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

A

Permit Number HS001702

Existing Home

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 4900 Bridle Ln (no rural route) City Lincoln, NE Zip 68516

Legal Description: SE (1/4) 20 (Section) 9N (Township) 7E (Range) Country Acres South (Subdivison) 1 (Block) 4 (Lot)

PID 16-20-406-004-000

B. Owner

Name Neill & Elizabeth Mollard Signature Elizabeth Mollard

Address 4900 Bridle Ln City/State/Zip Lincoln, NE 68516

Home Phone 402-484-1210 (Libby) Work Phone 402-484-1206 (Neill)

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 3.01

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
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 7-06-18 Amount Paid $405.00
Received By JAO Cash/Check No. 9422

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

Form A Updated: 1/13

B

Permit Number:

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

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 4900 Bridle Ln (no rural route) City Lincoln NE, Zip 68516

Owner Neil & Libby Mollard Address Same

Date of Tests 6/12/18 to 6/13/18 Weather: Precipitation 0 Temperature 81 °

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	42	6/12	1:00p	6/12	5:00p	6/13	12:30p	6	6/13	1:00p	30	9/16	53
2	22	"	"	"	"	"	"	6	"	"	"	1/2	60
3	30	"	"	"	"	"	"	6	"	"	"	11/16	44
								6					
								6					
								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

Soil type (NRCS Maps/Other) Wymore SCL

Groundwater Depth >8'

Sum of Percolation Rates: 157

Average of Rates: 52

Rate Used for Calculation: 52

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

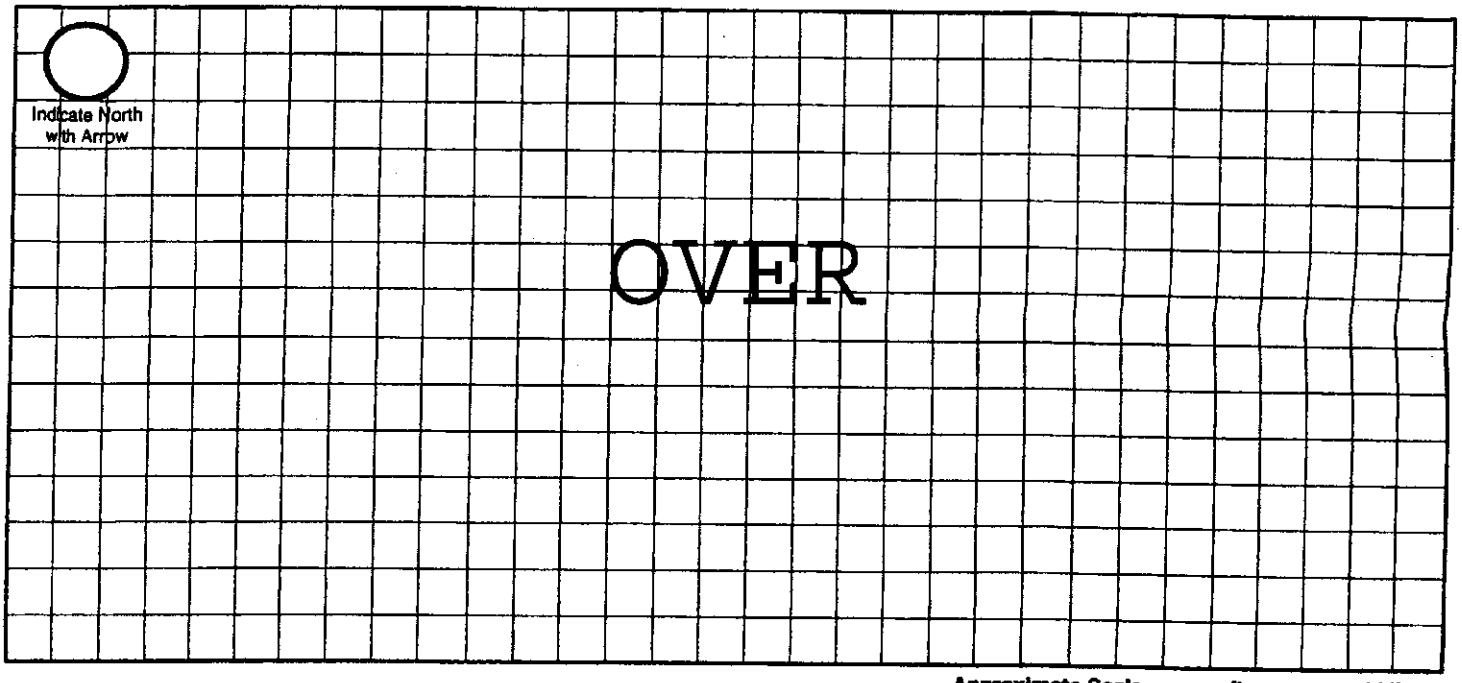
C

Permit Number:

Onsite Wastewater Treatment System

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) 4900 Bridle Ln City Lincoln NE, Zip 68516

B. Proposed Septic Tank/s

Septic Tank Cap 1,000 existing 1,000 new 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 52 (min/inch = mpi) No. of Bedrooms 5 Soil Type SCL Land Slope _____%

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 2,475 sq.ft.

Total length of laterals 550 Type of distribution: ☐ Perforated pipe ☐ Half-Round ☐ Chamber ☒ Other EZFlow 1203H

No. of absorption trenches 6 Width 40" No. of drop boxes 2 Distrubtion Box _____

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

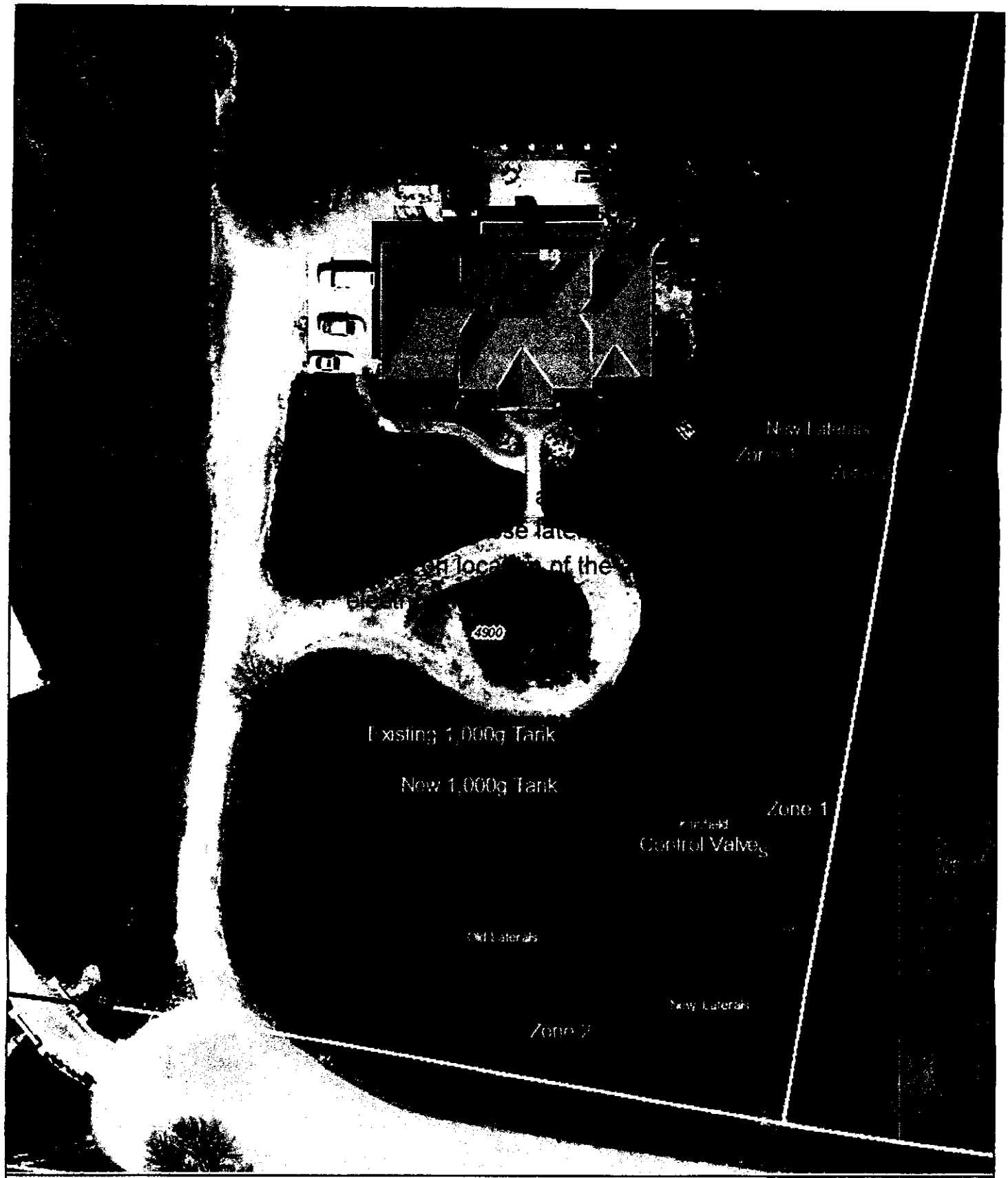
E. Setbacks Check the Boxes Below if the Required Setback has been Satisfied Plus 2 Drainfield Control Valves

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 Existing Home Date _____

Installer [signature] Date 7/5/18



N
W E
S

Lancaster County/City of Lincoln GIS Map

Mollard 4900 Bridle Ln, Lincoln, NE 68516

Printed: Jul 02, 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. HS001702

System Type: Standard

Situs: 4900 BRIDLE LN, LINCOLN, NE 68516

Issued: 7/10/2018

Expires: 7/10/2019

Description: COUNTRY ACRES SOUTH, BLOCK 1, Lot 4

Owner: MOLLARD, ELIZABETH K & NEILL
4900 BRIDLE LN
LINCOLN, NE 68516

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 7OTH ST
RAYMOND, NE 68428

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

A

Permit Number HS001702

Existing Home

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.

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Legal Description: SE (1/4) 20 (Section) 9N (Township) 7E (Range) Country Acres South (Subdivison) 1 (Block) 4 (Lot)

PID 16-20-406-004-000

B. Owner

Name Neill & Elizabeth Mollard Signature Elizabeth Mollard

Address 4900 Bridle Ln City/State/Zip Lincoln, NE 68516

Home Phone 402-484-1210 (Libby) Work Phone 402-484-1206 (Neill)

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 3.01

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 7/2/18
Date frwd 7/6/18
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 8/2/18

Business Office Use Only
Date Received 7-06-18 Amount Paid $405.00
Received By JAO Cash/Check No. 9422

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

Form A Updated: 1/13

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

Permit Number: HS001702

Onsite Wastewater Treatment System

Inspection Sheet

Date 8/2/18 Legal Description Country Acres South Blk 1, Lot 4

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 4900 Bridle Ln. 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 _____ Sq. Ft. Tank Size _____ gals

Total length of laterals _____ Type of Distribution: ☐ Chambers ☐ Perforated Pipe ☐ Other (describe) _____

No. of Absorption Laterals _____ Width _____ No. of Drop Boxes _____ Distribution Box _____

Leveling Method Used _____

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: Very complex system
Refer to D-sheet
Some New components Inspected.

Inspections prior to Final Approval
Initial 7/26/18 Date 8/2/18

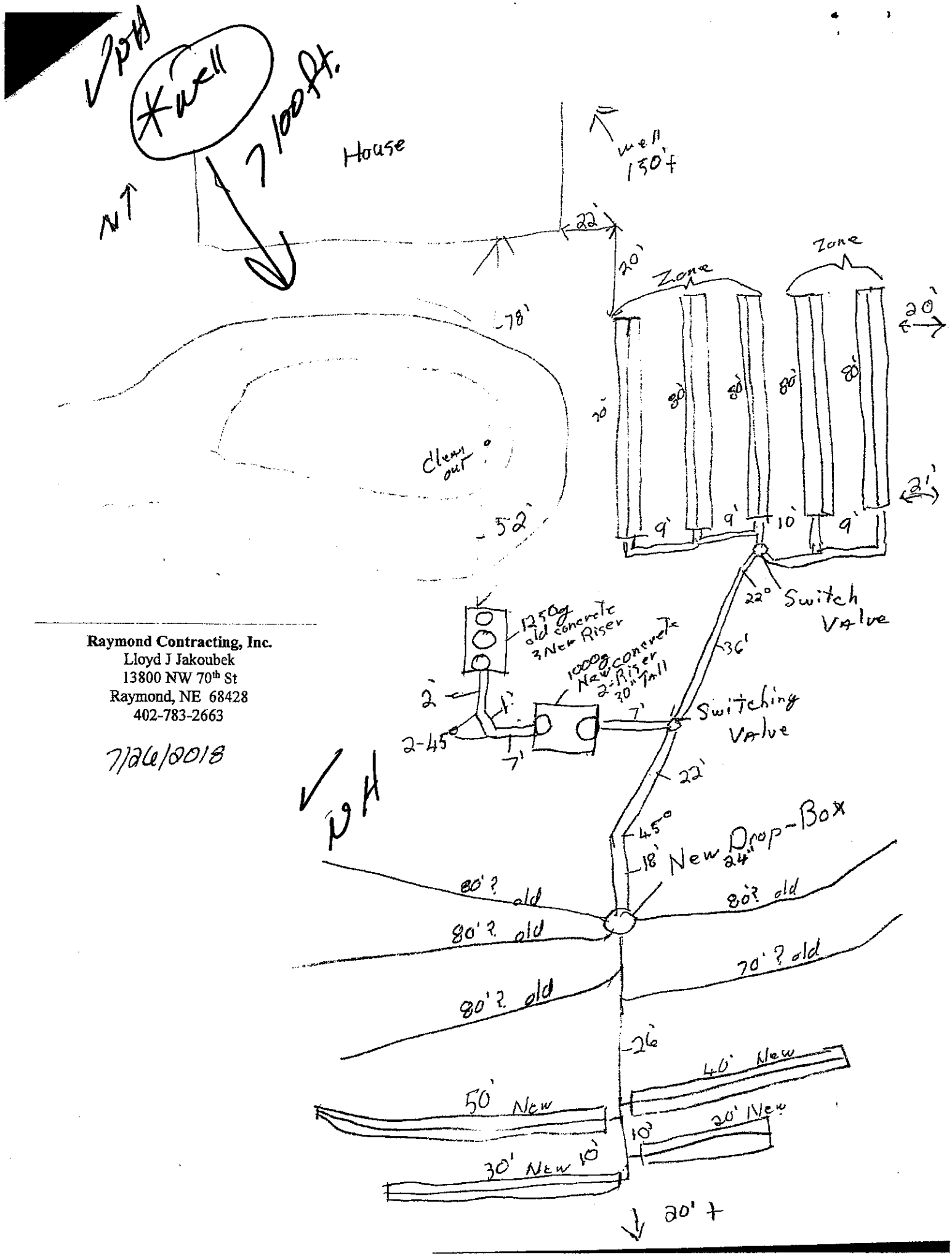
Follow-Up _____ Date _____

Follow-Up _____ Date _____

~~Installation Final Written Approval~~
By _____

Date 8/2/18

Field Note Drawing (See Reverse Side):



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

7/26/2018

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: HS001702

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 = 16-20-406-004-000

Address or Legal Description or Parcel Identification Number (PID) 4900 Bridle Ln, Lincoln, NE 68516

Owner: Neill & Elizabeth Mollard Address Same

A. Wastewater Piping (Existing)

1. Material: Unknown Diameter: 4 in.
2. Distance between dwelling and septic tank: 130 ft.

B. Septic Tank

1. Material Concrete - old, Concrete - new
2. Capacity: 1,250 old, 1,000 new
3. Depth to top of tank, below unfinished grade: 30" in. (new tank)
4. Distance to:
   - Well 150 ft.+
   - Pressure line N/A ft
   - Property Line 50 ft.+
   - Foundation 130 ft.+

C Distribution Box or Drop Box

Distance and Direction from septic tank: 7 ft. E

2 Drainfield Control Vavles

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☒ Other

   Material brand and inside width of Chamberless: EZFlow 1203H Bundles (NEW)

2. Number of Laterals: 9 new, 5 Old
3. Length of each lataral (linear): ft. 70 ft. 80 ft. 80 ft. 80 ft. 80 ft. 80 NEW - 530' Total
   And ft. 50 ft. 40 ft. 30 ft. 20
4. Drainfield size: 2,385 sq. ft. (NEW)
   Tied in Existing ft. 80 ft. 80 ft. 80 ft. 80 ft. 70 (Estimated)
5. Distance to:
   - Well 100 ft.+
   - Pressure line N/A ft.
   - Property line 20 ft.+
   - Depth of Groundwater >10'

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: [signature] Date: 7/26/18

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

Updated 4/15