Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1814
Phone: 402-441-8043

A

Permit Number: H5DD2316

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* 13500 NW 112th St (no rural route) City Malcolm, NE Zip 68402

Legal Description: SW ¼ SW ¼ Section 4 Township 11N Range 5E Subdivision 15 & 16 Addition Block Lot

PID 08-04-300-002-000 *Approx. Address (if to be determined)

B. Owner

Name ALSWEET LLC, Barbara Ahlschwede Cisler Signature Barbara Ahlschwede Cisler

Address 483 White Oak Trl City/State/Zip Hartland, WI 53029

Home Phone 608-201-1196 Work Phone

C. Certified Installer

Name Tom Jakoubek Signature Tom L. Jakoubek

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

Work Phone 402-783-2653

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 37.41

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 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 10-25-21 Amount Paid 450.00
Received By LC Cash/Check No CC5040

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

Form A Updated: 2/18

Barb Cisler 608-201-1196 13500 NW 112th St, Malcolm, NE 68402

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. HS002316

System Type: Lagoon

Situs: No Site Address Specified

Issued: 10/27/2021

Expires: 10/27/2022

Description: S4, T11, R5, 6th Principal Meridian, LOTS 15 & 16 SW

Owner: ALSWEET LLC
483 WHITE OAK TRL
HARTLAND, WI 53029

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

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

D

Permit Number: HS002316

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 = 05-04-300-002-000

Address or Legal Description or Parcel Identification Number (PID) 13500 NW 112th St, Malcolm, NE 68402

Owner: Alsweet LLC, Barb Ciscler Address 483 White Oak Trl, Hartland, WI 53029

A. Wastewater Piping (NEW)

1. Material: SDR26 Diameter: 4 in.
2. Distance between dwelling and ~~septic tank~~ Lagoon: 229 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 _____

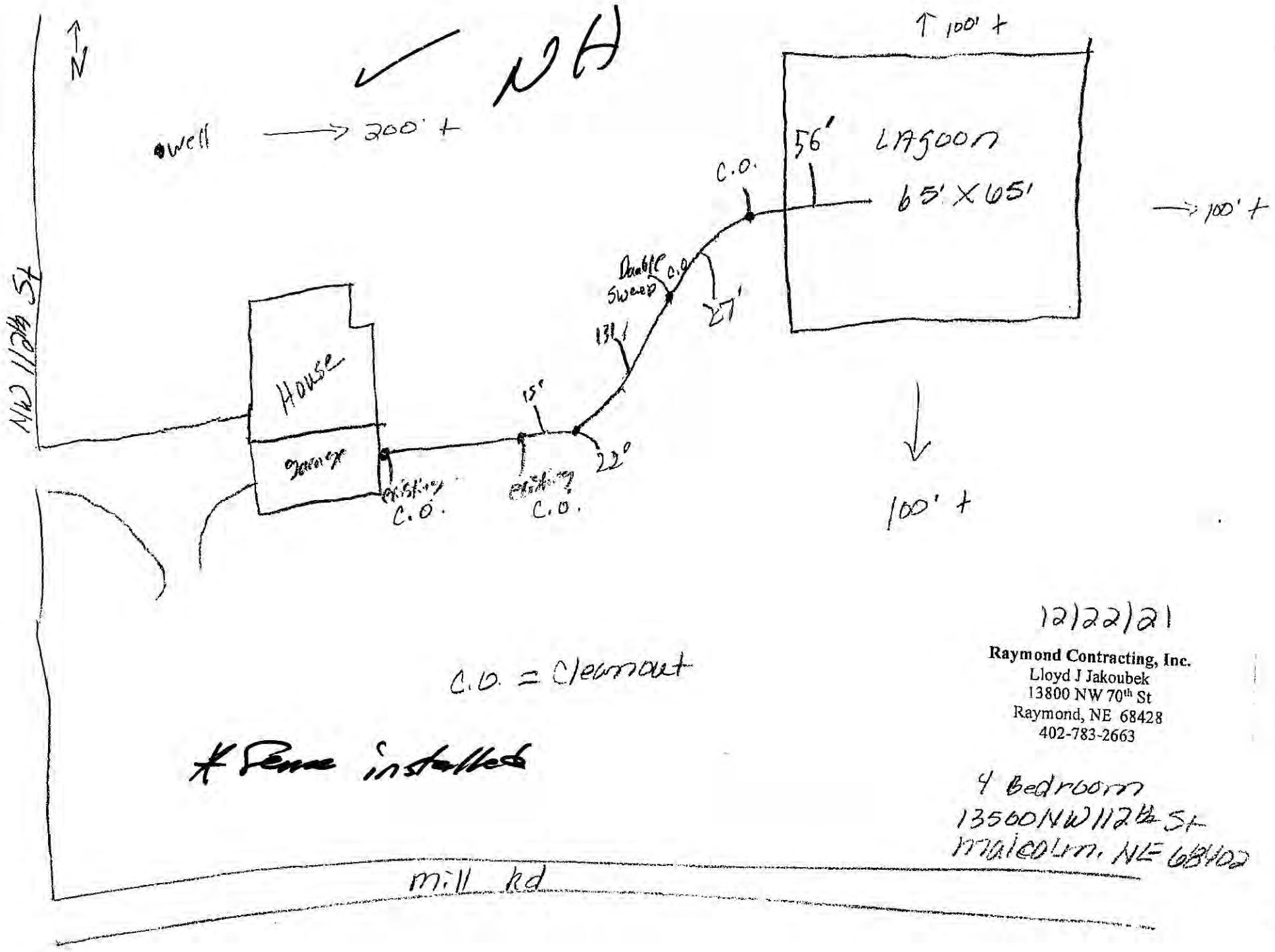
Was the Onsite Wastewater System covered prior to LLCHD inspection? ☑ Yes ☐ No (Partially)

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: Neri L. Jakowski Date: 12/22/21

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



12/22/21

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

4 Bedroom
13500 NW 112th St
Malcolm, NE 68402

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8543

A

SCANNED

Permit Number HSDD2316

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* 13500 NW 112th St City Malcolm, NE Zip 68402

Legal Description (no rural route) SW SW 4 11N 5E 15 & 16

1/4	1/4	Section	Township	Range	Subdivision	Addition	Block	Lot

PID 05-04-300-002-000 *Approx. Address (if to be determined)

B. Owner

Name ALSWEET LLC, Barbara Ahlschwede Cisler Signature Barbara Ahlschwede Cisler

Address 483 White Oak Trl City/State/Zip Hartland, WI 53029

Home Phone 608-201-1196 Work Phone

C. Certified Installer

Name Tom Jakoubek Signature Tom 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 4 Whirlpool Bathtub? ☐ Yes ☐ No Total Acres 37.41

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

Comments

Date rec'd 10/27/21
Date fwd 10/27/21

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 12/30/21

Business Office Use Only

Date Received 10-25-21 Amount Paid 475.00

Received By LC Cash/Check No CC5D140

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

Form A Updated: 2/18