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

**A**

Permit Number
HS001780

New Construction

# 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 W Burgess Ln (no rural route) City Lincoln NE Zip 68523

Legal Description SE 17 9N 6E Twin Pines Addition 6 3
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 09-17-406-003-000

## B. Owner

Name Christopher Wobig Signature

Address PO Box 87 City/State/Zip Malcolm, NE 68402

Home Phone 402-560-6672 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 5 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 3.12
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 12-12-16 Amount Paid #420.00
Received By JAV Cash/Check No. 4542

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: 402-441-8022

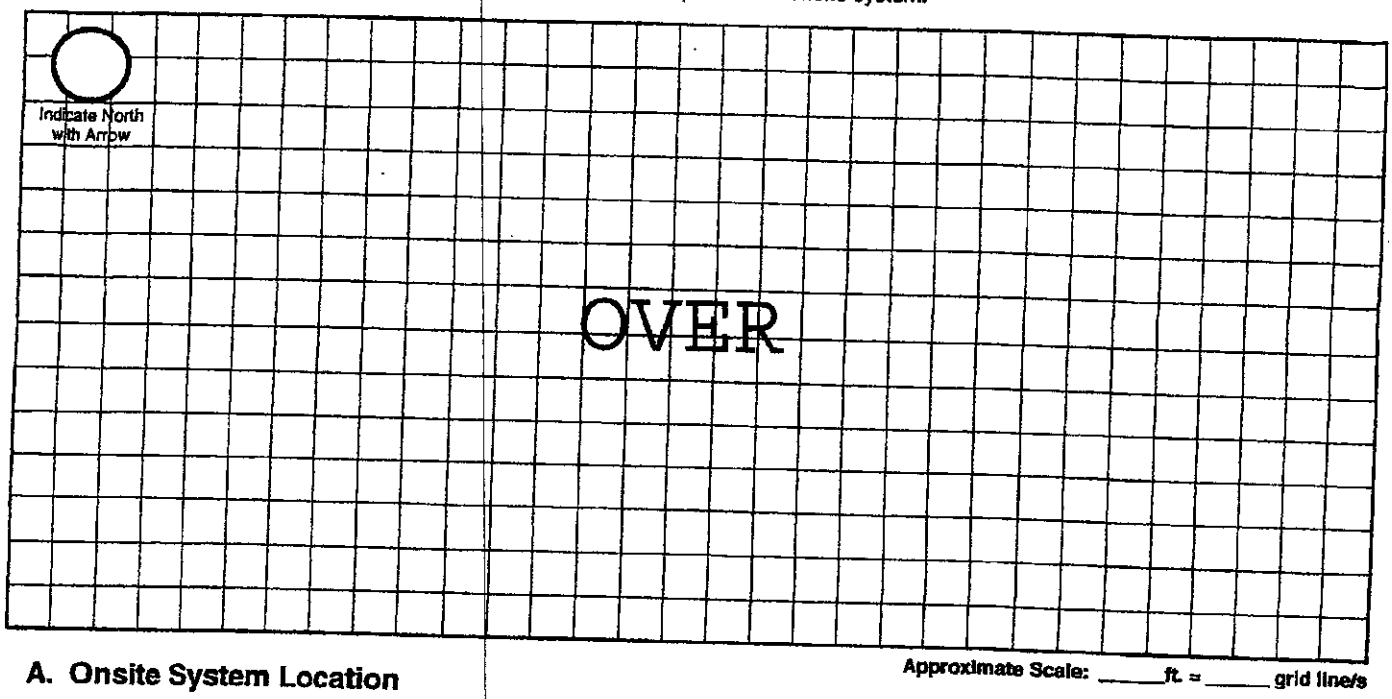
**C**

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) W Burgess Ln City Lincoln NE, Zip 68523

### 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 5 Soil Type Wymore SCL 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 _____ Date 12/11/18

Installer _____ Date 12/11/18




Customer Initials

**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. HS001780**

**System Type:** Lagoon

**Situs:** No Site Address Specified

Issued: 12/12/2018

Expires: 12/12/2019

**Description:** TWIN PINES ADDITION, BLOCK 6, Lot 3

**Owner:** WOBIG, CHRISTOPHER M &
JESSICA E
PO BOX 87
MALCOLM, NE 68402

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

SCANNED

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

**A**

Permit Number
HS001780

New Construction

# Onsite Wastewater Treatment System
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Submit correct fee
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PID 09-17-406-003-000

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Designer Name Firm Work Phone

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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 8/19 OS
10/30/19 OS
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 10/30/19

***Business Office Use Only***
Date Received 12-12-18 Amount Paid $420.00
Received By JAD Cash/Check No. 4542

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

Form A Updated: 1/13

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

Exhibit 5

Permit Number: HS001780

# Onsite Wastewater Treatment System

## Inspection Sheet

CS

Date 10/30/19 Legal Description ____ ¼ ¼ Section/Township/Range

**Onsite System Location**

Address (no rural route) 2811 W Burgess 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 1,755 Sq. Ft. Tank Size 2000 gals

Total length of laterals 390' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☒ Other (describe) E2 Flow

No. of Absorption Laterals 4 Width 4.5 factor No. of Drop Boxes ____ Distribution Box 1

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 NA Lateral #3 ____

Lateral #2 ____ Lateral #4 ____

Comments:

Inspections prior to Final Approval
Initial ____ Date 08/19

Follow-Up 0.6 Date 10/30/19

Follow-Up ____ Date ____

Installation Final Written Approval
By ____

Date 10/30/19

Field Note Drawing (See Reverse Side):

Updated 4/15

**Nate C. Hartman**

---

**From:** Terri Jakoubek <jakoubek63@windstream.net>
**Sent:** Saturday, September 07, 2019 9:28 AM
**To:** Nate C. Hartman
**Cc:** Doug R. Smith
**Subject:** 2811 W Burgess Ln D-Sheet
**Attachments:** 2811 W Burgess Ln D-Sheet.pdf

HS001780 attached.

Thanks,

Terri Jakoubek
Raymond Contracting, Inc.
13800 NW 70th St
Raymond, NE 68428
402-783-2663 (Office)
402-783-2341 (Fax)
402-890-3870 (Mobile)
jakoubek63@windstream.net

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: HS001780

# 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 = 09-17-406-003-000

Address or Legal Description or Parcel Identification Number (PID) 2811 W Burgess Ln, Lincoln, NE 68523

Owner: Christopher Wobig Address PO Box 87, Malcolm, NE 68402

### A. Wastewater Piping

1. Material: SDR26 Diameter: 4 in.
2. Distance between dwelling and septic tank: 100 ft.

### B. Septic Tank

1. Material Concrete
2. Capacity: 2,000
3. Depth to top of tank, below unfinished grade: 14 in.
4. Distance to:
   - Well 100 ft.+
   - Pressure line N/A ft
   - Property Line 100 ft.+
   - Foundation 100 ft.+

### C Distribution Box or Drop Box

Distance and Direction from septic tank: 8 ft. S

(Drainfield Control Valve)

### 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. 100 ft. 100 ft. 100
4. Drainfield size: 1,755 sq. ft.
5. Distance to:
   - Well 100 ft.+
   - Pressure line N/A ft.
   - Property line 30 ft.+
   - Depth of Groundwater >8'

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

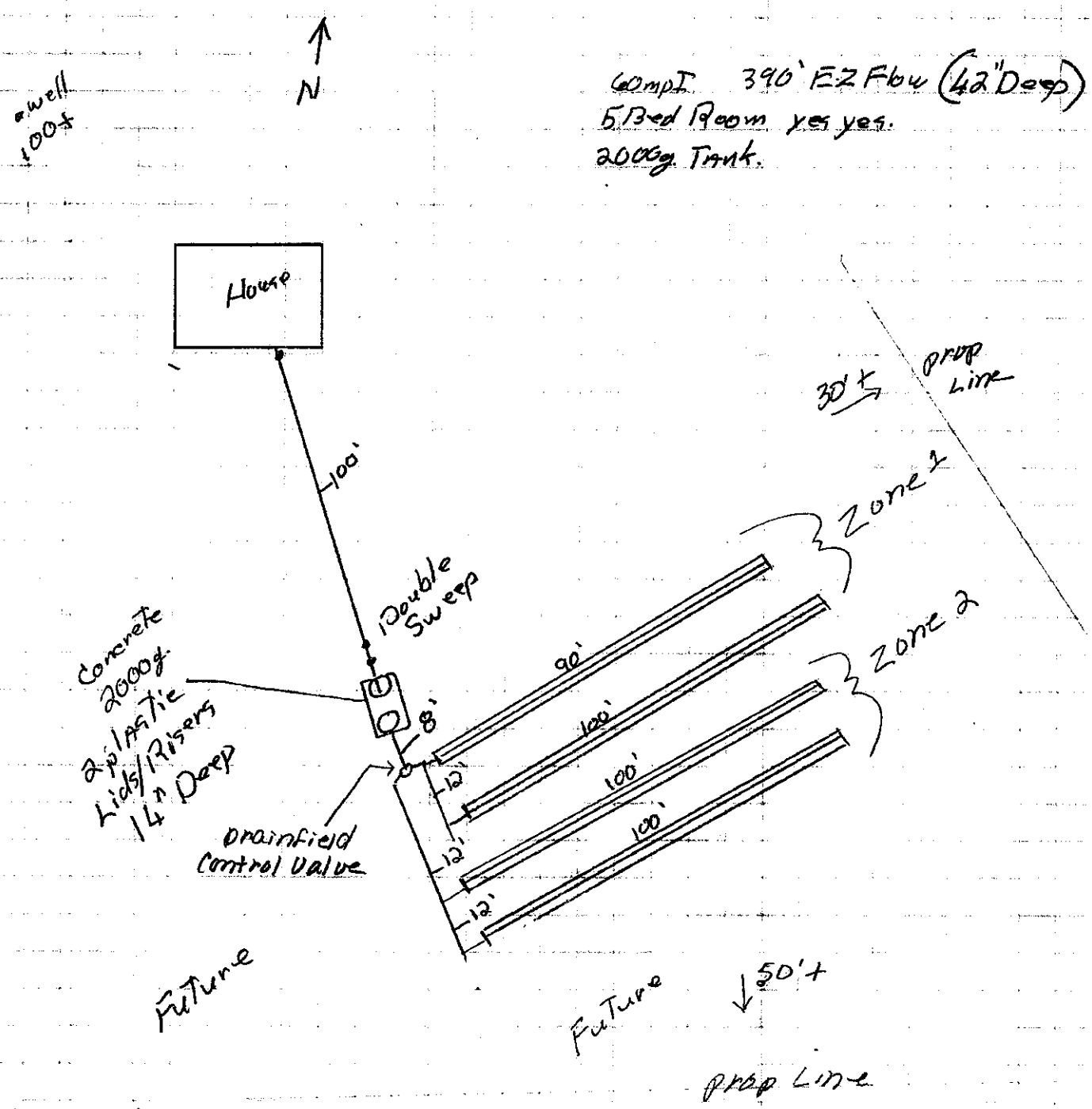
If Yes, the Certified Professional must sign below for final approval: (Partially)

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: Kevin L. Jakobus Date: 8/29/19

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

Updated 4/15




Chris Ubbig.
2811 W Burgess Ln.
Lincoln NE 68523
8/29/19.

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

**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 2811 W Burgess Ln (no rural route) City Lincoln NE, Zip 68523

Owner Chris Wobig Address PO Box 87, Malcolm, NE 68402

Date of Tests 5/1/19 to 5/2/19 Weather: Precipitation 0 Temperature 48°

### 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 | 48 | 5/1 | 1:30p | 5/1 | 5:30p | 5/2 | 1:00p | 6 | 5/2 | 1:30p | 30 | 3/4 | 40 |
| 2 | 46 | " | " | " | " | " | " | 6 | " | " | " | 1/2 | 60 |
| 3 | 48 | " | " | " | " | " | " | 6 | " | " | " | 1-1/2 | 20 |
| 4 | 72 | " | " | " | " | " | " | 6 | " | " | " | 5/8 | 48 |
| | | | | | | | | 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: 168

Average of Rates: 42

Rate Used for Calculation: 60 (20 mpi variance)

Soil type (NRCS Maps/Other) Wymore SCL

Groundwater Depth >10'

***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

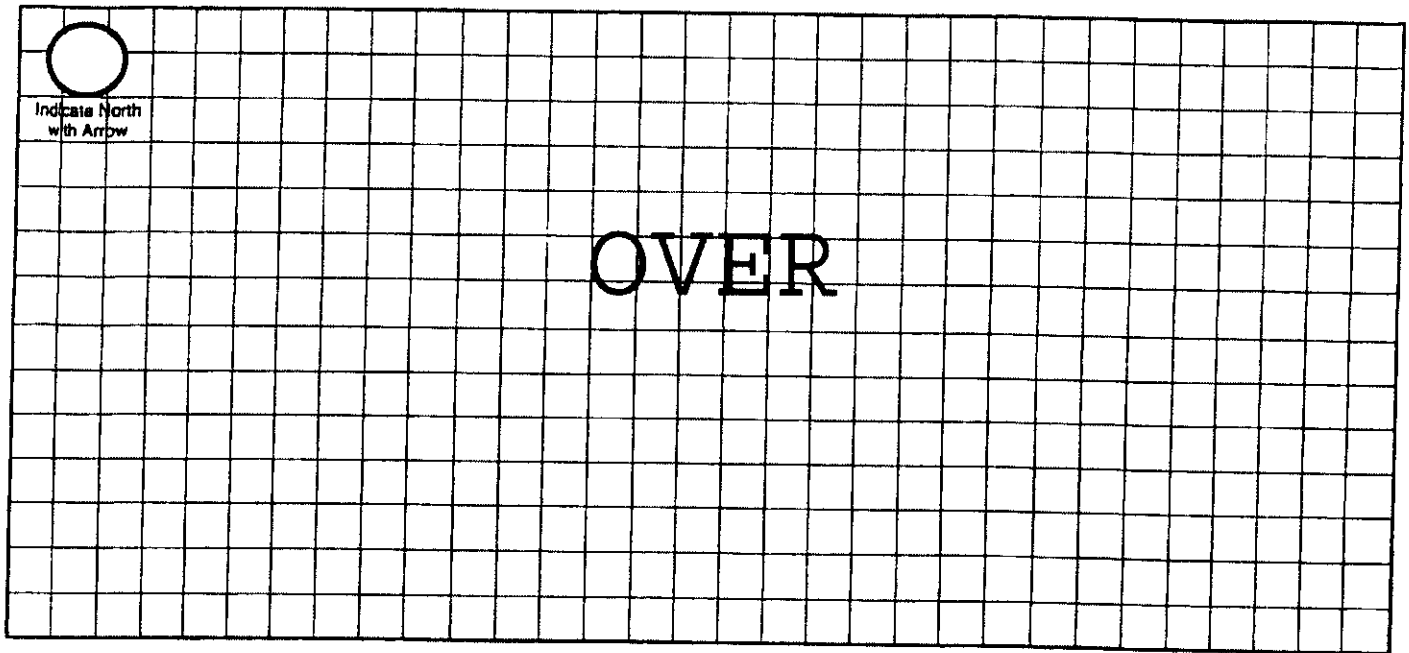
C

Permit Number: HS001780

# 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) 2811 W Burgess Ln City Lincoln NE, Zip 68523

### 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 60 (min/inch = mpi) No. of Bedrooms 5 Soil Type Wymore SCL Land Slope _____%

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 1,755 sq.ft.

Total length of laterals 390' 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

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| Lagoon (ft) | 100 ☐ | 500 ☐ | 50 ☐ | N/A ☐ | 30 ☐ | 50 ☐ | 100 ☐ | 200 ☐ | ☐ |

### F. Required Signatures

Home Building Contractor _____ Date _____

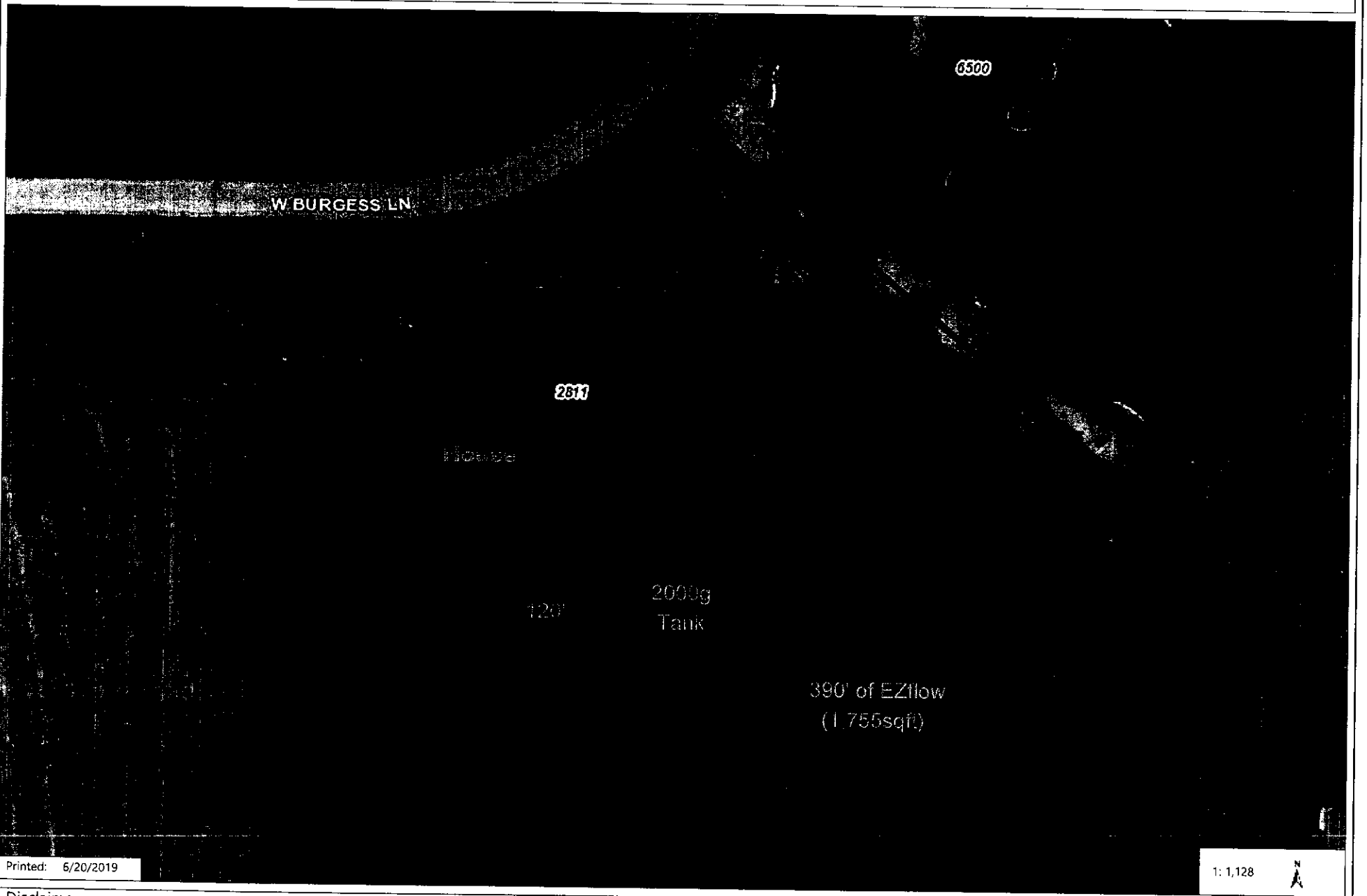
Installer _____ Date 6-20-19

Onsite Form C 12-08

**2811 W Burgess Ln, Lincoln, NE 68523**

GIS Viewer
CITY OF LINCOLN - LANCASTER COUNTY, NE

City of Lincoln\Lancaster County GIS Map




Printed: 6/20/2019

1: 1,128

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.

SCANNED

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

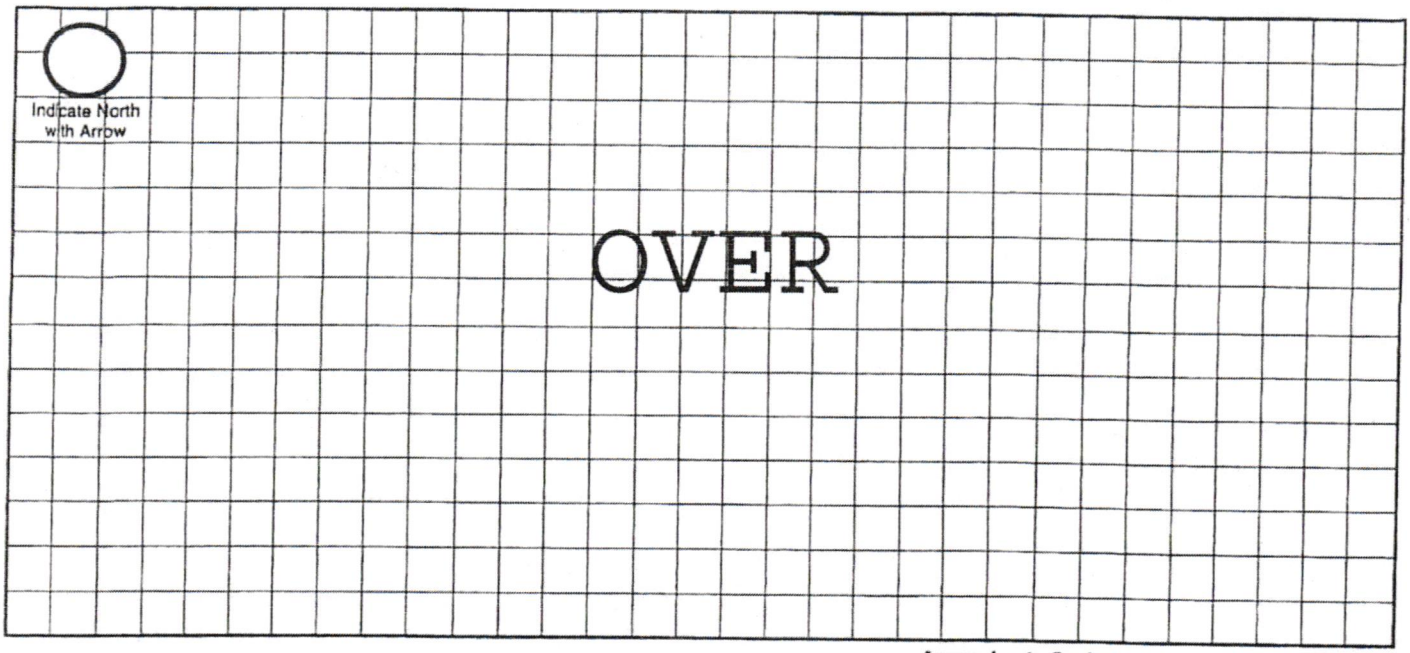
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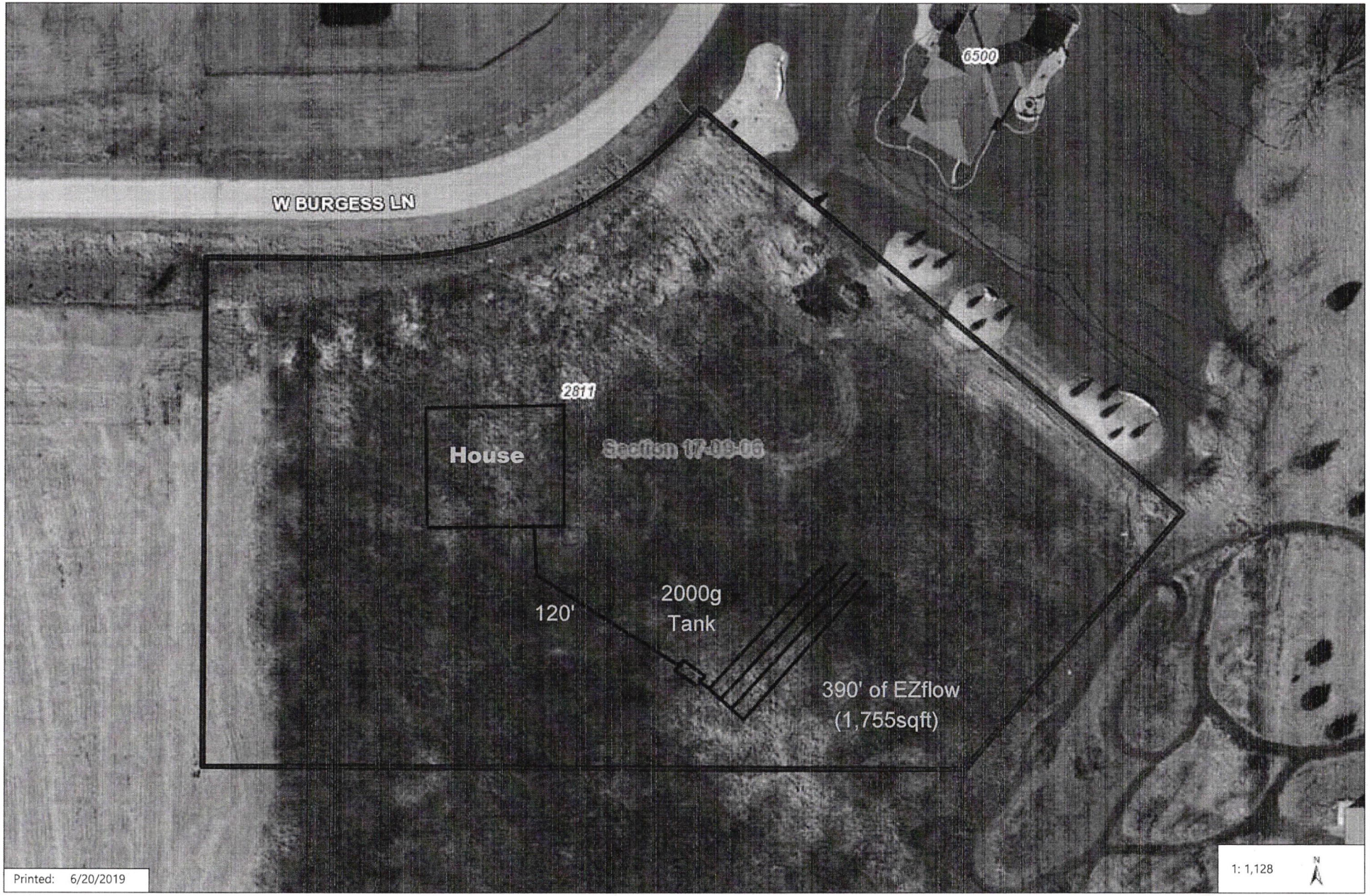
Home Building Contractor _____ Date _____

Installer Kevin L. Jakobsen Date 6-20-19

**2811 W Burgess Ln, Lincoln, NE 68523**

GIS Viewer
CITY OF LINCOLN - LANCASTER COUNTY, NE

City of Lincoln\Lancaster County GIS Map




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SCANNED