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

A

Permit Number HS002032

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

Address* 20900 N 1ST STREET City RAYMOND, NE Zip 68428
(no rural route)

Legal Description 14 12 6 6TH PRINCIPAL MERIDIAN 14NW
1/4 1/4 Section Township Range Subdivision Addition Block Lot

PID 13-14-100-006-000 *Approx. Address (If to be determined)

B. Owner

Name ROBERT MATUSZESKI Signature

Address 20900 N 1ST City/State/Zip RAYMOND, NE 68428

Home Phone Work Phone

C. Certified Installer

Name: JAIME KUBIK Signature Jaime Kubik

Address 105 LOCUST ST P.O. BOX 191 City/State/Zip HICKMAN, NE 68372

Work Phone 402-475-2462

D. Engineer

☐ **Check and complete if engineer designed system** P.E. License Number:

Designer Name Firm Work Phone

E. This system will serve a

CONVENIENCE BATHROOM FOR OUTBUILDING

☒ Residential Dwelling Number of Bedrooms 1 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 15.06
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 6-22-20 Amount Paid $430.00
Received By JAO Cash/Check No. CC 0214

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: 402-441-8643

B

Permit Number:

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 20900 N 1st (no rural route) City Raymond NE, Zip 68428

Owner Robert Matuszeski Address

Date of Tests 6/8/2020 to 6/9/2020 Weather: Precipitation none Temperature 90 degrees

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 Water Lev (in.)	End				
Hole No.	Hole Depth(in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)		Date (Mo/Da)	Time (Hr/Min)	Elapsed Time Interval	Water Level Drop(in)	Percolation Rates (Min/in = mpi)
1	30 in	6/8	5 pm	6/9	8 am	6/9	11:30	6	6/9	12:00	30 min	5/8	48
2	30 in	6/8	5 pm	6/9	8 am	6/9	11:30	6	6/9	12:00	30 min	1/2	60
3	30 in	6/8	5 pm	6/9	8 am	6/9	11:30	6	6/9	12:00	30 min	5/8	48
								6					
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Jason Kubik
Phone: 402-475-2462
Address 105 Locust Street P.O. Box 191
Hickman, NE 68372

Sum of Percolation Rates: 156
Average of Rates: 52
Rate Used for Calculation: 59

Soil type (NRCS Maps/Other) 7684 Wymore
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 (402) 441-8027
3131 O Street Lincoln, Nebraska 68510-1514

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT
No. HS002032

System Type: Standard

Situs: No Site Address Specified

Issued: 6/22/2020

Expires: 6/22/2021

Description: S14, T12, R6, 6th Principal Meridian, LOT 14 NW

Owner: MATUSZESKI, ROBERT L TRUST
20900 N 1 ST
RAYMOND, NE 68428

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

JAIME KUBIK
105 LOCUST ST, PO BOX 191
HICKMAN, NE 68372

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

SCANNED

A

Permit Number HS002032

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

Address* 20900 N 1ST STREET (no rural route) City RAYMOND, NE Zip 68428

Legal Description 14 12 6 6TH PRINCIPAL MERIDIAN 14NW

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

PID 13-14-100-006-000 *Approx. Address (If to be determined)

B. Owner

Name ROBERT MATUSZESKI Signature

Address 20900 N 1ST City/State/Zip RAYMOND, NE 68428

Home Phone Work Phone

C. Certified Installer

Name: JAIME KUBIK Signature Jaime Kubik

Address 105 LOWER ST P.O. BOX 191 City/State/Zip HICKMAN, NE 68372

Work Phone 402-475-2462

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 1 CONVENIENCE BATHROOM FOR AT BUILDING

Whirlpool Bathtub? ☐ Yes ☒ No Garbage Grinder? ☐ Yes ☒ No

Total Acres 15.06

☐ 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 6/19/20
Comments
Date rec'd 6/22/20
Date frwd 6/22/20
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 Doug Mueller
Date 6/26/20

Business Office Use Only
Date Received 6-22-20 Amount Paid $430.00
Received By JAO Cash/Check No. 0214

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

Form A Updated: 4/15

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

Exhibit 5

Permit Number: H 5002032

Onsite Wastewater Treatment System

Inspection Sheet

Date 6/26/20

Legal Description ____ ¼ ____ ¼ ____ Section/Township/Range

Onsite System Location

Address (no rural route) 20900 N 15c 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 675 Sq. Ft. Tank Size ____ gals

Total length of laterals 150' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☐ Other (describe) E-Z Flow

No. of Absorption Laterals 1 Width 4.5 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 ____ N/A

Lateral #1 ____ Lateral #3 ____

Lateral #2 ____ Lateral #4 ____

Comments:

Inspections prior to Final Approval
Initial ____ Date 6/29/20

Follow-Up ____ Date ____

Follow-Up ____ Date ____

Installation Final Written Approval
By ____

Date 6/26/20

Field Note Drawing (See Reverse Side):