REC'D OCT 10 2019

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

**A**

Permit Number #5001913

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 9100 W Van Dorn (no rural route) City Lincoln, NE Zip 68532

Legal Description SE (1/4) 34 (1/4 Section) 10 (Township) 5E (Range) (Subdivison) (Addition) (Block) 26 (Lot)

PID 04-34-400-009-000

## B. Owner

Name Daniel Ross Signature Daniel Ross

Address 9100 W Van Dorn St City/State/Zip Lincoln, NE 68532

Home Phone 402-499-6085 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 2 Whirlpool Bathtub? ☐ Yes ☑ No Total Acres 20

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

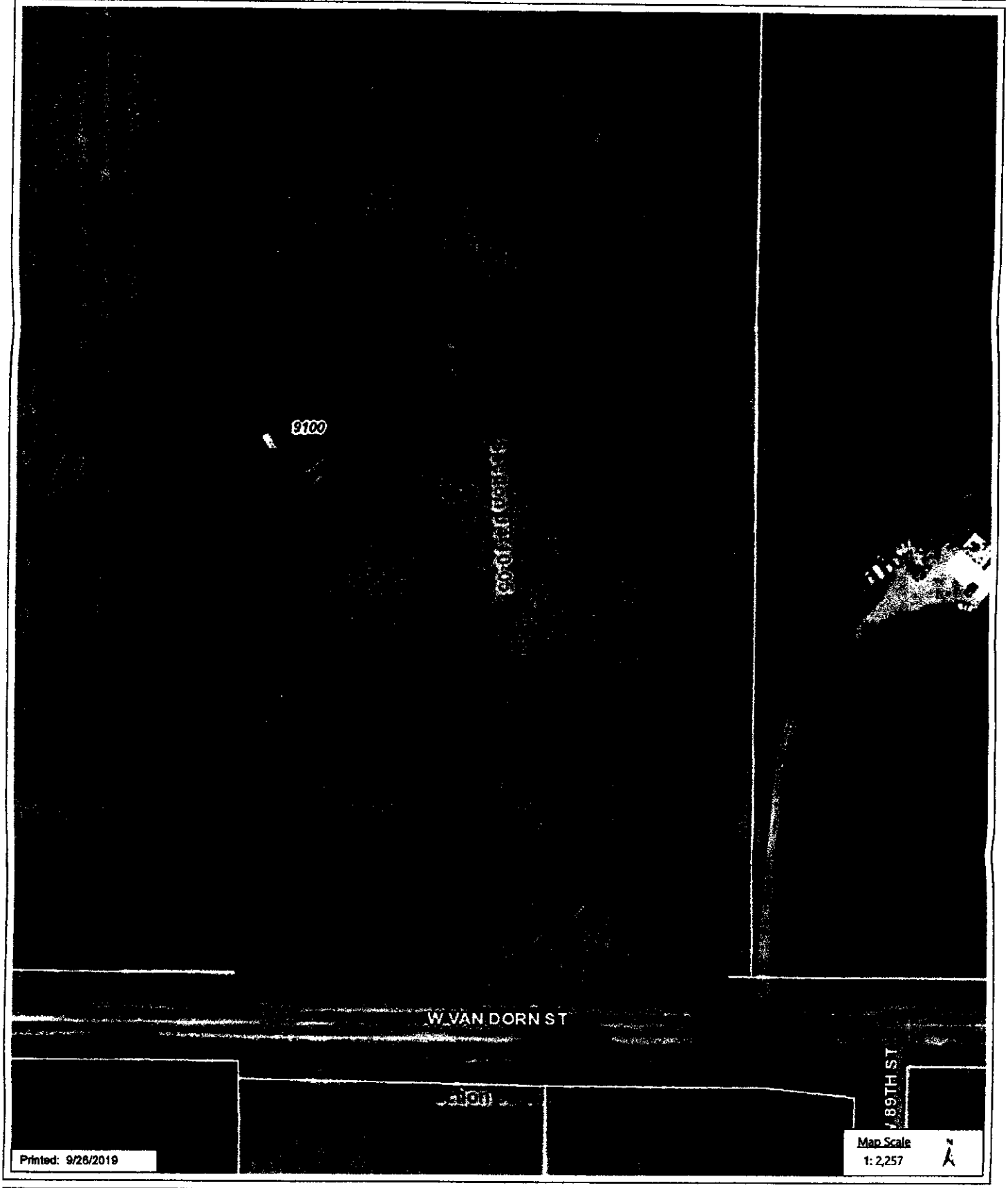
***Business Office Use Only***
Date Received 10-10-19 Amount Paid $420.00
Received By JMO Cash/Check No. 9736

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

Form A Updated: 1/13

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. HS001913**

**System Type:** Lagoon

**Situs:** 9100 W VAN DORN ST, LINCOLN, NE 68532

Issued: 10/11/2019

Expires: 10/11/2020

**Description:** S34, T10, R5, 6th Principal Meridian, LOT 26 SE

**Owner:** ROSS, DANIEL D
9100 W VAN DORN ST
LINCOLN, NE 68532

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

REC'D OCT 10 2019

SCANNED

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

**A**

Permit Number #5001913

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 9100 W Van Dorn (no rural route) City Lincoln, NE Zip 68532

Legal Description SE 34 10 5E 26

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

PID 04-34-400-009-000

## B. Owner

Name Daniel Ross Signature Daniel Ross

Address 9100 W Van Dorn St City/State/Zip Lincoln, NE 68532

Home Phone 402-499-6085 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 2 Whirlpool Bathtub? ☐ Yes ☑ No Total Acres 20.01

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. 82-30

**1. Health Department**

Site visits 11/6/19 VL Date rec'd 10/11/19 ACTION ☑ Approved ☐ Disapproved

Date frwd 10/11/19 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 11/7/19

***Business Office Use Only***

Date Received 10-10-19 Amount Paid $430.00

Received By Cash/Check No. 9730

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

Exhibit 6

Permit Number: H5001913

# Onsite Wastewater Treatment System-Lagoon

## Inspection Sheet

Date 11/7/19 Legal Description _____

¼ ¼ Section/Township/Range

**Onsite System Location** W.

Address (no rural route) 9100 Van Dorn 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 | Yes☒ No☐ |
| 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 52' Bottom of Lagoon 16' Design Flow 225

**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.

System Installed ~ 10/25/19

Geographical Coordinates to 6 Decimals: N/A

Dike North side

Comments:

Inspections prior to Final Approval

Initial _____ Date 11/6/19

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval

By Doug Ames

Date 11/7/19

Updated 4/15

**Nate C. Hartman**

**From:** Terri Jakoubek <jakoubek63@windstream.net>
**Sent:** Tuesday, November 05, 2019 2:15 PM
**To:** Nate C. Hartman
**Cc:** Doug R. Smith
**Subject:** 9100 W Van Dorn St D-Sheet
**Attachments:** 9100 W Van Dorn St D-Sheet.pdf

HS001913 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: HS001913

# 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

Address or Legal Description or Parcel Identification Number (PID) 9100 W Van Dorn St, Lincoln, NE 68532

Owner: Daniel Ross Address Same

### A. Wastewater Piping

1. Material: SDR26 Diameter: 4 in.
2. Distance between ~~dwelling~~ tank and ~~septic tank~~ Lagoon: 200 ft.

### B. Septic Tank

1. Material _____
2. Capacity: _____
3. Depth to top of tank ~~below~~ unfinished grade: ____ in.
4. Distance to:
   Well _____ ft.
   Pressure line _____ ft
   Property Line _____ ft.
   Foundation _____ ft.

### C Distribution Box or Drop Box

Distance and Direction from septic tank: _____ ft. _____

### D. Drainfield/Absorption Field

☐ Trench ☐ Bed

1. Type ☐ Perforated Pipe ☐ Chamber ☐ Gravelless ☐ Other
   Material and inside width of chamberless: _____
2. Number of Laterals _____
3. Length of each lateral: ft. _____ ft. _____
   ft. _____ ft. _____
4. Drainfield size _____
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.

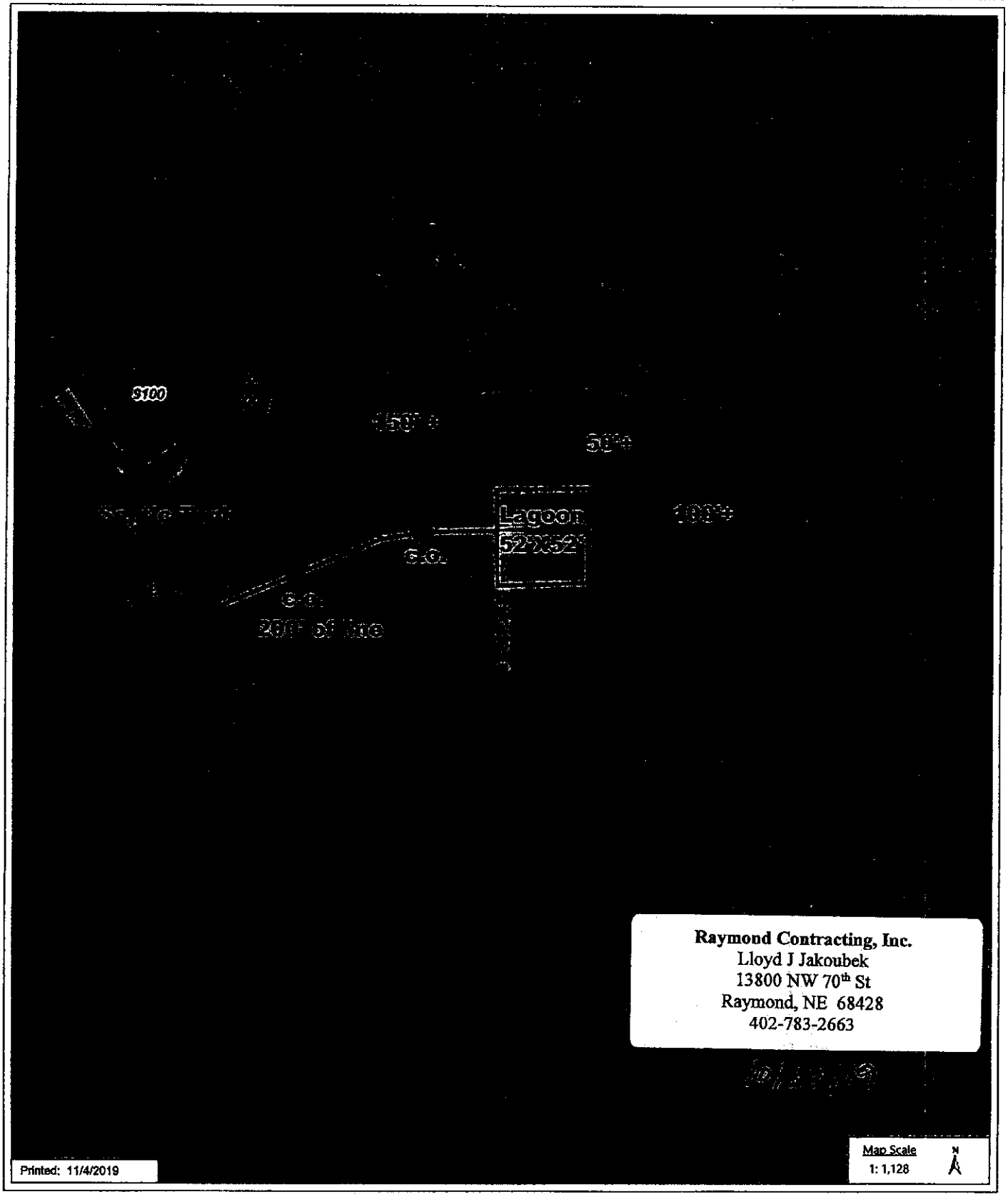
Certified Professional Signature: _____ Date: 10/25/19

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

**9100 W Van Dorn, Lincoln, NE 68532**

GIS Viewer
CITY OF LINCOLN - LANCASTER COUNTY, NE

City of Lincoln\Lancaster County GIS Map




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

Printed: 11/4/2019

Map Scale
1: 1,128

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C.O. = Clean out

REC'D OCT 10 2019

SCANNED
SCANNED

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

**A**

Permit Number #5001913

Existing Home

# Onsite Wastewater Treatment System
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**PLEASE PRINT OR TYPE**

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Address 9100 W Van Dorn (no rural route) City Lincoln, NE Zip 68532

Legal Description SE 34 10 5E 26
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 04-34-400-009-000

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Name Daniel Ross Signature Daniel Ross

Address 9100 W Van Dorn St City/State/Zip Lincoln, NE 68532

Home Phone 402-499-6085 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 11/6/19 VL
Comments
Date rec'd 10/11/19
Date frwd 10/11/19
**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 Doug Ahrs
Date 11/7/19

***Business Office Use Only***
Date Received 10-10-19 Amount Paid $430.00
Received By JAO Cash/Check No. 9736

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

Form A Updated: 1/13

SCANNED

GIS Viewer
CITY OF LINCOLN - LANCASTER COUNTY, NE

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SCANNED

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: HS001913

# Onsite Wastewater Treatment System
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2. Capacity:
3. Depth to top of tank, ~~low~~ unfinished grade: ____ in.
4. Distance to:
   Well ____ ft.
   Pressure line ____ ft
   Property Line ____ ft.
   Foundation ____ ft.

### C Distribution ~~Box~~ or Drop Box

Distance and Direction from septic tank: ____ ft. ____

### D. Drainfield/Absorption Field

☐ Trench ☐ Bed

1. Type ☐ Perforated Pipe ☐ Cham~~ber~~ss ☐ Other
   Material ~~and~~ and inside width ~~Chamber~~less:
2. Number of Latera~~l~~
3. Length of each lat~~eral~~: ft. ____ ft. ____ ft. ____ ft. ____
4. Drainfield s~~ize~~
5. Distan~~ce~~
   Well ____ ft.
   Pressure line ____ ft.
   Property line ____ ft.
   Depth of Groundwater ____

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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: 10/25/19

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

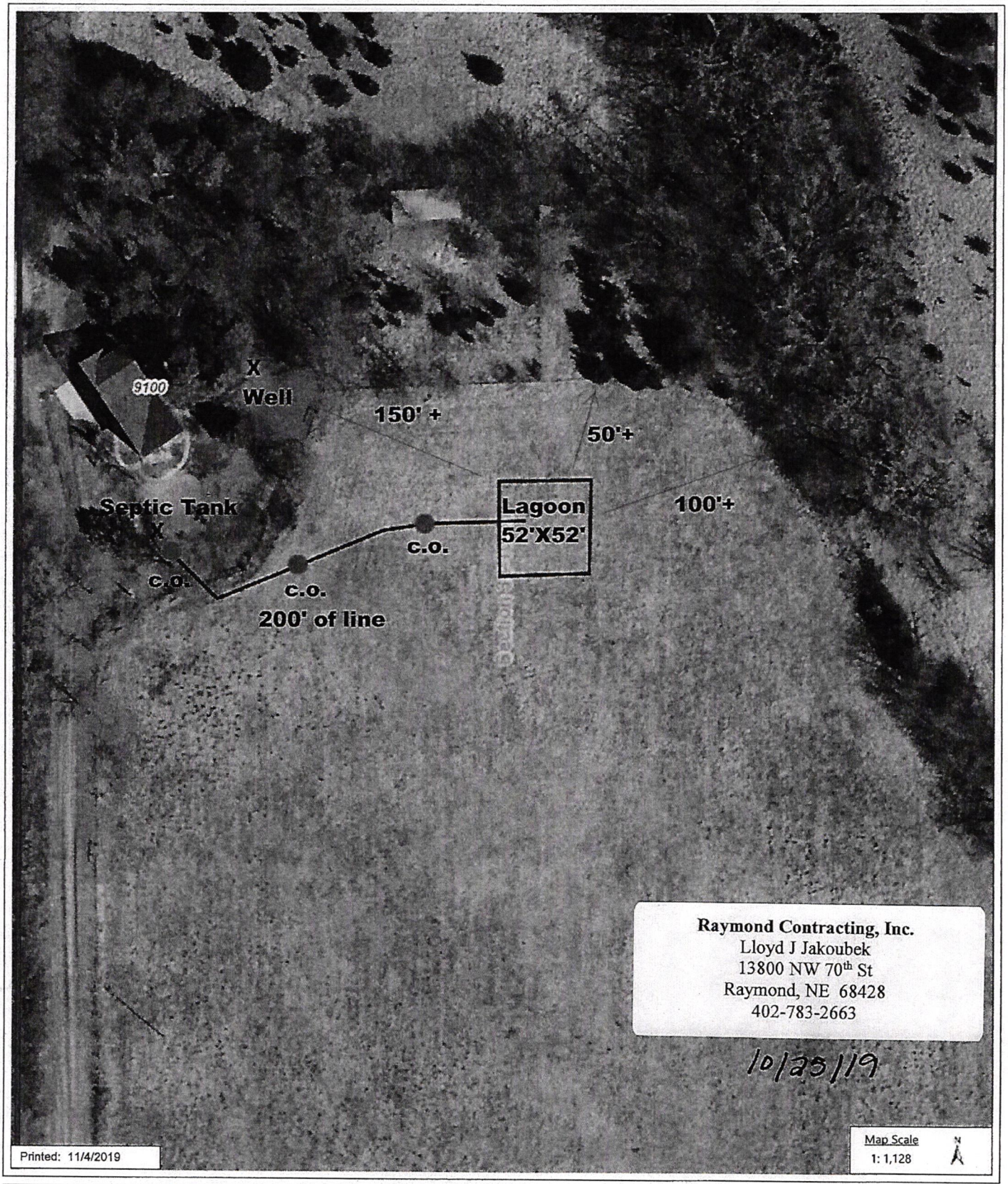
Updated 4/15

SCANNED

**9100 W Van Dorn, Lincoln, NE 68532**

GIS Viewer
CITY OF LINCOLN - LANCASTER COUNTY, NE

City of Lincoln\Lancaster County GIS Map




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C.O. = Clean out

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

SCANNED

Exhibit 6

Permit Number: HS001913

# Onsite Wastewater Treatment System-Lagoon

## Inspection Sheet

Date 11/7/19 Legal Description _____

¼ ¼ Section/Township/Range

**Onsite System Location**

Address (no rural route) 9100 W. Van Dorn 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 X No ___ |
| Lagoon floor is level | Yes X No ___ |
| Lagoon is equipped with a depth gage/concrete slab | Yes X 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 X No ___ |
| Inside slope not steeper than three horizontal to one vertical | Yes X No ___ |
| Minimum width of the top of the dike shall be 4 feet | Yes X No ___ |
| Fence installed | Yes X No ___ |

Top of the Dike 52' Bottom of Lagoon 16' Design Flow 225

**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.

System Installed ~ 10/25/19

Geographical Coordinates to 6 Decimals: N/A

Dike North side

Comments:

Inspections prior to Final Approval

Initial _____ Date 11/6/19

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval

By Doug Ahrens

Date 11/7/19