REC'D JUN 17 2020

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

A

Permit Number
#5002030

Onsite Wastewater Treatment System
Permit Application

Include Form B and C. Submit correct fee with this Application

☒ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

PLEASE PRINT OR TYPE

A. Onsite System Location Twin Pines Add Block 3 Lot 2

Address* Jac's Ln (no rural route) City Lincoln, NE Zip 68523

Legal Description S 17 T9 R6 Twin Pines Addition 3 2 AD

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

PID 09-17-403-002-000 *Approx. Address (If to be determined)

B. Owner

Name Nate Fredricks Signature

Address R & D Custom Homes 7431 Cardwell Cir City/State/Zip Lincoln, NE 68523

Home Phone 402-429-8297 Work Phone

C. Certified Installer

Name: Brandon Sedlacek Signature Brandon Sedlacek

Address 11185 E St Hwy 41 City/State/Zip Adams, NE 68301

Work Phone 402-998-8425

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
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

1. Health Department
Site visits Date rec'd ACTION ☐ Approved ☐ Disapproved
Date frwd 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

Business Office Use Only
Date Received 6-17-20 Amount Paid $430.00
Received By JAO Cash/Check No 2003

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

Form A Updated 4-15

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

Twin Pines Add Block 3, Lot 2 **PLEASE PRINT OR TYPE**

Onsite System Location

Address Jacs Ln (no rural route) City Lincoln, NE NE, Zip 68523

Owner Curt & Jen Rohn Address 6060 S. 28th St Lincoln, NE 68516

Date of Tests 9/15/14 to 9/16/14 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	27	9/15	8:30a	9/15	4:30p	9/16	3:30p	6	9/16	4:00p	30	5/8	48
2	28	"	"	"	"	"	"	6	"	"	"	9/16	53
3	25	"	"	"	"	"	"	6	"	"	"	1/2	60
4	29	"	"	"	"	"	"	6	"	"	"	5/8	48
5	26	"	"	"	"	"	"	6	"	"	"	2 1/8	14
6	28	"	"	"	"	"	"	6	"	"	"	1 1/2	20
								6					
								6					

Person Conducting Percolation Test

Name: Terri L. Jakowski, Raymond Construction Inc

Phone: 402-783-2663 or 402-890-3870

Address 13760 NW 70th St

Raymond, NE 68428

Soil type (NRCS Maps/Other) Wymore SCL

Groundwater Depth > 8'

Sum of Percolation Rates: 243

Average of Rates: 41

Rate Used for Calculation: 60

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Comments (Soil type, groundwater, floodplain, etc.)

Signature of Reviewing Official _____ Date _____

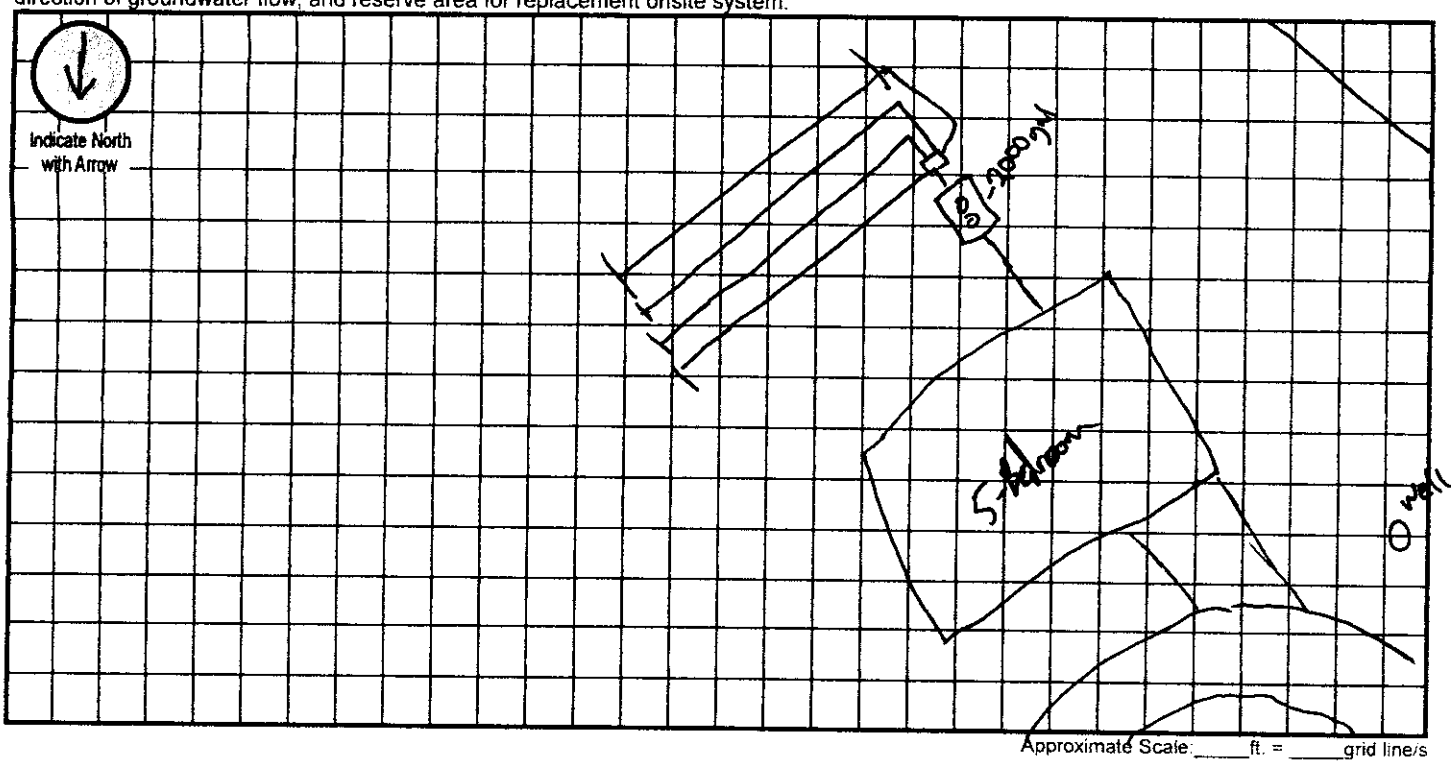
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

C

Permit Number

Onsite Wastewater Treatment System
Preliminary Plan Specification

Draw a plot plan showing onsite system sewer lines, tank, drop or distribution boxes, drainfields, percolation test holes, well, residence, direction of groundwater flow, and reserve area for replacement onsite system.



Approximate Scale: _____ ft. = _____ grid line/s

A. Onsite System Location

Address (no rural route) Jac's Ln Block 3 Lot 2 City Lincoln NE, Zip 68523

B. Proposed Septic Tank/s

Septic Tank Cap. 2000 gals Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____ ☐ Lagoon (Max. Seepage 1/8"/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 Land Slope _____ %

☒ Trench ☐ Bed ☐ Non-standard (engineer-designed and NDEQ approved) Total square feet of drainfield _____ Sq. Ft.

Total length of laterals 390 Type of Distribution: ☐ Perforated Pipe ☐ Half-Round ☐ Chambers ☐ Other E-Z Flow

No. of Absorption Trenches 4 Width 36" No. of Drop Boxes _____ Distribution Box 1

No. of Absorption Beds _____ Width _____ No. of Distribution Lines per Bed _____

Installer Brian Seff Date. 6-14-20

Updated 2/18

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. HS002030

System Type: Standard

Situs: No Site Address Specified

Issued: 6/19/2020

Expires: 6/19/2021

Description: TWIN PINES ADDITION, BLOCK 3, Lot 2

Owner: ROHN, CURTIS P & JENNIFER L
6100 S 28 ST
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

BRANDON SEDLACEK
11185 E STATE HWY 41
ADAMS, NE 68301

REC'D JUN 17 2020

SCANNED

A

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

Permit Number
#5002030

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Approval Process

1. Health Department
Site visits 10/30/20 DG
Comments
Date rec'd 6/19/20
Date frwd 6/19/20
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 Casey Arnold
Date 11/10/20

Business Office Use Only
Date Received 6-17-20 Amount Paid $430.00
Received By JAO Cash/Check No 2003

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

Form A Updated 4-15

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

EXHIBIT 5

Permit Number: HS 002030

Onsite Wastewater Treatment System

Inspection Sheet

Date 11/10/20 Legal Description ¼ ¼ 17/9/16 Blk 3, Lot 2 Section/Township/Range

Onsite System Location

Address (no rural route) 2815 Jacs 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 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 DC Date 10/30/20

Follow-Up Date

Follow-Up Date

Installation Final Written Approval
By Doug Thrasher

Date 11/10/20

Add Note Drawing (See Reverse Side):

Updated 4/15