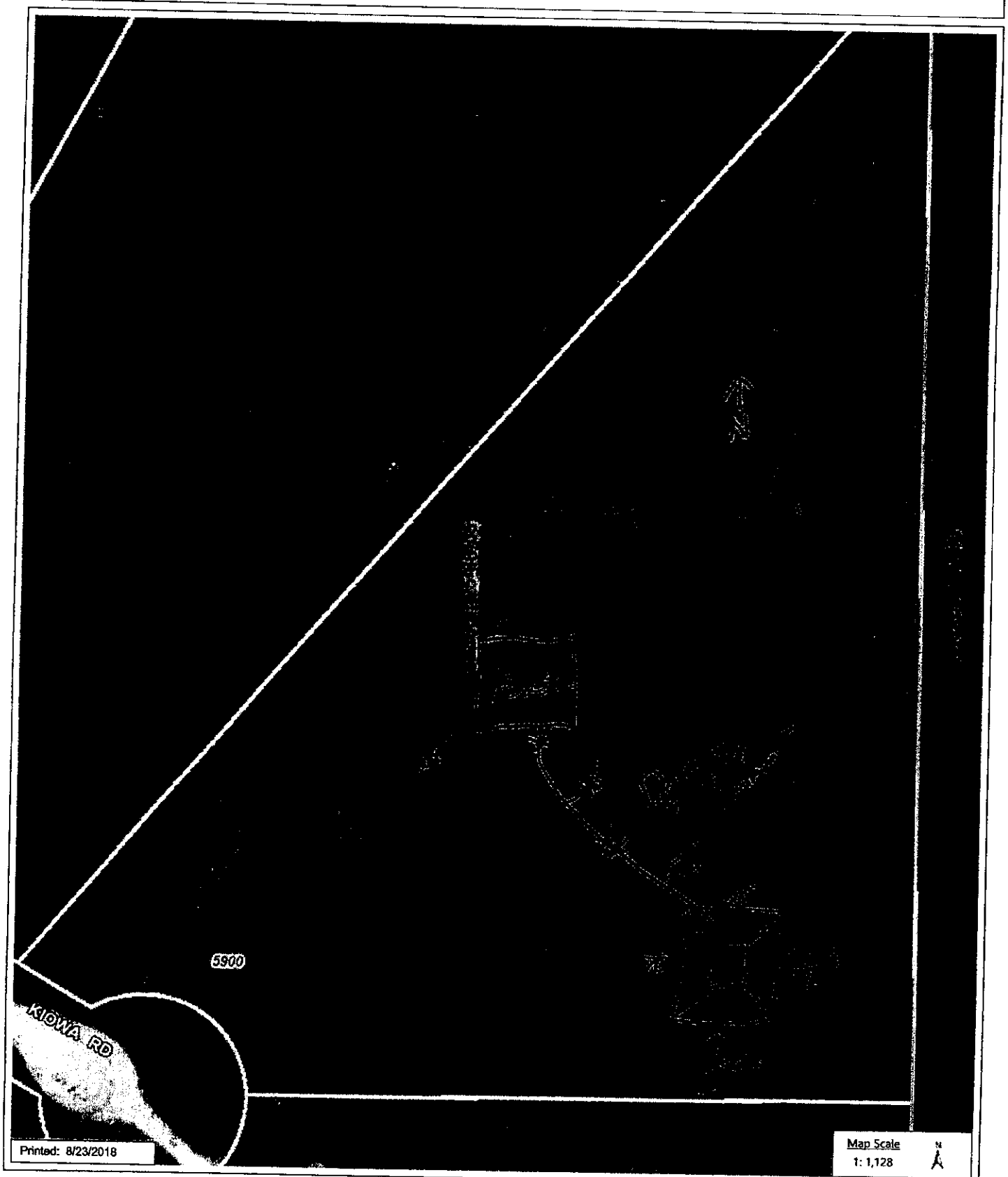
I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: _____ Date: 8/17/18

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

GIS Viewer
CITY OF LINCOLN - LANCASTER COUNTY, NE

City of Lincoln\Lancaster County GIS Map



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C Distribution Box or Drop Box

Distance and Direction from septic tank: ____ ft. ____

D. Drainfield/Absorption Field

☐ Trench ☐ Bed

1. Type ☐ Perforated Pipe ☐ Chamber ☐ Gravelless ☐ Other
   Material _____ and inside width _____ Chamberless: _____
2. Number of Laterals _____
3. Length of each lateral: ft._____ ft._____ ft._____ ft._____
4. Drainfield size _____
5. Distance to:
   Well _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.
   Depth of Groundwater _____

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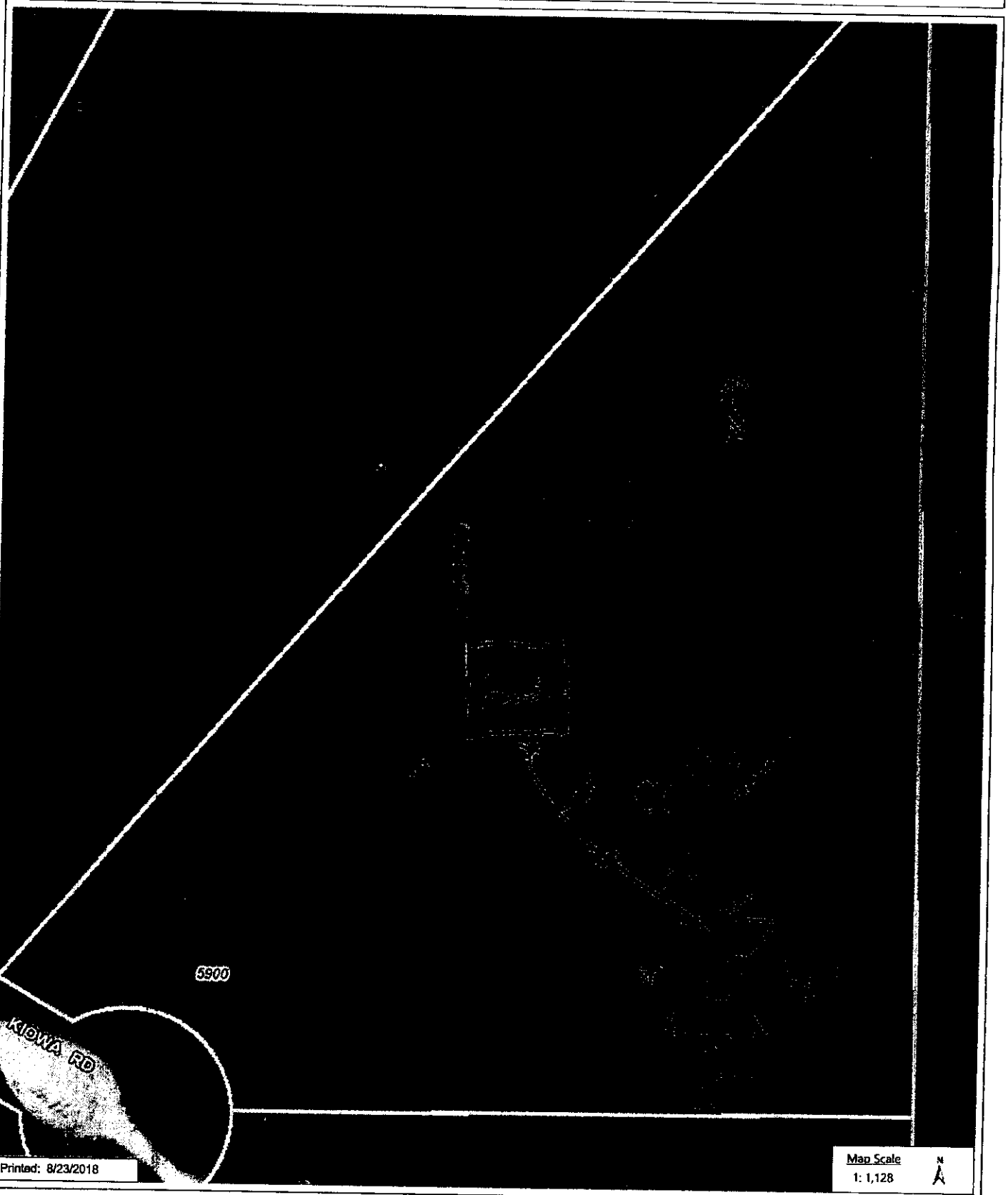
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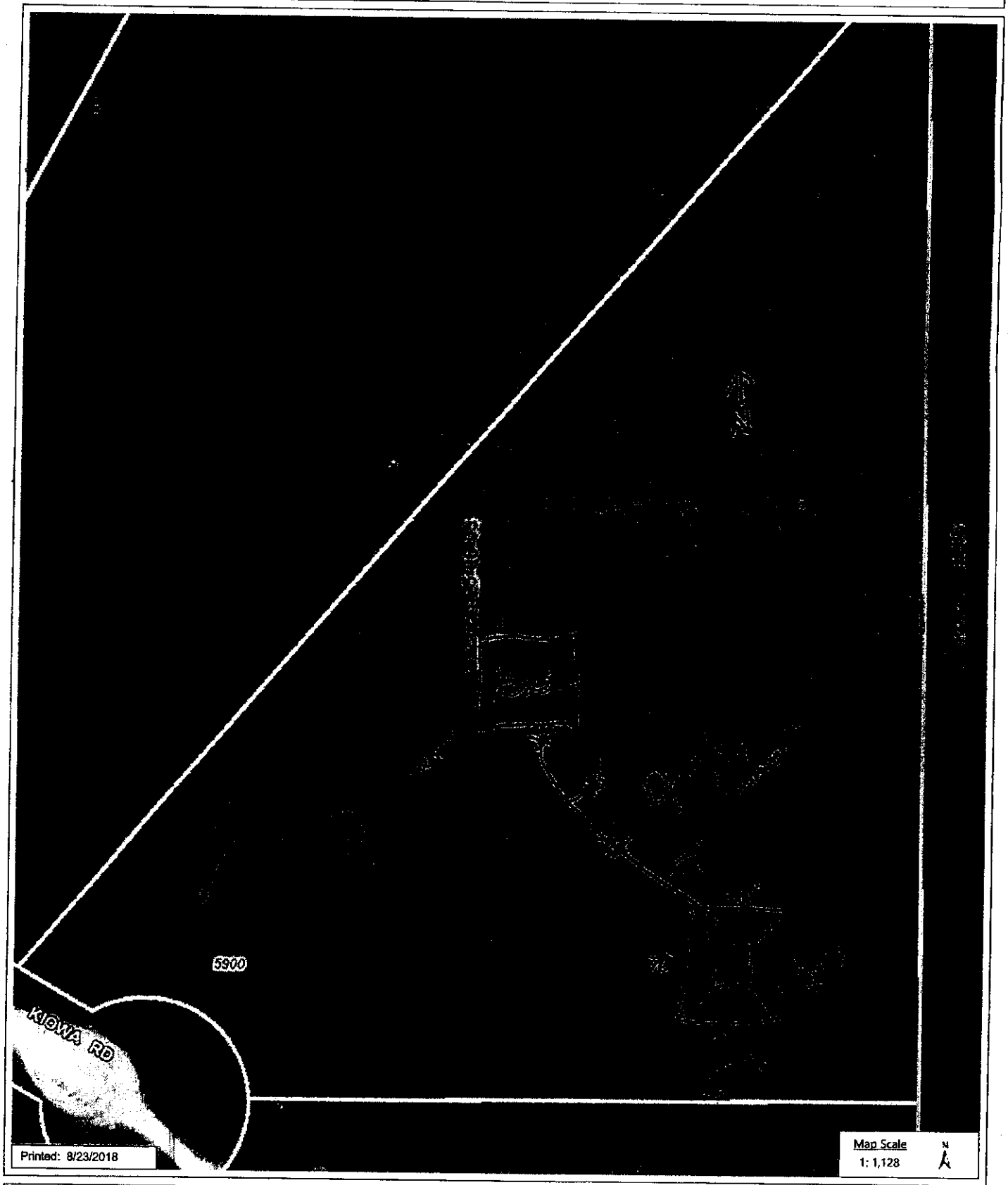
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Certified Professional Signature: [signature] Date: 8/17/18

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CITY OF LINCOLN - LANCASTER COUNTY, NE

City of Lincoln\Lancaster County GIS Map



Printed: 8/23/2018

Map Scale
1: 1,128

N

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Environmental Public Health Division
3140 "N" Street • Lincoln, NE 68510-1514
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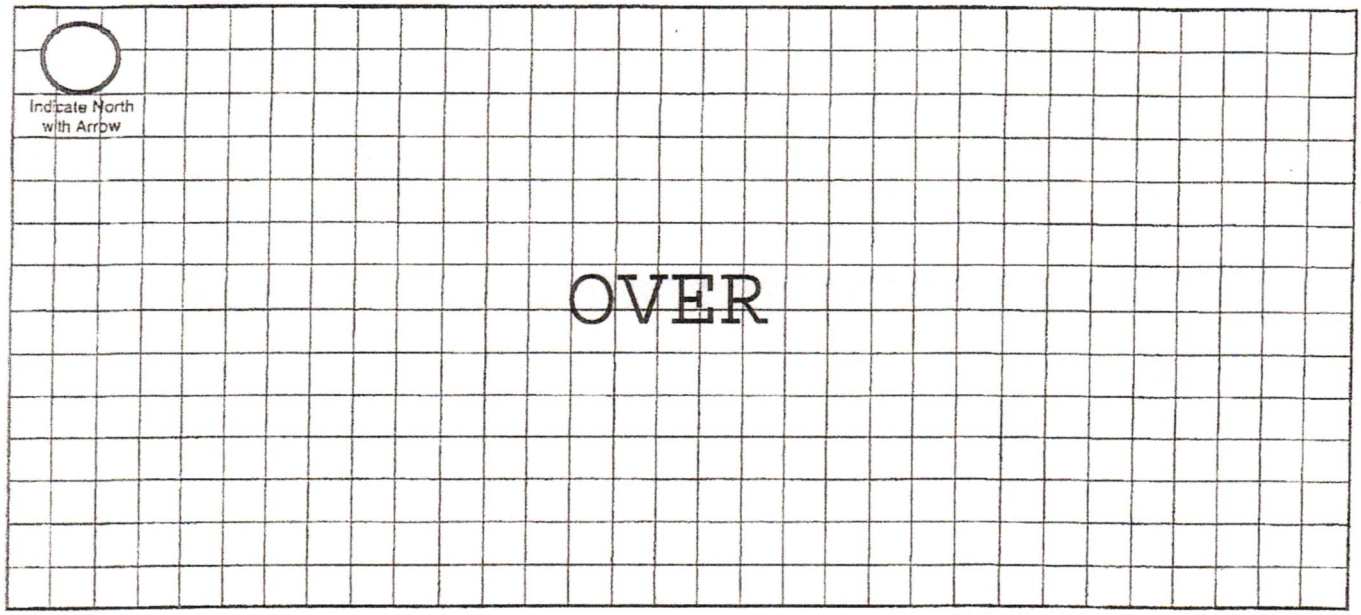
C

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Septic Tank Cap._____ gals Tank Material: ☐ Concrete ☐ Plastic ☐ Other_____ ☒ Lagoon(Max. seepage 1/8" per day)

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☐ 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.

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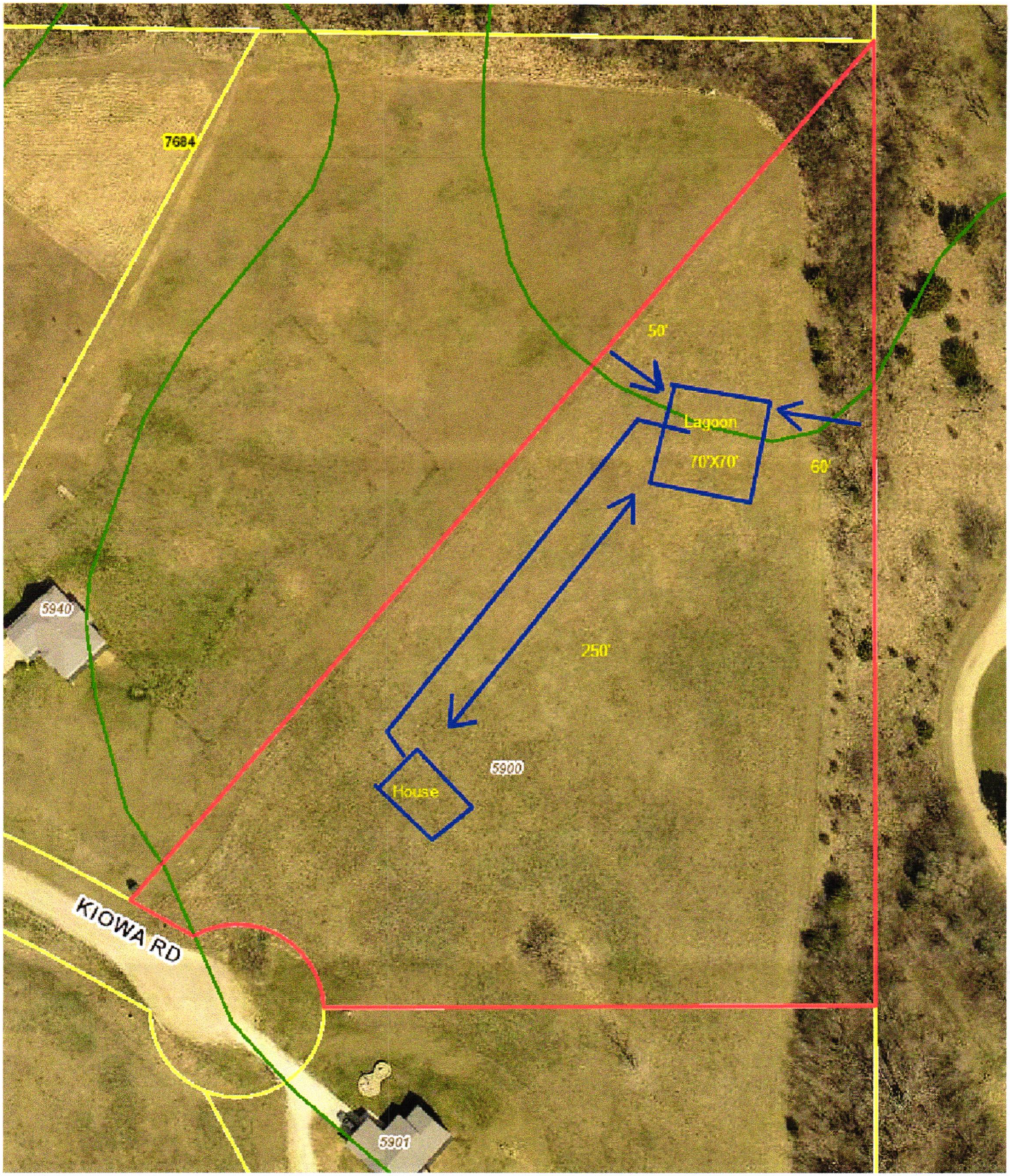
F. Required Signatures

Home Building Contractor Kyburz construction Inc Date 3/27/18

Installer [signature] Date 3/28/18

Onsite Form C 12-06

SCANNED



Lancaster County/City of Lincoln GIS Map

Rybak Homes 5900 Kiowa Rd, Crete, NE 68333

N
W E
S

Printed: Mar 26, 2018

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

SCANNED

D Exhibit 4

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C Distribution Box or Drop Box

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D. Drainfield/Absorption Field

☐ Trench ☐ Bed

1. Type ☐ Perforated Pipe ☐ Chamberless ☐ Other
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2. Number of Laterals _____
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Was the Onsite Wastewater System covered prior to LLCHD inspection? ☒ Yes ☐ No (Partially)

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.

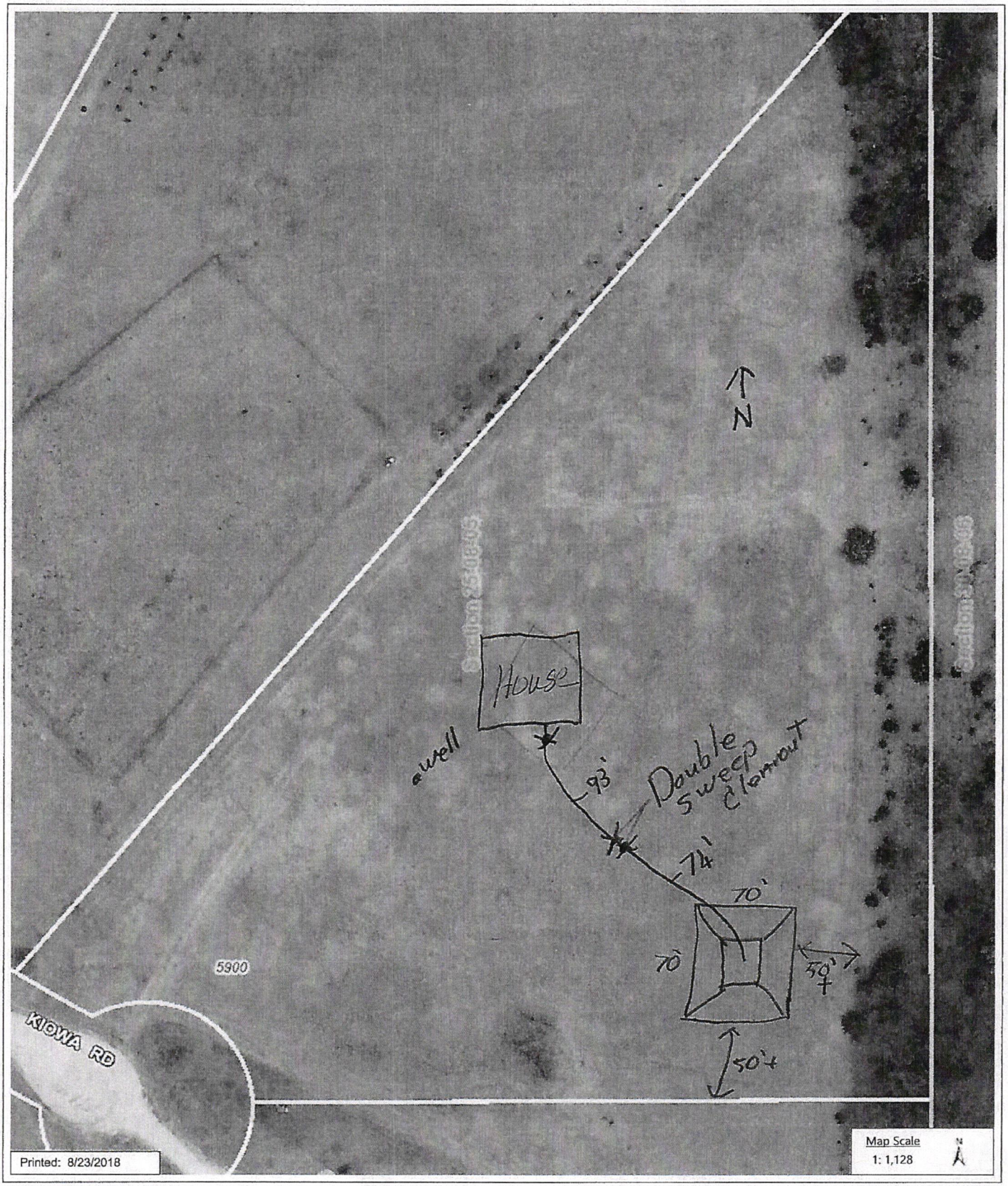
Certified Professional Signature: Mark L. Johnson Date: 8/17/18

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

SCANNED

GIS Viewer
CITY OF LINCOLN - LANCASTER COUNTY, NE

City of Lincoln\Lancaster County GIS Map



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