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

A

Permit Number: #5002016

New Construction
Ironwood Builders

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: 4415 S 98th St (no rural route) City: Lincoln NE Zip: 68526

Legal Description: NE 1/4 NE 1/4 Section: 11 Township: 9N Range: 7E Subdivison: _____ Addition: _____ Block: 78 Lot: _____

PID: 16-11-200-016-000

B. Owner

Name: Benjamin Duval Signature: [signature]

Address: 7711 San Mateo Ln City/State/Zip: Lincoln, NE 68516

Home Phone: 402-304-7947 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: 8.85

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 24.32 ☐ County Resolution No. 02-30

1. Health Department

Site visits: _____ Date rec'd: _____ Date fwd: _____

ACTION ☐ Approved ☐ Disapproved Signature: _____

Comments: _____

2. Supt. Bldg. Insp. or Village Clerk

Comments: _____ Date rec'd: _____ Date fwd: _____

ACTION ☐ Approved ☐ Disapproved Signature: _____

3. City or County Engineer

Comments: _____ Date rec'd: _____ Date fwd: _____

ACTION ☐ Approved ☐ Disapproved Signature: _____

Installation Final Written Approval

By: _____

Date: _____

Business Office Use Only

Date Received: 6-02-20 Amount Paid: $430.00

Received By: JAO Cash/Check No: CC 0287

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 Co Rd 17 (no rural route) City Ceresco NE, Zip 68017

Owner Aleksandr & Yelina Konovalchuk Address 9012 Tumbleweed Dr, Lincoln, NE 68507

Date of Tests 5/18/20 to 5/19/20 Weather: Precipitation None Temperature 69°

Percolation Test Data Table

A.	B.	C. D. E. F. Saturation/Swelling Time				G. H. I. J. K. Last 30 mins of 4 hr or last 10 mins of 1 hr Water Level Drop					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	22	5/18	10:00a	5/19	1:30p	5/19	5:00p	6	5/19	5:30p	30	1-1/8	27
2	22	"	"	"	"	"	"	6	"	"	"	3/4	40
3	30	"	"	"	"	"	"	6	"	"	"	1/2	60
4	30	"	"	"	"	"	"	6	"	"	"	2-5/16	13
5	40	"	"	"	"	"	"	6	"	"	"	7/8	34
6	48	"	"	"	"	"	"	6	"	"	"	15/16	32
7	24	"	"	"	"	"	"	6	"	"	"	3	10
8	26	"	"	"	"	"	"	6	"	"	"	1-1/16	28

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: 244
Average of Rates: 31
Rate Used for Calculation: 60 (20 mpi variance)

Soil type (NRCS Maps/Other) Silty Clay 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

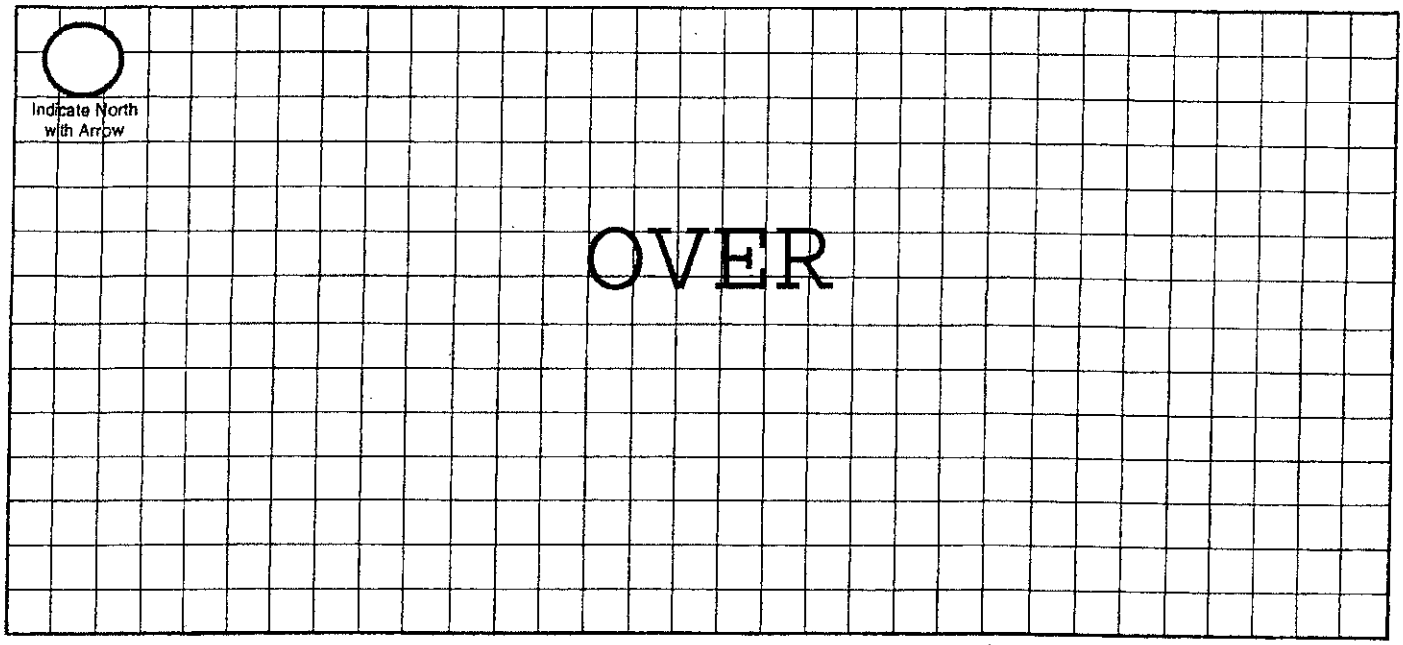
C

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) 4415 S 98th St City Lincoln NE, Zip 68526

B. Proposed Septic Tank/s

Septic Tank Cap. 2000 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 60 (min/inch = mpi) No. of Bedrooms 5 Soil Type Wymore SCL/Judson SL 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 ☐	☐

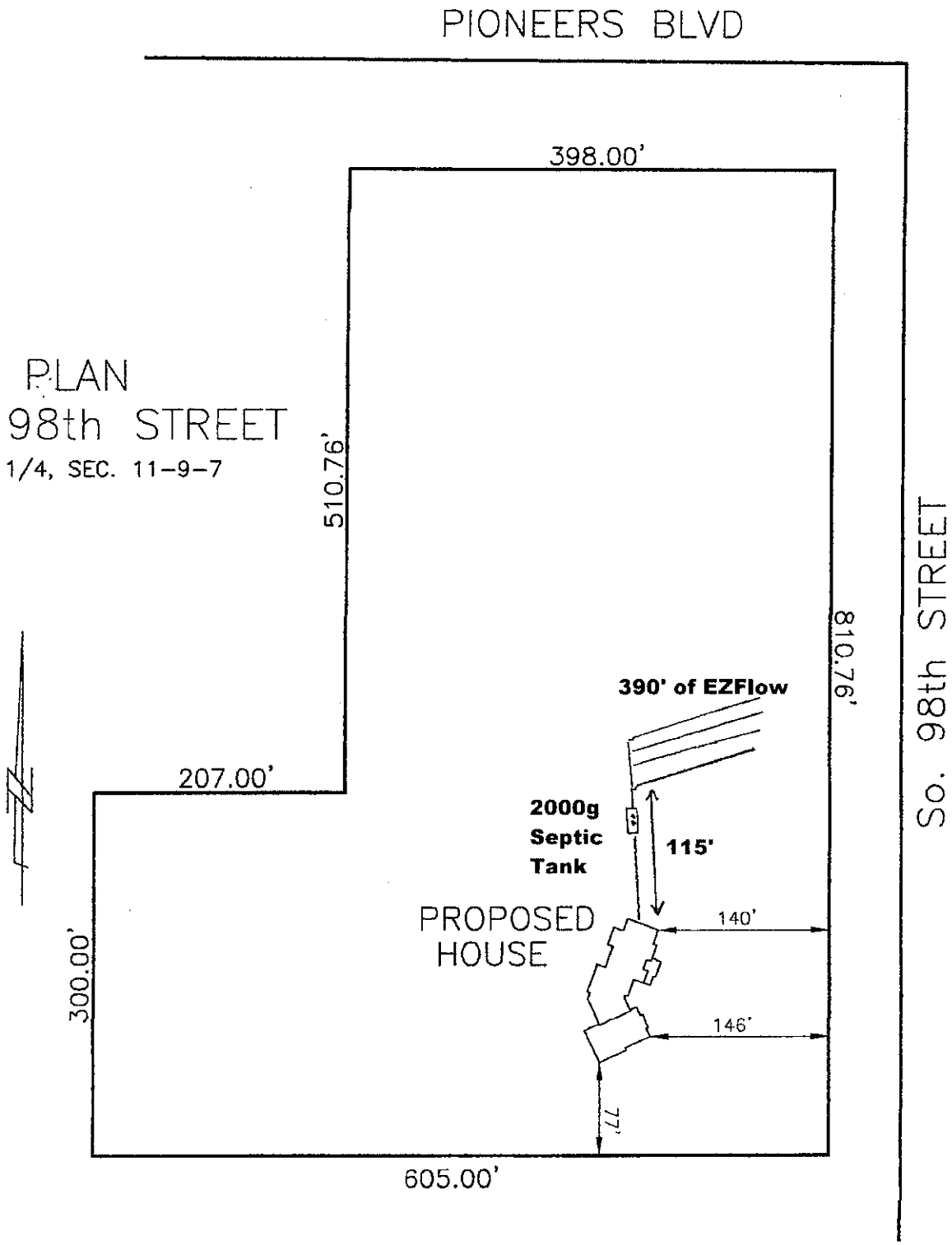
F. Required Signatures

Home Building Contractor _____ Date 5-29-20

Installer _____ Date 5/29/20

Builder Initials _____

SITE PLAN
4415 So. 98th STREET
LOT 78 I.T., NE 1/4, SEC. 11-9-7



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. HS002016

System Type: Standard

Situs: No Site Address Specified

Issued: 6/8/2020

Expires: 6/8/2021

Description: S11, T9, R7, 6th Principal Meridian, LOT 78 NE

Owner: DUVAL, BENJAMIN & ANGELA
7711 SAN MATEO LN
LINCOLN, NE 68516

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

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

SCANNED

A

Permit Number: #5002016

New Construction
Ironwood Builders

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: 4415 S 98th St (no rural route) City: Lincoln NE Zip: 68526

Legal Description: NE 1/4 NE 1/4 Section 11 Township 9N Range 7E Subdivison _____ Addition _____ Block _____ Lot 78

PID: 16-11-200-016-000

B. Owner

Name: Benjamin Duval Signature: [signature]

Address: 7711 San Mateo Ln City/State/Zip: Lincoln, NE 68516

Home Phone: 402-304-7947 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: 8.85

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. 92-50

1. Health Department

Site visits _____ Date rec'd 6/8/20 Date fwd 6/8/20 ACTION ☑ Approved ☐ Disapproved Signature [signature]

Comments _____

2. Supt. Bldg. Insp. or Village Clerk

Comments _____ Date rec'd _____ Date fwd _____ ACTION ☑ Approved ☐ Disapproved Signature [signature]

3. City or County Engineer

Comments _____ Date rec'd _____ Date fwd _____ ACTION ☒ Approved ☐ Disapproved Signature [signature]

Installation Final Written Approval

By [signature]

Date 10/26/20

Business Office Use Only

Date Received 6-02-20 Amount Paid $430.00

Received By JAO Cash/Check No CC 0287

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

Exhibit 5

Permit Number: HS002016

Onsite Wastewater Treatment System

Inspection Sheet

Date 10/26/20

Legal Description ____ ¼ ____ ¼ 11/9/7 Section/Township/Range Lot 78

Onsite System Location

Address (no rural route) 4415 S. 98th 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 2,000 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 NA

Lateral #1 ____ Lateral #3 ____

Lateral #2 ____ Lateral #4 ____

Comments:

Inspections prior to Final Approval
Initial ____ Date 10/23/20

Follow-Up ____ Date ____

Follow-Up ____ Date ____

Installation Final Written Approval
By ____

Date 10/26/20

Installed prior to inspection

Id 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: HS002016

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 = 16-11-200-016-000

Address or Legal Description or Parcel Identification Number (PID) 4415 S 98th St, Lincoln, NE 68526

Owner: Benjamin Duval Address 7711 San Mateo Ln, Lincoln, NE 68516

A. Wastewater Piping

1. Material: SDR26 Diameter: 4 in.
2. Distance between dwelling and septic tank: 32 ft.

B. Septic Tank

1. Material Concrete
2. Capacity: 2000g
3. Depth to top of tank, below unfinished grade: 18 in.
4. Distance to:
   Well 100 ft.+
   Pressure line N/A ft
   Property Line 50 ft.+
   Foundation 20 ft.+

C Distribution Box or Drop Box

Distance and Direction from septic tank: 8 ft. NW
(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 lateral (linear): ft. 90 ft. 100 ft. 100 ft. 100
4. Drainfield size: 1755 sq. ft.
5. Distance to:
   Well 100 ft.+
   Pressure line N/A ft.
   Property line 20 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: [signature] Date: 10/6/20

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

Nate C. Hartman

From: Ken D. Schroeder
Sent: Tuesday, June 2, 2020 4:14 PM
To: Nate C. Hartman
Cc: Pamela L. Dingman
Subject: sewage disposal system for PID #16 11 200 016 000 (4415 S. 98th St.)
Attachments: part of sec 11-9-7.pdf

Nate,
Lancaster County Engineering Department indicates approval for a sewage disposal system for Lot 78 irregular tracts located in the NE ¼ of Section 11, T9N, R7E of the 6th P.M., Lancaster County, Nebraska. *(see attached, part of sec 11-9-7.pdf)*
As always, subject to confirmation of and compliance with any floodplain elevation requirements prior to construction.
Ken

Kenneth D. Schroeder, RLS
Lancaster County Surveyor
444 Cherrycreek Road, Bldg. "C"
Lincoln, Nebraska 68528
kschroeder@lancaster.ne.gov
Phone (402) 441-7681
Fax (402) 441-8692

Nate C. Hartman

From: Ken D. Schroeder
Sent: Tuesday, June 2, 2020 4:14 PM
To: Nate C. Hartman
Cc: Pamela L. Dingman
Subject: sewage disposal system for PID #16 11 200 016 000 (4415 S. 98th St.)
Attachments: part of sec 11-9-7.pdf

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444 Cherrycreek Road, Bldg. "C"
Lincoln, Nebraska 68528
kschroeder@lancaster.ne.gov
Phone (402) 441-7681
Fax (402) 441-8692

Nate C. Hartman

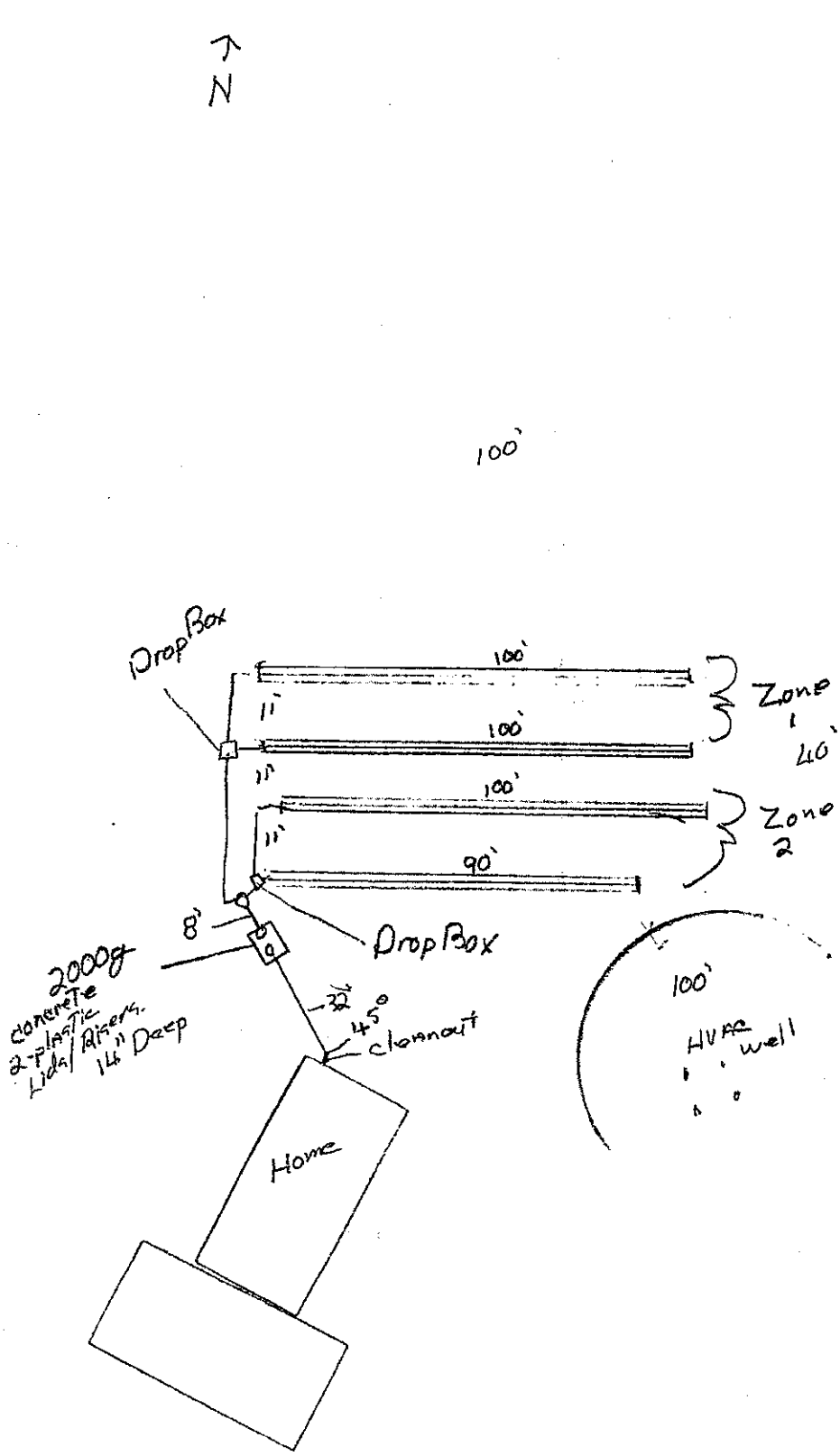
From: RJ Hamilton
Sent: Monday, June 8, 2020 8:38 AM
To: Nate C. Hartman
Subject: 4415 S. 98th St.

Nate,

This property is a legal buildable lot with no floodplain in the property. The PID is **1611200016000** for your reference.

Thank you,

RJ Hamilton
Plans Examiner II
City of Lincoln
Building and Safety Dept.
402-441-6424



4415 S 98th.
Lincoln, NE 68526

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

10/6/20