SEP 0 7 2018

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

A

Permit Number H5001734

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 14600 NW 98th St (no rural route) City Raymond, NE Zip 68428

Legal Description NW 3 11N 5E 7

1/4 | 1/4 | Section | Township | Range | Subdivison | Addition | Block | Lot

PID 05-03-100-005-000

B. Owner

Name Benjamin Elliott Signature Benjamin Elliott

Address 14600 NW 98th St City/State/Zip Raymond, NE 68428

Home Phone 402-783-2153 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 2.76

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 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 9-10-18 Amount Paid $405.00
Received By JAO Cash/Check No. 9476

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

Form A Updated: 1/13

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 14600 NW 98th St (no rural route) City Raymond NE, Zip 68428

Owner Ben & Anne Elliott Address Same

Date of Tests 8/10/18 to 8/11/18 Weather: Precipitation 0 Temperature 84 °

Percolation Test Data Table

A.	B.	C.	D.	E.	F.	G.	H.	I.	J.	K.	L.	M.	N.
		Saturation/Swelling Time				Water Level Drop: Last 30 mins of 4 hr or last 10 mins of 1 hr					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	8/10	8:00a	8/10	12:00p	8/11	11:30a	6	8/11	12:00p	30	3	10
2	20	"	"	"	"	"	"	6	"	"	"	5-1/4	6
3	25	"	"	"	"	"	"	6	"	"	"	4-1/2	7
4	33	"	"	"	"	"	"	6	"	"	"	3-3/4	8
								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: 31

Average of Rates: 8

Rate Used for Calculation: 8

Soil type (NRCS Maps/Other) Dickinson Fine Sandy Loam

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

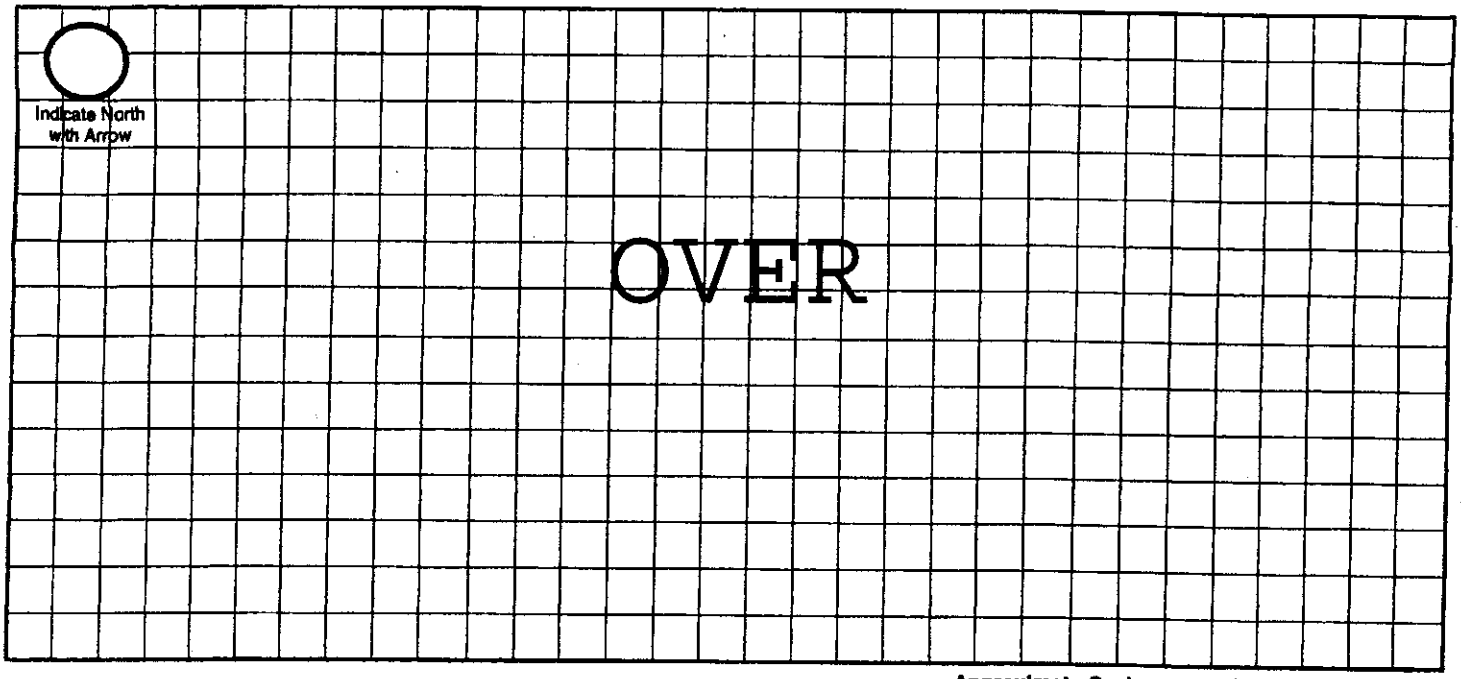
C

Permit Number:

Onsite Wastewater Treatment System

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) 14600 NW 98th St City Raymond NE, Zip 68428

B. Proposed Septic Tank/s

Septic Tank Cap. 1500 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 8 (min/inch = mpi) No. of Bedrooms 4 Soil Type Dickinson Fine Sandy Loam Land Slope_____%

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 675 sq.ft.

Total length of laterals 150 Type of distribution: ☐ Perforated pipe ☐ Half-Round ☐ Chamber ☒ Other EZFlow 1203H

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

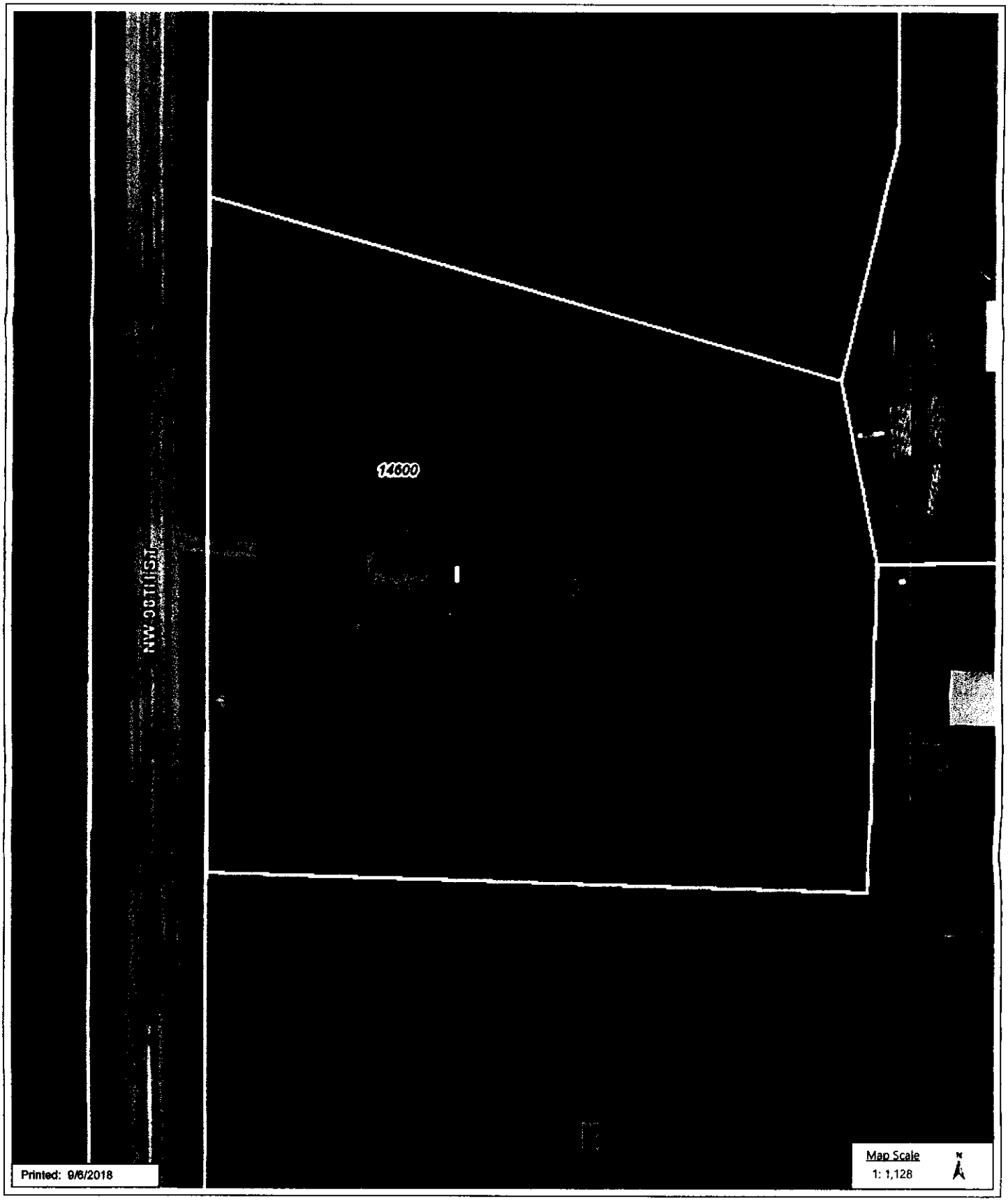
Home Building Contractor Existing Home Date_____

Installer [signature] Date 9-7-16

14600 NW 98th St, Raymond, NE 68428

GIS Viewer

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.

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. HS001734

System Type: Standard

Situs: 14600 NW 98TH ST, RAYMOND, NE 68402

Issued: 9/12/2018

Expires: 9/12/2019

Description: S3, T11, R5, 6th Principal Meridian, LOT 7 NW

Owner: ELLIOTT, PATRICIA A & BENJAMIN
14600 NW 98 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
13800 NW 70TH ST
LINCOLN, NE 68428

SEP 0 7 2018

SCANNED

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

A

Permit Number H5001734

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 14600 NW 98th St (no rural route) City Raymond, NE Zip 68428

Legal Description NW (1/4) 3 (1/4) 11N (Section) 5E (Township) (Range) (Subdivison) (Addition) 7 (Block) (Lot)

PID 05-03-100-005-000

B. Owner

Name Benjamin Elliott Signature Benjamin Elliott

Address 14600 NW 98th St City/State/Zip Raymond, NE 68428

Home Phone 402-783-2153 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

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☐ **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 2.76

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 9/20/18

Date frwd 9/20/18

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 9-10-18 Amount Paid $405.00

Received By JO Cash/Check No. 9476

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: HS001734

Onsite Wastewater Treatment System

Inspection Sheet

Date 10/24/18 Legal Description T11N, R5E, Sec 3 Lot 7
¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 4600 NW 98th 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 675 Sq. Ft. (450 Req'd) Tank Size 1500 gals

Total length of laterals 150' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☒ Other (describe) _____
EZ Flow

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

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:

Inspections prior to Final Approval
Initial 10/23/18 Date _____
Follow-Up _____ Date _____
Follow-Up _____ Date _____

Installation Final Written Approval
By _____
Date 10/24/18

Field Note Drawing (See Reverse Side):

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: HS001734

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 = 05-03-100-005-000

Address or Legal Description or Parcel Identification Number (PID) 14600 NW 98th St, Raymond, NE 68428

Owner: Ben & Anne Elliott Address Same

A. Wastewater Piping

1. Material: SDR26 Diameter: 4 in.
2. Distance between dwelling and septic tank: 23 ft.

B. Septic Tank

1. Material Concrete
2. Capacity: 1,500
3. Depth to top of tank, below unfinished grade: 12-30 in.
4. Distance to:
   Well 100 ft.+
   Pressure line N/A ft
   Property Line 100 ft.+
   Foundation 23 ft.+

C Distribution Box or Drop Box

Distance and Direction from septic tank: 14 ft. E

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: X 2
3. Length of each lateral (linear): ft. 80 ft. 70 ft. ____ ft. ____
4. Drainfield size: 675 sq. ft.
5. Distance to:
   Well 100 ft.+
   Pressure line N/A ft.
   Property line 75 ft.+
   Depth of Groundwater >8'

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

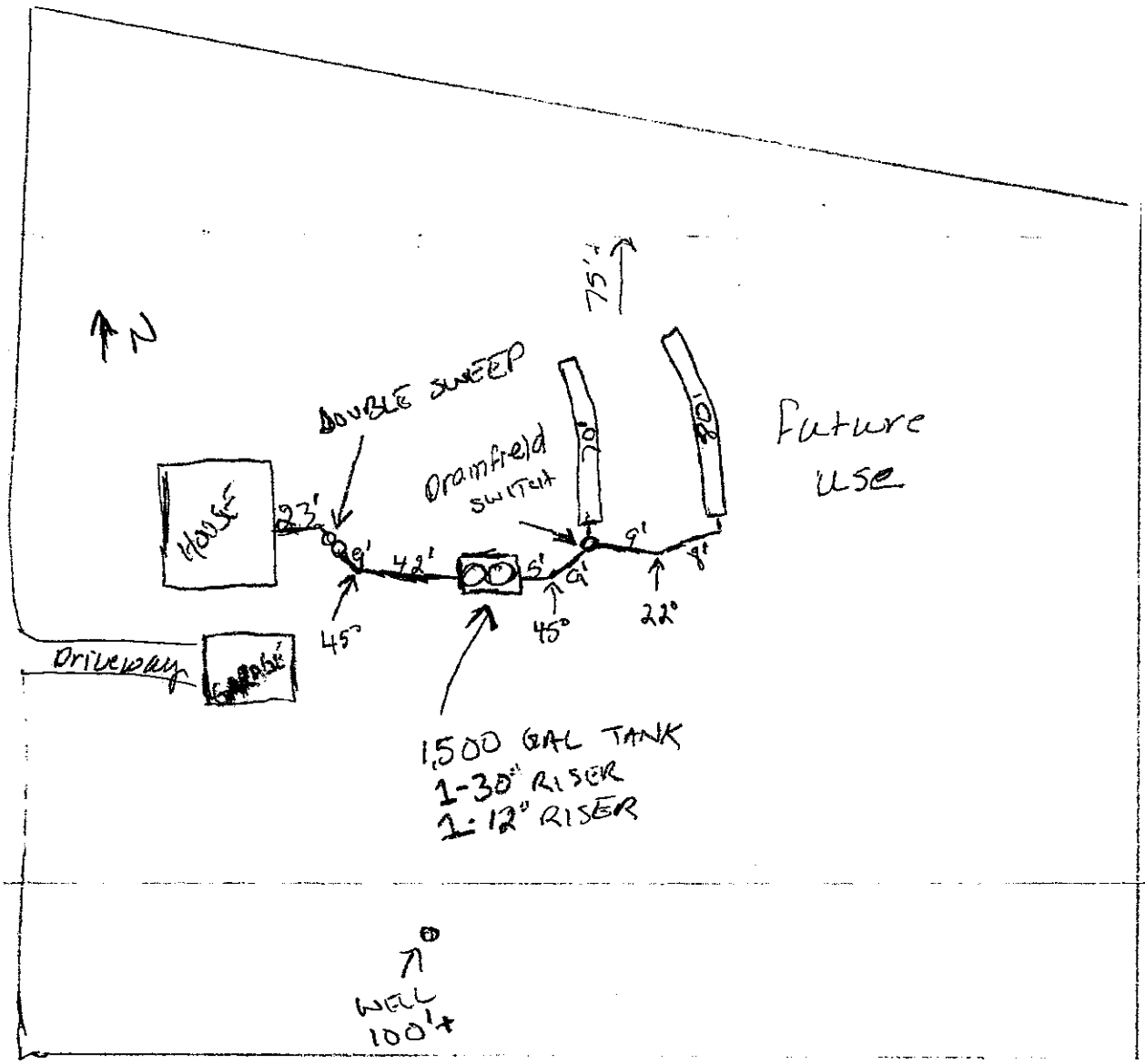
If Yes, the Certified Professional must sign below for final approval: (Partially)

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: [signature] Date: 10/22/18

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

Updated 4/15


N
75'+
DOUBLE SWEEP
Drainfield
switch
House
23'
9'
42'
5'
9'
9'
9'
45°
45°
22°
Future
use
Driveway
Garage
1,500 GAL TANK
1-30" RISER
1-12" RISER
WELL
100'+

FORM HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

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

FILE NO._____

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: 8-13-84

The undersigned hereby applies for a permit to ALTER ☒, EXTEND ☒, or REPAIR ☐ an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. Legal description of property: Twp. 11N ; Range 5E ; Section NW¼ 3 Lots 4 + 6 I.T. 4 ;
Block _____; Lot 5 H 6 I.T.; Addition _____
Street Address 14600 NW 98th West Raymond Rd.

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

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

4. Description of proposed alteration, extension or repair: Installed new lateral system & field (110 ft) discontinue open lateral

5. Work to be done by: Owner ☒ ; or Contractor ☐ , _____
Contractor's Name

6. Estimated cost of project:

a. Materials	$	245 (Sewer pipe & gravel over & cover pipe)
b. Labor	$	0
c. Other	$	140 digging
TOTAL	$	385 00

(accual cost)

Ernest L Thompson
Signature of Applicant (owner or lessee)

5415 Homestead Ct.
Address Lincoln, Ne. 68521

(Do not write below this line)

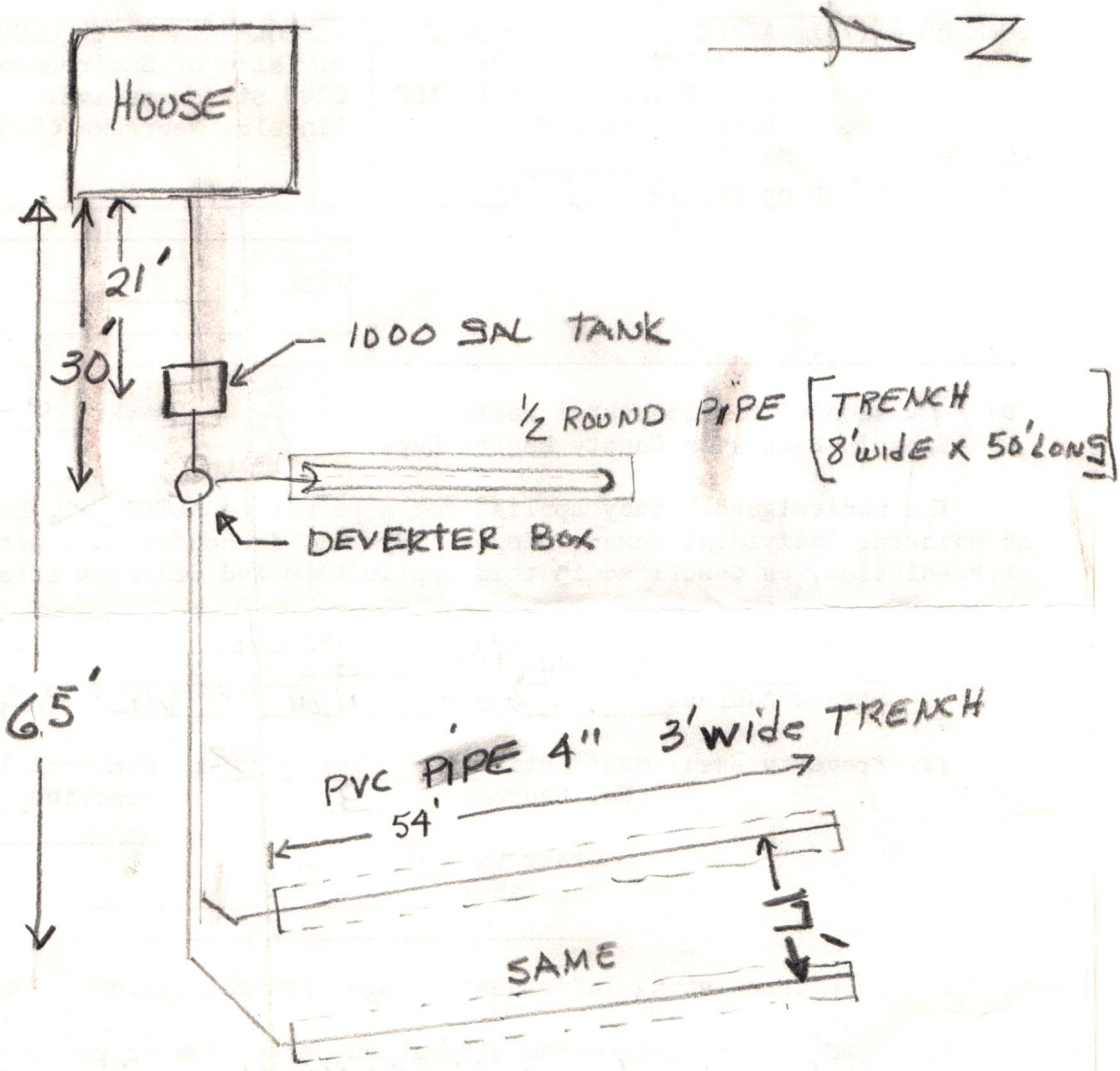
REVIEWING ACTION

1. Date Rec'd: _____
Filing Fee: $ NO FEE

2. Site Visits:
Date: _____ by: L.C.H.
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved ☒; Disapproved ☐
by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 8/22/84 by: J. C. Hood


HOUSE
21'
30'
1000 GAL TANK
½ ROUND PIPE
TRENCH
8' wide x 50' long
DEVERTER BOX
65'
PVC PIPE 4"
3' wide TRENCH
54'
SAME