SEP 21 2018

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

**A**

Permit Number HS001740

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 13600 W Superior St (no rural route) City Pleasant Dale, NE Zip 68423

Legal Description SW (1/4) 6 (Section) 10N (Township) 5E (Range) _____ (Subdivison) _____ (Addition) 19 (Block) _____ (Lot)

PID 04-06-300-004-000

## B. Owner

Name Leon Lostroh Signature Leon D Lostroh

Address 13600 W Superior St City/State/Zip Pleasant Dale, NE 68423

Home Phone 402-796-2252 Work Phone 402-432-1691 (Cell)

## 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 3 Whirlpool Bathtub? ☐ Yes ☑ No Total Acres 146.45

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 _____ Date frwd _____
Comments _____
**ACTION** ☐ Approved ☐ Disapproved Signature _____

**2. Supt. Bldg. Insp. or Village Clerk**
Comments _____ Date rec'd _____ Date frwd _____
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**3. City or County Engineer**
Comments _____ Date rec'd _____ Date frwd _____
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**Installation Final Written Approval**
By _____
Date _____

***Business Office Use Only***
Date Received 9-24-18 Amount Paid $405
Received By JAO Cash/Check No. 9485

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 13600 W Superior St (no rural route) City Pleasant Dale NE, Zip 68423

Owner Leon Lostroh Address Same

Date of Tests 8/27/18 to 8/28/18 Weather: Precipitation 0 Temperature 68°

### 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 | | | End | | | | |
| Hole No. | Hole Depth (in) | Date (Mo/Da) | Time (Hr/Min) | Date (Mo/Da) | Time (Hr/Min) | Date (Mo/Da) | Time (Hr/Min) | Initial Water Lev (in.) | Date (Mo/Da) | Time (Hr/Min) | Elapsed Time Interval | Water Level Drop (in) | Percolation Rates (Min/in = mpi) |
| 1 | 21 | 8/27 | 9:00a | 8/27 | 1:00p | 8/28 | 1:30p | 6 | 8/28 | 2:00p | 30 | 2-1/2 | 12 |
| 2 | 32 | " | " | " | " | " | " | 6 | " | " | " | 5/8 | 48 |
| 3 | 32 | " | " | " | " | " | " | 6 | " | " | " | 5/8 | 48 |
| 4 | 42 | " | " | " | " | " | " | 6 | " | " | " | 15/16 | 37 |
| | | | | | | | | 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: 145

Average of Rates: 36

Rate Used for Calculation: 48 (20 mpi variance)

Soil type (NRCS Maps/Other) Silty ~~Sandy~~ Clay Loam (Pawnee)

Groundwater Depth >8'

***DO NOT WRITE BELOW THIS LINE***

### Reviewing Action

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

Signature of Reviewing Official _____ Date _____

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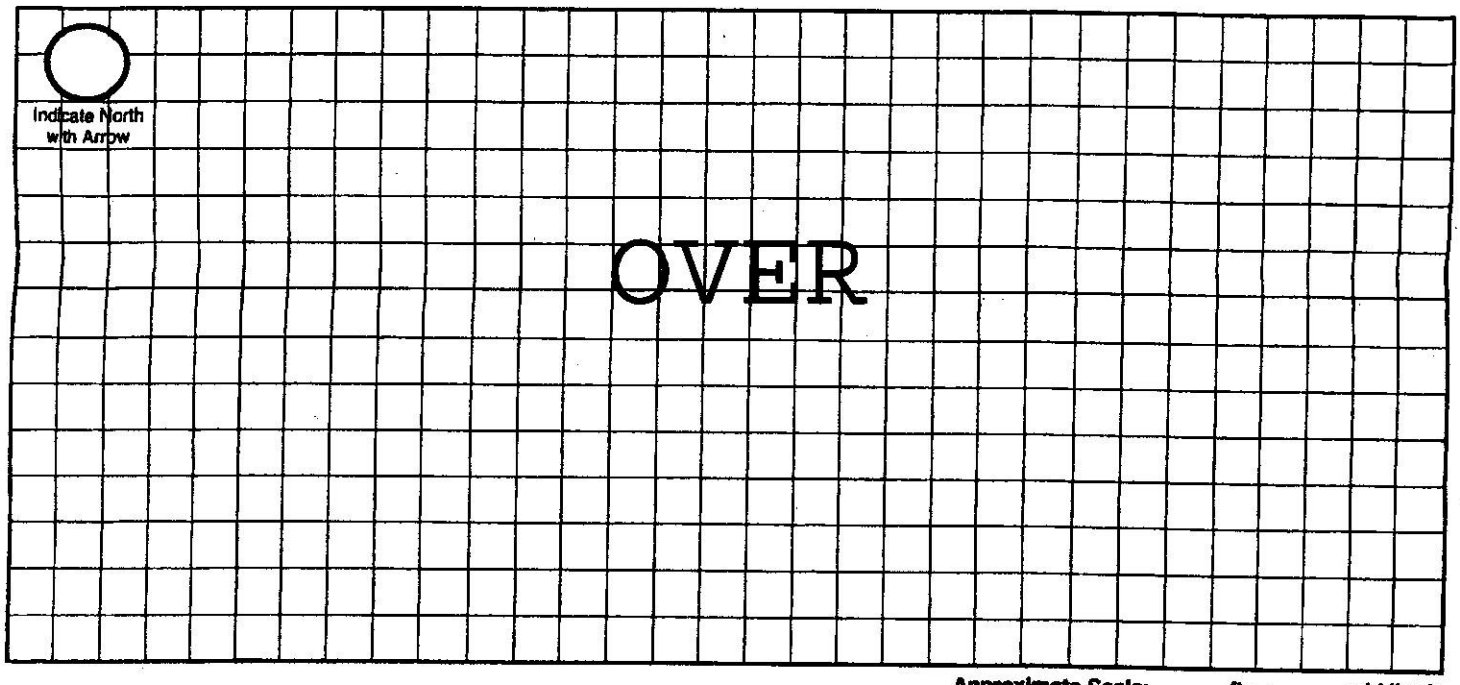
**C**

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) 13600 W Superior St City Pleasant Dale NE, Zip 68423

## B. Proposed Septic Tank/s

Septic Tank Cap. 1,500 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 3 Soil Type Silty Clay Loam Land Slope_____%

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 990 sq.ft.

Total length of laterals 220 Type of distribution: ☐ Perforated pipe ☐ Half-Round ☐ Chamber ☒ Other EZFlow 1203H

No. of absorption trenches 2 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 ☐ | ☐ |

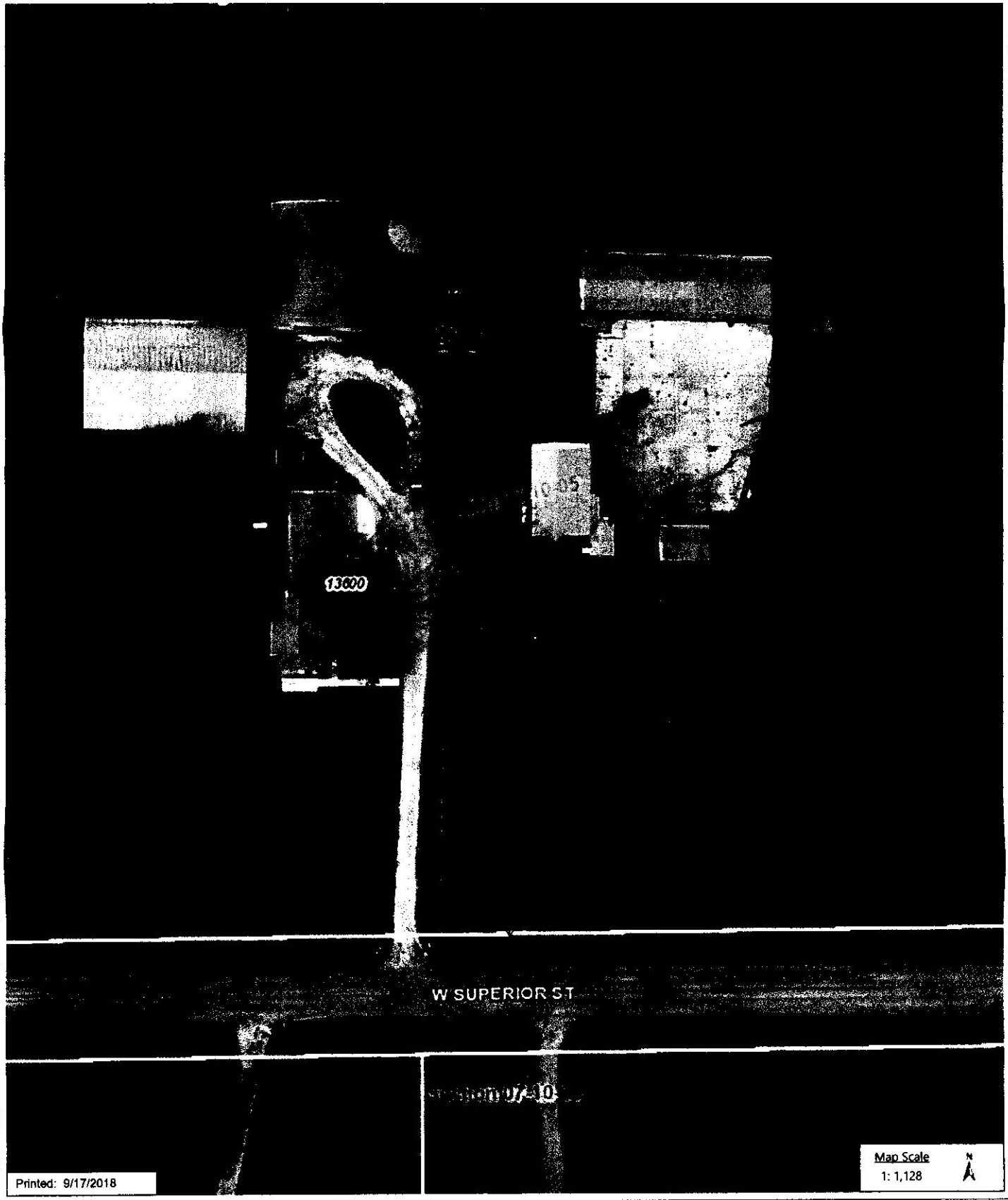
## F. Required Signatures

Home Building Contractor Existing Home Date _____

Installer _____ Date 9/17/18

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.

**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. HS001740**

**System Type:** Standard

**Situs:** 13600 W SUPERIOR ST, MALCOLM, NE 68524

Issued: 9/24/2018

Expires: 9/24/2019

**Description:** S6, T10, R5, 6th Principal Meridian, LOT 19 SW

**Owner:** LOSTROH, LEON D REVOCABLE TRUST
13600 W SUPERIOR
PLEASANT DALE, NE 68423

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

SEP 21 2018

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

SCANNED

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**Approval Process** ☐ Municipal Code 24.38 ☒ County Resolution No. 02-30

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Comments ____
**ACTION** ☒ Approved ☐ Disapproved Signature ____

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**Installation Final Written Approval**
By ____
Date 10/24/18

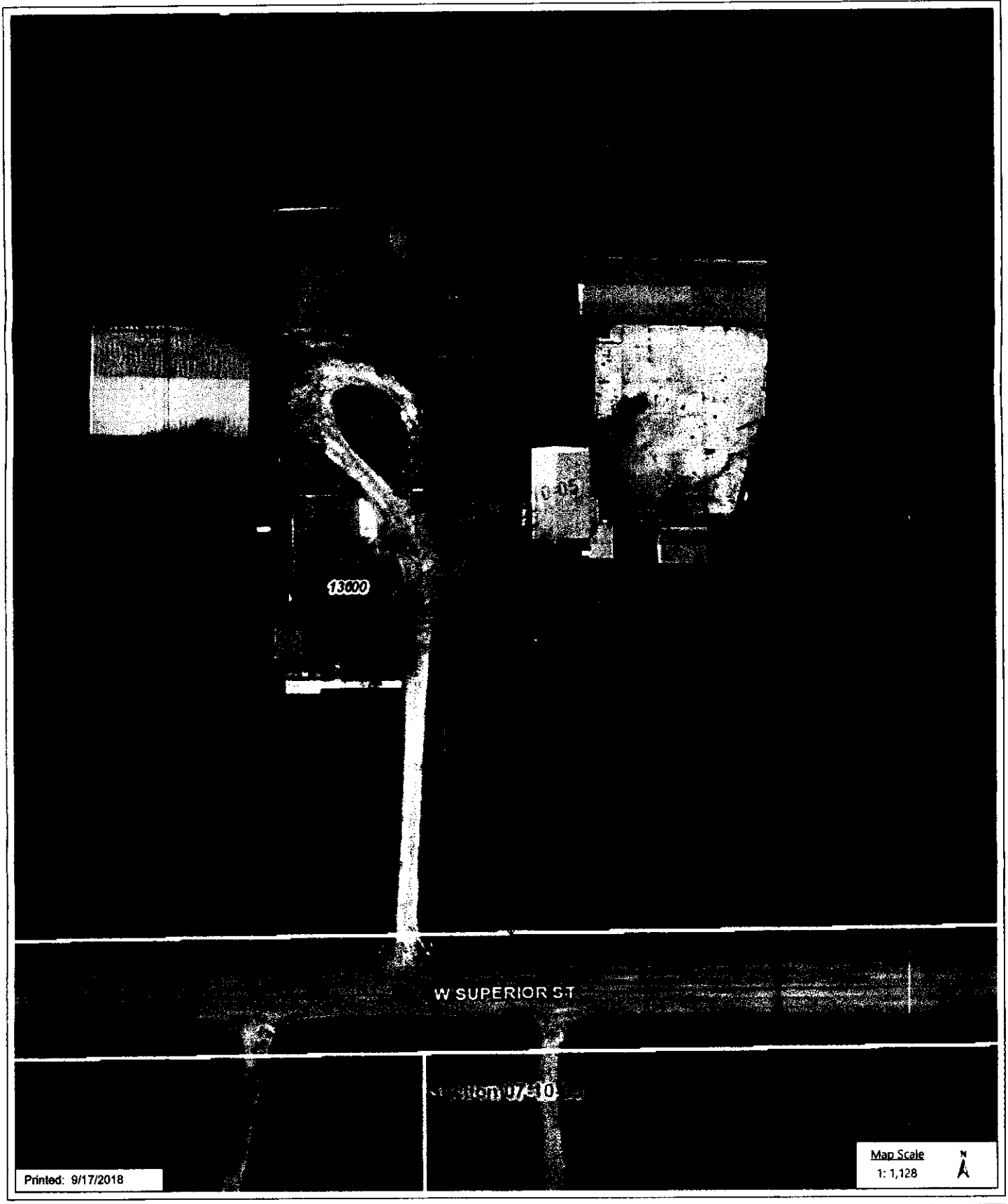
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White - Health Department Yellow - Engineer Pink - Building & Safety

Form A Updated: 1/13

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SCANNED

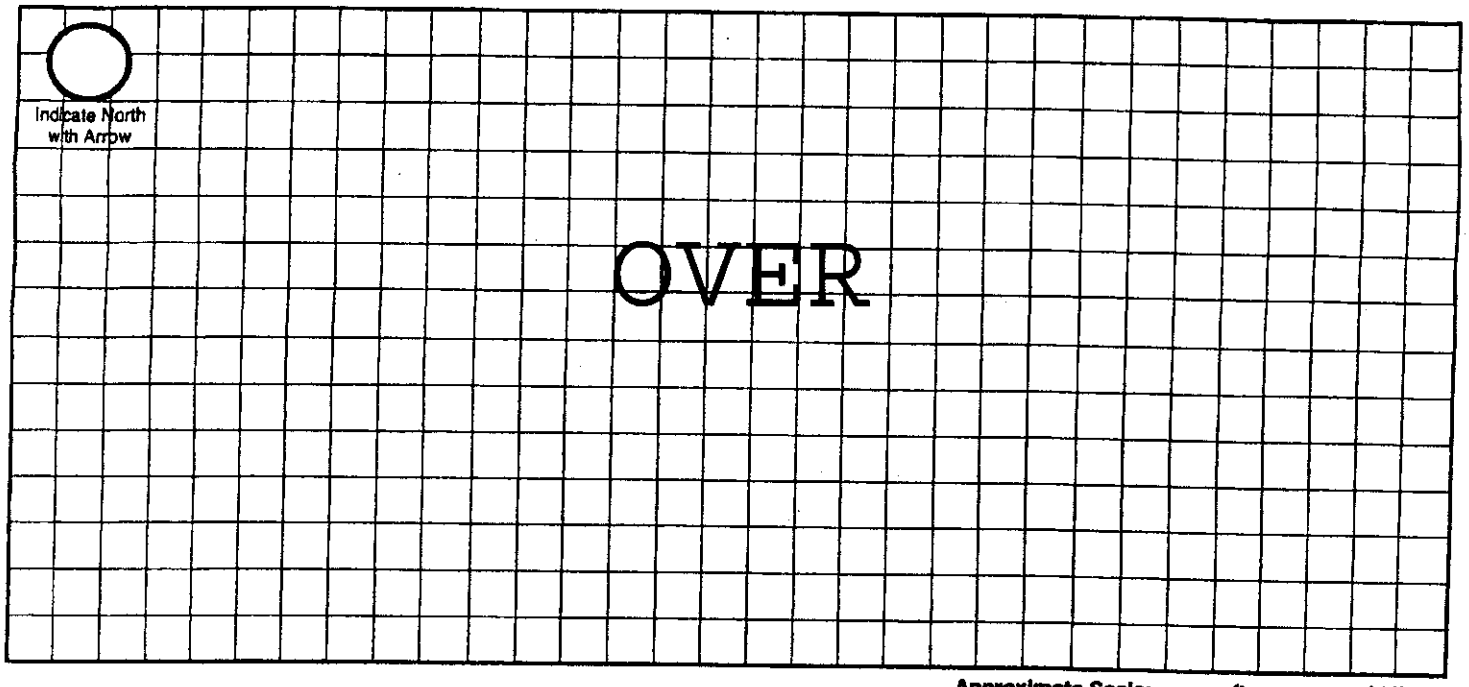
**C**

Permit Number:

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No. of absorption beds_____ Width_____ No of Distribution lines per bed_____

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## F. Required Signatures

Home Building Contractor Existing Home Date _____

Installer _____ Date 9/17/18

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
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D Exhibit 4

Permit Number: HS001740

# 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 = 04-06-300-004-000

Address or Legal Description or Parcel Identification Number (PID) 13600 W Superior St, Pleasant Dale, NE 68423

Owner: Leon Lostroh Address Same

### A. Wastewater Piping

1. Material: SDR26 Diameter: 4 in.
2. Distance between dwelling and septic tank: 87 ft.

### B. Septic Tank

1. Material Concrete
2. Capacity: 1,500
3. Depth to top of tank, below unfinished grade: 18-30 in.
4. Distance to:
   Well 100 ft.+
   Pressure line N/A ft
   Property Line 100 ft.+
   Foundation 87 ft.+

### C Distribution Box or Drop Box

Distance and Direction from septic tank: 87 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: 2
3. Length of each lateral (linear): ft. 110 ft. 110 ft. ____ ft. ____
4. Drainfield size: 990 sq. ft.
5. Distance to:
   Well 100 ft.+
   Pressure line N/A ft.
   Property line 100 ft.+
   Depth of Groundwater >8'

certainly, as it was here in June - ground dried out by Tuesday. 10 ft

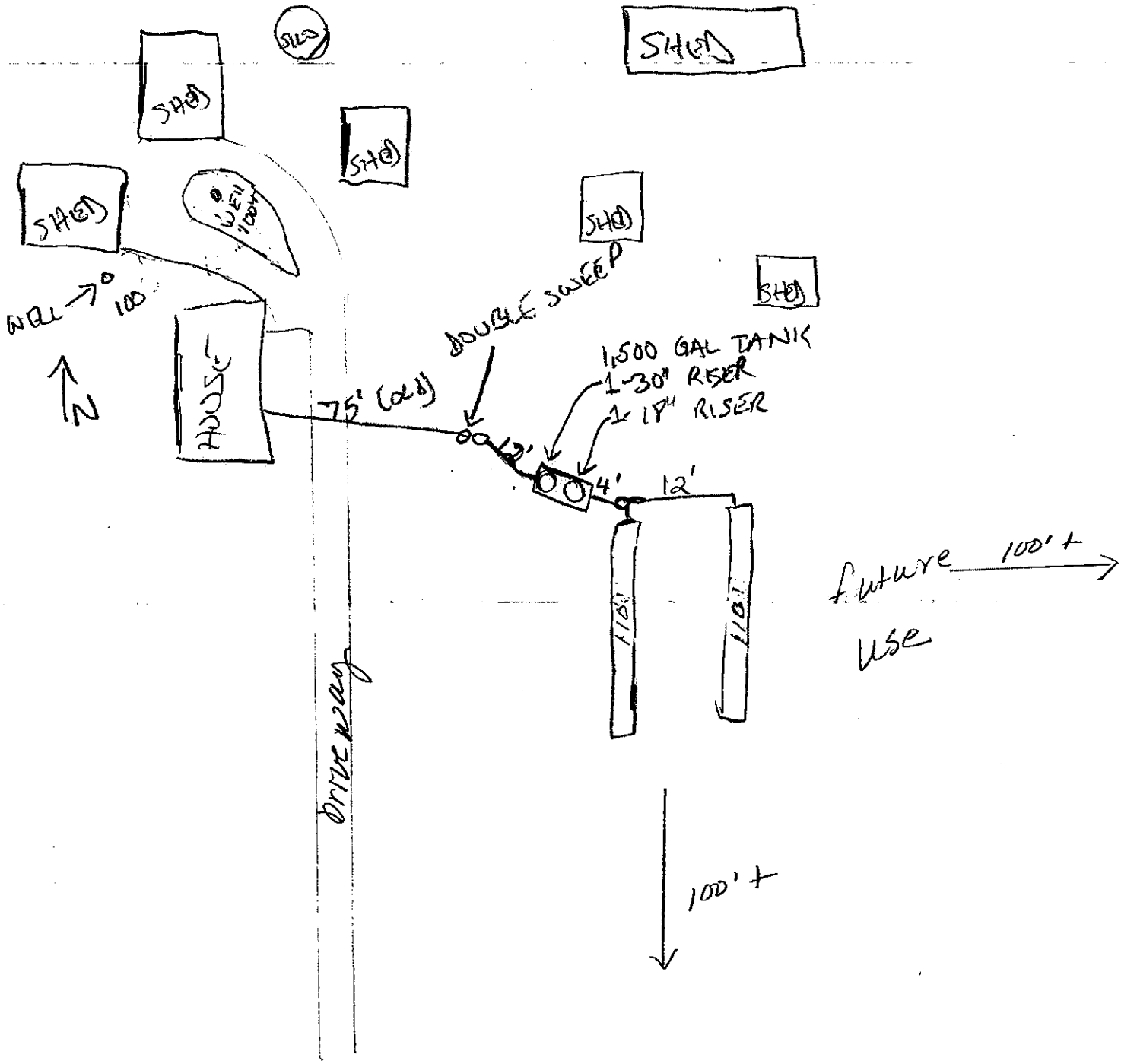
Was the Onsite Wastewater System covered prior to LLCHD inspection? ☒ Yes ☐ No

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: [signature] Date: 10/17/18

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


SHED
SILO
SHED
SHED
SHED
SHED
SHED
SHED
WELL
100'
WELL
100'
N
ADOBE
75' (old)
DOUBLE SWEEP
1,500 GAL TANK
1-30" RISER
1-18" RISER
12'
4'
12'
future use
100'+
100'+
driveway

**Lincoln-Lancaster County Health Department**
Environmental Public Health Division
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SCANNED

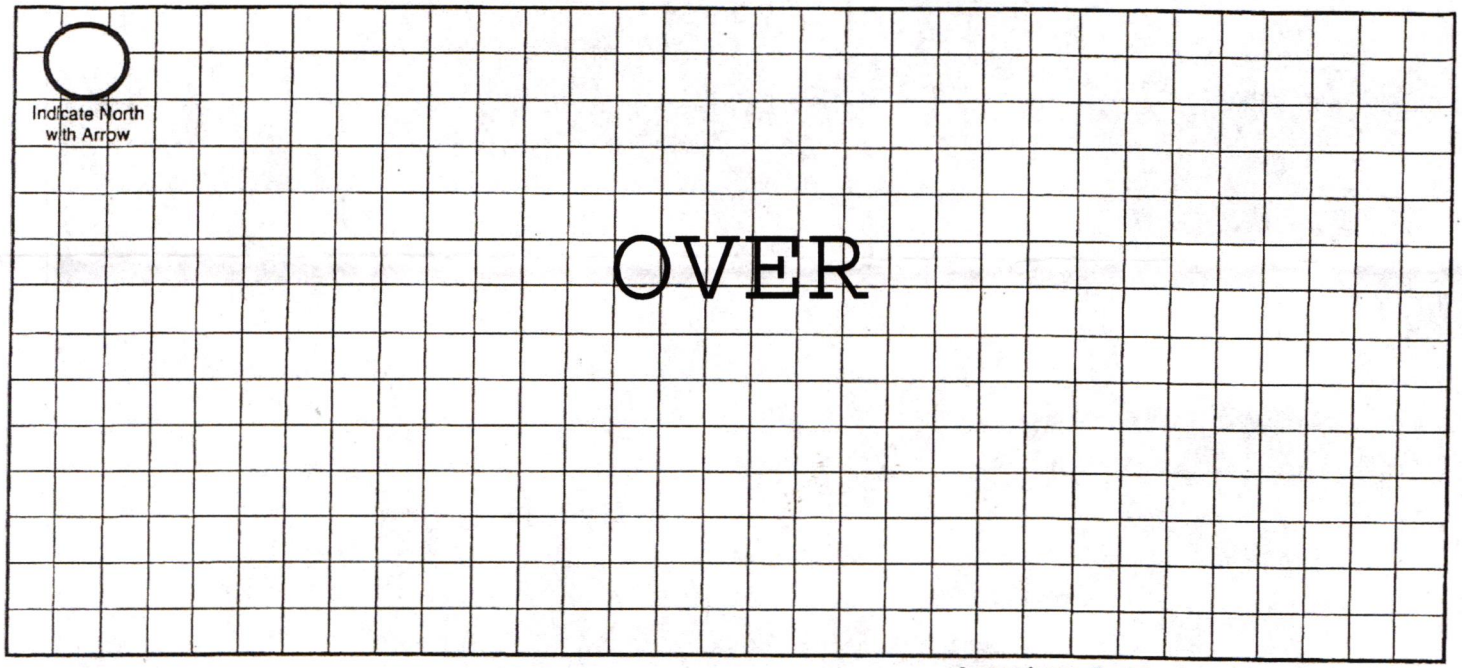
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## F. Required Signatures

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Installer [signature] Date 9/17/18

SCANNED

GIS Viewer
CITY OF LINCOLN - LANCASTER COUNTY, NE

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