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

A

Permit Number HS002085

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

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

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.

LEASE PRINT OR TYPE

A. Onsite System Location

Address 2330 Musch Dr (no rural route) City Raymond NE Zip 68428

Legal Description NW 9 11 6 Musch 1st 2, 2
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 12-09-102-002-000

B. Owner

Name Lee Young Signature _____

Address 6410 Edwards Dr City/State/Zip Lincoln Ne 68516

Home Phone _____ Work Phone _____

C. Certified Installer

Name: Scott Gibbert Signature Scott Gibbert

Address 1012 C Rd M City/State/Zip Mead Ne 68041

Work Phone _____

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 10 3.26 Ave

Garbage Grinder? ☑ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify _____ Design flow in gallons per day 500

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 _____ 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 8-28-20 Amount Paid $430.00
Received By SAO Cash/Check No 062195

Received Time Aug. 28. 2020 8:22AM No. 1555

Yellow - Engineer Pink - Building & Safety

Form A Updated: 1/13

1

After Rate **B**

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

Permit Number:

Onsite Wastewater Treatment System

Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 2330 Masek Dr. (no rural route) City Raymond NE, Zip 68428

Owner Lee Young Address 6410 Eureka Dr

Date of Tests 8-26-20 to 8-27-20 Weather: Precipitation 0 Temperature 90

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		Elapsed	Water	
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)	Time Interval	Level Drop (In)	Percolation Rates (Min/in = mpi)
1	30	8/26	4:00	8/27	4:30	8/27	4:30	6	8/27	5:00	30	5/8	50
2	34							6				5/8	50
3	32							6				5/8	50
4	30							6				.75	40
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Scott Sybert

Phone: 402-473-6549

Address 4012 O Rd M Mead Ne 68041

Soil type (NRCS Maps/Other)

Groundwater Depth 20"

Sum of Percolation Rates: 190

Average of Rates: 48

Rate Used for Calculation: 48

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official Date

Onsite Form B 12_06

Received Time Aug. 28. 2020 8:22AM No. 1555

D

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

As Built Plans & Specifications

Date 8/28/20 Legal Description 1/4 1/4 9 - 11 - 6 Section Township Range

Onsite System Location

Address (no rural route) 2330 Masek Dr. City Raymond NE. Zip 68428

Owner Lee Young Address 640 Eureka Dr Lincoln Nb 68516

Sewer Pipe

1. Material: Plastic
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 18" in.
3. Distance between dwelling and septic tank: 100' ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line 150 ft.
   stream _____ ft.
   pressure line 50 ft.
   property line 20 ft.

Septic Tank

☐ Label with Manufacturer, address and gallon capacity

1. Material: Concrete
   Number of compartments: 1
2. Capacity: 2000 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter 24 in.
   Over outlet, diameter 24 in.
   Riser: ☑ above ☐ below grade _____ in.
5. Inlet: ☑ baffle ☐ tee ☐ 6" dia. inspection pipe
6. Outlet: ☑ baffle ☐ tee ☐ 6" dia. inspection pipe
7. Depth to top of tank, below unfinished grade: _____ in.
8. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. ☐ Distribution Box ☐ Drop Boxes

(≥ 12" inspection opening) (removable lid to inspect)

1. Material: _____
   Number available outlets: _____
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: _____ ft.

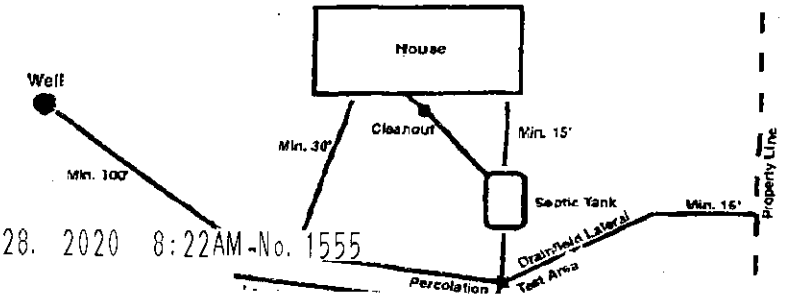
D. Drainfield Absorption

☐ Trench ☐ Bed ☑ Level Bottom

1. Type: ☐ Half rounds ☐ Perforated pipe ☐ Chambers
   Diameter or width: 3 1/2 Easy Flow Bundled
   Number of distribution lines in bed 3
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other _____
2. Drainfield Laterals: Number _____
   Length of each line: _____ ft. _____ ft.
   _____ ft. _____ ft., _____ ft.
3. Drainfield dimensions: Width _____ ft.
   Distribution Pipe Slope _____ in/100 ft.
   Average depth _____ in
4. Filter material: _____
   Depth of material _____ in.
5. Distances to: Well or suction line _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.
   House or building _____ ft.
   Lake or Stream _____ ft.

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

Onsite Wastewater System Design (Example)



Indicate North with Arrow

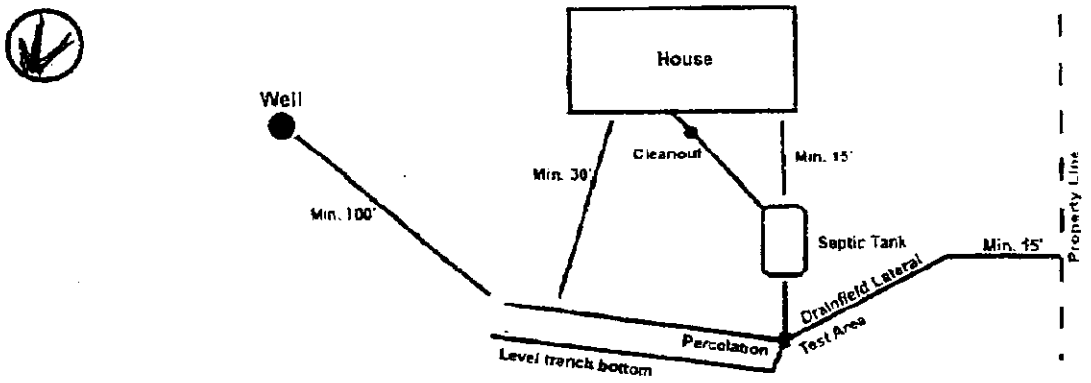
Received Time Aug. 28. 2020 8:22AM No. 1555

Lee Young Builder - MPI custom Homes

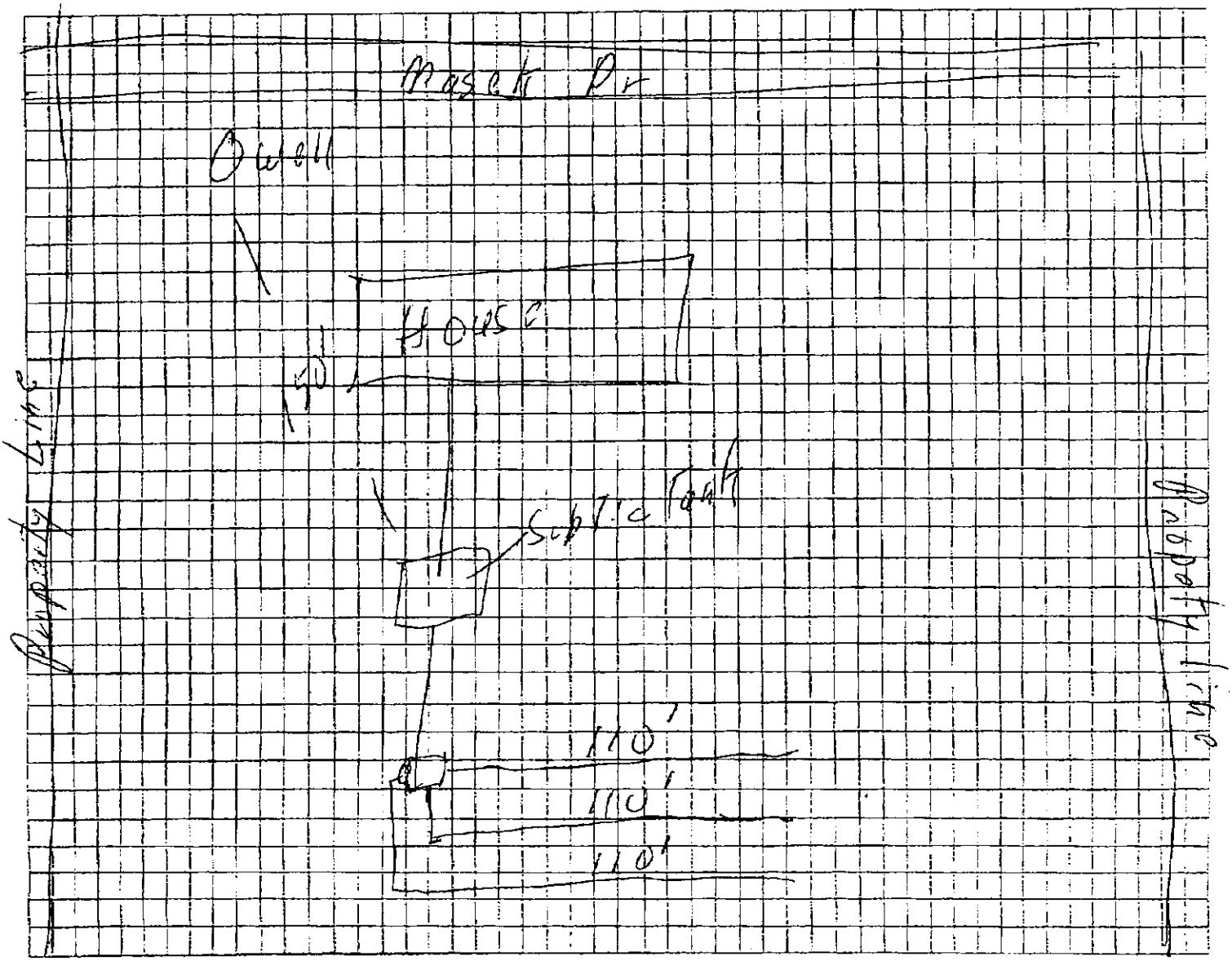
2330 Mast Dr.
Raymond Ne

Onsite Wastewater System Design (Example)

Indicate North
w/ Arrow Here:



*Note-If Lagoon, show all applicable dimensions



Builder MPI custom Homes

Nebraska DEO

System Registration For Onsite Wastewater Treatment System - Septic System

Print or Type

Lee | Young | 402-610-0458
Owner First Name | Initial | Last Name | Owner Phone Number

Business or Legal Entity Name (if applicable)

6410 Eureka Dr | Lincoln | NE 68516
Owner Mailing Address | City | State Zip

2230 Marsh Dr | Raymond | NE 68428
Physical address of system if different from owner's mailing address

Location | Legal description | OR | Geographical coordinates to 4 decimal points

¼	¼	Section	Township	Range	County	Latitude	Longitude
		9	11	6	Lancaster		

Mark One ☒ Dwelling ☐ Non-dwelling

Mark One

☒ New system ☐ Modification, reconstruction or alteration of existing system ☐ System inspection only

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

Design flow 500 gal/day Depth to seasonal high groundwater 20 feet

Septic tank capacity 2000 gallons Percolation rate 48 min/inch

Number of trenches 3 Width of trenches 24 inches

Total trench length 330 feet Total effective trench bottom area 1485 sq. ft.

Soil Absorption System Description (Select one of the following):

- ☐ Gravelless chambers without filter material (inside bottom width of chamber _____ inches)
- ☐ Gravelless chambers with filter material (describe filter material _____)
- ☐ Pipe with filter material (describe filter material _____)
- ☐ Gravelless pipe without filter material (diameter of the gravelless pipe _____ inches)
- ☐ Gravelless pipe with filter material (describe filter material _____)
- ☒ Bundled expanded polystyrene synthetic aggregate without filter material (bundle diameter 3 & 12" in.) Easy Flow
- ☐ Bundled expanded polystyrene synthetic aggregate with filter material (describe filter material _____)
- ☐ Other (describe) _____

Previous system registration number (if applicable) TS _____

I swear or affirm that the system complies with Title 124 requirements and that the registration information and documentation submitted are true, complete and accurate.

Scott | J | Sybert | C1996
(Print or Type) First Name | Initial | Last Name | Certificate/License Number

Scott Sybert
Signature of Certified Professional, Professional Engineer, or Registered Environmental Health Specialist | Date of Inspection or completion of construction

NOTICE: Failure to complete the form or include the appropriate fee(s) will delay the registration.

Version 5-2012

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. HS002085

System Type: Standard

Situs: No Site Address Specified

Issued: 8/28/2020

Expires: 8/28/2021

Description: MASEKS FIRST ADDITION, BLOCK 2, Lot 2

Owner: MURMAN, JEFFREY L & RACHEL L
1621 KENNEDY DR
LINCOLN, NE 68521

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

SCOTT SUBBERT
1012 COUNTY ROAD M
MEAD, NE 68041