Existing Home

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

3 copies of plans required for: ☐ Septic System ☒ Lagoon ☐ Other (Attach a Form 2)

The undersigned hereby makes application for clearance and permit to construct a Wastewater Treatment System as described and to conform with appropriate requirements.

PLEASE PRINT OR TYPE

A. Onsite System Location

Address 4720 W A St City Lincoln NE Zip 68532

Legal Description: SE 30 10N 6E

(Quarter) (Section) (Township) (Range) (Subdivision) (Lot) (Block)

B. Owner

Name [redacted] Signature

Address 4720 W A St City/State/Zip Lincoln, NE 68532

Phone [redacted] Work Phone

C. Contractor/Installer

Name Brian L Gaeddert Signature

Address 17000 W Pella Rd City/State/Zip Raymond, NE 68428

Phone [redacted] Work Phone

D. Engineer for Wastewater Treatment System P.E. License Number

Phone Work Phone

E. Wastewater Flow: 4 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 5.57

Garbage Grinder? ☒ Yes ☐ No

Design sod in gallons per day

Property

Soil Conditions

Percolation Test Data

Remarks

ACTION ☐ Approved ☐ Disapproved

Signature

ACTION ☐ Approved ☐ Disapproved

Signature

ACTION ☐ Approved ☐ Disapproved

Signature

Business Office Use Only

Receipt No. Date Paid

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 4720 W A St (no rural route) City Lincoln NE, Zip 68532

Owner William & Linda Coleman Address 4720 W A St, Lincoln, NE 68532

Date of Tests 5/1/19 to 5/2/19 Weather: Precipitation 0 Temperature 55°

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	28	5/1	9:30a	5/1	1:30p	5/2	12:30p	6	5/2	12:30p	30	0	
2	24	"	"	"	"	"	"	6	"	"	"	1/8	240
3	24	"	"	"	"	"	"	6	"	"	"	1/8	240
4	48	"	"	"	"	"	"	6	"	"	"	1/4	120
5	48	"	"	"	"	"	"	6	"	"	"	1/8	240
6	48	"	"	"	"	"	"	6	"	"	"	1/8	240
								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: 1,080
Average of Rates: 216
Rate Used for Calculation: Failed

Soil type (NRCS Maps/Other) Silt 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

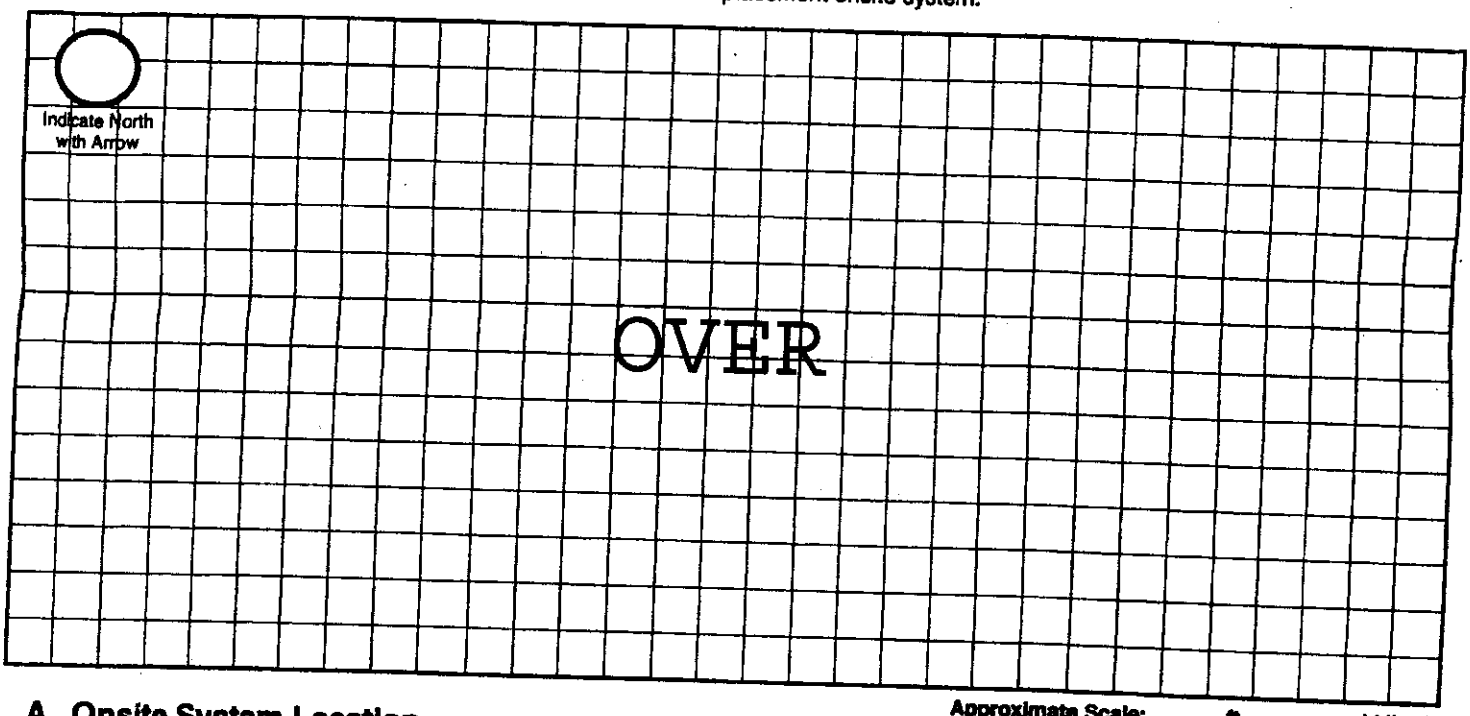
C

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) 4720 W A St City Lincoln NE, Zip 68532

B. Proposed Septic Tank/s

Septic Tank Cap. 1,000 Pump Tank & 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 216 (min/inch = mpi) No. of Bedrooms 4 Soil Type Kennebec SL & 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

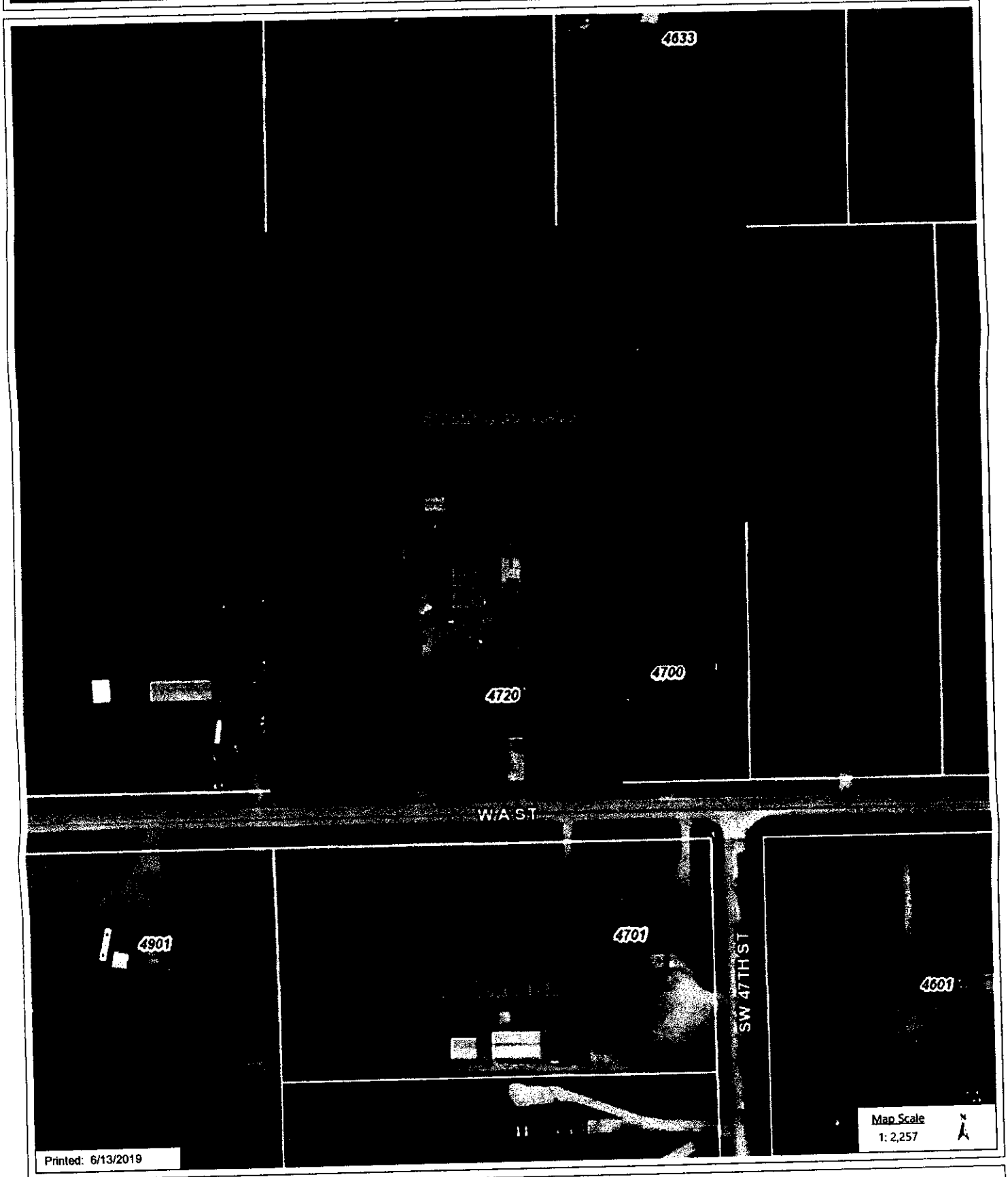
Home Building Contractor Existing Home Date _____

Installer [signature] Date 4/13/19

William & Linda Coleman 4720 W A St, Lincoln, NE 68532

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. HS001839

System Type: Lagoon

Situs: 4720 W A ST, LINCOLN, NE 68522

Issued: 6/14/2019

Expires: 6/14/2020

Description: S30, T10, R6, 6th Principal Meridian, LOT 33 SE

Owner: COLEMAN, WILLIAM H & LINDA M
4720 W A ST
LINCOLN, NE 68522

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
Phone: 402-441-8041

A

Existing Home

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

Include Form B and a Sketch as directed in the Application

Applies or is requested for ☐ Septic System ☒ Lagoon ☐ Other (explain)

The undersigned hereby requests site clearance and permit for construction of a Wastewater Treatment System in conformance with attached plans and specifications.

PLEASE PRINT OR TYPE

A. Onsite System Location

Address 4720 W A St City Lincoln Zip 68532

Legal Description SE 30 10N 6E 33

PID 10-30-400-001-000

B. Owner

Name William & Linda Coleman Signature

Address 4720 W A St City/State/Zip Lincoln NE 68532

Home Phone 402-432-1055

C. Certified Installer

Name Lloyd Jakoubek, Raymond Contracting Inc Signature

Address 13600 NW 70th St City/State/Zip Raymond, NE 68428

Work Phone 402-890-6009 or 402-783-2863

D. Engineer ☐ Check and complete if engineer designed system

Designer Name

E. This system will serve a

☒ Residential Dwelling Number of Bedrooms 4 Wastewater Estimate

☐ Commercial Establishment/Other Facility Specify

Type of Wastewater ☐ Domestic ☐ Non-Domestic

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.30 Health Regulations

1. Health Department

Site Visit 6/14/19 Date 6/14/19 Action

Comments

2. Supt. Bldg. Insp. or Village Clerk

Comments Date Action

3. City or County Engineer

Comments Date Action

Installation Final Written Approval

By Date 5/13/22

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

Exhibit 6

Permit Number: H5001839

Onsite Wastewater Treatment System-Lagoon

Inspection Sheet

Date 5/13/20

Legal Description _____ ¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 4720 WA City _____

Owner _____ Address _____

Mark One: ☒ Dwelling ☐ Non-dwelling

☒ New System ☐ Repair

☐ Temporary modification (Describe problem causing discharge and reason for temporary modification): _____

Lagoon constructed so not to receive surface water	Yes ✓ No ___
Lagoon floor is level	Yes ✓ No ___
Lagoon is equipped with a depth gage/concrete slab	Yes ✓ No ___
Influent line is at least 4 inches and slopes no less than 1/8 inch	
Clean outs located every 75 feet and one located 1 foot about highest water level	Yes ✓ No ___
Inside slope not steeper than three horizontal to one vertical	Yes ✓ No ___
Minimum width of the top of the dike shall be 4 feet	Yes ✓ No ___
Fence installed	Yes ✓ No ___

Top of the Dike 65' Bottom of Lagoon 29' Design Flow 325 gpd

System utilizes a septic tank and a pump tank. System was covered prior to inspection.

Setbacks (Check the Boxes Below if the Required Setback has been Satisfied):

Surface Water distance from Water Mark	Private Drinking Water Wells	Public Drinking Water Supply Wells		All Other Water Wells	Property Lines	Trees and Brush	Neighbor's Foundation		All Other Setbacks
50 ft ☑	100 ft ☐	Non-Community	100ft ☐	100ft ☑	50ft ☑	50ft ☐	Class 1	200ft ☐	☑
		Community	☑				Class 2	200ft ☐	
							Class 3	100ft ☐	

*Evaluated by a professional engineer for potential impact on the well and submitted to Dept. for approval if less than 1000ft.

Geographical Coordinates to 6 Decimals: NA

Dike North side

Comments:

Inspections prior to Final Approval
Initial _____ Date None prior to final
Follow-Up _____ Date _____
Follow-Up _____ Date _____
Installation Final Written Approval
By Doug Ahrens
Date 5/13/20

Updated 4/15

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: HS001839

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 = 10-30-400-001-000

Address or Legal Description or Parcel Identification Number (PID) 4720 W A St, Lincoln, NE 68522

Owner: Bill & Linda Coleman Address 4720 W A St, Lincoln, NE 68522

A. Wastewater Piping

1. Material: Clay Tile/SDR26 Diameter: 4 in.
2. Distance between dwelling and ~~septic~~ Septic & Pump tank: 62/10 ft.

B. Septic Tank

1. Material Concrete
2. Capacity: 1,500g septic tank, 1,000g pump tank
3. Depth to top of tank, below unfinished grade: 42 in.
4. Distance to:
   Well 100 ft.+
   Pressure line N/A ft
   Property Line 100 ft.+
   Foundation 65 ft.+

72' of 1.5" waterline between pump tank & lagoon

C Distribution Box or Drop Box

Distance and Direction from septic tank: ____ ft. ____

D. Drainfield/Absorption Field

☐ Trench ☐ Bed

1. Type ☐ Perforated Pipe ☐ Chamberless ☐ Other
   Material and inside width Chamberless:
2. Number of Laterals
3. Length of each lateral: ft. ft.
   ft. ft.
4. Drainfield
5. Distance to:
   Well ft.
   Pressure line ft.
   Property line ft.
   Depth of Groundwater

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

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

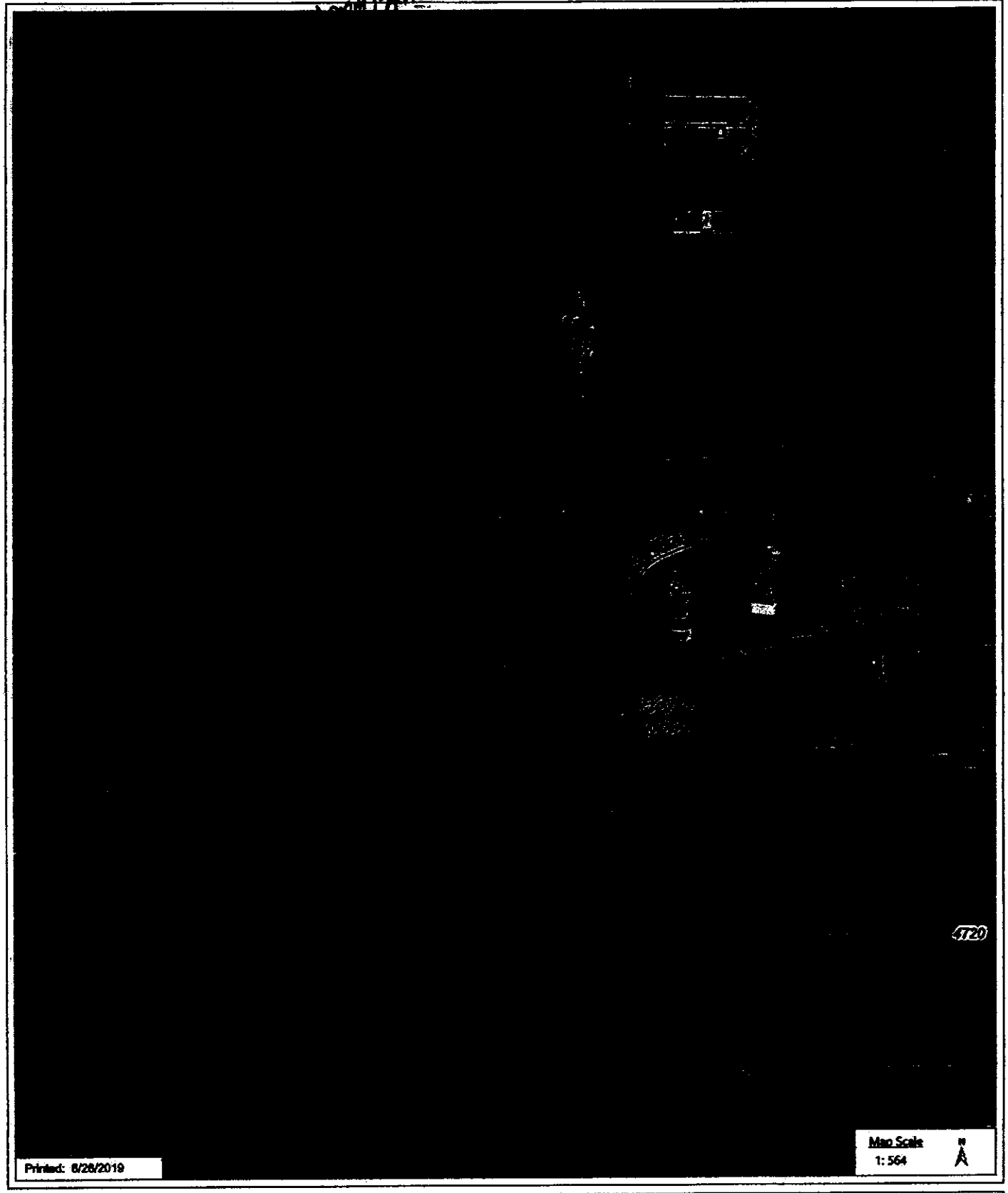
I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: [signature] Date: 6/28/19

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

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.

Nate C. Hartman

From: Terri Jakoubek <jakoubek63@windstream.net>
Sent: Friday, May 8, 2020 10:08 AM
To: Nate C. Hartman
Subject: D-Sheet
Attachments: 4720 W A St D-Sheet.pdf

CAUTION: This email comes from a sender outside your organization.

Here you go...

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

FILE NO. 140

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

September 19, 1970 — THIS LICENSE OR PERMIT EXPIRES

Francis H. Coleman — LICENSEE OR PERMITTEE

P.O. Box 571, Lincoln — ADDRESS

T 10; R 6; Section 30; Lot 26 — NAME OF ESTABLISHMENT, IF ANY

ADDRESS

REMARKS: Non-Transferable

PERMIT	INSPECTION FEE	OCCUPATION TAX	LICENSE	TOTAL
$30.00	$	$	$	$30.00

ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
143-1535	110.16	148.14	6-2

SERIAL NO.	DATE	AMOUNT

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

APPLICATION

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

FORM HD-30(67) REQUEST FOR SITE CLEARANCE FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 432-7611)

FILE NO. 140

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

The undersigned hereby requests SITE CLEARANCE to construct an Individual Sewage Disposal System in conformance with Lincoln City Ordinance No. 9150, as described herein:

1. Legal description of property: Twp. 10; Range 6; Section 30;
Block ____; Lot ____; Addition ____;
Street Address ____.

2. Property Use: Residential ____ [x]; Commercial ____ [ ]
No. of Bedrooms 3. Describe: ____
Other Use ____ [ ]
Describe: ____

3. Type of Individual Sewage Disposal System: Septic Tank [x]; Other [ ]

4. Distance to public sewer: 2 miles ~~ft~~.

Francis H. Coleman
Signature of Applicant (owner or lessee)

P.O. Box 571 Lincoln, Nebr.
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 3/19/70. ACTION: Approved [X] Disapproved [ ]
Date Frwd. 3/19/70. Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. ____. ACTION: Approved [X] Disapproved [ ]
Date Frwd. ____. Signature: Chas Seale By Bob Skinner

3. City Engineer: Date Rec'd. ____. ACTION: Approved [ ] Disapproved [ ]
Date Frwd. 3-19-70. Signature: [illegible]

REMARKS OR REASONS FOR DISAPPROVAL ____

FINAL ACTION ON SITE CLEARANCE: Approved [ ] Disapproved [ ]

Date Applicant Notified: ____ Signature ____

FORM HD-32(67) APPLICATION FOR PERMIT TO CONSTRUCT INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 432-7611)

FILE NO. 140

DATE: March 18, 1970

TO: Director of Health
Lincoln-Lancaster County Health Dept.

The undersigned hereby applies for a permit to construct an Individual Sewage Disposal System in conformance with Lincoln City Ordinance No. 9150, as described in this application and the annexed forms attached hereto.

1. Legal description of property: Twp. 10; Range 6; Section 30;
Block ____; Lot 26; Addition ____;
Street Address ____.

2. Property Use: Residential ____ [x]; Commercial ____ [ ]
No. of Bed Rooms 3 Describe: ____

Other Use ____ [ ]
Describe: ____

3. Type of Individual Sewage Disposal System: Septic Tank [x]; Other [ ]

4. Plans and Specifications of Proposed System. (See FORM HD-32a(67) PLANS & SPECIFICATIONS, SEWAGE DISPOSAL SYSTEM, attached hereto.)

5. Soil Absorption Properties. (See FORM HD-33(67) SOIL ABSORPTION TEST DATA REPORT, attached hereto.)

Francis H Coleman
Signature of Applicant (owner or lessee)

P.O. Box 571 Lincoln, Nebr.
Address

(Do not write below double line)

REVIEWING ACTION

1. Date Rec'd: ____
Filing Fee: $30.00 ____

2. Date Site Clearance ____

3. Site Visits:
Date: 6/5/70 by: J.C.H. H.W.
Date: 6/11/70 by: J.C.H.
Date: ____ by: ____

4. Date: Approved [X]; Disapproved [ ]: 3/19/70
by: Jerrold C. Hood

5. BUREAU OF LICENSES & PERMITS
Date Notified: ____
Date Issued: ____ Serial ____

6. INSTALLATION FINAL WRITTEN APPROVAL
Date: 6/11/70 by: Jerrold C. Hood

FORM HD-33(67) SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone 432-7611)

FILE NO. 140

PROPERTY WHERE SOIL TESTED:
Location: Township 10
Section & ¼ Sect. 30
Property Dimensions: 439 ft. x 662 ft.
Area: 5 plus acres. (Attach sketch of property showing hole location).

Owner: F.H.Coleman
Address P.O.Box 571, Lincoln, Nebr.

Soil Type: Silty Clay ☐; Silty Clay Loam ☒; Sandy Loam ☐
Silty Loam ☐; Clay Loam ☐; Sandy Clay ☐

Dates of Tests: 3/7/70 to 3/8/70. Weather: Precip. None Temp. 58 F.

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
Hole No.	Hole Depth (in.)	Pre-Saturation Period Start Date (Mo. Day)	Pre-Saturation Period Start Time (Hr. Min.)	Pre-Saturation Period End Date (Mo. Day)	Pre-Saturation Period End Time (Hr. Min.)	Percolation Readings Start Date (Mo. Day)	Percolation Readings Start Time (Hr. Min.)	Percolation Readings Start Water Level (in.)	Percolation Readings End Time (Hr. Min.)	Percolation Readings End Water Level (in.)	Results Elapsed Time (Min.)	Results Water Level Drop (in.)	Results Percolation Rates (Min./inch)
1	20	3/7	5 PM	3/8	5 PM	3/8	5 PM	7/8	9 PM	0	240	8	30
2	22	3/7	5 PM	3/8	5 PM	3/8	5 PM	8	9 PM	0	"	8	30
3	24	3/7	5 PM	3/8	5 PM	3/8	5 PM	8	9 PM	0	"	8	30
4	22	3/7	5 PM	3/8	5 PM	3/8	5 PM	8	9 PM	0	"	8	30
5	24	3/7	5 PM	3/8	5 PM	3/8	5 PM	8	9 PM	0	"	8	30
6	26	3/7	5 PM	3/8	5 PM	3/8	5 PM	8	9 PM	0	"	8	30

Signature of Person Conducting Test

Address P.O.Box 571 Lincoln, Nebr.
Phone: 477-7420

Sum of Percolation Rates 180
Average of Rates: 30
Mean of Rates:

(Do not write below this line)

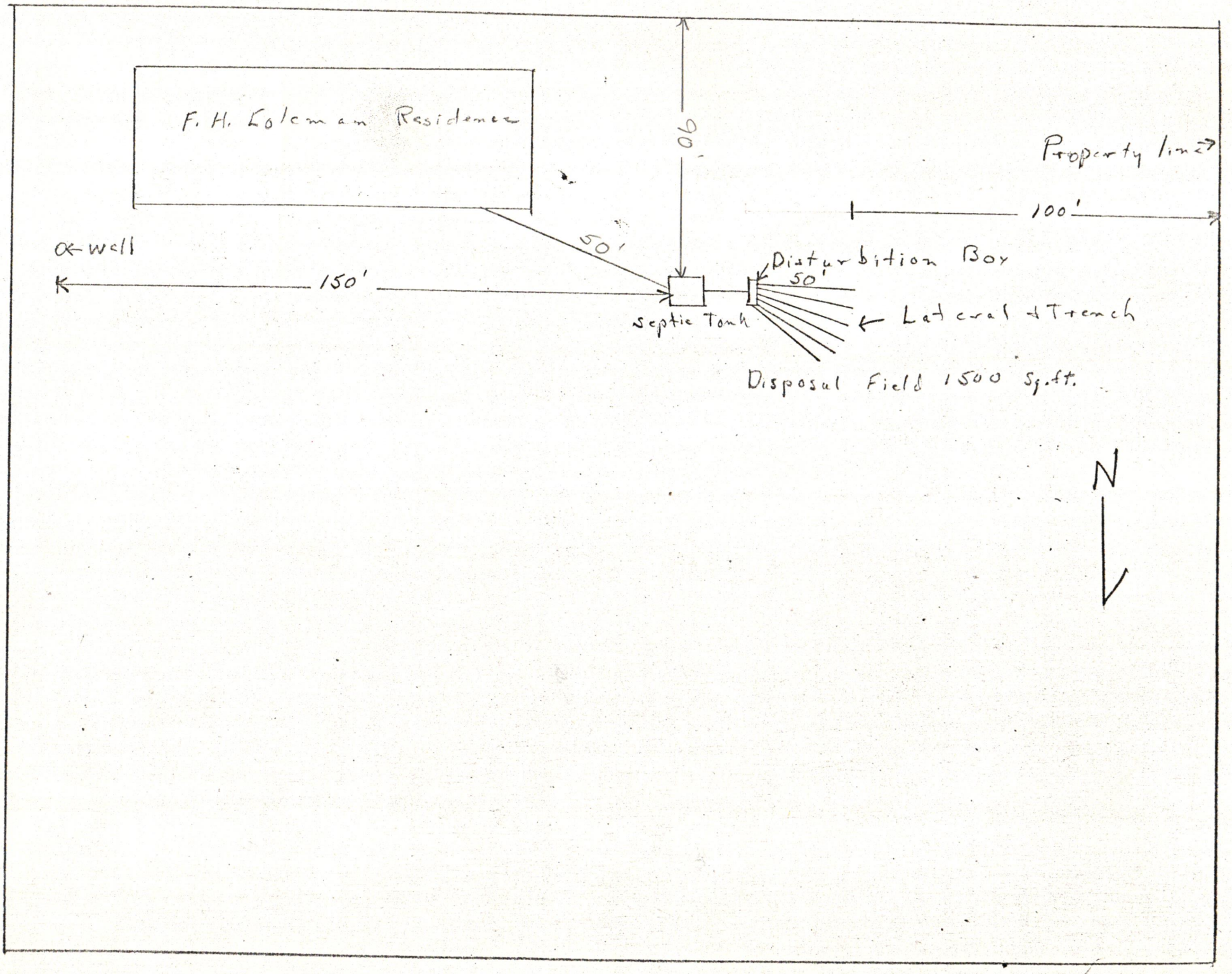
REVIEWING ACTION

REMARKS: Mr. Coleman assured me that measurements were made in 30 minute intervals and rates were 30 minutes to drop an inch despite the way the above was recorded

DATE: March 19, 1970

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

Signature of Reviewing Official


F. H. Coleman Residence
90'
Property line
100'
well
150'
50'
Disturbition Box
50'
Septic Tank
Lateral Trench
Disposal Field 1500 Sq. ft.
N

FORM HD-32a(67) PLANS & SPECIFICATIONS
SEWAGE DISPOSAL SYSTEM
(Annex to Application)
Ordinance No. 9150

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 432-7611)

FILE NO. 140

SPECIFICATIONS

DATE: March 10, 1970

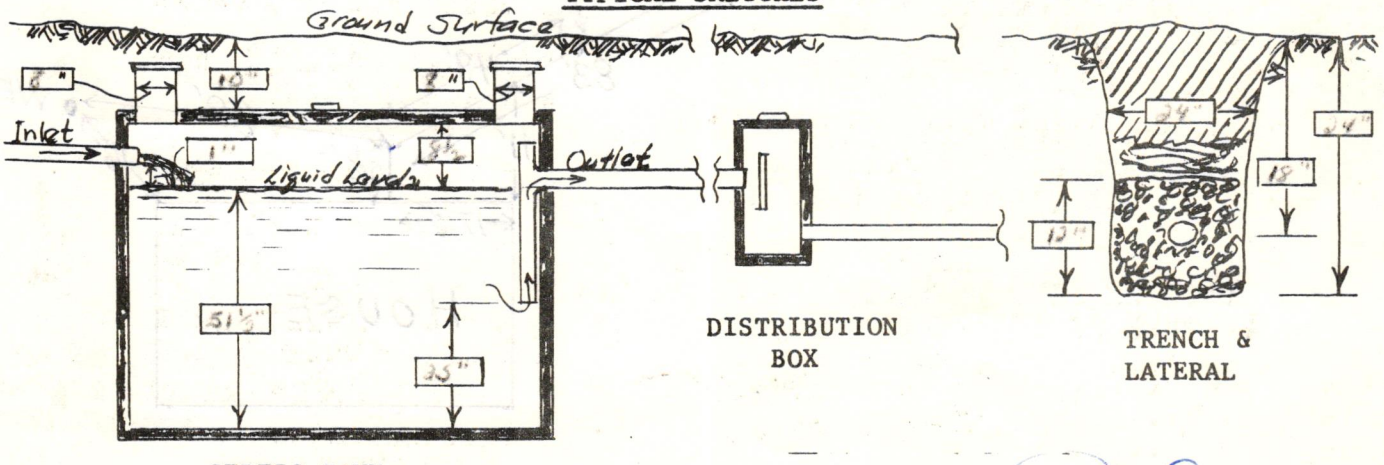
A. BUILDING SEWER: CLAY TILE
1. Material ~~C. Iron~~; Diameter 4 in.
2. Distance above basement floor ___ in.; or below basement floor 10 in.
3. Distance between dwelling and septic tank 50 ft.
4. Number of clean-outs 1.
5. Distances To:
Well or Suction Line ~~100~~ 68 ft.;
Stream 1500 ft.; Pressure Line ___ ft.;
Property Line 150 ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material ~~Steel~~; No. of compartments 1. Pre-cast concrete
2. Capacity 1000 gals.; Liquid depth 51 in.
3. Factory Built: Yes [x] (Company _____)
No [ ]
4. Manholes: Over Inlet; diam. 8 in.
Over Outlet; diam. 8 in.
Below Grade 4 in.
5. Inlet: Baffle [x]; or Tee [ ]
6. Outlet: Baffle [x]; or Tee [ ]
Depth of outlet below inlet 1 in.
7. Depth of top of tank below finished grade 10 in.
8. Distances To:
Well or Suction Line 150 ft.;
Stream 1500 ft.; Pressure Line ___ ft.;
Property Line 150 ft.

C. DISTRIBUTION BOX
1. Material concrete No. available outlets 6.
2. Factory Built: Yes [x], (Company Prestress) No [ ]
3. Dimension: Length ___ in.; Width ___ in. Depth ___ in.
4. Distance from Septic Tank 10 ft.
5. Serial Distribution: Yes [ ], No [x] (If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: Disposal field
2. Lateral Lines: Depth below grade 24 in.
Number ~~6~~ 2; Length of each line ~~100~~ 48 ft
Total length of Laterals ~~600~~ ft.;
Slope ~~10~~ 6 in/100 ft. Diameter of pipe 4 in.; Shape ~~tile~~ pipe round
Material: concrete [ ]; fiber asbestos [x]; clay [ ]; other _____
Distance between lateral lines 8 ft.
3. Trench Dimensions: Depth 24 in.;
Width ~~24~~ 48 in.
4. Filter Material: washed gravel.
Depth of material from trench bottom 12 in.
5. Distances To:
Well or Suction Line 200 ft.;
Stream 1500 ft.; Pressure Line ___ ft.
Property Line 100 ft.
6. Percolation Rate: 35 minutes/inch

TYPICAL SKETCHES

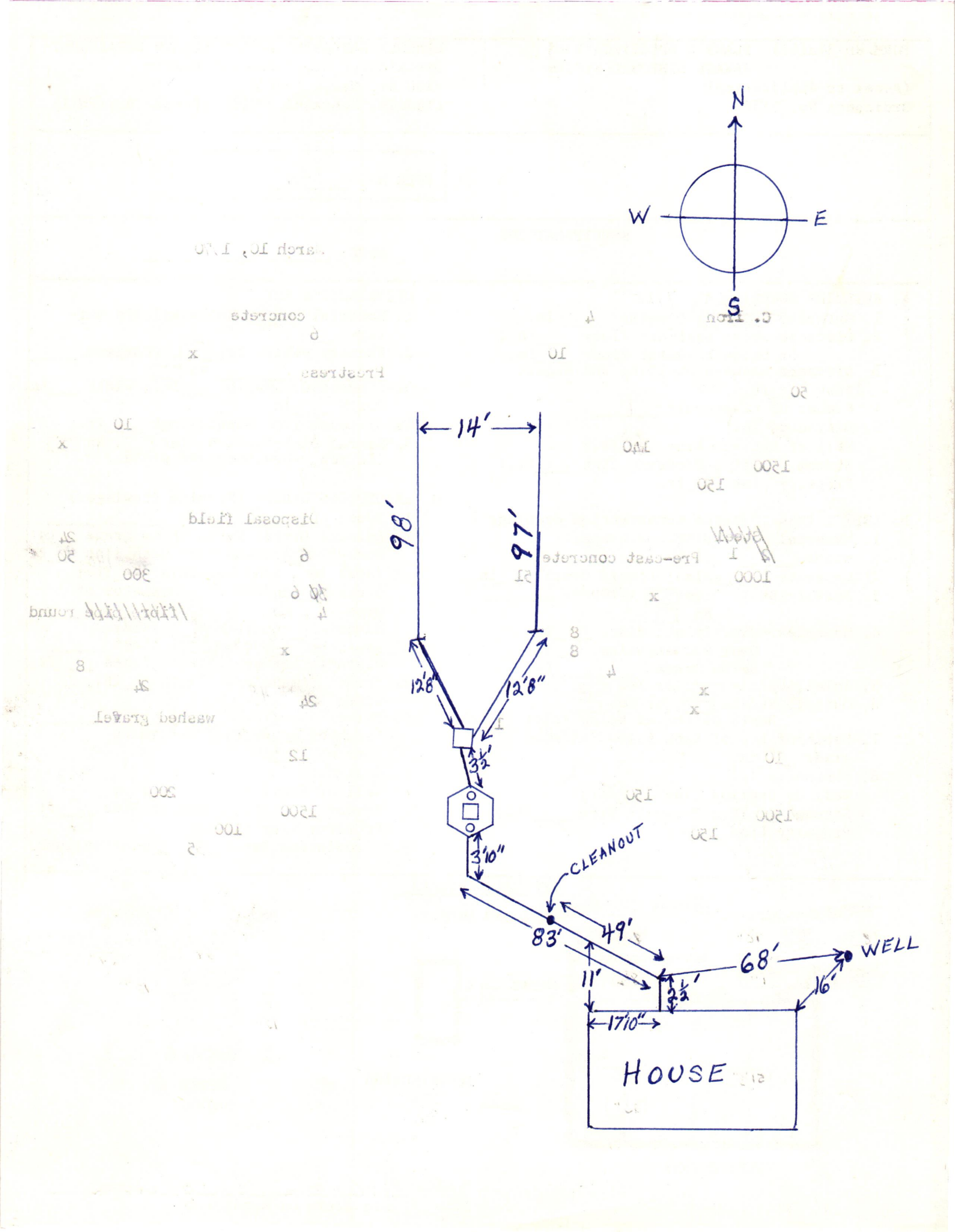


SEPTIC TANK

DISTRIBUTION BOX

TRENCH & LATERAL

Francis H Coleman
Signature of Applicant


N
W
E
S
14'
98'
97'
12'6"
12'8"
3½'
3'10"
CLEANOUT
83'
49'
68'
WELL
11'
2½'
16'
17'10"
HOUSE

009

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.

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

☒ Enclosed is $150.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 4720 West "A" (Rt 6 Box 49K) Lincoln

Twp____ Range____ Section____ 1/4____ 1/4____ Block____ Lot 33 Addition SE 30-10-6

Directions to Property 2nd house West of SW 47th & W "A" North side

Location of Well Under 8' Ft ornoment (Windmill in back Yard Tap Location: Inside ☒ Outside ☒

Location of Sewage System Septic tank Located N/W of house on west side of 2nd drive Year Installed 1973

* If more Info contact Bill Coleman 441-6500

	NAME	ADDRESS	PHONE
Present Owner:	WILLIAM H. COLEMAN	4720 West "A" 68522	438 3420 WK 441-6500
Tenant/Buyer:	SAME		
Return to:	WILLIAM COLEMAN	~~4720~~ 4720 West "A" Lincoln NE 68522	438-3420 WK 441-6500

Signature of Applicant [signature] Address 4720 W "A" Lincoln NE 68522 Date 9/23/97

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 9/24/97 ✓

Initials JA NS

Amount 100 ✓

Check No. 6861

DATA ENTRY

Date __/__/__

Case No. ____

Initials ____

PRELIMINARY STATUS--By Ron Marquart **DATE:** 9/25/97

WATER SYSTEM:	Approved	Disapproved
Construction	☒ corrected	☒ cap Hydrant
Bacteria	☒ 0 /ml	☐ ____ /ml
Nitrate	☒ <0.1 ppm	☐ ____ ppm

SEWAGE SYSTEM	
Approved	☒
Provisional	☐
Disapproved	☐

Additional Site Visits

Date 10/1/97 by rm screened vent is missing

Date 10/2/97 by rm

Date __/__/__ by ____

Comments: Recommend checking to see if septic tank needs pumping

See Attached Letter ☐

FINAL STATUS

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

Approved by Ron Marquart, R.S. Date 10/3/97

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

Revised/Reprint: 10-95

SCANNED

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

SCANNED

A

Permit Number HS001839

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 4720 W A St (no rural route) City Lincoln NE Zip 68532

Legal Description SE (1/4) 30 (1/4 Section) 10N (Township) 6E (Range) ____ (Subdivison) ____ (Addition) 33 (Block) ____ (Lot)

PID 10-30-400-001-000

B. Owner

Name William & Linda Coleman Signature [signature]

Address 4720 W A St City/State/Zip Lincoln, NE 68532

Home Phone 402-432-1055 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 4 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 0.67

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 6/4/19 ACTION ☒ Approved ☐ Disapproved

Comments ____ Date fwd 6/4/19 Signature [signature]

2. Supt. Bldg. Insp. or Village Clerk

Comments ____ Date rec'd ____ ACTION ☐ Approved ☐ Disapproved

Date fwd ____ Signature ____

3. City or County Engineer

Comments ____ Date rec'd ____ ACTION ☐ Approved ☐ Disapproved

Date fwd ____ Signature ____

Installation Final Written Approval

By Doug Thurber

Date 5/13/20

Business Office Use Only

Date Received 6-14-19 Amount Paid $420.00

Received By SAC Cash/Check No. 9615

White - Health Department Yellow - Engineer Pink - Building & Safety Form A Updated 7/13

SCANNED

C

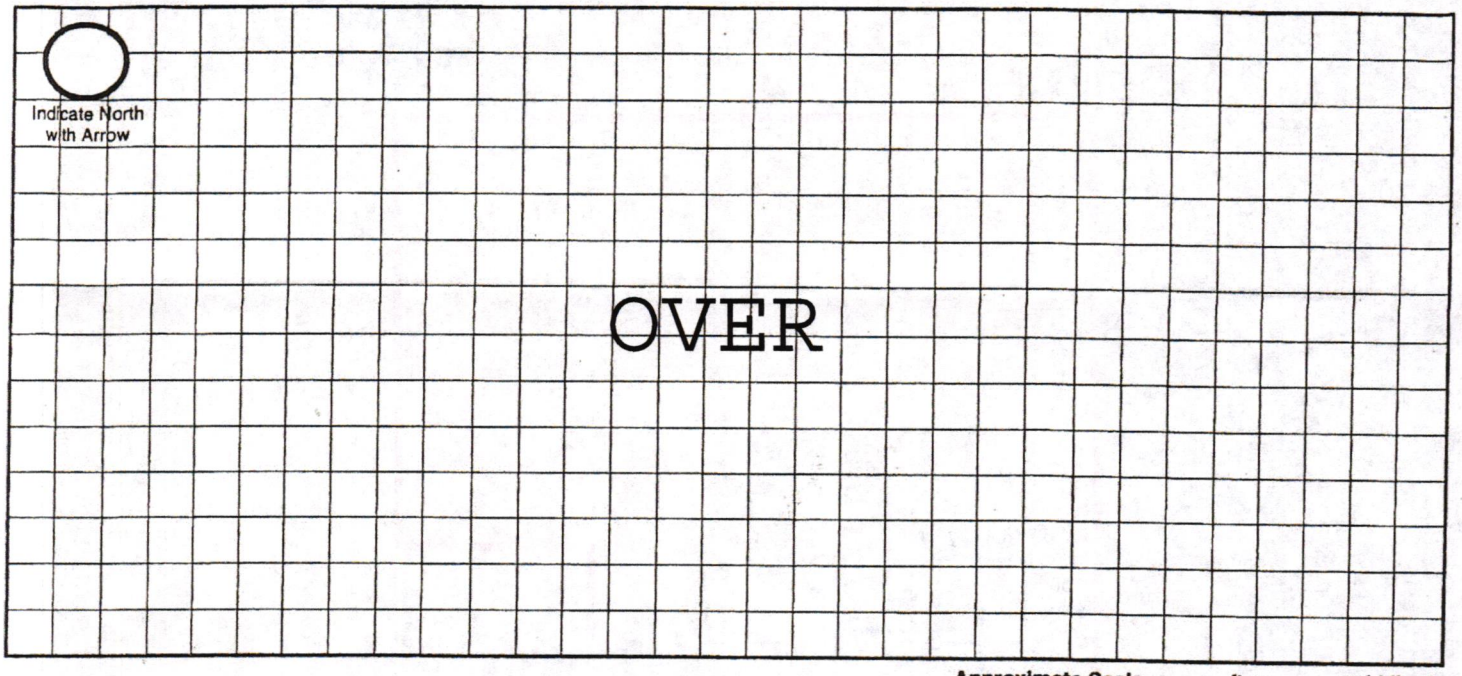
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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) 4720 W A St City Lincoln NE, Zip 68532

B. Proposed Septic Tank/s

Septic Tank Cap. 1,000 Pump Tank & 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 (percoloation test required) ☒ Lagoon

D. Drainfield Absorption System

Percolation Rate 216 (min/inch = mpi) No. of Bedrooms 4 Soil Type Kennebec SL & 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

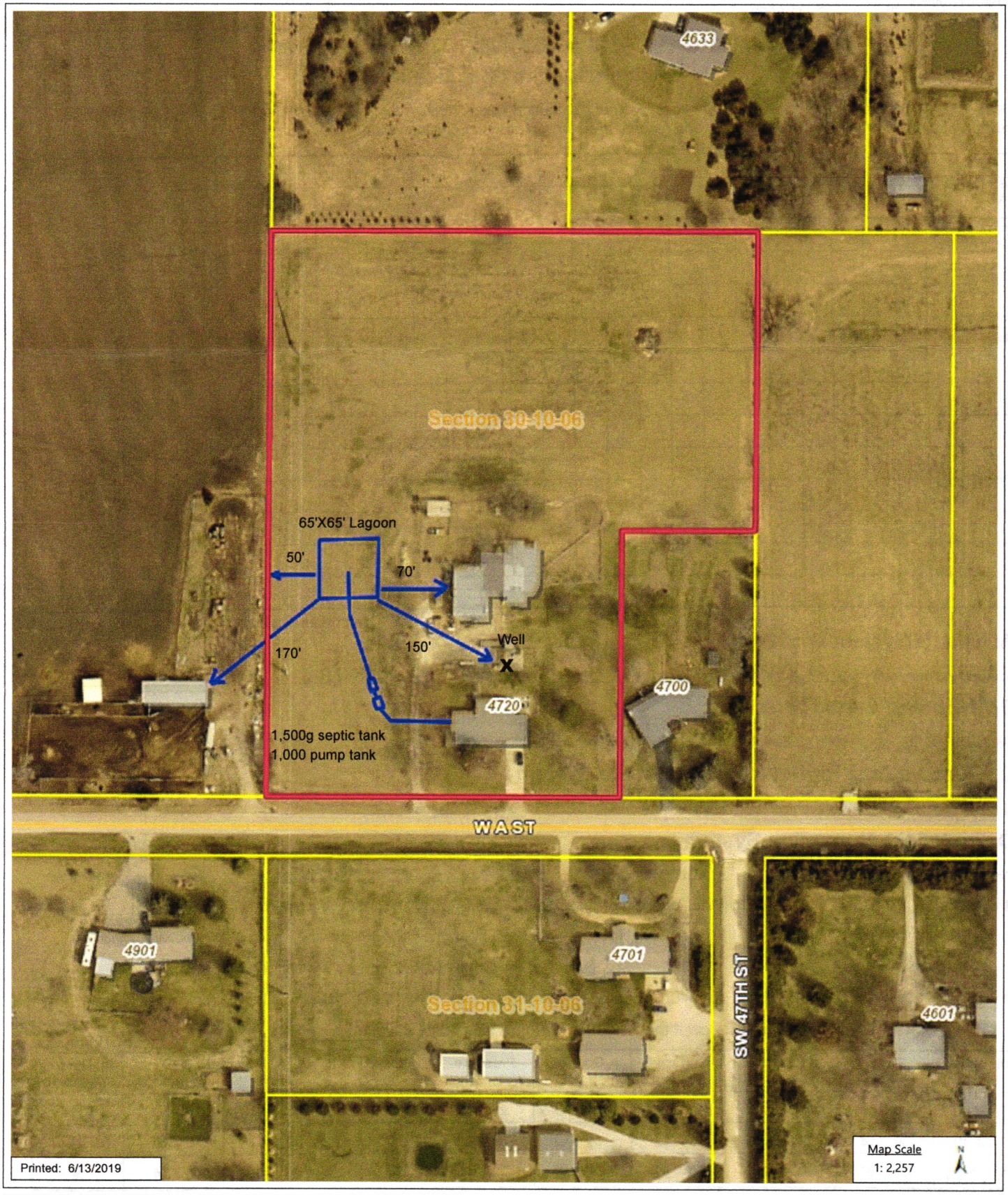
Home Building Contractor Existing Home Date _____

Installer Kevin Johnson Date 4/13/19

William & Linda Coleman 4720 W A St, Lincoln, NE 68532

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
3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

SCANNED

D Exhibit 4

Permit Number: HS001839

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 = 10-30-400-001-000

Address or Legal Description or Parcel Identification Number (PID) 4720 W A St, Lincoln, NE 68522

Owner: Bill & Linda Coleman Address 4720 W A St, Lincoln, NE 68522

A. Wastewater Piping

1. Material: Clay Tile/SDR26 Diameter: 4 in.
2. Distance between dwelling and ~~septic~~ Septic & Pump tank: 62/10 ft.

B. Septic Tank

1. Material Concrete
2. Capacity: 1,500g septic tank, 1,000g pump tank
3. Depth to top of tank, below unfinished grade: 42 in.
4. Distance to:
   - Well 100 ft.+
   - Pressure line N/A ft
   - Property Line 100 ft.+
   - Foundation 65 ft.+

72' of 1.5" waterline between pump tank & lagoon

C Distribution Box or Drop Box

Distance and Direction from septic tank: _____ ft. _____

D. Drainfield/Absorption Field

☐ Trench ☐ Bed

1. Type ☐ Perforated Pipe ☐ Chamberless ☐ 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 _____

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.

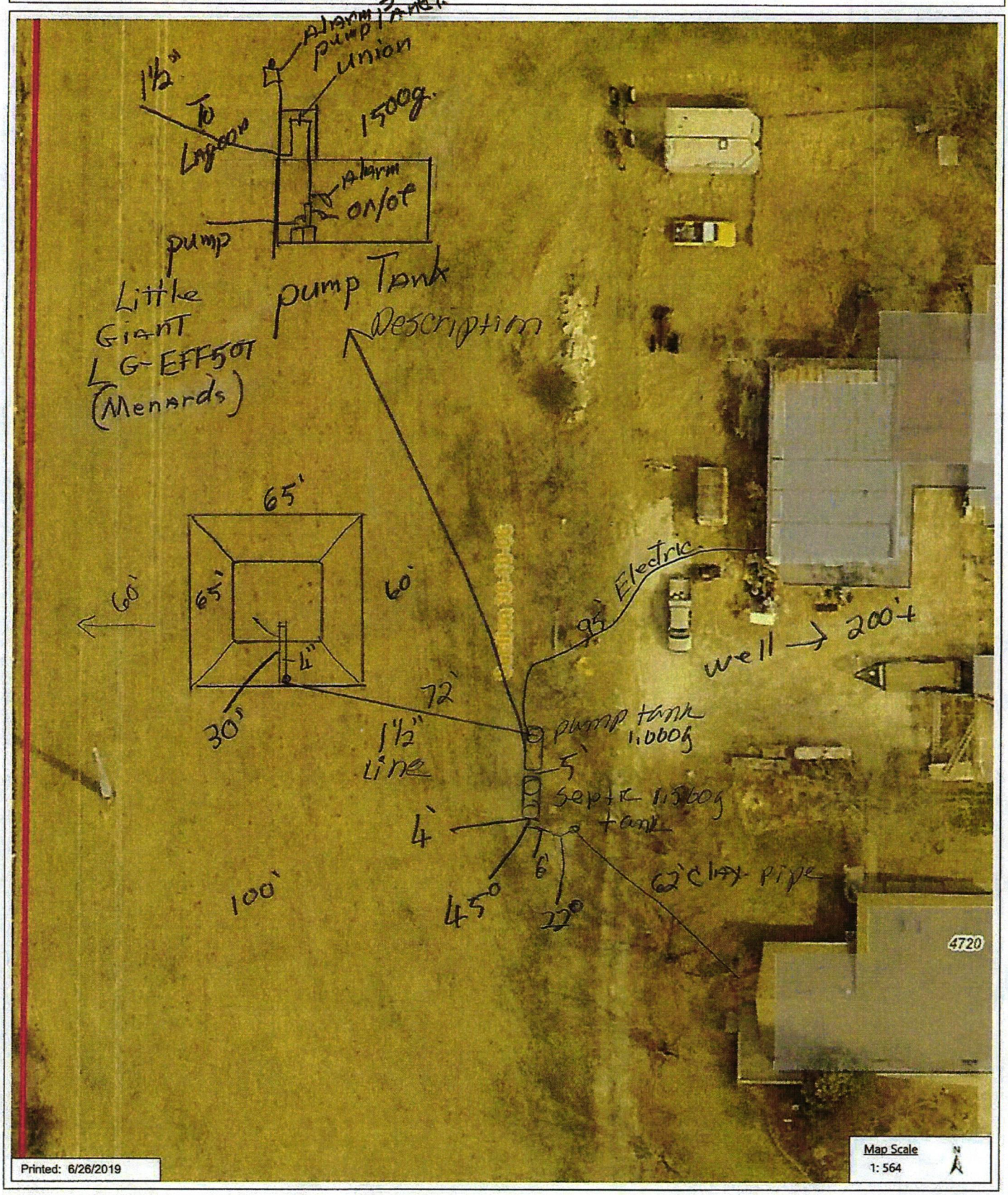
Certified Professional Signature: _____ Date: 6/28/19

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

SCANNED

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.