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

A

Permit Number
H5002295

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* 2525 W Masek Dr (no rural route) City Raymond, NE Zip 68428

Legal Description SW 1/4 NW 1/4 Section 9 Township 11N Range 6E Subdivison Maseks First Add Addition 1 Block 2 Lot

PID 12-09-101-002-000 *Approx. Address (If to be determined)

B. Owner

Name Dustin Day Signature

Address 2525 W Masek Dr City/State/Zip Raymond, NE 68428

Home Phone 402-326-9210 Work Phone

C. Certified Installer

Name: Terri Jakoubek 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 5 Whirlpool Bathtub? ☐ Yes ☑ No Garbage Grinder? ☑ Yes ☐ No Total Acres 3.02

☐ 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 ACTION ☐ Approved ☐ Disapproved
Date frwd Signature
Comments

2. Supt. Bldg. Insp. or Village Clerk
Comments Date rec'd ACTION ☐ Approved ☐ Disapproved
Date frwd Signature

3. City or County Engineer
Comments Date rec'd ACTION ☐ Approved ☐ Disapproved
Date frwd Signature

Installation Final Written Approval
By
Date

Business Office Use Only
Date Received 9-30-21 Amount Paid $450.00
Received By LC Cash/Check No. CC5040

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

Form A Updated: 2/18

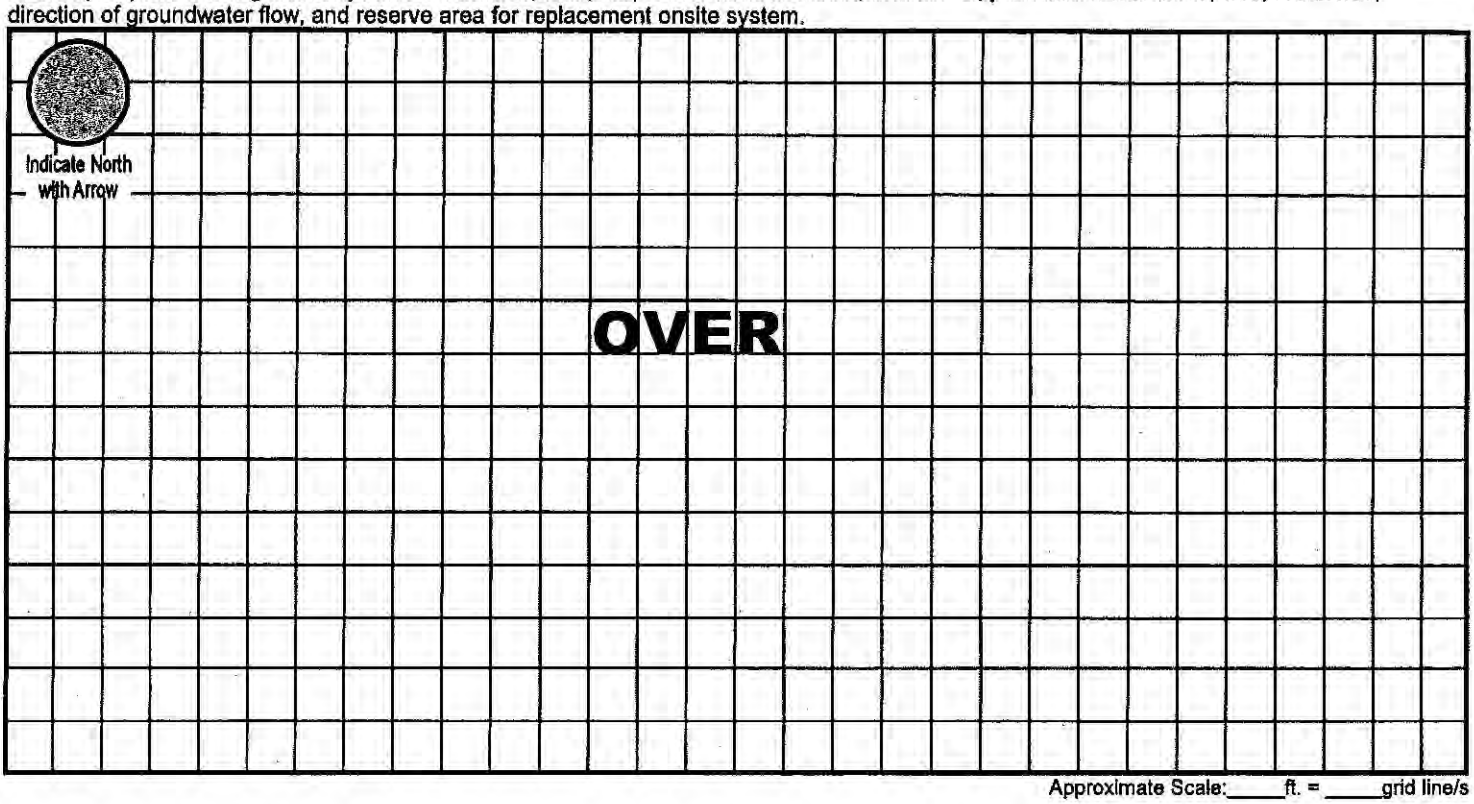
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

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) 2525 W Masek Dr City Raymond NE, Zip 68428

B. Proposed Septic Tank/s

Septic Tank Cap.____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____(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 ☐ Chambers ☐ Other ____

No. of Absorption Trenches ____ Width ____ No. of Drop Boxes ____ Distribution Box ____

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

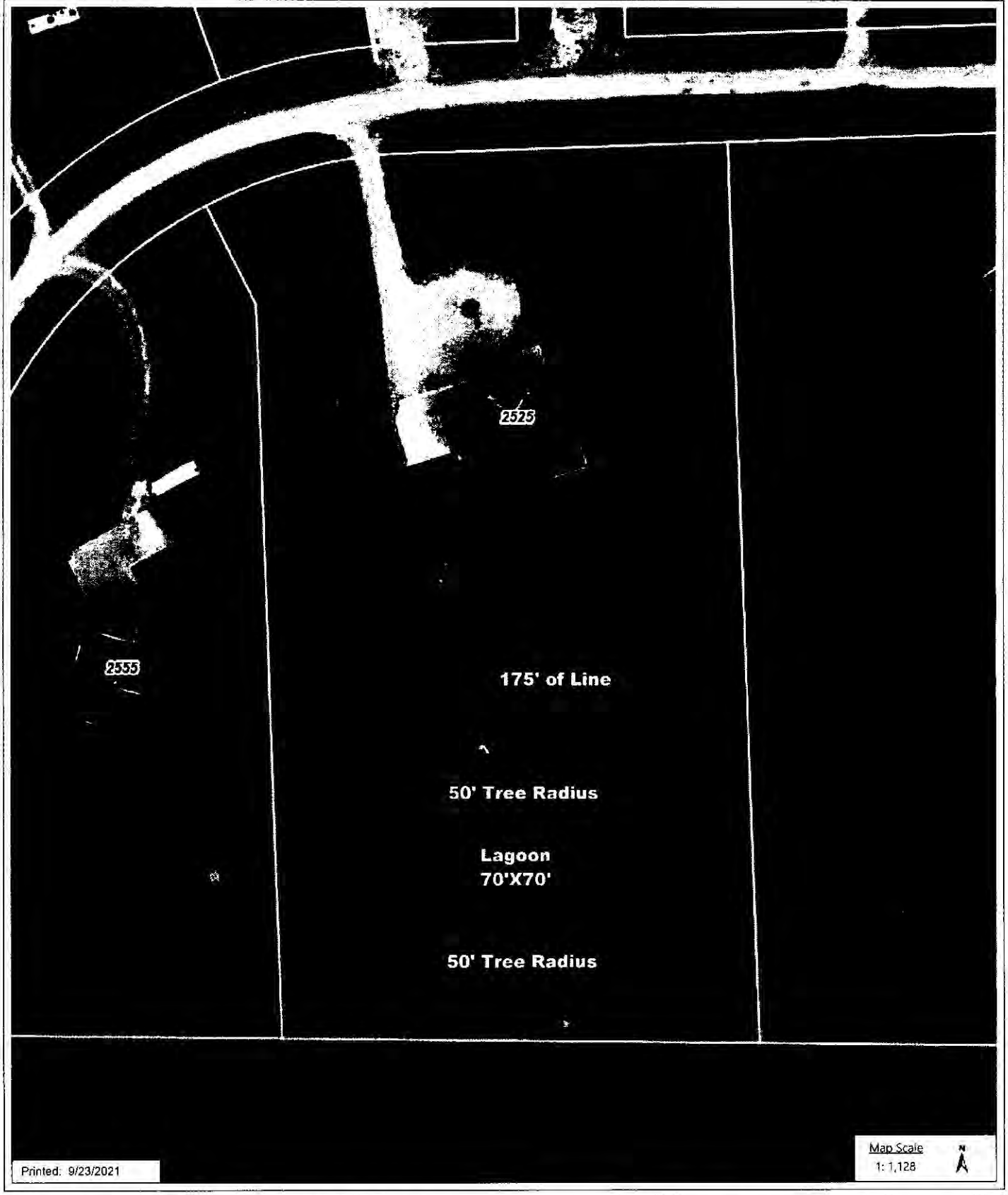
Installer Neri L. Jaramillo Date: 9/28/21

Updated 2/18

2525 W Masek Dr, Raymond, NE 68428

GIS Viewer

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. HS002295

System Type: Lagoon

Situs: No Site Address Specified

Issued: 10/4/2021

Expires: 10/4/2022

Description: MASEKS FIRST ADDITION, BLOCK 1, Lot 2

Owner: DAY, ASHLEY
2525 W MASEK DR
RAYMOND, NE 68428

Patricia D. Lopez

Patricia D. Lopez, RN, MSN, 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

TERRI JAKOUBEK
13800 NW 70 ST
RAYMOND, NE 68428

HS002295

Nate C. Hartman

From: Terri Jakoubek <jakoubek63@windstream.net>
Sent: Thursday, November 18, 2021 3:03 PM
To: Nate C. Hartman
Cc: Doug R. Smith
Subject: 2525 W Masek Dr D-Sheet
Attachments: 2525 W Masek Dr D-Sheet.pdf

HS002295 D-Sheet is attached.

Thanks,

Terri Jakoubek
Raymond Contracting, Inc.
13800 NW 70th St
Raymond, NE 68428
402-783-2663 (Office)
402-890-3870 (Mobile)
jakoubek63@windstream.net

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

D

Permit Number: HS002295

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 = 12-09-101-002-000

Address or Legal Description or Parcel Identification Number (PID) 2525 W Masek Dr, Raymond, NE 68428

Owner: Ashley Day Address 2525 W Masek Dr, Raymond, NE 68428

A. Wastewater Piping

1. Material: SDR26 Diameter: 4 in.
2. Distance between ~~dwelling~~ Tie in and ~~septic tank~~ Lagoon: 177 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 _____

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: Neil L. Jakobsen Date: 11/4/21

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

Updated 2/18

2525 W Masek Dr, Raymond, NE 68428

H S00229 5

GIS Viewer
CITY OF LINCOLN - LANCASTER COUNTY, NE

City of Lincoln\Lancaster County GIS Map



Printed: 11/18/2021

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
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

SCANNED
A

Permit Number
HSOO2295

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* 2525 W Masek Dr (no rural route) City Raymond, NE Zip 68428

Legal Description SW 1/4 NW 1/4 9 Section 11N Township 6E Range Maseks First Add Subdivison 1 Block 2 Lot

PID 12-09-101-002-000 *Approx. Address (If to be determined)

B. Owner

Name Dustin Day Signature

Address 2525 W Masek Dr City/State/Zip Raymond, NE 68428

Home Phone 402-326-9210 Work Phone

C. Certified Installer

Name: Terri Jakoubek Signature Terri L. Jakoubek

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 5 Whirlpool Bathtub? ☐ Yes ☑ No Garbage Grinder? ☑ Yes ☐ No Total Acres 3.02

☐ 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
Comments
Date rec'd 10/4/21
Date frwd 10/4/21
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 11/19/21

Business Office Use Only
Date Received 9-30-21 Amount Paid $450.00
Received By LC Cash/Check No. CC5040

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

See - Exhibit

Form A Updated: 2/18