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

A

Permit Number 4S002105

New Construction

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 10301 Pine Lake Rd (no rural route) City Lincoln, NE Zip 68526

Legal Description NE (1/4) NW (1/4) ~~16~~ 24 (Section) ~~24N~~ T9 (Township) 7E (Range) _____ (Subdivison) _____ (Addition) _____ (Block) 31 (Lot)

PID 16-24-100-001-000

B. Owner

Name Jeffrey A & Tammy L Bremer Signature Tammy Bremer

Address 7430 HIDDEN VALLEY DRIVE City/State/Zip LINCOLN, NE 68526

Home Phone 402-429-8136 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 3 Whirlpool Bathtub? ☐ Yes ☑ No Total Acres 4.53

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 _____ Date rec'd _____ Date frwd _____
Comments _____
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 9-28-20 Amount Paid $440.00
Received By SBO Cash/Check No CC040

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

Form A Updated: 1/13

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 10301 Pine Lake Rd (no rural route) City Lincoln NE, Zip 68526

Owner Jeffrey A & Tammy L Bremer Address 7430 Hidden Valley Dr, Lincoln, NE 68526

Date of Tests 9/21/20 to 9/22/20 Weather: Precipitation 0 Temperature 82°

Percolation Test Data Table

A.	B.	C.	D.	E.	F.	G.	H.	I.	J.	K.	L.	M.	N.
		Saturation/Swelling Time				Water Level Drop Last 30 mins of 4 hr or last 10 mins of 1 hr					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	24	9/21	1:00p	9/22	12:30p	9/22	1:50p	6	9/22	2:00p	10	3/4	13
2	22	"	"	"	"	"	"	6	"	"	"	1-1/8	9
3	20	"	"	"	"	"	4:00p	6	"	4:30p	30	2	15
4	20	"	"	"	"	"	"	6	"	"	"	5/8	48
								6					
								6					
								6					
								6					

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: 85
Average of Rates: 21
Rate Used for Calculation: 48 (20 mpi variance)

Soil type (NRCS Maps/Other) Pawnee CL, granular structure, treed area
Groundwater Depth >6'

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

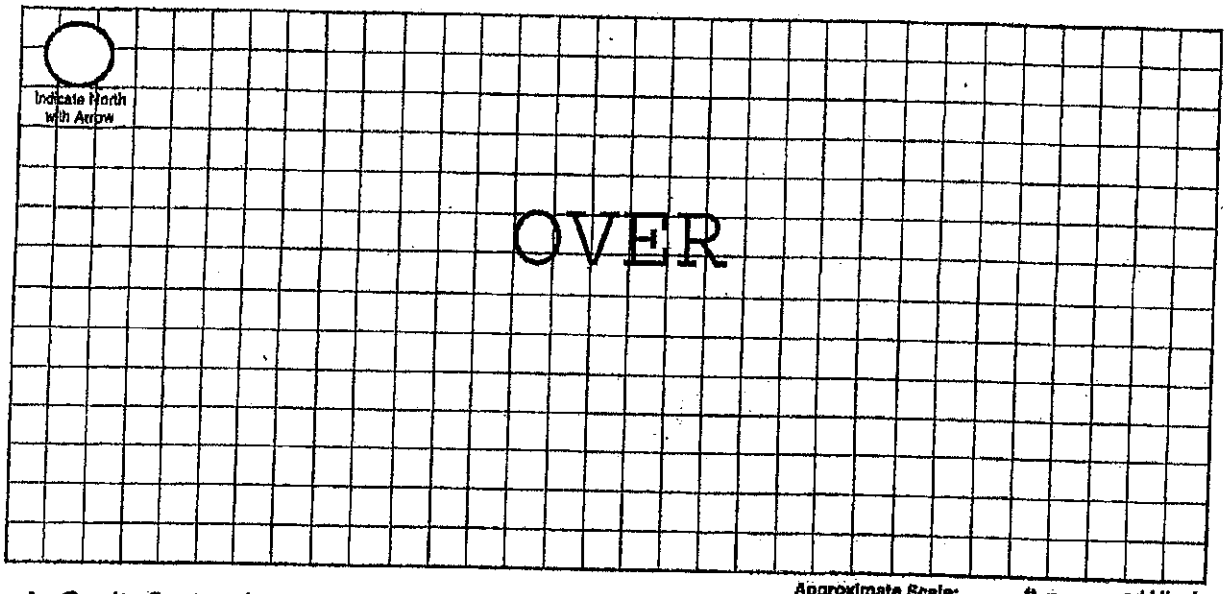
C

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) 10301 Pine Lake Rd City Lincoln NE, Zip 68526

B. Proposed Septic Tank/s

Septic Tank Cap. 1500 gals Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____ ☐ Lagoon (Max. seepage 1/8" per day)

C. Reserve Area for Replacement Onsite System

☐ Drainfield Absorption Area (percolation test required) ☒ Lagoon

D. Drainfield Absorption System

Percolation Rate 48 (min/inch = mpi) No. of Bedrooms 3 Soil Type SCL/CL (treed area) Land Slope _____%

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 1080 sq.ft.

Total length of laterals 240 Type of distribution: ☐ Perforated pipe ☐ Half-Round ☐ Chamber ☒ Other EZFlow 1203H

No. of absorption trenches 2 Width 38" No. of drop boxes 1 Distrubition 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

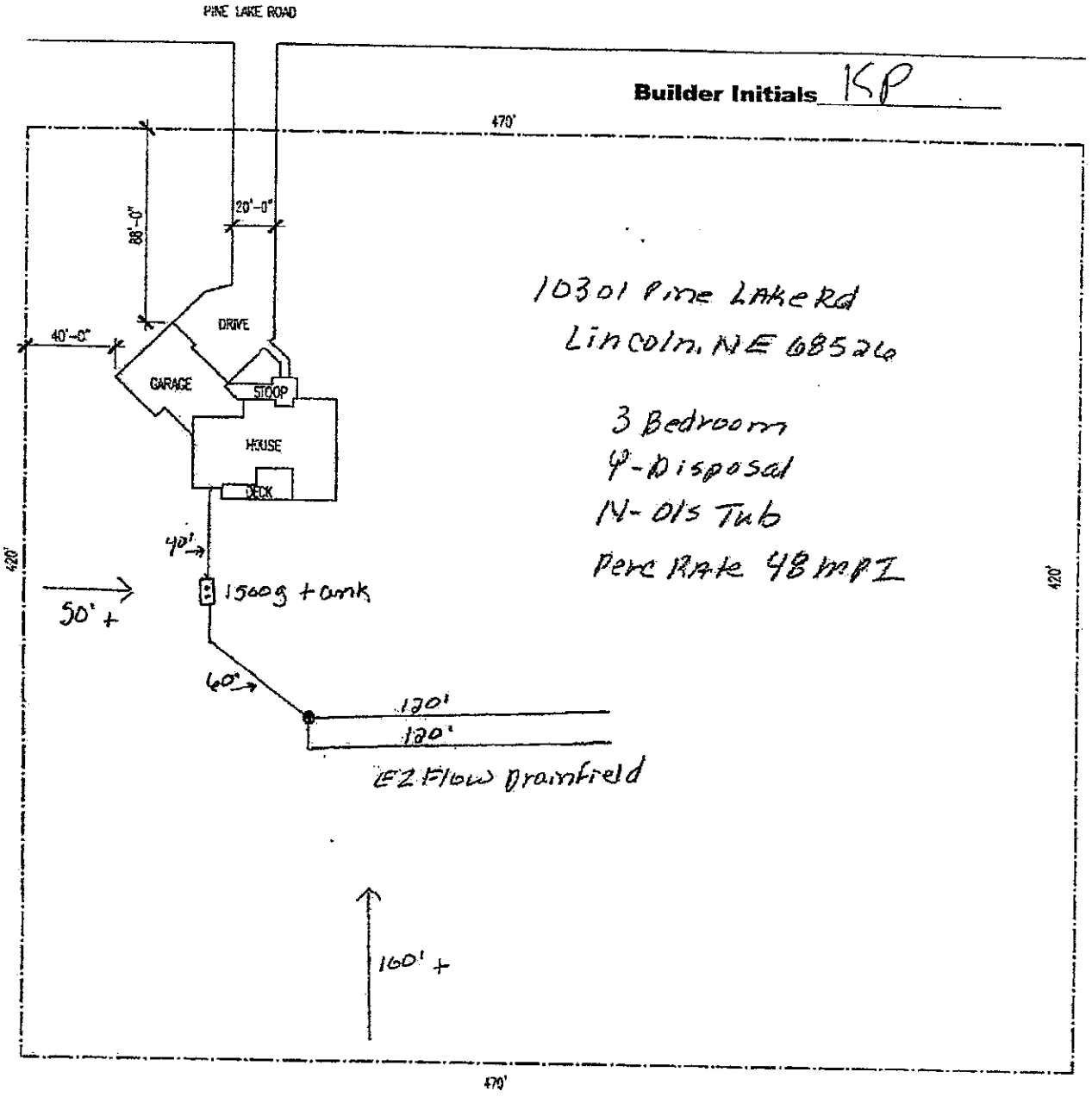
Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☒	500 ☒	50 ☒	NA ☒	25 ☒	20 ☒	15 ☒	25 ☒	☒
Field (ft)	100 ☒	500 ☒	50 ☒	4 ☒	30 ☒	20 ☒	30 ☒	40 ☒	☒
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

F. Required Signatures

Home Builder Contractor _____ Date 9-28-2020

Installer Kevin D. Mosher Date 9-28-20

Onsite Form C 12-06


PINE LAKE ROAD
Builder Initials KP
470'
88'-0"
20'-0"
40'-0"
DRIVE
GARAGE
STOOP
HOUSE
DECK
420'
40'
1500g tank
50'+
60'
120'
120'
EZ Flow Drainfield
160'+
420'
470'
10301 Pine Lake Rd
Lincoln, NE 68526
3 Bedroom
4-Disposal
N-Ols Tub
Perc Rate 48 MPI

Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-6280
3131 O Street - Lincoln, NE 68510-1514

Food Establishment Permit #

	Facility Count
Issued	
Expires	1

Establishment

Permittee

Patricia D. Lopez

Patricia D. Lopez, RN, MSN, Interim Health Director

POST IN A PROMINENT PLACE

Dear Food Permit Holder:

Your application has been approved and the **Permit fees have been paid**. This is your Food Establishment Permit. You must post this Permit in public view.

For new operations, and for facilities that are licensed by the State, you will receive a separate permit from the Nebraska Department of Agriculture, which must also be posted.

Thank you for your cooperation.

Patricia D. Lopez

Patricia D. Lopez, RN, MSN
Interim Health Director

Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-6280
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Interim Health Director

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. HS002105

System Type: Standard

Situs: No Site Address Specified

Issued: 9/29/2020

Expires: 9/29/2021

Description: S24, T9, R7, 6th Principal Meridian, LOT 31 NW

Owner: BREMER, JEFFREY A & TAMMY L
10301 PINE LAKE RD
LINCOLN, NE 68526

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