DocuSign Envelope ID: 2B533ED0-B468-4C58-AF3C-7B3F28A7A3E1

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

**A**

Permit Number HS002200

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 2500 W Rock Creek Rd (no rural route) City Raymond, NE Zip 68428

Legal Description: SW (1/4) SW (1/4) 16 (Section) 12N (Township) 6E (Range) ____ (Subdivison) ____ (Addition) ____ (Block) 4 (Lot)

PID 13-16-300-002-000

## B. Owner

Name Ben Reeves Signature [DocuSigned by: 39853E368D674C1]

Address 6321 cascade dr City/State/Zip Lincoln Ne 68504

Home Phone 402-580-5173 Work Phone 402-580-5173

## C. Certified Installer

Name: Lloyd Jakoubek, Raymond Contracting Inc Signature Lloyd K. 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 4 Whirlpool Bathtub? ☐ Yes ☑ No Total Acres 4.74

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 4-19-21 Amount Paid $440 cc
Received By JAO Cash/Check No CC5040

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

DocuSign Envelope ID: 2B533ED0-B468-4C58-AF3C-7B3F28A7A3E1

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

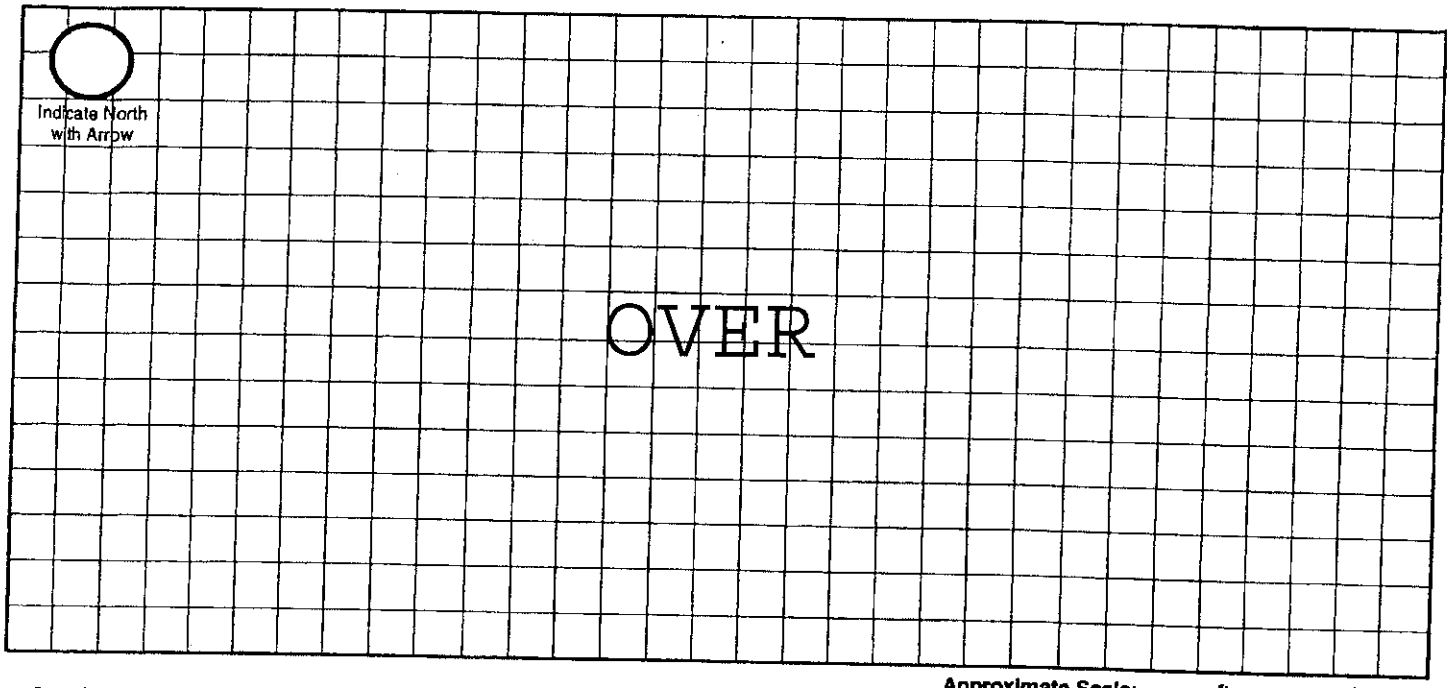
**C**

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) 2500 W Rock Creek Rd City Raymond NE, Zip 68428

## 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

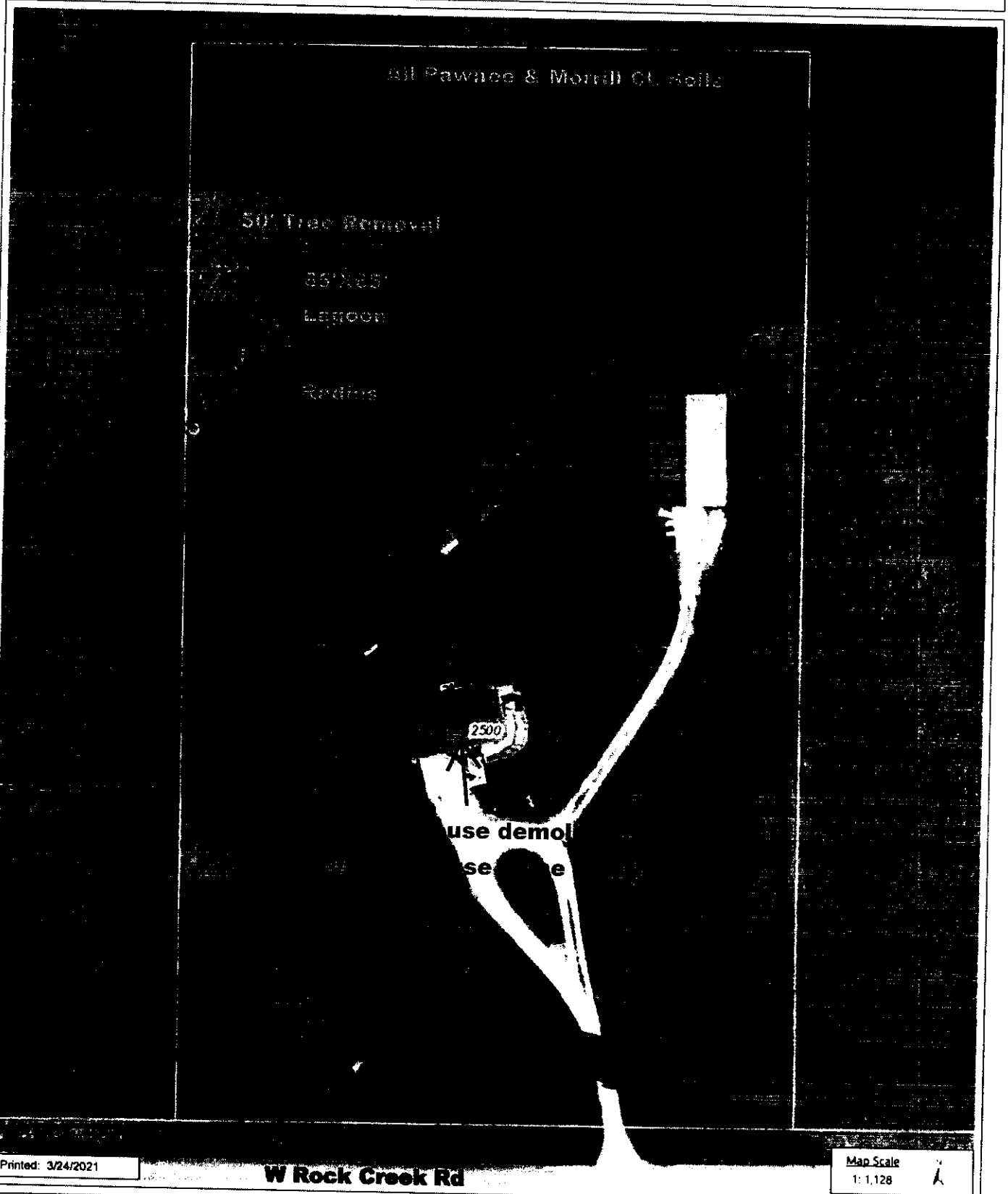
Home Building Contractor DocuSigned by: MARIA SEMERAD MCA9B334A0B467 Date 4/15/2021

Installer Mari L. Jaworski Date 4/19/21

Maria 402-499-3496 2500 W Rock Creek Rd, Raymond, NE 68428

GIS Viewer

City of Lincoln\Lancaster County GIS Map




Printed: 3/24/2021

Map Scale
1: 1,128

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. HS002200**

**System Type:** Lagoon

**Situs:** No Site Address Specified

Issued: 4/21/2021

Expires: 4/21/2022

**Description:** S16, T12, R6, 6th Principal Meridian, LOT 4 SW

**Owner:** REEVES, BENJAMIN JOSEPH
2500 W ROCK CREEK RD
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
Health Director

RAYMOND CONTRACTING INC
13800 NW 70TH ST
RAYMOND, NE 68428

DocuSign Envelope ID: 2B533ED0-B468-4C58-AF3C-7B3F28A7A3E1

SCANNED

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

**A**

Permit Number HS002200

New Construction

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PID 13-16-300-002-000

## B. Owner

Name Ben Reeves Signature DocuSigned by: [signature] 3865E368D974C1...

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Home Phone 402-580-5173 Work Phone 402-580-5173

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

Type of Wastewater ☐ Domestic ☐ Non-Domestic

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

**1. Health Department**
Site visits ____ Date rec'd 4/21/21
Date frwd 4/21/21
Comments ____
ACTION ☑ Approved ☐ Disapproved
Signature [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 [signature]
Date 6/10/22

***Business Office Use Only***
Date Received 4-19-21 Amount Paid $440.00
Received By JAO Cash/Check No. 66540

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

Form A Updated: 1/13

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

Exhibit 6

Permit Number: 11500220 0

# Onsite Wastewater Treatment System-Lagoon

## Inspection Sheet

Date 06/10/22

Legal Description _____
¼ ¼ Section/Township/Range

**Onsite System Location**

Address (no rural route) 2500 W Rock Creek City _____

Owner _____ Address _____

**Mark One:** ☒ Dwelling ☐ Non-dwelling

☒ New System ☐ Repair

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

_____

Lagoon constructed so not to receive surface water — Yes ☒ No ☐
Lagoon floor is level — Yes ☒ No ☐
Lagoon is equipped with a depth gage/concrete slab — Yes ☒ No ☐
Influent line is at least 4 inches and slopes no less than 1/8 inch
Clean outs located every 75 feet and one located 1 foot about highest water level — Yes ☒ No ☐
Inside slope not steeper than three horizontal to one vertical — Yes ☒ No ☐
Minimum width of the top of the dike shall be 4 feet — Yes ☒ No ☐
Fence installed — Yes ☒ No ☐
Top of the Dike 65' Bottom of Lagoon 29' Design Flow .375

**Setbacks (Check the Boxes Below if the Required Setback has been Satisfied):**

| Surface Water distance from Water Mark | Private Drinking Water Wells | Public Drinking Water Supply Wells | | All Other Water Wells | Property Lines | Trees and Brush | Neighbor's Foundation | | All Other Setbacks |
|---|---|---|---|---|---|---|---|---|---|
| 50 ft ☐ | 100 ft ☐ | Non-Community | 100ft ☐ | 100ft ☐ | 50ft ☐ | 50ft ☐ | Class 1 | 200ft ☐ | ☐ |
| | | Community | * ☐ | | | | Class 2 | 200ft ☐ | |
| | | | | | | | Class 3 | 100ft ☐ | |

*Evaluated by a professional engineer for potential impact on the well and submitted to Dept. for approval if less than 1000ft.

**Geographical Coordinates to 6 Decimals:** N/A

Dike North side

**Comments:**

Inspections prior to Final Approval
Initial _____ Date _____
Follow-Up _____ Date _____
Follow-Up _____ Date _____
**Installation Final Written Approval**
By _____
Date 6/10/22

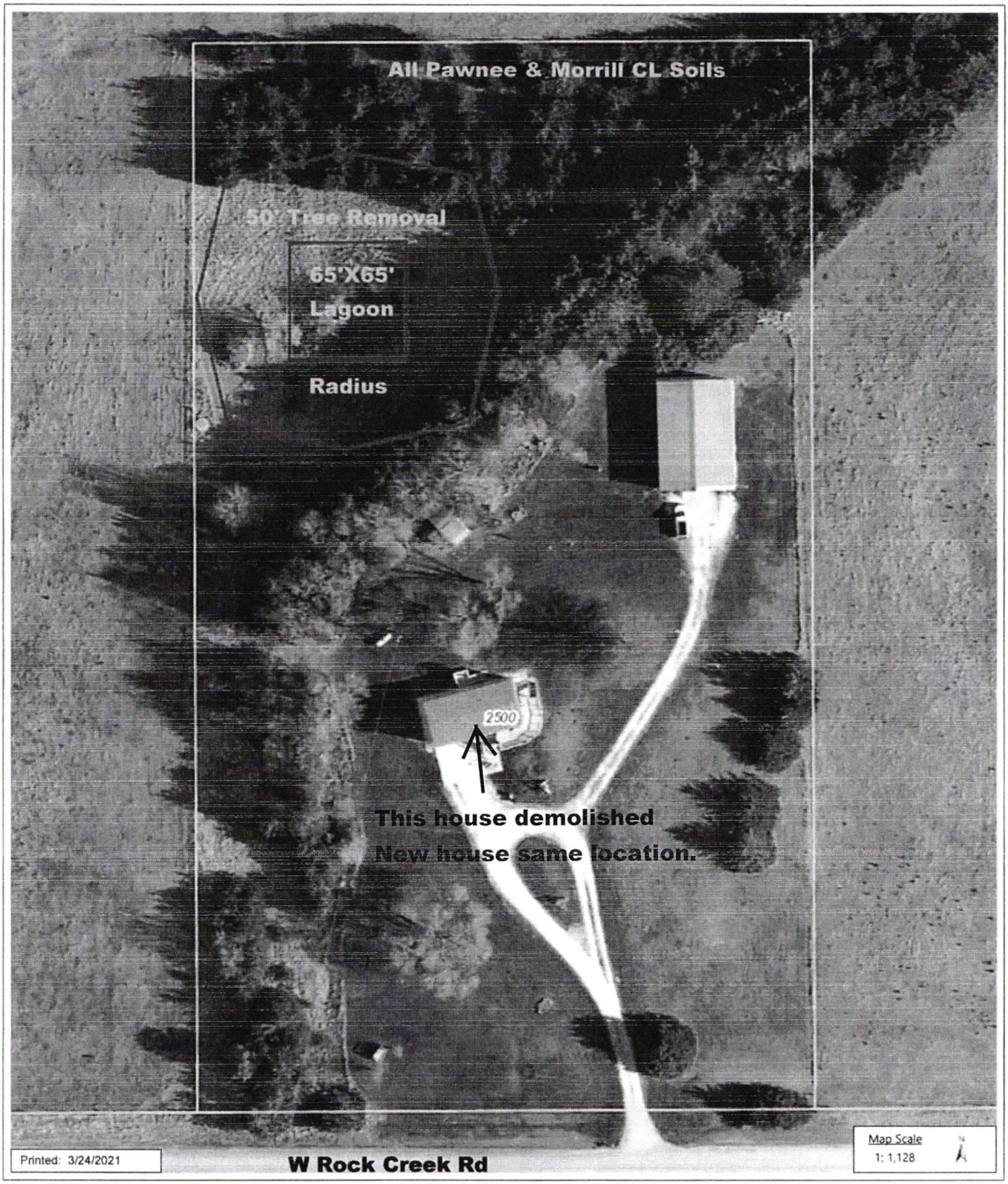
Updated 4/15

SCANNED

Maria 402-499-3496 2500 W Rock Creek Rd, Raymond, NE 68428

GIS Viewer
CITY OF LINCOLN - LANCASTER COUNTY, NE

City of Lincoln\Lancaster County GIS Map




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