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

A

Permit Number #S001829

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 TBD (S 118th Ct) (no rural route) City Lincoln, NE Zip 68526

Legal Description SE (1/4) 18 (1/4 Section) 9N (Township) 8E (Range) Whispering Creek (Subdivison) 5th (Addition) 2 (Block) 5 (Lot)

PID 22-18-212-005-000

B. Owner

Name Troy & Lindsay Burkey Signature [signature]

Address 6355 S 114th St City/State/Zip Lincoln, NE 68526

Home Phone 402-430-7429 Work Phone

C. Certified Installer

Name: Lloyd Jakoubek, Raymond Contracting Inc Signature [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 3.02
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 5-24-13 Amount Paid $420.00
Received By [signature] Cash/Check No. 1030

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

Whispering Creek Addition
Block 2, Lot 5

PLEASE PRINT OR TYPE

Onsite System Location

Address TBD (no rural route) City Lincoln NE, Zip 68526

Owner Lindsay Burkey Address 6355 S 114th St, Lincoln, NE 68526

Date of Tests 4/23/19 to 4/24/19 Weather: Precipitation 0 Temperature 70°

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	44	4/23	9:30a	4/23	1:30p	4/24	12:15p	6	4/24	12:45p	30	1/2	60
2	72	"	"	"	"	"	"	6	"	"	"	1-1/8	27
3	70	"	"	"	"	"	"	6	"	"	"	1-1/8	27
4	72	"	"	"	"	"	"	6	"	"	"	3-7/8	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: 122
Average of Rates: 31
Rate Used for Calculation: 60 (20 mpi variance)

Soil type (NRCS Maps/Other) Silty Clay Loam
Groundwater Depth >12'

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

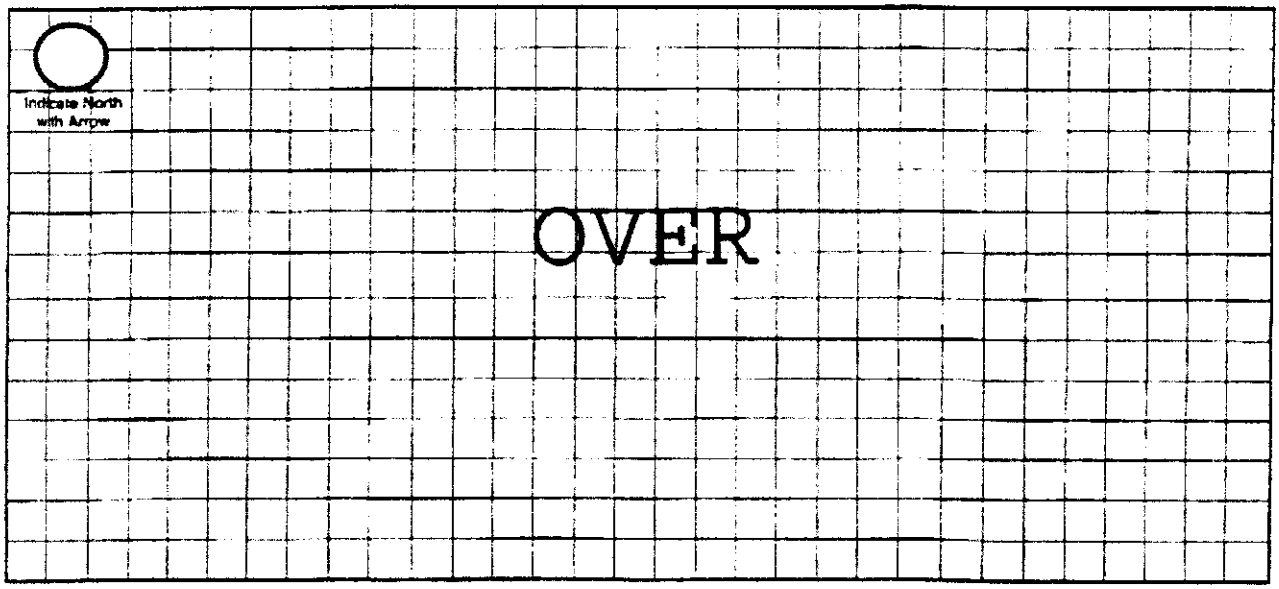
C

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) TBD (S 118th Ct) City Lincoln NE, Zip 68526

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

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 ☐	☐

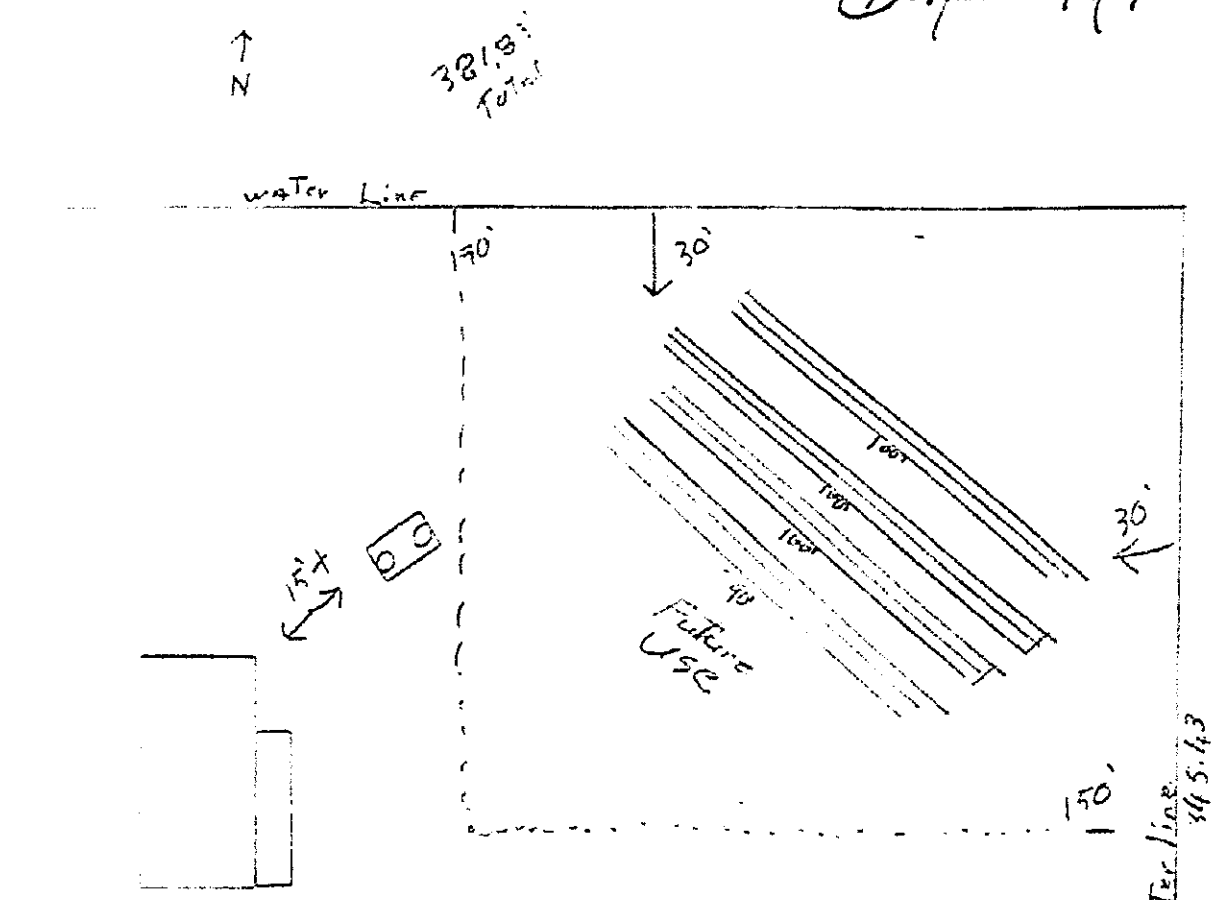
F. Required Signatures

Home Building Contractor _____ Date 5/24/19

Installer _____ Date 5/24/19

Onsite Form C 12-06

Builder Initials DH 5/24/19



Block 5 Lot 2
Whispering Creek.

390' 2000g.

100' Line
60 mpi Lateral
5 Bed Room yes yes.

RESIDENTIAL DRAFTING SERVICES, INC.

A HOUSE DESIGNING & PLAN DEVELOPMENT COMPANY

BUILDER'S NOTES:

BUYERS APPROVAL _____ **DATE:** _____

_____

_____

_____

CONSTRUCTION NOTES:
ADOPT RULES TO COMPLY WITH ALL APPLICABLE LOCAL, STATE AND NATIONAL HOUSING, CONSTRUCTION, REGULATIONS AND ORDINANCES AND ALL OTHER AUTHORITIES

FOUNDATION LEVEL NOTES:

FRAMING CONSTRUCTION NOTES:

EXTERIOR FINISH MATERIALS NOTES:

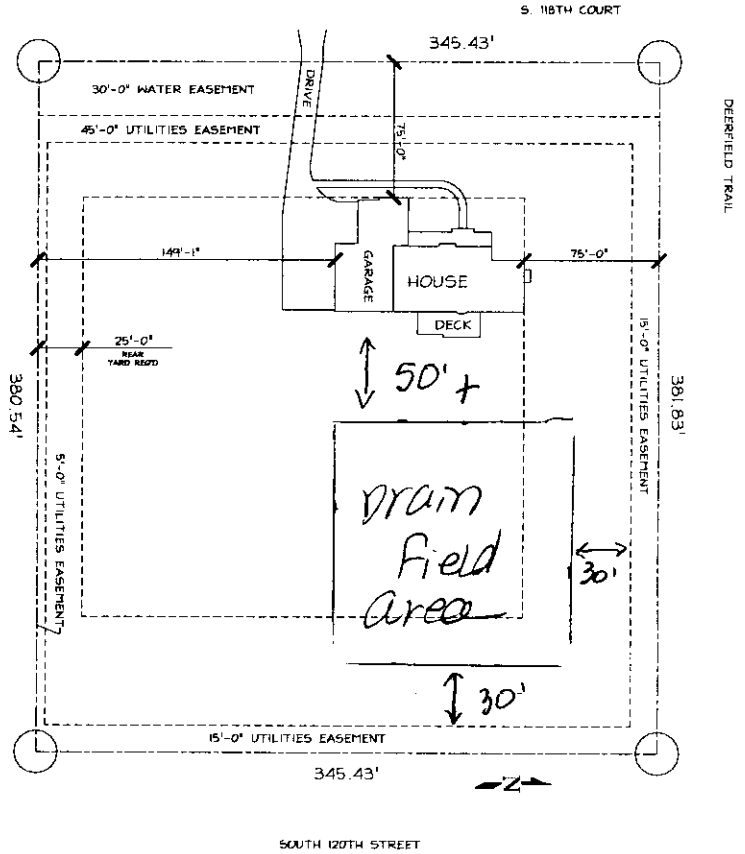
ROOF FRAMING & SHEATHING NOTES:

ROOF COVERING NOTES:

SPECIAL CONSTRUCTION NOTES:

INSULATION & ENERGY CONSERVATION NOTES:

SITE PLAN
SCALE: 1/32" = 1'-0"



1 - 10 - 9	PLAN BLOCK	4.8.30M

BURKEY RESIDENCE

L-5 B-2 WHIPERING CREEK 5TH ADDITION

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. HS001829

System Type: Standard

Situs: No Site Address Specified

Issued: 5/31/2019

Expires: 5/31/2020

Description: WHISPERING CREEK 5TH ADDITION, BLOCK 2, Lot 5

Owner: MARANATHA VOLUNTEERS
INTERNATIONAL FOUNDATION INC
990 RESERVE DR STE 100
ROSEVILLE, CA 95678

Patricia D. Lopez

Patricia D. Lopez, RN, MSN, Interim 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.

Patricia D. Lopez

Patricia D. Lopez, RN, MSN
Interim Health Director

RAYMOND CONTRACTING INC
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
#S001829

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 6340 S 118

Address TBD (S 118th Ct) (no rural route) City Lincoln, NE Zip 68526

Legal Description SE 1/4 18 Section 9N Township 8E Range Whispering Creek Subdivision 5th Addition 2 Block 5 Lot

PID 22-18-212-005-000

B. Owner

Name Troy & Lindsay Burkey Signature

Address 6355 S 114th St City/State/Zip Lincoln, NE 68526

Home Phone 402-430-7429 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 3.02
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 12/13/19
Comments
Date rec'd 5/31/19
Date frwd 5/31/19
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 12/18/19

Business Office Use Only
Date Received 5-24-19 Amount Paid #420.00
Received By Cash/Check No. 4030

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

CS

Exhibit 5

Permit Number: H5001829

Onsite Wastewater Treatment System

Inspection Sheet

Date 12/18/19

Legal Description Whispering Creek 5th Blk 2 Lot 5
¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 6340 S. 118 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 1,800 Sq. Ft. Tank Size 2,000 gals

Total length of laterals 400' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ~~☐ Other~~ (describe) F2 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 DC Date 12/13/19

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By [signature]

Date 12/18/19

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: HS001829

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 = 22-18-212-005-000

Address or Legal Description or Parcel Identification Number (PID) 6340 S 118th Ct, Lincoln, NE 68526

Owner: Troy & Lindsay Burkey Address 6355 S 114th St, Lincoln, NE 68526

A. Wastewater Piping

1. Material: SDR26 Diameter: 4 in.
2. Distance between dwelling and septic tank: 99 ft. (new - 22' of existing cast iron prior to)

B. Septic Tank

1. Material Concrete
2. Capacity: 2,000
3. Depth to top of tank, below unfinished grade: 12 in.
4. Distance to:
   - Well N/A ft.+
   - Pressure line 30 ft
   - Property Line 30 ft.+
   - Foundation 50 ft.+

C Distribution Box or Drop Box

Distance and Direction from septic tank: 42 ft. E

(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 with gravel
2. Number of Laterals: 4
3. Length of each lateral (linear): ft. 100 ft. 100 ft. 100 ft. 100
4. Drainfield size: ~~1,333~~ 1,800 sq. ft.
5. Distance to:
   - Well N/A ft.+
   - Pressure line 30 ft.
   - Property line 30 ft.+
   - Depth of Groundwater >12'

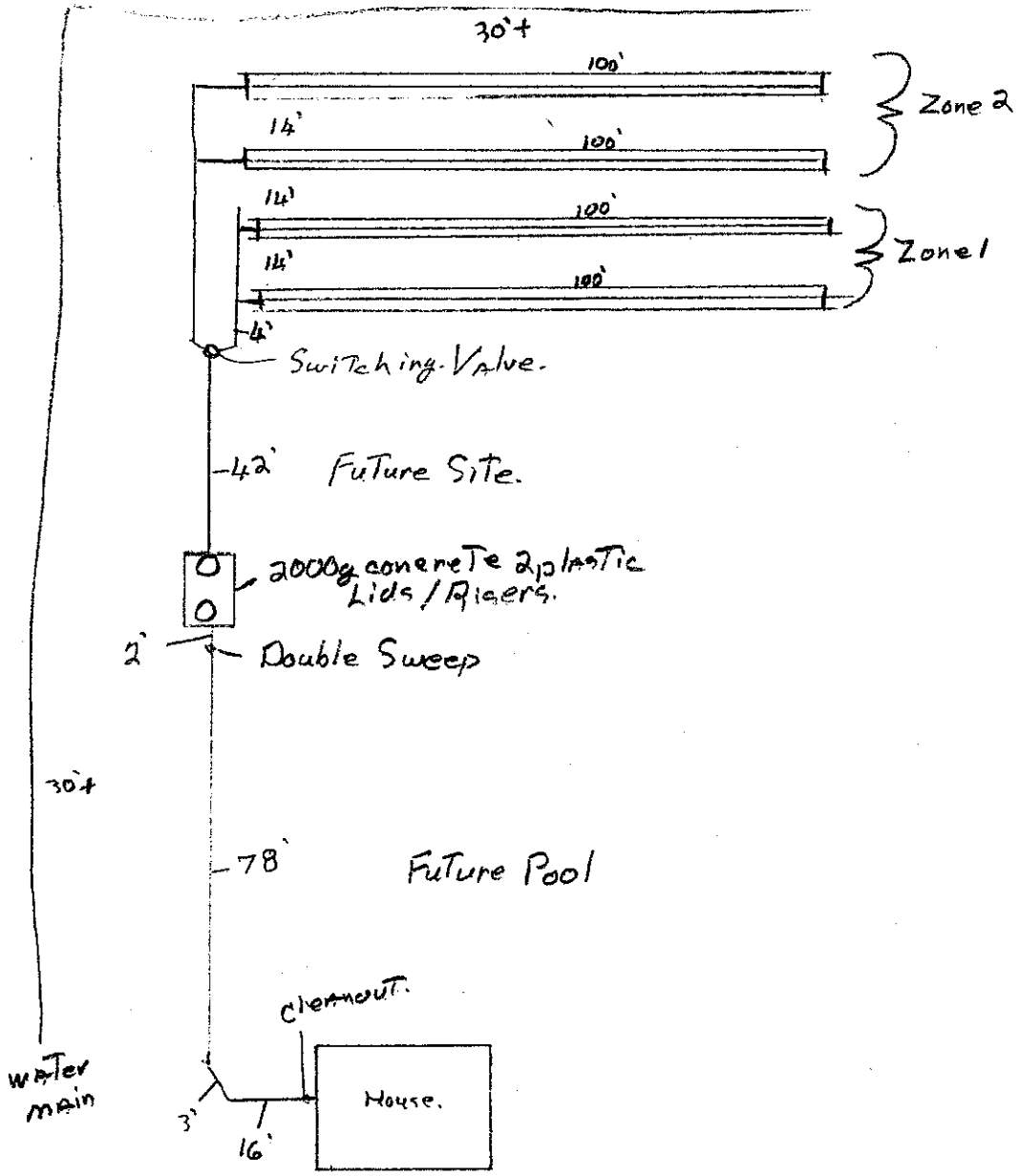
Was the Onsite Wastewater System covered prior to LLCHD inspection? ☒ Yes ☐ No

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: 12/13/19

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



←N

27 mpl
5 Bedroom
400' Laterals.
36" - 48" Deep
with 12" - 24" of Gravel
underneath The EZFlow
2000 gallon Tank
12" Deep.

6340 S 118Th. ct
Lincoln NE 68526

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

12/13/19