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

A

Permit Number: HS001679

New Home Construction
Synergy Homes

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

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

5 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 _____ (no rural route) City _____ NE Zip _____

Legal Description: NW (1/4) 1/4 | 12 (Section) | 10N (Township) | 8E (Range) | Native Grass Addition (Subdivision) | 1 (Addition) | 3 (Block) | Lot

PID 23-12-102-003-000

B. Owner

Name Angie Keuten Signature [signature]

Address 6903 Colby Street City/State/Zip Lincoln, NE 68505

Home Phone 402.304.6190 Work Phone 402.458.1447

C. Certified Installer

Name: Lloyd Jakoubek, Raymond Contracting Inc Signature [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 Workbook Farmuli? ☐ Yes ☒ No Total Acres 3.04

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. 92-30

1. Health Department
Site visits _____ Date req'd _____ Date insp'd _____ ACTION ☐ Approved ☐ Disapproved
Signature _____
Comments _____

2. Supt. Bldg. Insp. or Village Clerk
Comments _____ Date req'd _____ Date insp'd _____ ACTION ☐ Approved ☐ Disapproved
Signature _____

3. City or County Engineer
Comments _____ Date req'd _____ Date insp'd _____ ACTION ☐ Approved ☐ Disapproved
Signature _____

Installation Final Written Approval
By _____
Date _____

Business Office Use Only
Date Received 05-31-10 Amount Paid $405
Received By JAD Cash/Check No. cc7152

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

Native Grass Addition Block 1, Lot 3

PLEASE PRINT OR TYPE

Onsite System Location

Address _____ (no rural route) City Lincoln NE, Zip 68527

Owner _____ Address _____

Date of Tests 4/27/18 to 4/28/18 Weather: Precipitation 0 Temperature 58°

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	22	4/27	5:00p	4/27	9:00p	4/28	12:30p	6	4/28	1:00p	30	5/8	48
2	36	"	"	"	"	"	"	6	"	"	"	3-7/8	8
3	42	"	"	"	"	"	"	6	"	"	"	3-1/2	9
4	26	"	"	"	"	"	"	6	"	"	"	3-3/8	9
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Terri L Jakoubek, Raymond Contracting, Inc.
Phone: 402-783-2663 or 402-890-6009
Address 13800 NW 70th St
Raymond, NE 68428 Cert #1198

Sum of Percolation Rates: 74
Average of Rates: 19
Rate Used for Calculation: 48 (20 mpi variance)

Soil type (NRCS Maps/Other) Aksarben SCL & Silt Loam Soils
Groundwater Depth >8'

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official _____ Date _____

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

C

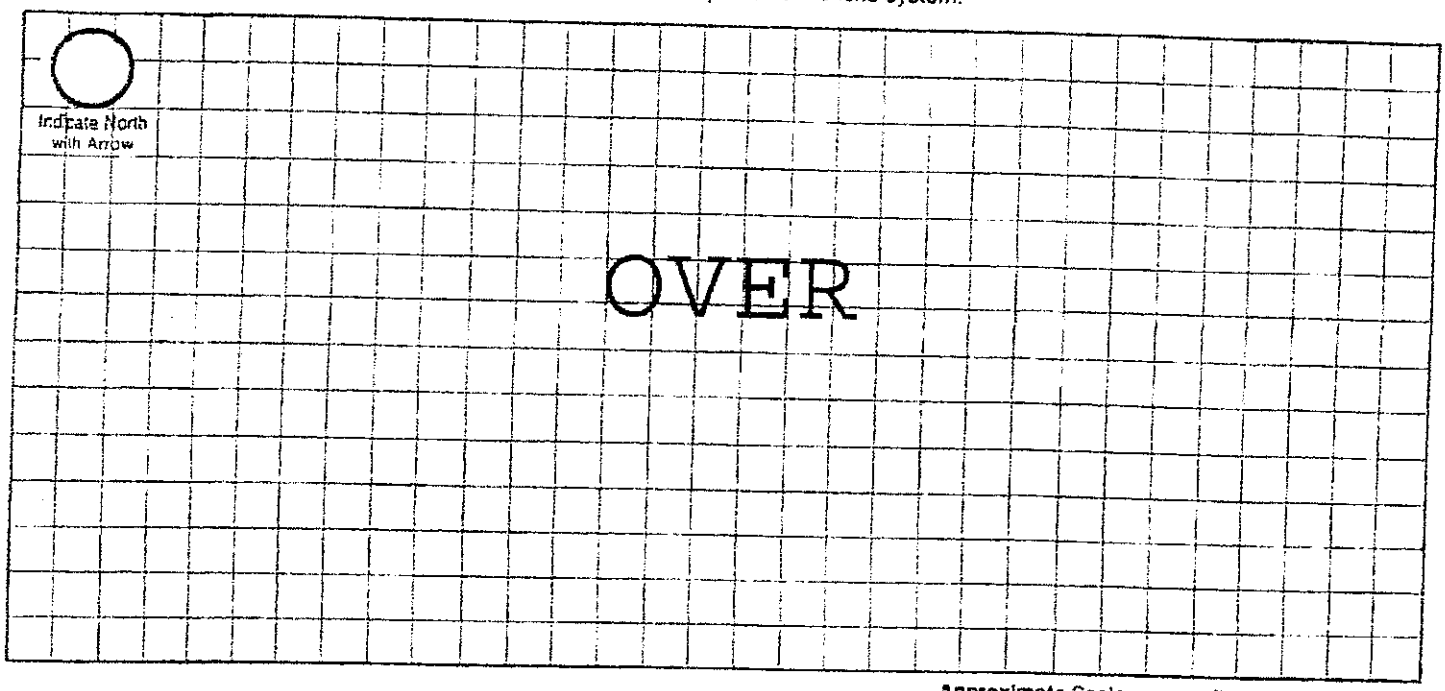
Permit Number:

Onsite Wastewater Treatment System

PID = 23-12-102-003-000
Native Grass Addition Block 1, Lot 3

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) _____ City _____ NE, Zip _____

B. Proposed Septic Tank/s

Septic Tank Cap. 2,000 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 48 (min/inch = mpi) No. of Bedrooms 5 Soil Type Aksarben SCL & Silt Loam Land Slope _____ %

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 1,665 sq ft.

Total length of laterals 370 Type of distribution: ☐ Perforated pipe ☐ Half-Round ☐ Chamber ☒ Other EZFlow 1203H

No. of absorption trenches 4 Width 40" No. of drop boxes 1 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

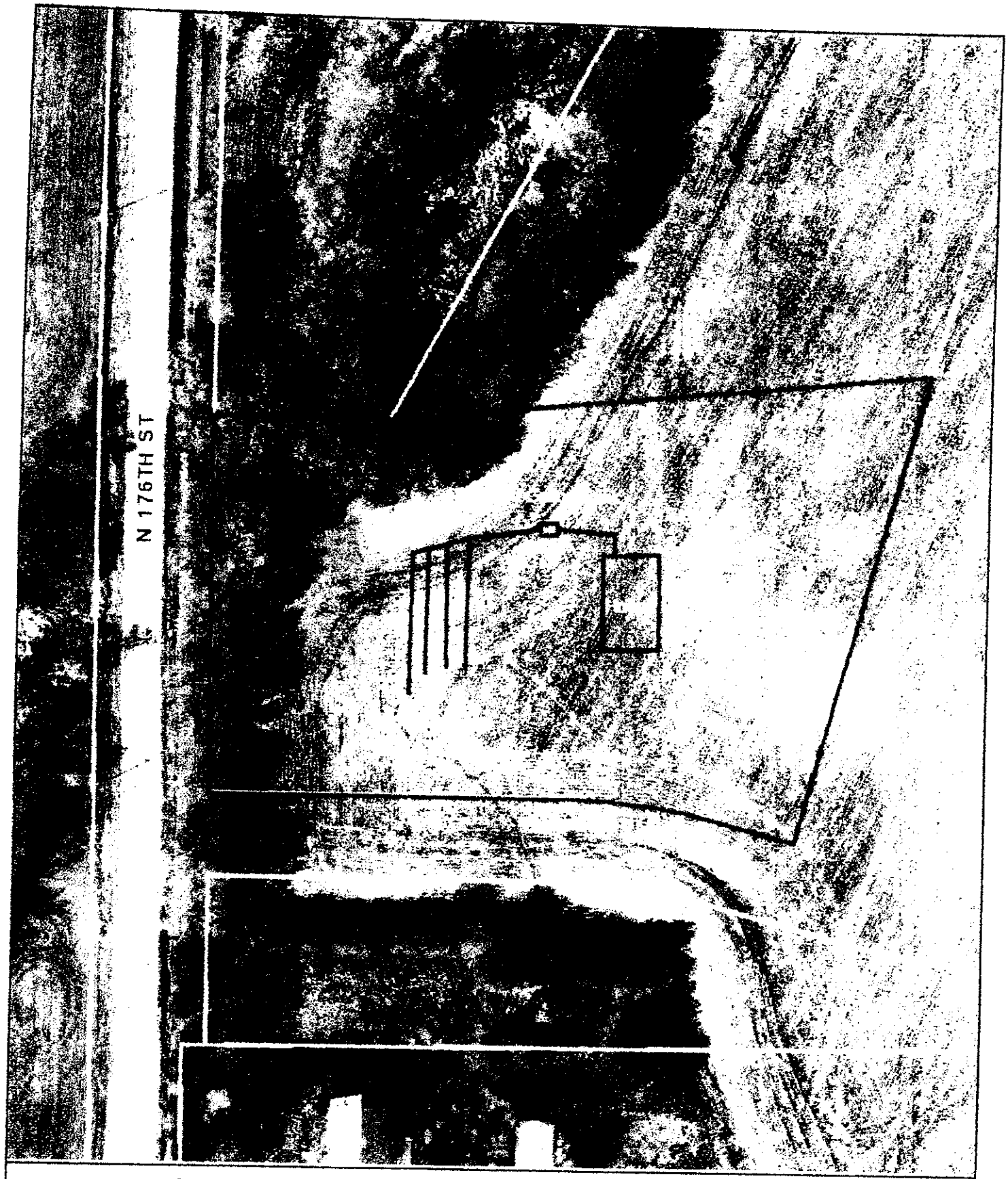
Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☒	500 ☒	50 ☒	N/A ☒	25 ☒	20 ☒	15 ☒	25 ☒	☒
Field (ft)	100 ☒	500 ☒	50 ☒	4 ☒	30 ☒	20 ☒	30 ☒	40 ☒	☒
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A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

F. Required Signatures

Home Building Contractor _____ Date 5 30 18

Installer _____ Date 5-30-18

Onsite Form C 12-06



Lancaster County/City of Lincoln GIS Map

Synergy Homes Native Grass Addition Block 1, Lot 3

Customer Initials MD

Printed: May 30, 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 (402) 441-8027
3131 O Street Lincoln, Nebraska 68510-1514

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT
No. HS001679

System Type: Standard

Situs: 4255 N 178th ST, WAVERLY, NE 68527

Issued: 6/11/2018

Expires: 6/11/2019

Description: NATIVE GRASS ADDITION, BLOCK 1, Lot 3

Owner: MILLER, JASON
PO BOX 81823
LINCOLN, NE 68501

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

LLOYD JAKOUBEK
13800 NW 70TH ST
RAYMOND, NE 68428

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

Permit Number: HS001679

Onsite Wastewater Treatment System

Inspection Sheet

Date 9/17/18 Legal Description SW NW 12 10N 8E
¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 4255 N. 178th st City Lincoln, NE 68527

Owner Angie Keuten Address 6903 Colby st, Lincoln, NE 68505

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 1665 Sq. Ft. Tank Size 2000 gals

Total length of laterals 370 Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☒ Other (describe) EZ Flow 1203H Bundles

No. of Absorption Laterals 4 Width 40" No. of Drop Boxes 1 Distribution Box _____

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 NO

Lateral #1 NO Lateral #3 NO

Lateral #2 NO Lateral #4 NO

Comments:
Did not observe laterals being installed. Tanked distribution lines were observed

Inspections prior to Final Approval
Initial _____ Date 9/17/18

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By _____

Date 9/26/18

Field Note Drawing (See Reverse Side):

SCANNED

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

A

Permit Number
HS001679

New Home Construction
Synergy Homes

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 4255 N. 178th (no rural route) City _____ NE Zip _____

Legal Description NW (1/4) 12 (1/4) 10N (Section) 8E (Township) Native Grass Addition (Range) 1 (Subdivision) 3 (Addition) (Block) (Lot)

PID 23-12-102-003-000

B. Owner

Name Angie Keuten Signature [signature]

Address 6903 Colby Street City/State/Zip Lincoln, NE 68505

Home Phone 402.304.6190 Work Phone 402.458.1447

C. Certified Installer

Name: Lloyd Jakoubek, Raymond Contracting Inc Signature [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 Washing Machine? ☐ Yes ☒ No Total Acres 3.04

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. 92-30

1. Health Department
Site visits _____
Comments _____
Date received 6/8/18
Date final 6/8/18
ACTION ☒ Approved ☐ Disapproved
Signature [signature]

2. Supt. Bldg. Inspection/Code Clerk
Comments [signature]
Date received 6-8-18
Date final 6-8-18
ACTION ☒ Approved ☐ Disapproved
Signature [signature]

3. City or County Engineer
Comments _____
Date received 6-8-18
Date final 6-8-18
ACTION ☒ Approved ☐ Disapproved
Signature [signature]

Installation Final Written Approval
By [signature] 9/20/18
Date 9/20/18

Business Office Use Only
Date Received 05-31-18 Amount Paid $405
Receipted By JAD Cash/Check No. cc7152

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: HS001679

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) 4255 N 178th St, Lincoln, NE 68527

Owner: Angie Keuten Address 6903 Colby St, Lincoln, NE 68505

A. Wastewater Piping

1. Material: SDR26 Diameter: 4 in.
2. Distance between dwelling and septic tank: 53 ft.

B. Septic Tank

1. Material Concrete
2. Capacity: 2,000
3. Depth to top of tank, below unfinished grade: 12 in.
4. Distance to:
   Well N/A ft.+
   Pressure line N/A ft
   Property Line 50 ft.+
   Foundation 50 ft.+

C Distribution Box or Drop Box

Distance and Direction from septic tank: 82 ft. W

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☒ Other
   Material brand and inside width of Chamberless:
   EZFlow 1203H Bundles
2. Number of Laterals: 4
3. Length of each lataral (linear): ft. 90 ft. 90 ft. 90 ft. 100
4. Drainfield size: 1,665 sq. ft.
5. Distance to:
   Well N/A ft.+
   Pressure line N/A ft.
   Property line ft.+
   Depth of Groundwater >8

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

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

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: 9/17/18

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

Raymond Contracting, Inc.
Lloyd J Jakoubek
13800 NW 70th St
Raymond, NE 68428
402-783-2663

9/17/18

