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

A

Permit Number HS002198

Existing Home

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

PLEASE PRINT OR TYPE

A. Onsite System Location

Address 13505 W Bluff Rd (no rural route) City Malcolm NE Zip 68402

Legal Description NE 1/4 NW 1/4 19 Section 11N Township 5E Range Subdivison Addition Block 1 Lot

P.I.D. 05-19-100-001-000

B. Owner

Name Allen D Ratzlaff Signature Allen Ratzlaff

Address 13505 W Bluff Rd City/State/Zip Malcolm, NE 68402

Home Phone 402-430-6678 Work Phone

C. Certified Installer

Name Lloyd Jakoubek, Raymond Contracting Inc Signature Lloyd Jakoubek

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 6.3

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 ☐ Municipal Code 24.38 ☐ County Resolution No. 02-39

1 Health Department
Site visits Date rec'd Date fwd
Comments
ACTION ☐ Approved ☐ Disapproved
Signature

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 Amount Paid
Received By Cash/Check No

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

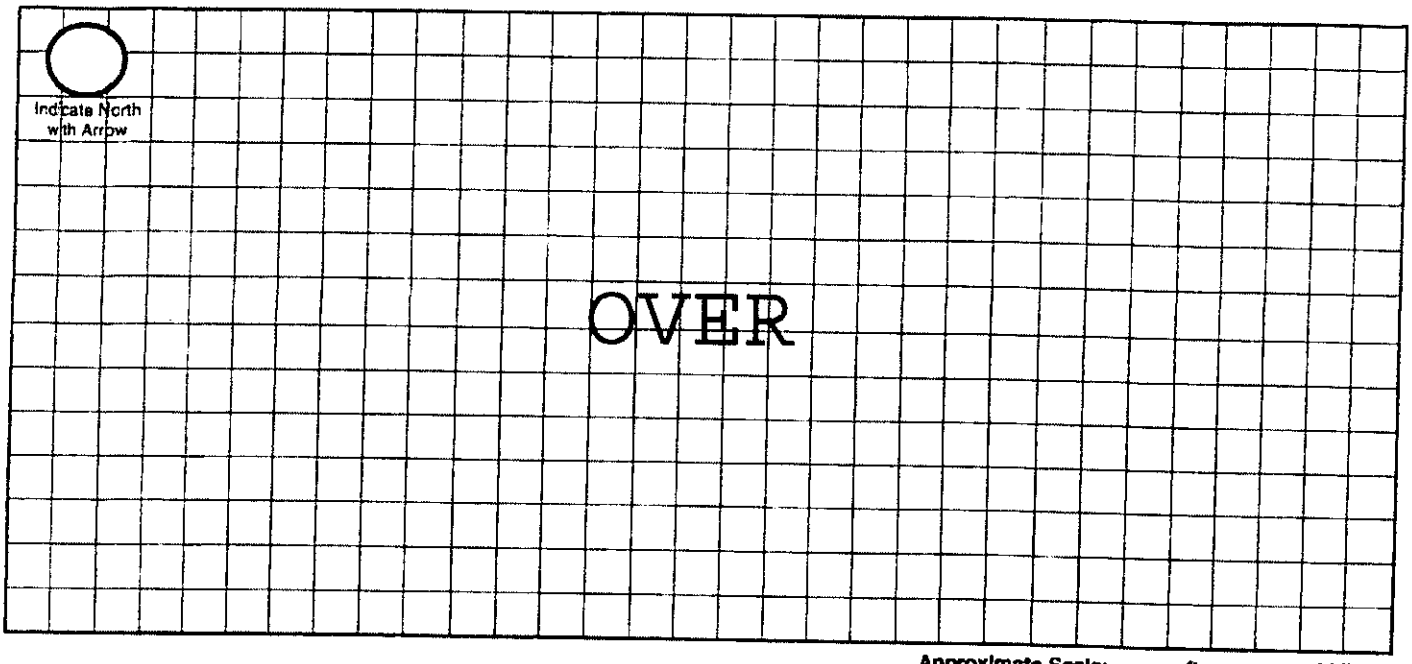
C

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) 13505 W Bluff Rd City Malcolm NE, Zip 68402

B. Proposed Septic Tank/s

Septic Tank Cap._____ 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_____ (min/inch = mpi) No. of Bedrooms_____ Soil Type_____ Land Slope_____%

☐ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield_____sq.ft.

Total length of laterals_____ Type of distribution: ☐ Perforated pipe ☐ Half-Round ☐ Chamber ☐ Other

No. of absorption trenches_____ Width_____ No. of drop boxes_____ 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

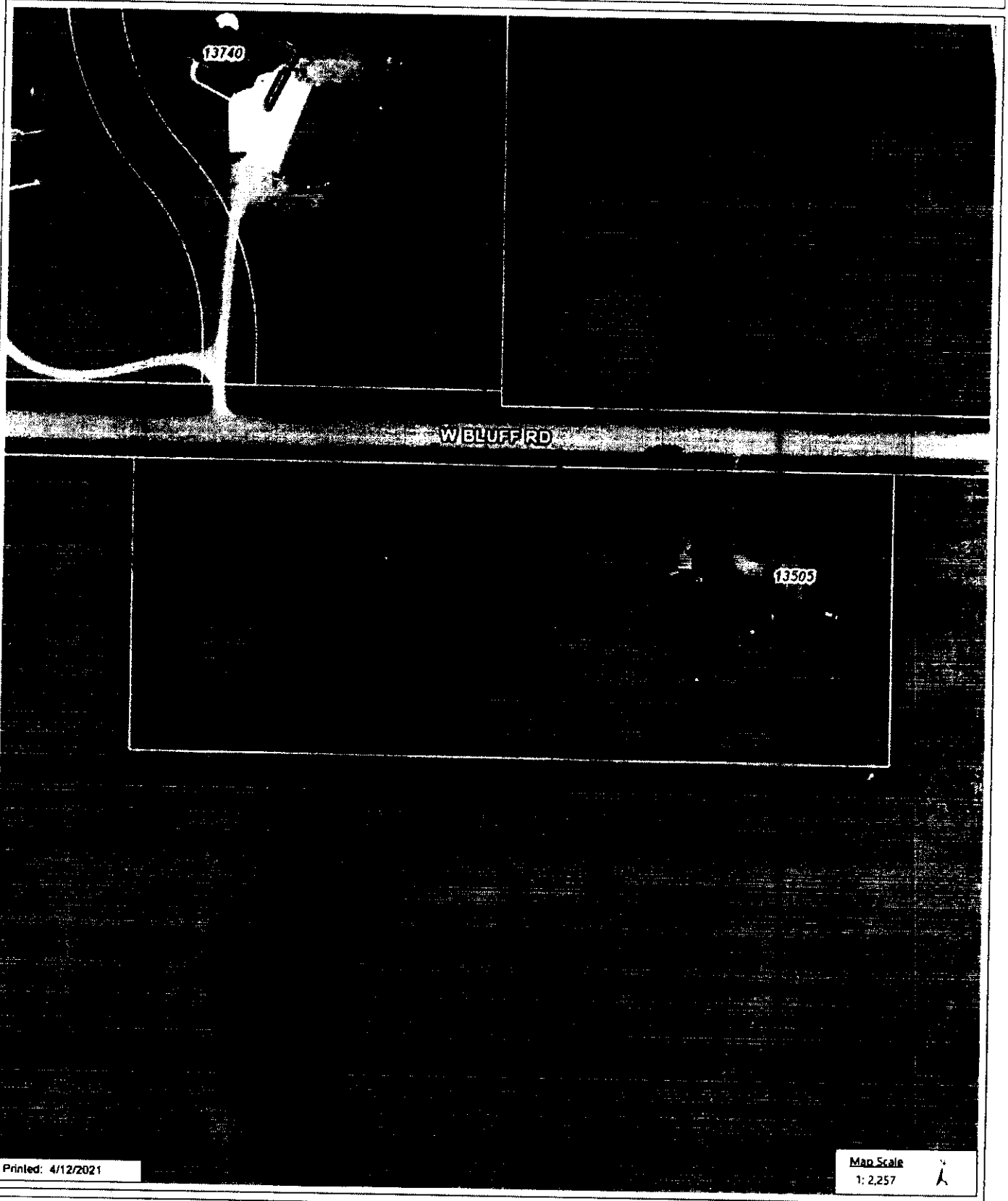
Home Building Contractor Existing Home Date _____

Installer _____ Date 4/14/21

Allen Ratzlaff 402-430-6678 13505 W Bluff Rd, Malcolm, NE 68402

GIS Viewer

City of Lincoln/Lancaster County GIS Map



Printed: 4/12/2021

Map Scale
1: 2,257

DISCLAIMER: The information is presented on a best-efforts basis, and should not be relied upon for making financial, survey, legal or other commitments. If you have questions or comments regarding the data displayed on this map, please email assessor@lancaster.ne.gov and you will be directed to the appropriate department.

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. HS002198

System Type: Lagoon

Situs: No Site Address Specified

Issued: 4/21/2021

Expires: 4/21/2022

Description: S19, T11, R5, 6th Principal Meridian, LOT 1 NW

Owner: RATZLAFF, ALLEN D & SANDRA L
13505 W BLUFF RD
MALCOLM, NE 68402

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
Health Director

RAYMOND CONTRACTING INC
13505 W BLUFF RD
RAYMOND, NE 68428

SCANNED

A

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
Phone 402 441-8645

Permit Number HS002198

Existing Home

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

Include Form B and C
Submit correct fee
with this Application

Copies 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 13505 W Bluff Rd (no rural route) City Malcolm NE Zip 68402

Legal Description NE (1/4) NW (1/4) 19 (Section) 11N (Township) 5E (Range) _____ (Subdivison) _____ (Addition) 1 (Block) _____ (Lot)

PID 05-19-100-001-000

B. Owner

Name Allen D Ratzlaff Signature Allen Ratzlaff

Address 13505 W Bluff Rd City-State-Zip Malcolm, NE 68402

Home Phone 402-430-6678 Work Phone

C. Certified Installer

Name Lloyd Jakoubek, Raymond Contracting Inc Signature Lloyd Jakoubek

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 6.3

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 ☒ Municipal Code 24.38 ☐ County Resolution No. 02-30

1 Health Department
Site visits _____ Date rec'd 4/21/21
Comments _____ Date fwd 4/21/21
ACTION ☒ Approved ☐ Disapproved
Signature _____

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 6/25/21

Business Office Use Only
Date Received 4-15-21 Amount Paid $440.00
Received By JMO Cash/Check No CC6040

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

D

Permit Number: HS002198

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 = 05-19-100-001-000

Address or Legal Description or Parcel Identification Number (PID) 13505 W Bluff Rd, Malcolm, NE 68402

Owner: Allen D Ratzlaff Address 13505 W Bluff Rd, Malcolm, NE 68402

A. Wastewater Piping

1. Material: SDR26 Diameter: 4 in.
2. Distance between ~~dwelling~~ septic tank and ~~septic tank~~ Lagoon: 203 ft.

B. Septic Tank

1. Material _____
2. Capacity: _____
3. Depth to top of tank, below unfinished grade: ____ in.
4. Distance to:
   Well _____ ft.
   Pressure line _____ ft
   Property Line _____ ft.
   Foundation _____ ft.

C. Distribution Box or Drop Box

Distance and Direction from septic tank: ____ ft. ____

D. Drainfield/Absorption Field

☐ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☐ Other
   Material brand and inside width of Chamberless: _____
2. Number of Laterals: _____
3. Length of each lateral (linear): ft._____ ft._____ ft._____ ft._____
4. Drainfield size: _____ sq. ft
5. Distance to:
   Well _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.
   Depth of Groundwater _____

Fence completed

Was the Onsite Wastewater System covered prior to LLCHD inspection? ☑ Yes ☐ No (Partially)

If Yes, the Certified Professional must sign below for final approval:

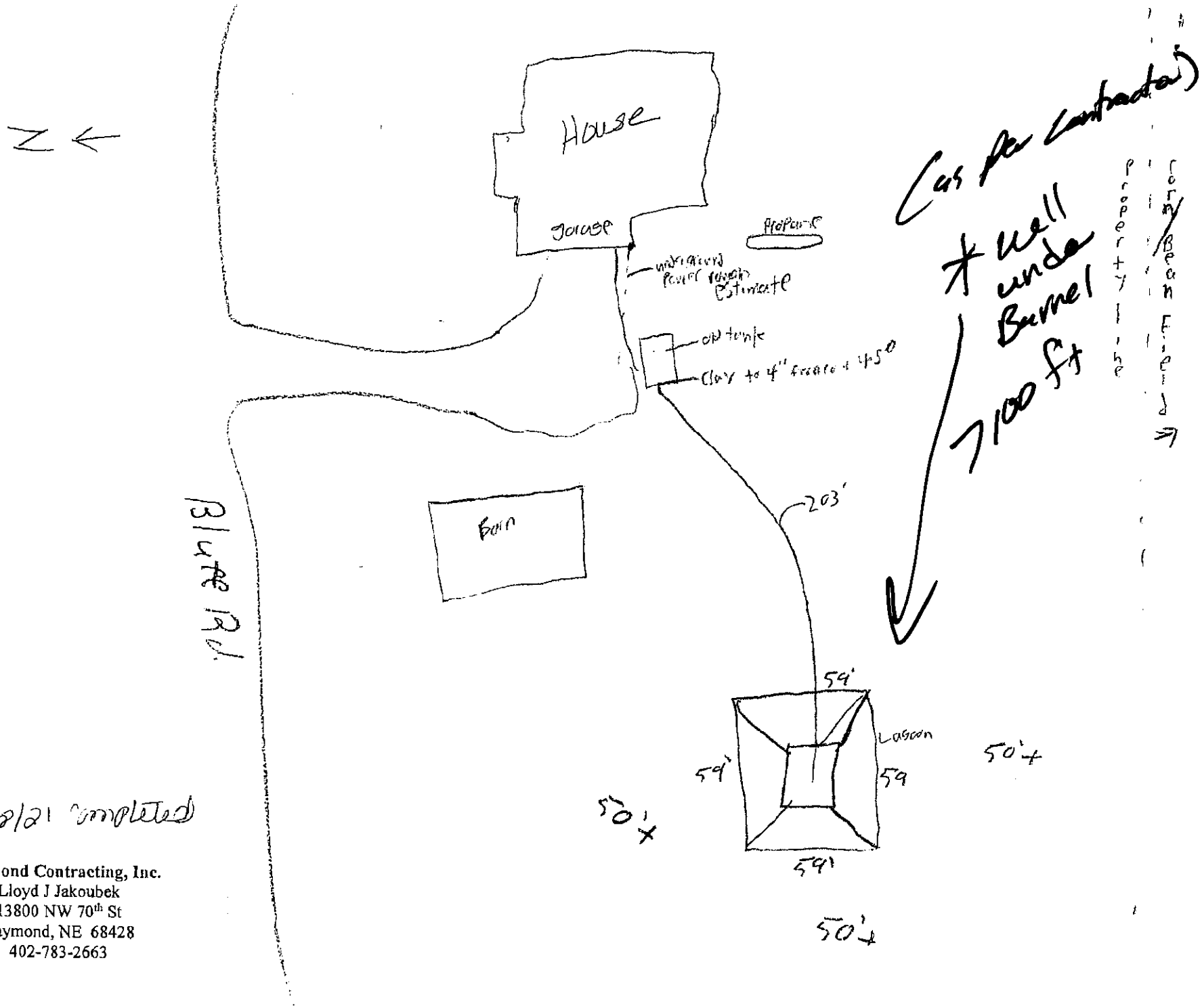
I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: _____ Date: 6/8/21

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

Fence completed

Updated 2/18



6/8/21 completed

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

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2501-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

NOVEMBER 18, 1987 — THIS PERMIT EXPIRES

ALLEN D. RATSLAFF — ISSUED TO

ROUTE #1, Box 160 MALCOLM, NE 68402 — ADDRESS

T11N; R5E; Sec 19; Lot 1 I.T.
LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE ALTER, EXTEND OR REPAIR

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 30.00	$	$	$ 30.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
	110.16	148.14	6-2

RECEIPTED BY	DATE	AMOUNT
MG	5-18-87	

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH
ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. 2832

20109-0977

FORM HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Ave.
Lincoln, Nebraska 68502 (Phone: 471-7800)

FILE NO. 1501-C

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: 4-30-87

The undersigned hereby applies for a permit to ALTER ☐, EXTEND ☒, or REPAIR ☐ an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. Legal description of property: Twp. 11N ; Range 5E ; Section 19 ;
Block ____ ; Lot 11T ; Addition ____
Street Address Route 1 Box 160 Malcolm Ne 68402

2. Property Use: Residential ____ ☒; Commercial ____ ☐
No. Bedrooms 3
Describe ____
Other Use ☐
Describe ____

3. Type of existing Individual Sewage Disposal System: Septic Tank ☒; Other ☐

4. Description of proposed alteration, extension or repair: 100' of 4" PVC perforated pipe in 3' wide trench for a total of 300 sq ft additional

5. Work to be done by: Owner ☐ ; or Contractor ☒ , Brad Southwick
Contractor's Name

6. Estimated cost of project:

a. Materials	$	
b. Labor	$	
c. Other	$	
TOTAL	$	920 00

Allen D. Ratloff
Signature of Applicant (owner or lessee)

RR#1 Box 160 Malcolm Ne
Address

(Do not write below this line)

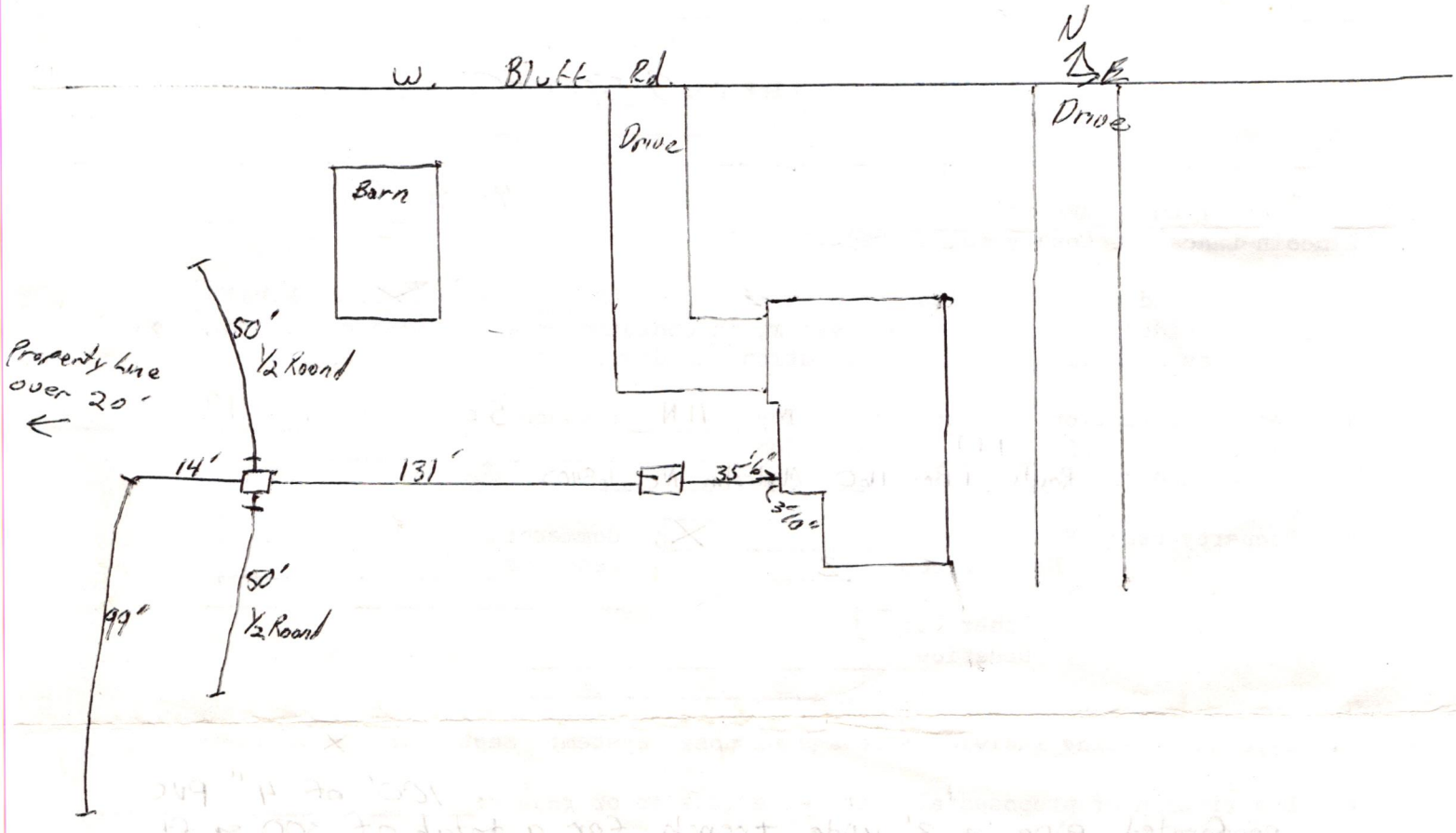
REVIEWING ACTION

1. Date Rec'd: ____
Filing Fee: $ 30.00

2. Site Visits:
Date: 5-14-87 by: mms
Date: ____ by: ____
Date: ____ by: ____

3. Date: Approved ☒; Disapproved ☐
by: Jerrold E. Mead

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 5-18-87 by: Ron Maynard


W. Blatt Rd.
N
E
Drive
Drive
Barn
50'
½ Road
Property Line
over 20'
14'
131'
35'6"
3'10"
99'
50'
½ Road

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2025-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

FEBRUARY 16, 1984 — THIS PERMIT EXPIRES

FRIESEN EXCAVATING — ISSUED TO

RT #1 LINCOLN, NE 68502 — ADDRESS

T11N; R5E; Sec. 19; Lot 1 IT — LEGAL DESCRIPTION

REMARKS: NONTRANSFERABLE ALTER, EXTEND OR REPAIR

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 30.00	$	$	$ 30.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
	110.16	148.14	6-2

RECEIPTED BY	DATE	AMOUNT
FB	8/16/83	

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH
ISSUING OFFICER

2832

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO.

20109-0977

FORM HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Ave.
Lincoln, Nebraska 68502 (Phone: 475-6221)

FILE NO. 2025-C

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: 7/20/83

The undersigned hereby applies for a permit to ALTER ☐, EXTEND ☒, or REPAIR ☐ an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. Legal description of property: Twp. 11N; Range 5E; Section 19;
Block ____; Lot I.L.; Addition ____
Street Address ____

2. Property Use: Residential ____ ☒; Commercial ____ ☐
No. Bedrooms ____ Describe ____
Other Use ☐
Describe ____

3. Type of existing Individual Sewage Disposal System: Septic Tank ☒; Other ☐

4. Description of proposed alteration, extension or repair: 100 ft of half-moon

5. Work to be done by: Owner ☐; or Contractor ☒, Friesen Excavating
Contractor's Name

6. Estimated cost of project:

a. Materials	$
b. Labor	$
c. Other	$
TOTAL	$ 900.00

Friesen Excavating
Signature of Applicant (owner or lessee)

Route #1, Lincoln, Nebraska 68502
Address

(Do not write below this line)

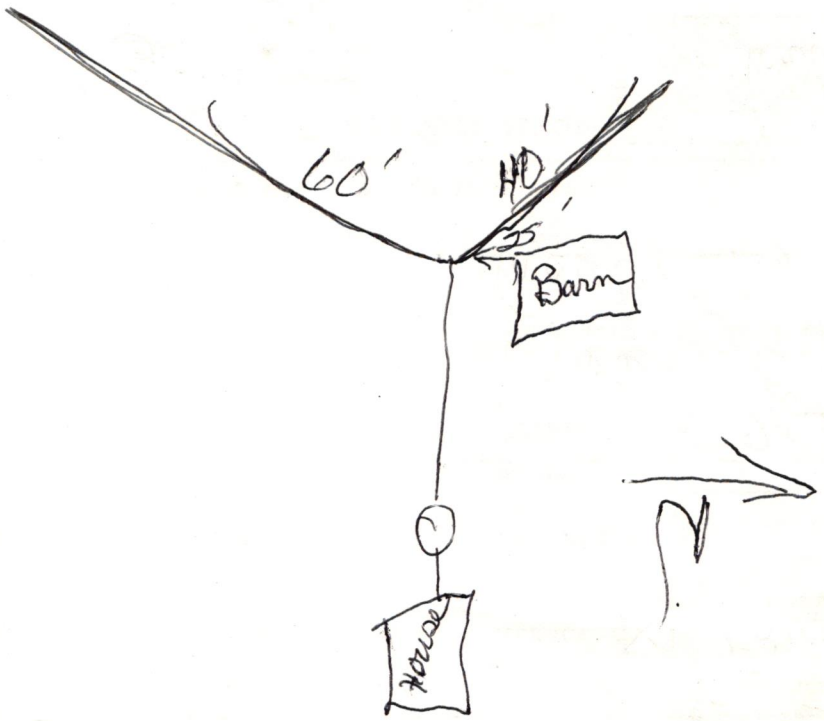
REVIEWING ACTION

1. Date Rec'd: 8-9-83
Filing Fee: $ 30.00

2. Site Visits:
Date: 7/19/83 by: L.C.H.
Date: ____ by: ____
Date: ____ by: ____

3. Date: Approved ☒; Disapproved ☐
by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 8/15/83 by: J.C. Hood


60'
40'
55
Barn
House