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

A

Permit Number HS002258

New Construction

Onsite Wastewater Treatment System Permit Application

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

☑ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

PLEASE PRINT OR TYPE

A. Onsite System Location

Address* 4949 Little Salt Rd (no rural route) City Ceresco, NE Zip 68017

Legal Description NW 1/4 NE 1/4 Section 8 Township 12N Range 7E Subdivison ____ Addition ____ Block ____ Lot 19

PID 19-08-200-005-000 *Approx. Address (If to be determined) ____

B. Owner

Name Roger J Uttecht Signature [signature]

Address 5801 S 45th St City/State/Zip Lincoln, NE 68516

Home Phone 402-875-3154 Work Phone 402-416-4313

C. Certified Installer

Name: Terri Jakoubek Signature [signature]

Address 13800 NW 70th St City/State/Zip Raymond, NE 68428

Work Phone 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 21.58

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

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 1-15-21 Amount Paid $440
Received By JMO Cash/Check No 605040

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

Form A Updated 2/18

Lincoln-Lancaster County Health Department (LLCHD)
Environmental Public Health Division
3131 "O" Street • Lincoln, NE 68510-1514
Phone: 402-441-8643

B

Permit Number:

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 4949 Little Salt Rd (no rural route) City Ceresco NE, Zip 68017

Owner Roger Uttecht Address 5801 S 45th St, Lincoln, NE 68516

Date of Tests 6/30/21 to 7/1/21 Weather: Precipitation 0 Temperature 70°

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			End				
Hole No.	Hole Depth(in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Initial Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time Interval	Water Level Drop(in)	Percolation Rates (Min/in = mpi)
1	35	6/30	10:00a	7/1	7:30a	7/1	11:00a	6	7/1	11:30a	30	1	30
2	34	"	"	"	"	"	"	6	"	"	"	1	30
3	28	"	"	"	"	"	"	6	"	"	"	1-1/4	24
4	23	"	"	"	"	"	"	6	"	"	"	1-1/8	27
5								6					
6								6					
7								6					
8								6					

Person Conducting Percolation Test

Name: Terri Jakoubek
Phone: 402-783-2663 or 402-890-3870
Address 13800 NW 70th St, Raymond, NE 68428

Sum of Percolation Rates: 111
Average of Rates: 28
Rate Used for Calculation: 28

Soil type (NRCS Maps/Other) Morrill Clay Loam (more loamy soil)
Groundwater Depth >8'

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official _____ Date _____

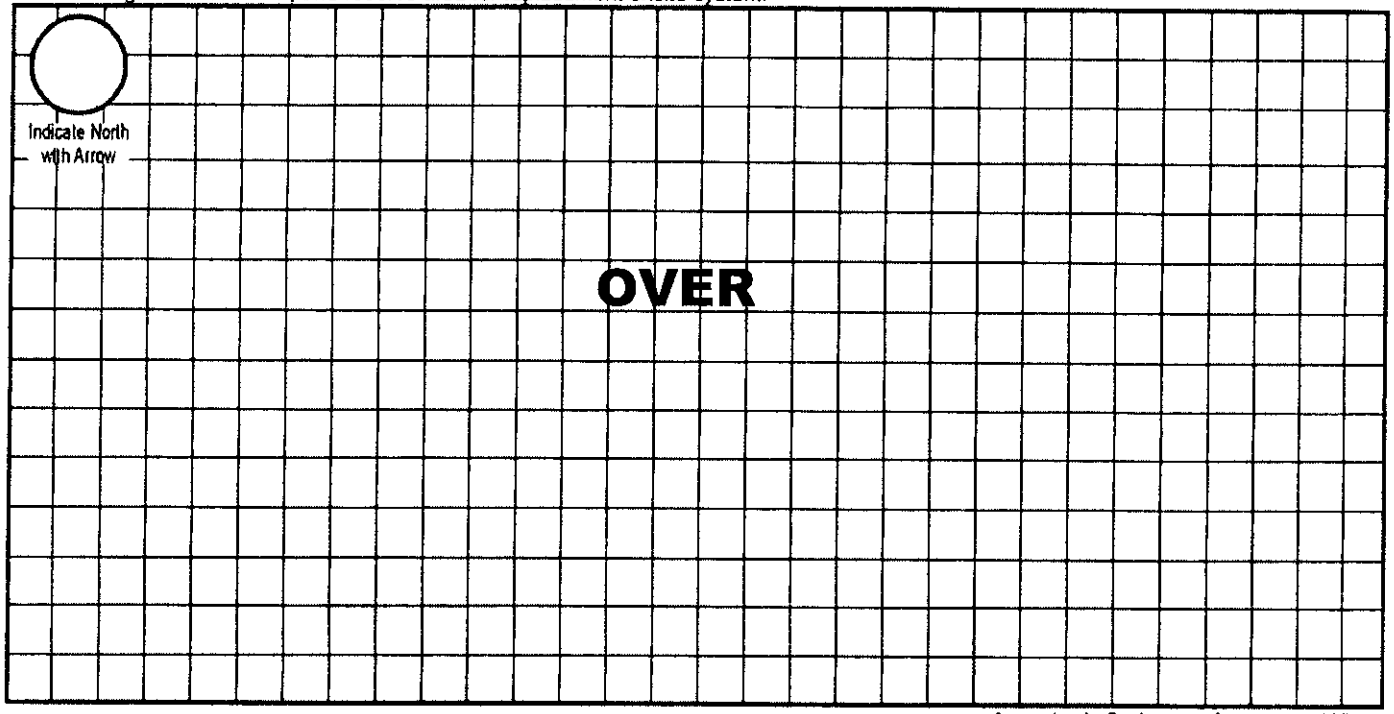
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

C

Permit Number

Onsite Wastewater Treatment System
Preliminary Plan Specification

Draw a plot plan showing onsite system sewer lines, tank, drop or distribution boxes, drainfields, percolation test holes, well, residence, direction of groundwater flow, and reserve area for replacement onsite system.



Approximate Scale: ____ ft = ____ grid line/s

A. Onsite System Location

Address (no rural route) 4949 Little Salt Rd City Ceresco NE. Zip 68017

B. Proposed Septic Tank/s

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

C. Reserve Area for Replacement Onsite System

☐ Drainfield Absorption Area (percolation test required) ☑ Lagoon

D. Drainfield Absorption System

Percolation Rate 28 (min/inch = mpi) No. of Bedrooms 3 Soil Type Morrill CL/Yutan SCL 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 ☐ Chambers ☑ Other EZFlow 1203H

No. of Absorption Trenches 2 Width 38" No. of Drop Boxes 1 Distribution Box _____

No. of Absorption Beds _____ Width _____ No. of Distribution Lines per Bed _____

Installer Kevin L Podwinski Date: 7/15/21

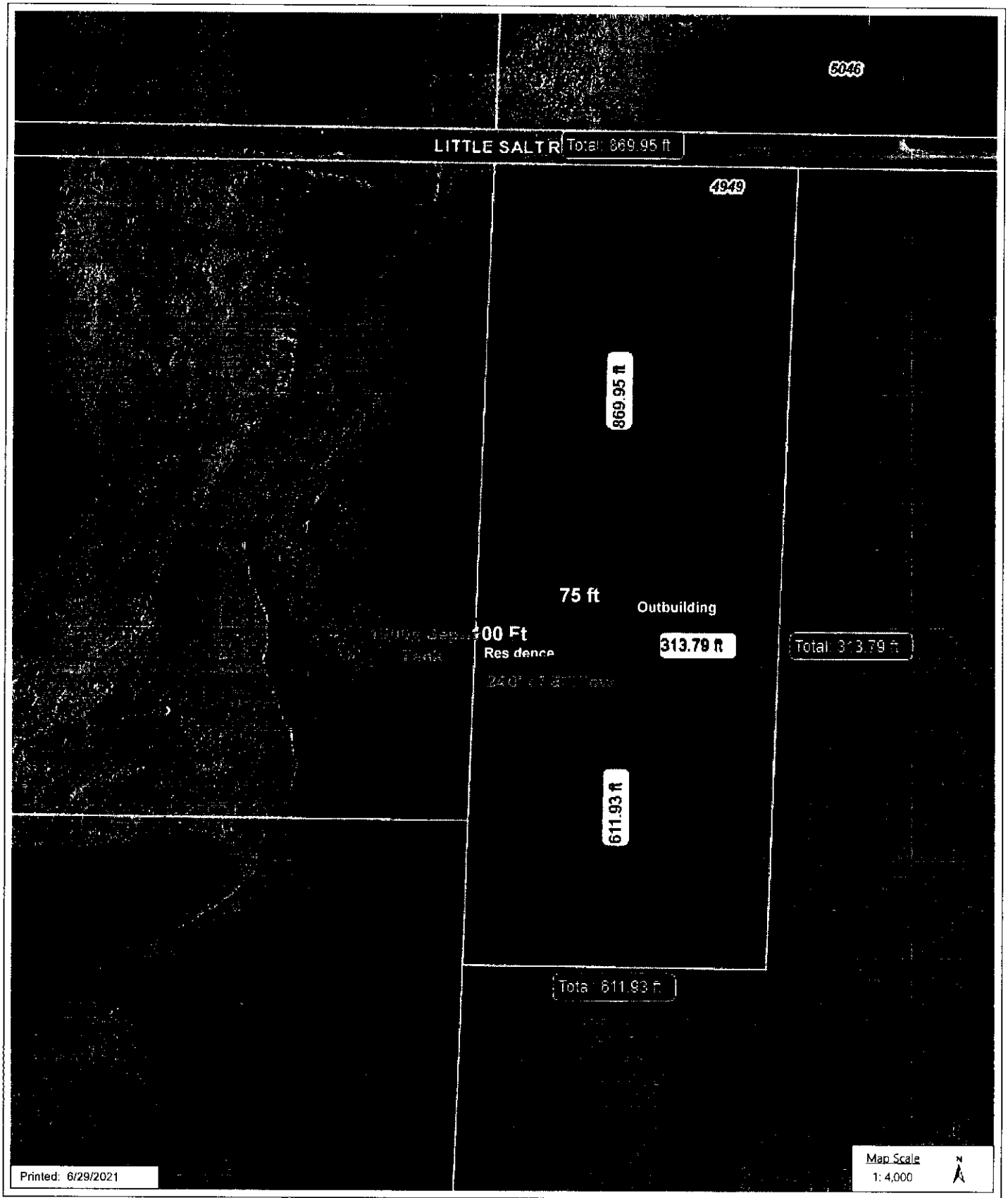
Updated 2/18

Builder Brian Podwinski Date: July 14, 2021

4949 Little Salt Rd, Ceresco, NE 68017

GIS Viewer
CITY OF LINCOLN - LANCASTER COUNTY, NE

City of Lincoln\Lancaster County GIS Map



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. HS002258

System Type: Standard

Situs: No Site Address Specified

Issued: 7/20/2021

Expires: 7/20/2022

Description: S8, T12, R7, 6th Principal Meridian, LOT 19 NE

Owner: UTTECHT, ROGER J & CYNTHIA M
5801 S 45 ST
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

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

D

Permit Number: HS002258

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 = 19-08-200-005-000

Address or Legal Description or Parcel Identification Number (PID) 4949 Little Salt Rd, Ceresco, NE 68017

Owner: Roger Uttecht Address 4949 Little Salt Rd, Ceresco, NE 68017

A. Wastewater Piping

1. Material: SDR26 Diameter: 4 in.
2. Distance between dwelling and septic tank: 81 ft.

B. Septic Tank

1. Material Concrete
2. Capacity: 1,500g
3. Depth to top of tank, below unfinished grade: 6-18 in.
4. Distance to:
   Well 100 ft. +
   Pressure line N/A ft +
   Property Line 100 ft. +
   Foundation 80 ft. +

C Distribution Box or Drop Box

Distance and Direction from septic tank: 10 ft. S

D. Drainfield/Absorption Field

☑ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☑ Other
   Material brand and inside width of Chamberless: EZFlow 1203H Bundles
2. Number of Laterals: 4 Depth: 20" - 24"
3. Length of each lataral (linear): ft. 60 ft. 60 ft. 60 ft. 60
4. Drainfield size: 1,080 sq. ft.
5. Distance to:
   Well 100 ft. +
   Pressure line N/A ft. +
   Property line 100 ft. +
   Depth of Groundwater >8'

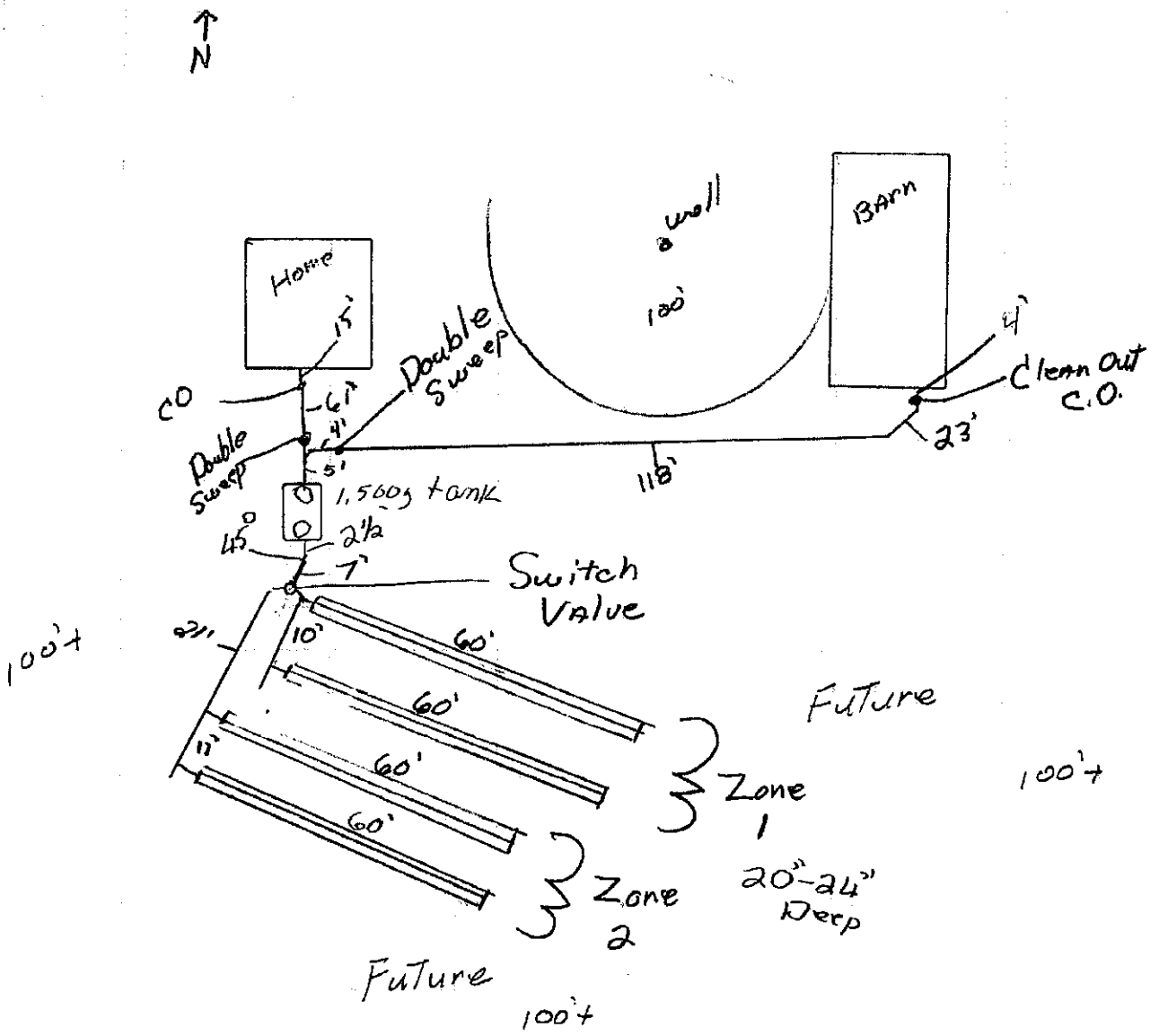
Was the Onsite Wastewater System covered prior to LLCHD inspection? ☑ Yes (Partially) ☐ No

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: Neil L. Jakowski Date: 9/20/21

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



4949 Little Salt Rd.
Ceresco NE. 68017
2 Bed Room yes/yes
28 mpI
1500g Tank 12"-4" Risers
240' EZ Flow.
9/20/21

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