AUG 29 2018

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

A

Permit Number
H5001726

Existing Home
Septic to Lagoon

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 18531 NW 84th St (no rural route) City Raymond, NE Zip 68428

Legal Description SE 22 12N 5E 13 & 14
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 06-22-400-005-000

B. Owner

Name Douglas A Benes Signature Douglas A Benes

Address 18531 NW 84th St City/State/Zip Raymond, NE 68428

Home Phone 402-450-0436 Work Phone

C. Certified Installer

Name: Lloyd Jakoubek, Raymond Contracting Inc Signature Lloyd Jakoubek

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 11.76
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 8-29-18 Amount Paid 405.00
Received By LC Cash/Check No. 9460

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

Form A Updated: 1/13

AUG 2 9 2018

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

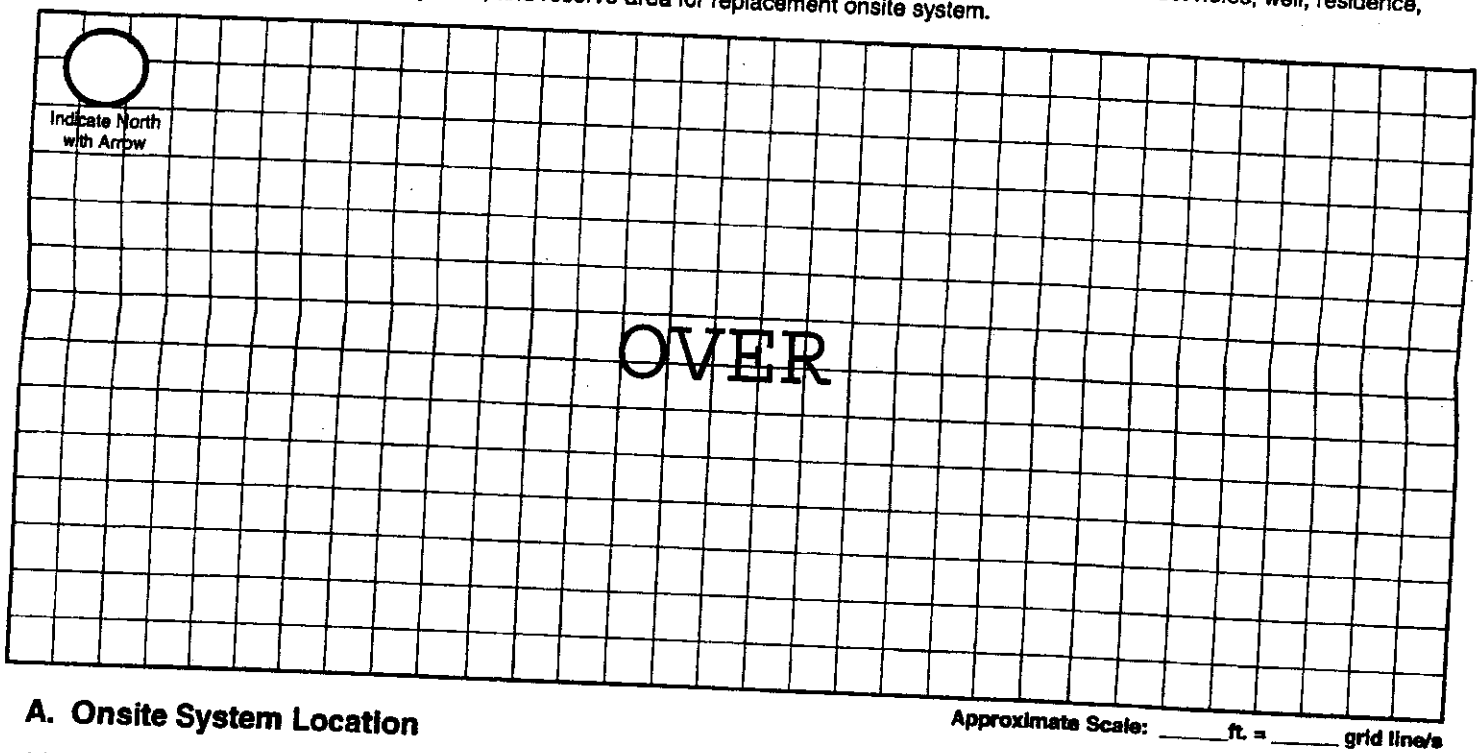
C

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) 18531 NW 84th St 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 4 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 Existing Home

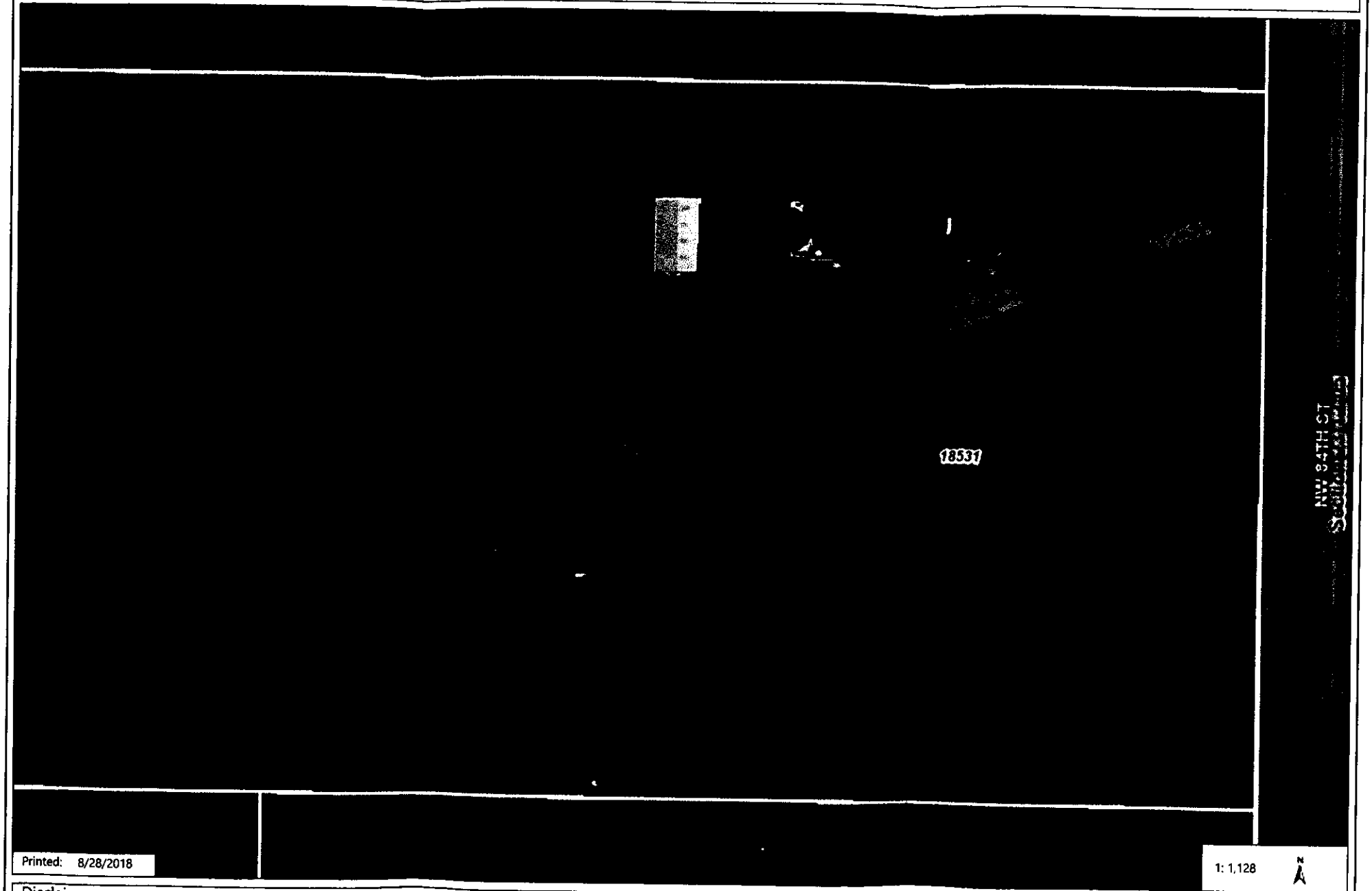
Installer _____ Date _____

Onsite Form C 12-06

_____ Date 8/25/18

GIS Viewer

City of Lincoln\Lancaster County GIS Map



Printed: 8/28/2018

1: 1,128

N

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 assessor@lancaster.ne.gov and you will be directed to the appropriate department.

AUG 29 2018

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. HS001726

System Type: Lagoon

Situs: 18531 NW 84TH ST, RAYMOND, NE 68428

Issued: 8/30/2018

Expires: 8/30/2019

Description: S22, T12, R5, 6th Principal Meridian, LOTS 13 & 14 SE

Owner: BENES, DOUGLAS A & MARY A
18531 NW 84 ST
RAYMOND, NE 68428

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 INC
LLOYD JAKOUBEK
13800 NW 70 ST
RAYMOND, NE 68428

AUG 29 2018

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

A

Permit Number
HS001726

Existing Home
Septic to Lagoon

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 18531 NW 84th St (no rural route) City Raymond, NE Zip 68428

Legal Description SE 22 12N 5E 13 & 14
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 06-22-400-005-000

B. Owner

Name Douglas A Benes Signature Douglas A Benes

Address 18531 NW 84th St City/State/Zip Raymond, NE 68428

Home Phone 402-450-0436 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 11.76
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 8/30/18
Date frwd 8/30/18
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 10/24/18

Business Office Use Only
Date Received 8-29-18 Amount Paid 405.00
Received By LC Cash/Check No. 9460

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

D Exhibit 4

Permit Number: HS001726

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 = 06-22-400-005-000

Address or Legal Description or Parcel Identification Number (PID) 18531 NW 84th St, Raymond, NE 68428

Owner: Douglas Benes Address Same

A. Wastewater Piping

1. Material: SDR26 Diameter: 4 in.
2. Distance between dwelling and ~~septic tank~~ Lagoon: 214 ft. (new) 59 Existing

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 ☐ Chamber ☐ Other
   Material and inside width ~~of~~ 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 _____

Lagoon Part, pipe not complete

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: 10/18/18

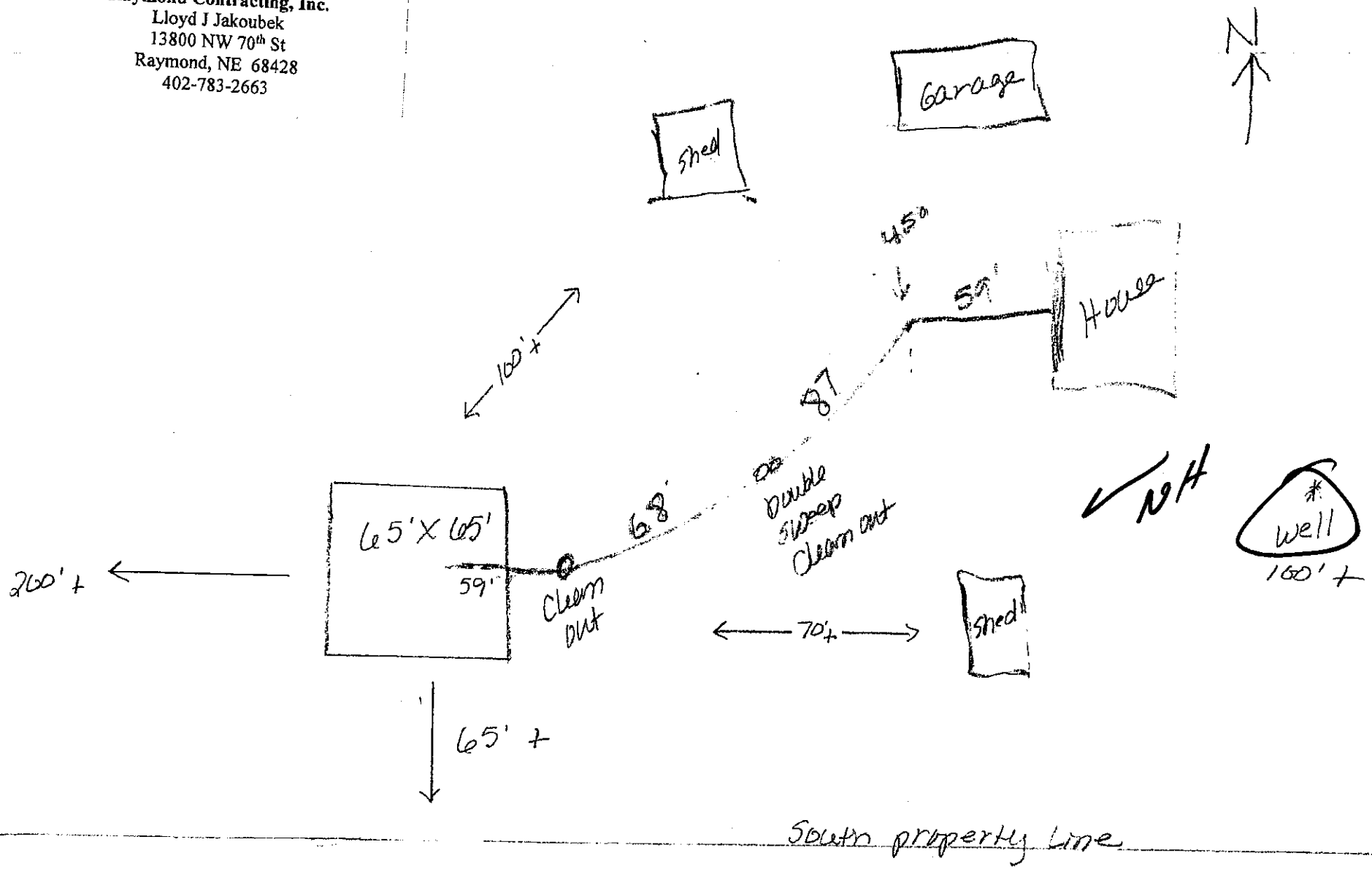
Complete As-Built drawing on the back of this form.

Fence Installed 10/23/18 - MH

Updated 4/15

10-18-18

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



Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514 (402) 441-8000

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 01380235201

Issued 08/24/01
Expires 02/24/02
Revenue Code 3157

FEES: $200.00

Establishment

SANDY L CLAUSSEN
T12N R5E SEC 22 QTR SE
LOT 13&14
18531 NW 84 ST-RAYMOND

Permittee

SANDY L CLAUSSEN
18531 NW 84 ST
RAYMOND NE 68428

TOTAL: $200.00

Bruce D. Dart

[redacted] Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

016217

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

A

Permit Number: 01302352

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

☒ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address 18531 NW 84th St (no rural route) City Raymond NE, Zip _____

Legal Description 22 12N SE Lot 13 & 14
1/4 1/4 Section Township Range Subdivision Addition Block Lot

Geographical Location (if known): Longitude _____ Latitude _____

☐ Check if system mail address is not the same as the owner's address

B. Owner

Name Sandy Claussen Signature _____

Address _____ City/State/Zip _____

☐ Check if owner designed system Home Phone 783-2071 Work Phone 499-2791

C. Contractor

Name _____ Company Name _____

Address _____ City/State/Zip _____

☐ Check if contractor designed system Work Phone _____

D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name Dave Vogt Firm Vogt T&T Excavating Work Phone 560-4267

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms _____ Is there a Whirlpool Bathtub 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. 2832

1. **Health Department** Date rec'd 8-23-01 ACTION ☒ Approved ☐ Disapproved
   Date frwd _____ Signature Paul Vogt
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd _____ ACTION ☐ Approved ☐ Disapproved
   Date frwd _____ Signature _____
3. **City or County Engineer** Date rec'd _____ ACTION ☐ Approved ☐ Disapproved
   Date frwd _____ Signature _____

Installation Final Written Approval

By Paul Vogt

Date 8-27-01

Business Office Use Only
Date Rec'd 08/24/01
Amt Paid 200 ck
Rec'd By ~~~ ~~Cash~~/Check No. 7096

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

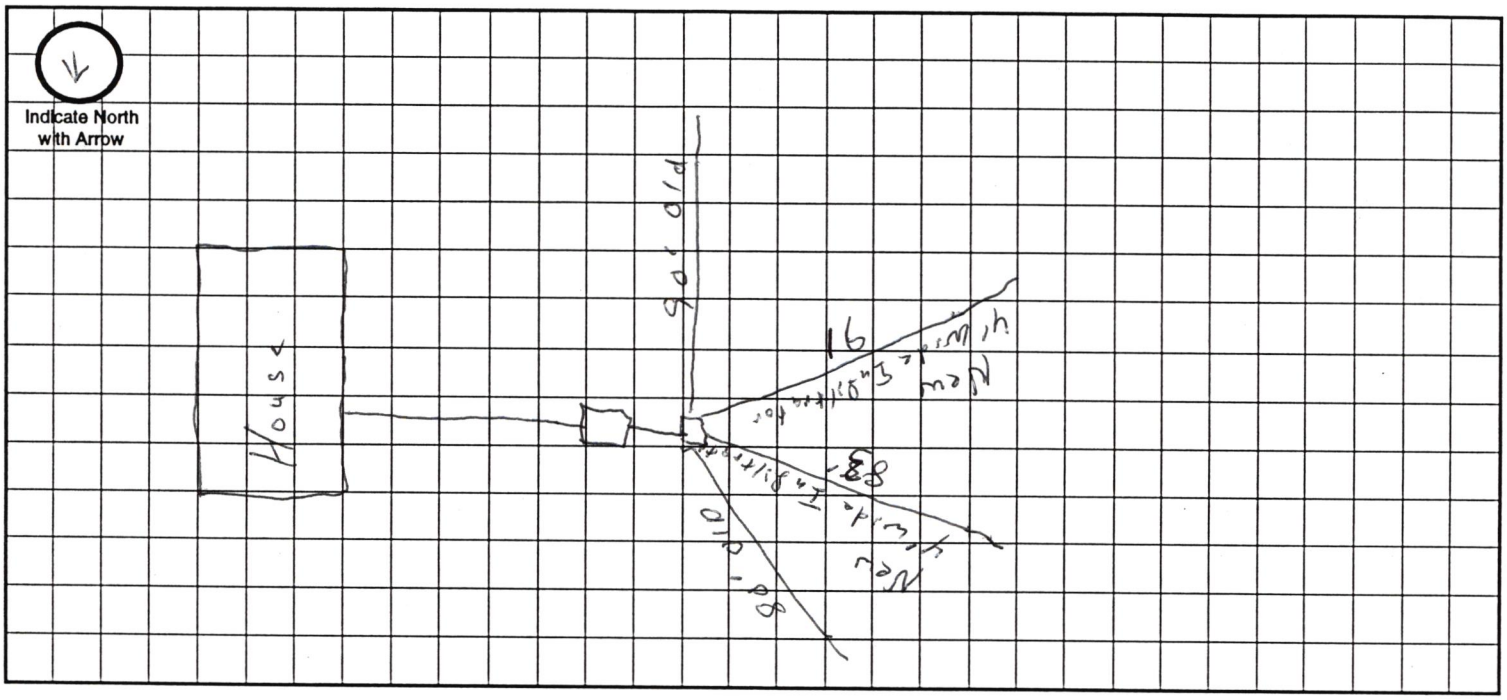
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number:

Sewage Disposal System
Preliminary Plan Specifications

Draw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, compass direction and property lines. Indicate on drawing if residence and well are existing or proposed.



Approximate Scale: _____ ft. = _____ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 18531 NW 84th St City Raymond NE, Zip _____

B. Proposed Septic Tank/s NA

Tank Material: ☐ Concrete ☐ Plastic ☐ Other _____

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate _____ (min. per inch) Soil Type: _____ Land Slope: _____ %

Type of Absorption System: ☐ Trench ☐ Bed ☐ Other _____

Total Square Feet of Field Required: 665 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: Infiltrator

Capacity of Septic Tank _____ gals Number of Absorption Beds: 2 Number of Distribution Laterals per Bed _____

Total Length of Laterals 174 ft. Number of Trenches 2 Trench Width 4'

D. 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 ☐	☐

E. Required Signatures

Home Building Contractor _____ Date _____

Installer _____ Date 8-23-01

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

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 8-24-01

System Location (Indicate correct number and street)

Address 18531 NW 84th (no rural route) City Raymond NE, Zip _____

A. Building Sewer

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

B. Septic Tank

1. Material: _____
   Number of compartments: _____
2. Capacity: _____ gal.
3. Factory built: ☐ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☐ above ☐ below grade _____ in.
5. Inlet: ☐ baffle ☐ tee
6. Outlet: ☐ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: _____ in.
8. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. Distribution Box

1. Material: PVC
   Number available outlets: _____
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: _____ ft.

D. Absorption Field

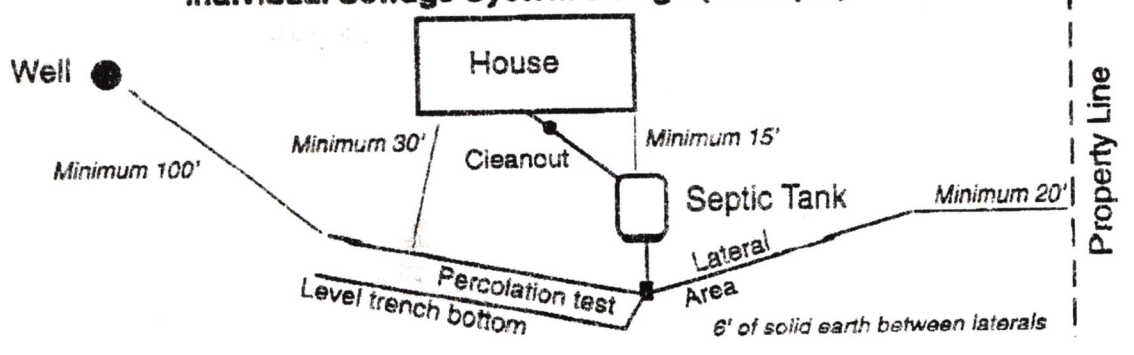
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 2
   Length of each line: 91 ft. 83 ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 6 in/100 ft.
   Average depth 24" in
4. Filter material: Gravel
   Depth of material 16" in.
5. Distances to: Well or suction line 100+ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 100+ ft.

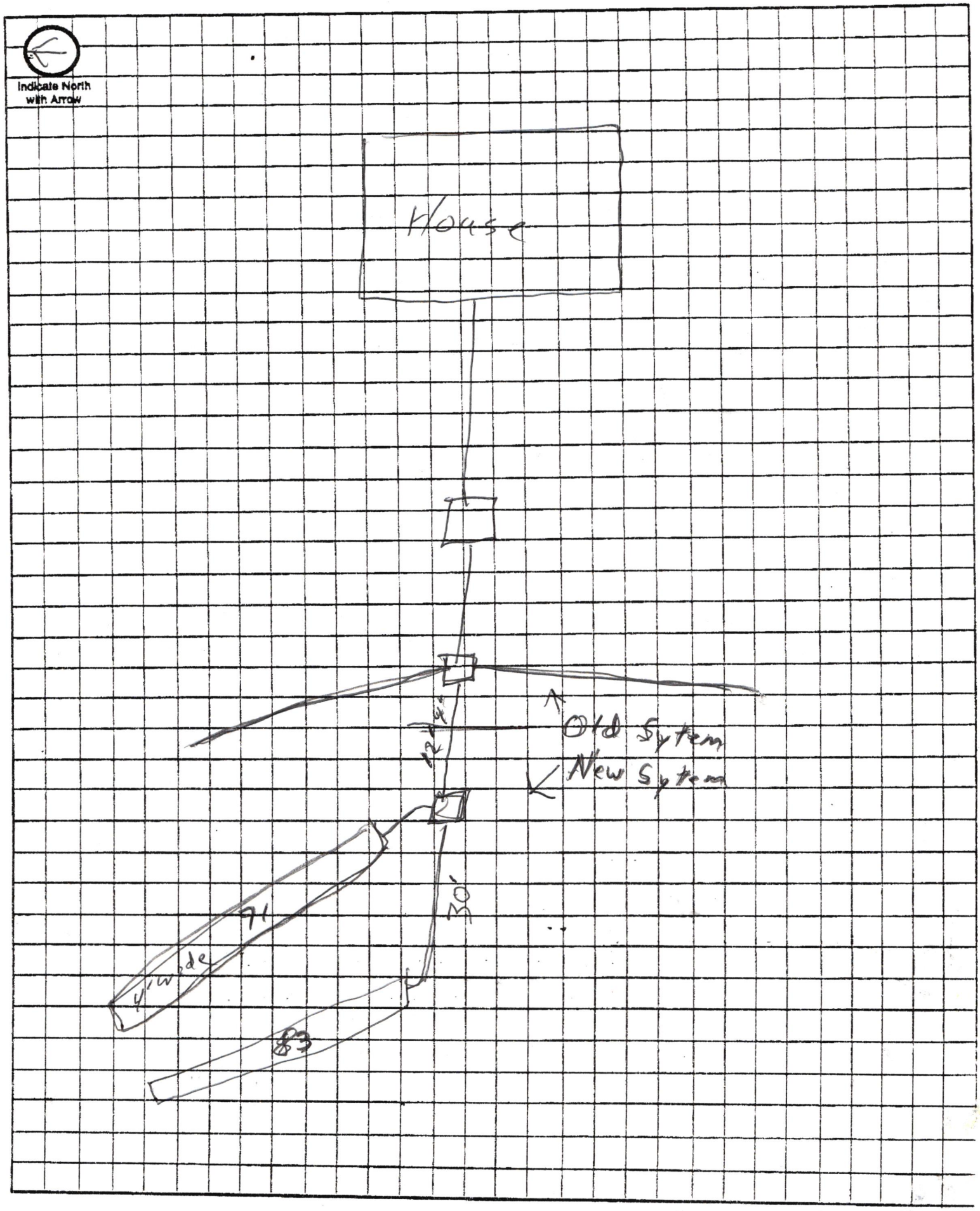
Complete "As Built" drawing on back of this form.

Indicate North with Arrow

Individual Sewage System Design (Example)



As Built Drawing



Approximate Scale: ft. = grid line/s

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health
2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

NON TRANSFERABLE

PERMIT

SEWAGE INSTALLATION

No. 92380081301

Issued 03/27/92
Expires 09/27/92

ESTABLISHMENT

KEN CLAUSSEN
T12N R5E SEC 22 QTR SE
LOT 13&14

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE

KEN CLAUSSEN
237 S 70 ST
LINCOLN NE 68510

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

DATE	AMOUNT
3/27/92	PAID

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

FORM 20103-0477
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

A

FILING FEE: $ 150.00

FILE NO. _____

DATE: 3-17-92

The undersigned hereby requests SITE CLEARANCE and PERMIT to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

1. Legal description of property: Twp. 12N ; Range 5E ; Section 22 ;
   Block _____ : Lot 13+14 LT : Addition _____
   ~~Street Address~~ LOTS 13 & 14 SE ¼ SECTION 22 T 12 NORTH R 5 EAST OF THE 6 PM

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe _____

3. Type of Individual Sewage Disposal System: Septic Tank ☒ ; Other ☐

4. Distance to public sewer: — ft.

Ken Clausen
Signature of Applicant (Owner or Lessee)

HEARTLAND SCUBA CENTER
237 S 70TH ST
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 3/26/92 . Date Frwd. 3/26/92 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 3/26/92 Date Frwd. 3/26/92 ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]

3. City or County Engineer: Date Rec'd. 3/26/92 . Date Frwd. 3/26/92 . ACTION: Approved ☒ Disapproved ☐ Signature: Con Thomas

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 4-7-92 by: mm
Date: 5-6-92 by: mm
Date: _____ by: _____

EXPERIMENTAL GRAVELLESS SYSTEM
INSTALLATION ~~FINAL~~ Provisional WRITTEN APPROVAL
Date: 5-8-92 By: Ron Mayer

White: Health Dept. Copy
Yellow: Engineers Copy
Pink: Bldg. Inspector's Copy

FORM 23-43

FORM HD- 43(73) SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone 475-6221) 471-8000

FILE NO. _____

PROPERTY WHERE SOIL TESTED:
Location: Township _____; Range _____
Section & ¼ Sect. _____
Property Dimensions: ____ft. x ____ ft.
Area: _____acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ☐; Silty Clay Loam ☒; Sandy Loam ☐
Silty Loam ☐; Clay Loam ☐; Sandy Clay ☐

Owner: Ken Claussen
Address NW 84 Hy & Daley Rd.
488-7774

Dates of Tests: 3-6-92 to 3-7-92. Weather: Precip. None Temp. 50 F

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
		Pre-Saturation Period				Percolation Readings					Results		
		Start		End		Start			End				
Hole No.	Hole Depth (in.)	Date (Mo. Day)	Time (Hr. Min.)	Date (Mo. Day)	Time (Hr. Min.)	Date (Mo. Day)	Time (Hr. Min.)	Water Level (in.)	Time (Hr. Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./inch)
	30"	3-6-92	16:00	3-7-92	13:00	3-7-92	13:00		17:00		30 min		
1	"	"	"	"	"	"	"		"		"	1½	
2	"	"	"	"	"	"	"		"		"	2	
3	"	"	"	"	"	"	"		"		"	1	
4	"	"	"	"	"	"	"		"		"	1½	
5	"	"	"	"	"	"	"		"		"	1½	
6	"	"	"	"	"	"	"		"		"	½	

Sum of Percolation Rates
Average of Rates:
Mean of Rates:

Ryan Mauley
Signature of Person Conducting Test

Address 5501 W. Kingsley
Phone: 470-2731 Home 464-0638 work

(Do not write below this line)

665 ft² 1000 gal tank 3 ft 222 4 ft 166

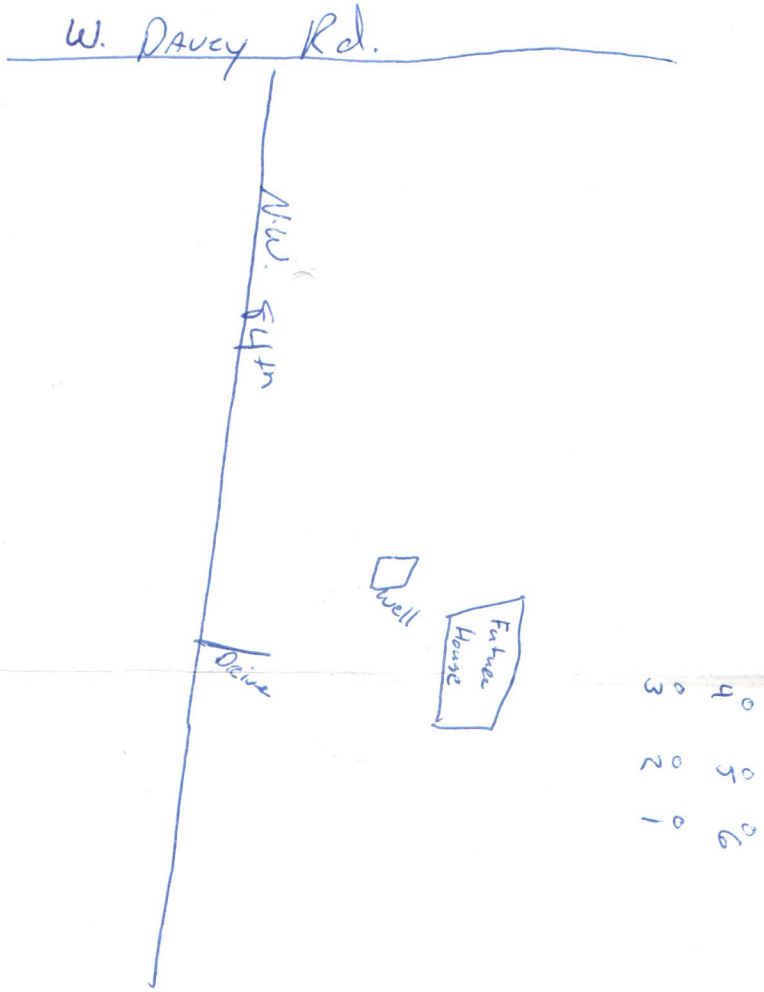
REVIEWING ACTION

REMARKS: Sharpsburg Silty Clay Loam

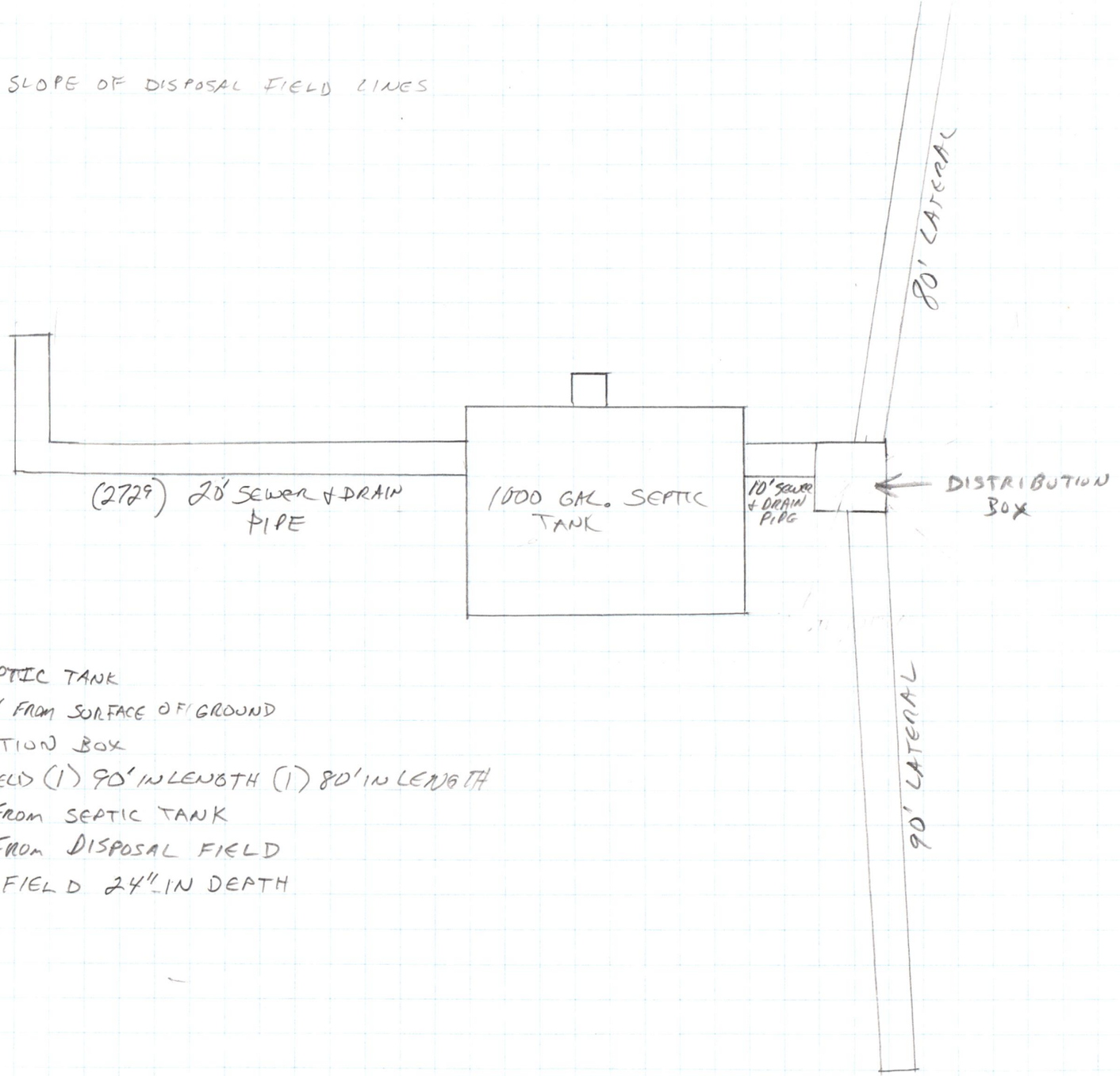
DATE: March 17, 1992

Approved Percolation Rate(s)
A. 23 min./inch
B. _____ min./inch
C. _____ min./inch

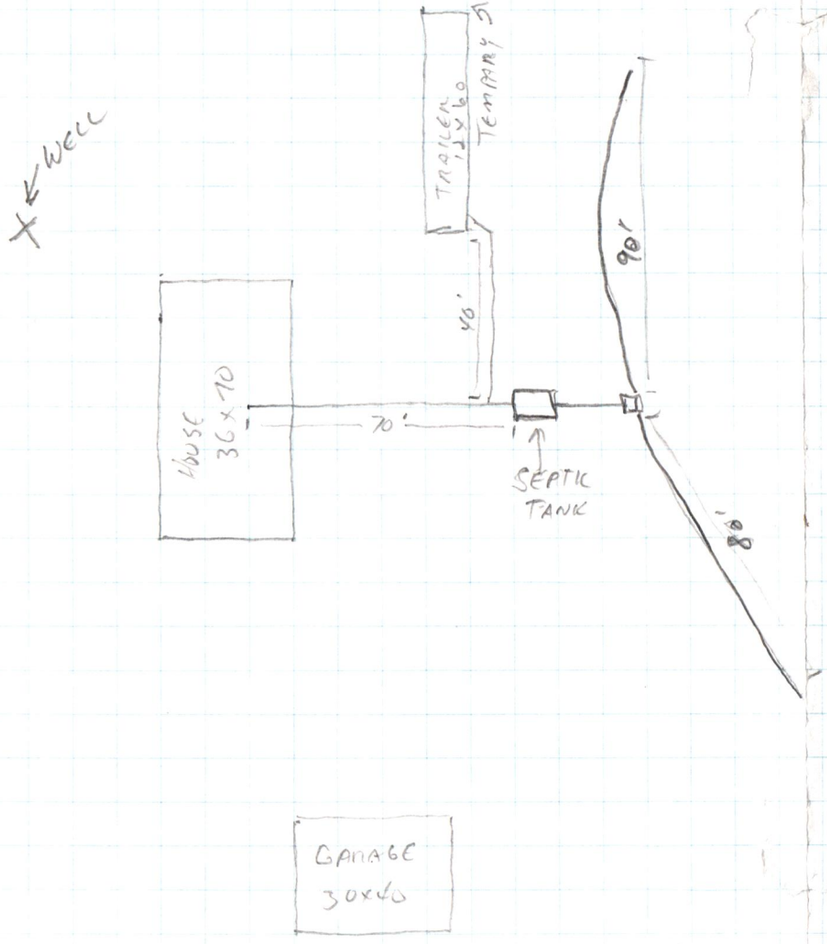
Jerrold C. Hood
Signature of Reviewing Official

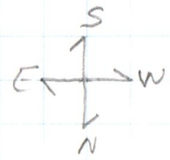

W. Davey Rd.
N.W. 54th
Well
Future House
Drive
4
3
2
1
5
6

? SLOPE OF DISPOSAL FIELD LINES



1000 GAL SEPTIC TANK
MANHOLE 8" FROM SURFACE OF GROUND
1- DISTRIBUTION BOX
DISPOSAL FIELD (1) 90' IN LENGTH (1) 80' IN LENGTH
HOUSE 20' FROM SEPTIC TANK
HOUSE 40' FROM DISPOSAL FIELD
DISPOSAL FIELD 24" IN DEPTH





396' WIDE
660' LONG TO CREEK
EACH SQUARE = 12'

X = WELL
□ = SEPTIC TANK

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

FOR PROPERTY IN **LANCASTER COUNTY** ONLY

This form must be completed and returned with payment to request a real estate transfer inspection.

RECEIVED JUN 27 2001

MAKE CHECK PAYABLE TO: "Lincoln-Lancaster County Health Department" or "LLCHD"

☐ Enclosed is $200.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 18531 NW 84th Raymond Ne

Parcel ID ____-____-____-____-____ (i.e. 99-99-999-999-999)

Twp 5 Range 7E Section 22 1/4 ___ 1/4 ___ Block ___ Lot 13 Addition West Oak

Directions to Property Hwy 79 to W Davey Rd turn Left to NW 84th go Right 1 mile Home on Left Watch for orange Sold sign.

Location of Well East a little North of home Tap Location: Inside ☒ Outside ☐

Location of Sewage System ____ Year Installed 1994

Site Hazards (dogs, etc.) Please call Sandy at 499-2791 when going she will be home to let in to get sample.

	NAME	ADDRESS	PHONE
Present Owner:	Sandy Claussen	18531 NW 84th	783-2071 or 499-2791
Tenant/Buyer:			
Return to:	Nick Roe Woods Bros Realty	7100 So. 29th Lincoln Ne 68516	432-1171 434-3605 (Fax)

Signature of Applicant Mary A Jones Address 3700 W Rock Creek Rd Raymond Ne 68428 Date 6/22/01 783-2922

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 06/27/01 Amount 200.00 Check No. 4070 Initials ____

DATA ENTRY Date ____/____/____ Case No. ____ Initials ____

PRELIMINARY STATUS--By Paul Drotzmann **DATE:** 6/28/01

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ ____/ml	☐ ____/ml
Nitrate	☒ X 0 ppm	☐ ____ppm

SEWAGE SYSTEM

Approved ☐

Provisional ☐

Disapproved ☒ X

Additional Site Visits

Date ____/____/____ by ____

Date ____/____/____ by ____

Date ____/____/____ by ____

Comments: Sewage coming to ground surface out of south lateral

See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Approved ☒ X **SEWAGE DISPOSAL SYSTEM:** Approved ☒ X Provisional Approval ☐

Approved by Paul Drotzmann Date 8/27/01

Approval or disapproval is based on State and local standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operations.

White - Applicant after approval Yellow - Environmental Health Pink - Business Office

P18494-19

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St. Marys Avenue Phone (402) 471-7800 Lincoln, Nebraska 68502

REAL ESTATE TRANSFER / LOAN APPROVAL

This form must be completed and returned to request a real estate transfer inspection.

MAKE CHECKS PAYABLE TO: Lincoln-Lancaster County Health Department.

☒ Evaluation of the Individual Water System Date: 2/22/92

☐ Evaluation of the Sewage Disposal System ☒ Enclosed is $150.00

Legal Description of Property: TWP. 12N; RANGE 5E; SECTION SE 1/4 23; BLOCK ___

LOT 13+14; ADDITION ___; Street Address ___

Directions to Property 1/2 mile North of Davey Rd on NW 84th west side of road. (wood brother's sign by road)

Location of Well in well house Tap Location: Inside ☐ Outside ☐

Location of Sewage System not installed yet Year Installed 79?

	NAME	ADDRESS	PHONE
Present Owner:	Marvin + Ruth Damme (Realtor) Barb Ehrlich	5311 S. 51st 68516	434-3500 Ken
Tenant/Buyer:	Ken + Sandy Claussen	1411 4th Ave, Kearney NE 68847	402-488-7774 Sandy 308 236-7944
Return to:	Sandy Claussen	1411 4th Ave Kearney NE 68847 (Micky 483-4051)	432-1171 Work 234-8549

NOTE: Allow two weeks for processing. Incomplete information will delay processing.

Signature of Applicant Sandy Claussen Address 1411 4th Ave Kearney NE 68847

==========

HEALTH DEPARTMENT USE ONLY

Date Received FEBRUARY 27, 1992 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 2-28-92

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:	SITE VISIT:
Construction	☑ Corrected 3-12-92	☒	Approved: ☐	Date 2-28-92 by rm
Bacteria	☒ shock treated	☒ 10	Provisional: ☐	Date 3-12-92 by rm Cl_2 0
Nitrate	☒ <0.1 cleared 8 ppm	☐	Disapproved: ☐	Date 3-18-92 by rm Cl_2 0 3-20-92 rm NO power 3-24-92 rm

Comments: ___

See Attached Letter ☐

FINAL STATUS

WATER SYSTEM:	SEWAGE DISPOSAL SYSTEM: Not applicable
Approved: ☒	Approved: ☐ Provisional Approval: ☐

APPROVED BY Ron Mayfield, R.S. DATE 3-25-92

Approval or disapproval is based on written standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operation. WELLS - Nebraska Safe Drinking Water Act,
- Standards for A Private Well in Nebraska

FG.4120 INDIVIDUAL SEWAGE SYSTEMS - County Resolution #2832

AUG 29 2018 SCANNED

C

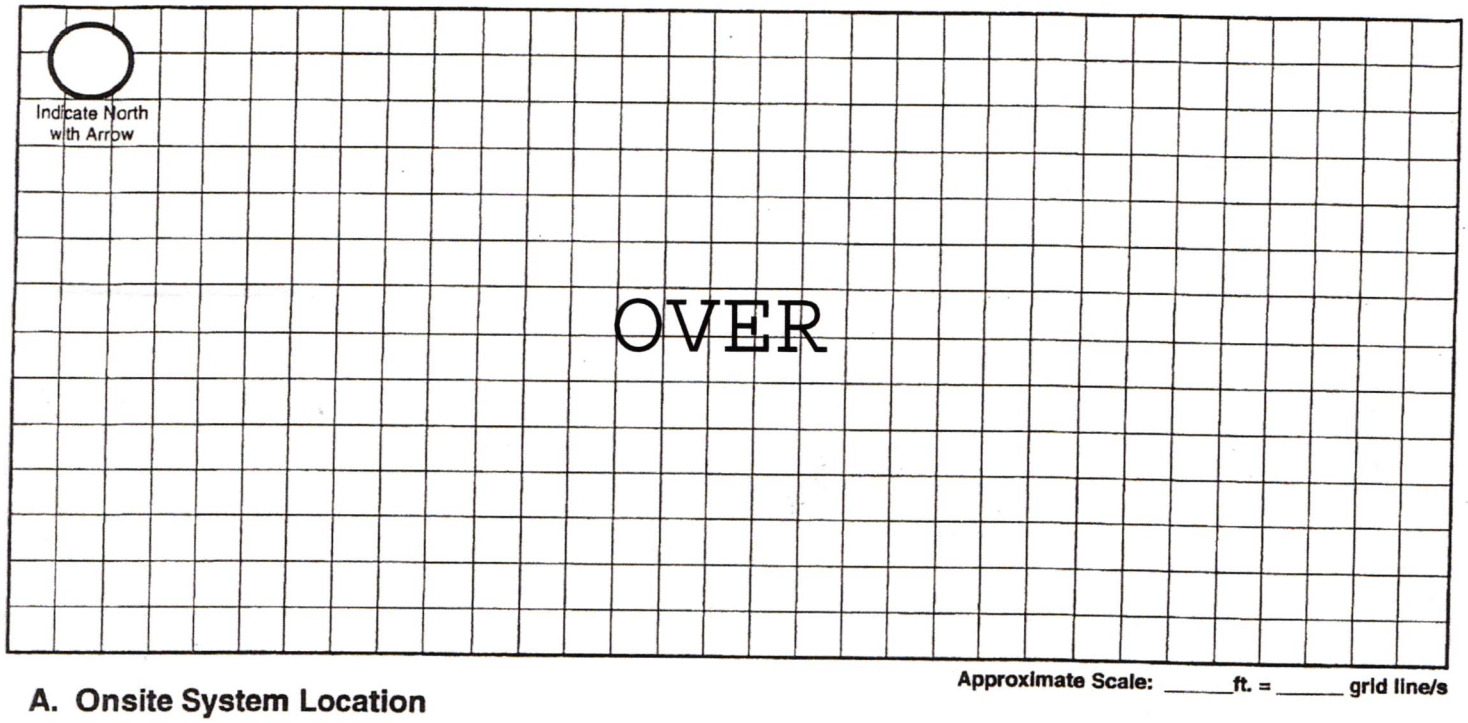
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

Permit Number:

Onsite Wastewater Treatment System

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) 18531 NW 84th St 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 (percoloation test required) ☒ Lagoon

D. Drainfield Absorption System

Percolation Rate_____ (min/inch = mpi) No. of Bedrooms 4 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 Existing Homes Date _____

Installer Kevin L. Jahnke Date 8/28/18

GIS Viewer
CITY OF LINCOLN - LANCASTER COUNTY, NE

City of Lincoln\Lancaster County GIS Map



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 assessor@lancaster.ne.gov and you will be directed to the appropriate department.

AUG 29 2018

SCANNED