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

A

Permit Number HS002214

Existing Home

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 5400 Carlisle Ct (no rural route) City Lincoln, NE Zip 68516

Legal Description	1/4	1/4	Section	Township	Range	Subdivison	Addition	Block	Lot
	NE	NE	29	9N	7E	Kensington Estates		4	6

PID 16-29-206-006-000

B. Owner

Name Keith Fickenscher Signature Keith E Fickenscher

Address 5400 Carlisle Ct City/State/Zip Lincoln, NE 68516

Home Phone 402-440-2997 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 4 Whirlpool Bathtub? ☐ Yes ☑ No Total Acres 3.01

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 5-10-21 Amount Paid $440 ⓒ
Received By JMD Cash/Check No cc 5040

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 5400 Carlisle Ct (no rural route) City Lincoln NE, Zip 68516

Owner Keith Fickenscher Address 5400 Carlisle Ct, Lincoln, NE 68516

Date of Tests 3/29/21 to 3/30/21 Weather: Precipitation 0 Temperature 52°

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	3/29	2:45p	3/30	12:00p	3/30	3:30p	6	3/30	4:00p	30	1-1/2	20
2	24	"	"	"	"	"	"	6	"	"	"	1/2	60
3	24	"	"	"	"	"	"	6	"	"	"	5/8	48
4	32	"	"	"	"	"	"	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: 176
Average of Rates: 44
Rate Used for Calculation: 60 (20 mpi variance)

Soil type (NRCS Maps/Other) Wymore SCL
Groundwater Depth 6.5' (80" deep ground water test hole, ground water at 78"

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

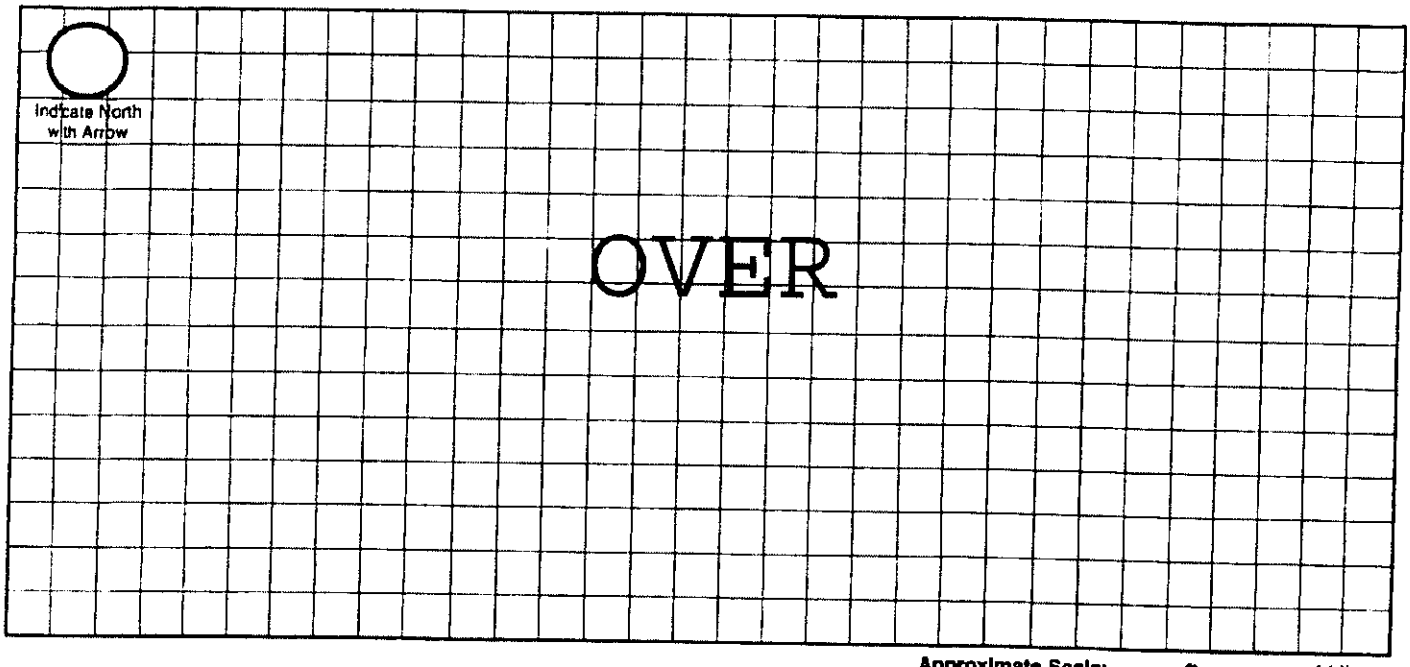
C

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) 5400 Carlisle Ct City Lincoln NE, Zip 68516

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 60 (min/inch = mpi) No. of Bedrooms 4 Soil Type Wymore SCL Land Slope _____%

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 1440 sq.ft.

Total length of laterals 320 Type of distribution: ☐ Perforated pipe ☐ Half-Round ☐ Chamber ☒ Other EZFlow 1203H

No. of absorption trenches 4 Width 38" No. of drop boxes 1 Distrubtion Box _____

No. of absorption beds _____ Width _____ No of Distribution lines per bed _____

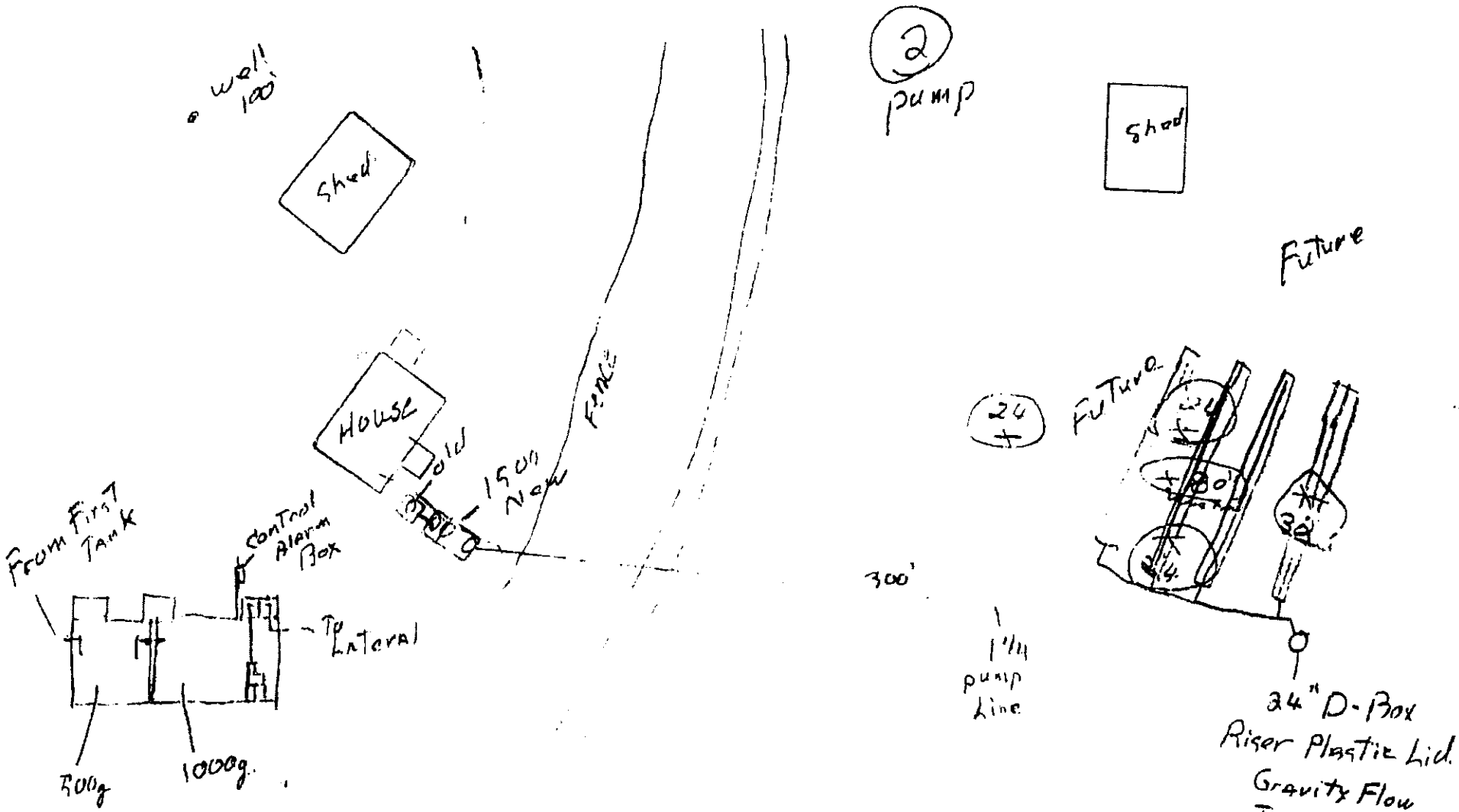
E. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

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 [signature] Date 5/7/21



Homeowner Initials ~~AG~~.

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. HS002214

System Type: Standard

Situs: No Site Address Specified

Issued: 5/10/2021

Expires: 5/10/2022

Description: KENSINGTON ESTATES, BLOCK 4, REM. PORT. LOT 6

Owner: FICKENSCHER FAMILY REVOCABLE TRUST
5400 CALISLE CT
LINCOLN, NE 68516

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

SCANNED

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

* System Replacement

A

Permit Number HS002214

Existing Home

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

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Address 5400 Carlisle Ct (no rural route) City Lincoln NE Zip 68516

Legal Description NE (1/4) NE (1/4) 29 (Section) 9N (Township) 7E (Range) Kensington Estates (Subdivison) 4 (Block) 6 (Lot)

PID 16-29-206-006-000

B. Owner

Name Keith Fickenscher Signature Keith E Fickenscher

Address 5400 Carlisle Ct City/State/Zip Lincoln, NE 68516

Home Phone 402-440-2997 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

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DO NOT WRITE BELOW THIS LINE

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

1. Health Department
Site visits
Comments
Date rec'd 5/10/21
Date frwd 5/10/21
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 6/28/21

Outside City Limits W/DA ok per BS

Business Office Use Only
Date Received 5-10-21 Amount Paid $440 ☑
Received By JAD Cash/Check No cc 5040

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

Form A Updated 1/13

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

D

Permit Number: HS002214

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 = 16-29-206-006-000

Address or Legal Description or Parcel Identification Number (PID) 5400 Carlisle Ct, Lincoln, NE 68516

Owner: Keith Fickenscher Address 5400 Carlisle Ct, Lincoln, NE 68516

A. Wastewater Piping Existing

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

B. Septic Tank (2)

1. Material Concrete/Concrete
2. Capacity: 1000g/1500g 2 compartment
3. Depth to top of tank, below unfinished grade: 16 in.
4. Distance to:
   Well 100 ft. +
   Pressura line 100 ft +
   Property Line 30 ft. +
   Foundation 25 ft. +

C Distribution Box or Drop Box

Distance and Direction from septic tank: 260 ft. E

D. Drainfield/Absorption Field

☑ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☑ Chamberless ☐ Other
   Material brand and inside width of Chamberless: ADS 11" Standard 1100BD & 27"
2. Number of Laterals: 4 Depth: 24"
3. Length of each lateral (linear): ft. 101 ft. 101 ft. 107 ft. 107
4. Drainfield size: 1,404 sq. ft. (1400 req'd)
5. Distance to:
   Well 100 ft. +
   Pressure line 30 ft. +
   Property line 30 ft. +
   Depth of Groundwater 6.5'

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

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: [signature] Date: June 17, 2021

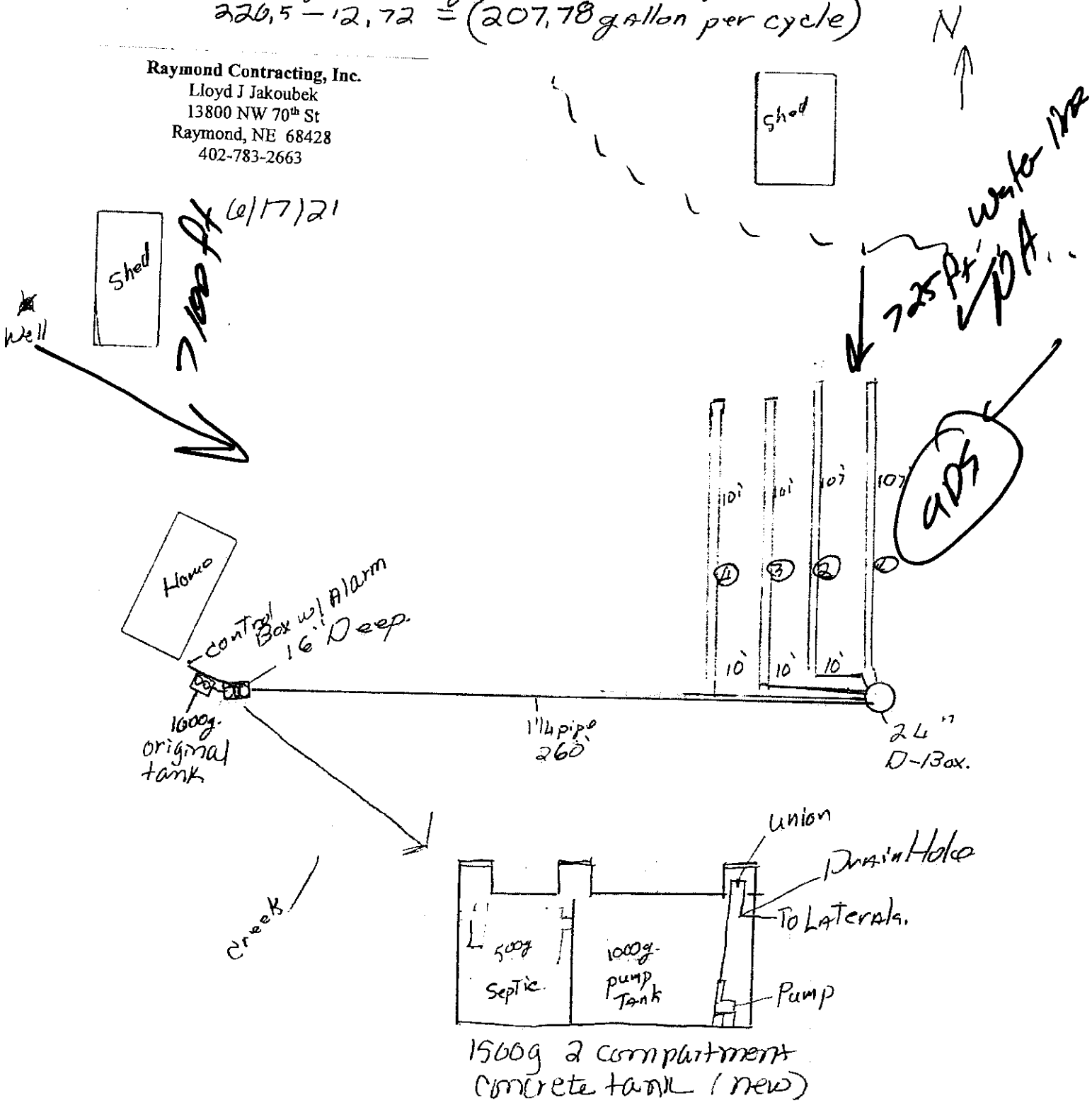
Complete As-Built drawing on the back of this form.

This system does contain an effluent pump, there is 260' of 1.25" line between 2nd tank and D-Box. See detail on As-Built.

Updated 2/18

5400 Carlisle CT. Lincoln NE 68516
4 Bed Room yes/No 60mpI 1500g Septic Tank.
1"1/4 Drain Back. 5.3 gallon per 100'
240 TOTAL FOOT 2.4 x 5.3 (12.72 gallon Drain Back.)
1000g pump Tank (24.5 gallon Per inch)
9" Tether pump Float
(9" x 24.5g = 220.5 gallon
220.5 − 12.72 = (207.78 gallon per cycle)

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



1500g 2 compartment concrete tank (new)