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

A

Permit Number
HS002372

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* 14880 S 134th St (no rural route) City Bennet, NE Zip 68317

Legal Description SW 1/4 NW 1/4 16 Section 8N Township 8E Range ____ Subdivison ____ Addition ____ Block 18 Lot

PID 21-16-100-014-000 *Approx. Address (If to be determined) ____

B. Owner

Name William & Aislynne Alley Signature ____

Address 14880 S 134th St City/State/Zip Bennet, NE 68317

Home Phone 402-202-7237 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 3 Whirlpool Bathtub? ☑ Yes ☐ No Total Acres 19.19

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 3-11-22 Amount Paid 450.00
Received By LC Cash/Check No. CC0238 17

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

Form A Updated: 2/18

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 14880 S 134th (no rural route) City Bennet NE, Zip

Owner Billy Alley Address 1700 N 87th Lincoln, Ne 68505

Date of Tests 8-23-10 to 8-24-10 Weather: Precipitation over night .97 Temperature 82°

Percolation Test Data Table

A.	B.	C. D. E. F. Saturation/Swelling Time				G. H. I. J. K. Water Level Drop Last 30 mins of 4 hr or last 10 mins of 1 hr					L. M. N. 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	34"	8/23				8/24	10:00	6	8/24	2:00	30	3/4	45
2	32"	8/23		12" WATER		8/24	10:02	6	8/24	2:02	30	3/4	45
3	34"	8/23		in holes		8/24	10:04	6	8/24	2:04	30	3/4	45
4	33"	8/23		4 hrs.		8/24	10:06	6	8/24	2:06	30	5/8	48
5	31"	8/23				8/24	10:08	6	8/24	2:08	30	3/4	45
6	32"	8/23				8/24	10:10	6	8/24	2:10	30	5/8	48
								6					
								6					

Person Conducting Percolation Test

Name: Gregory D Bouwers

Phone: (402) 466-1944 Cell 610-2818

Address 5901 Fletcher Av.

Lincoln, Ne 68507 # C1333

Sum of Percolation Rates: 276

Average of Rates: 46

Rate Used for Calculation: 46 per min in

Soil type (NRCS Maps/Other)

Groundwater Depth

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official Date

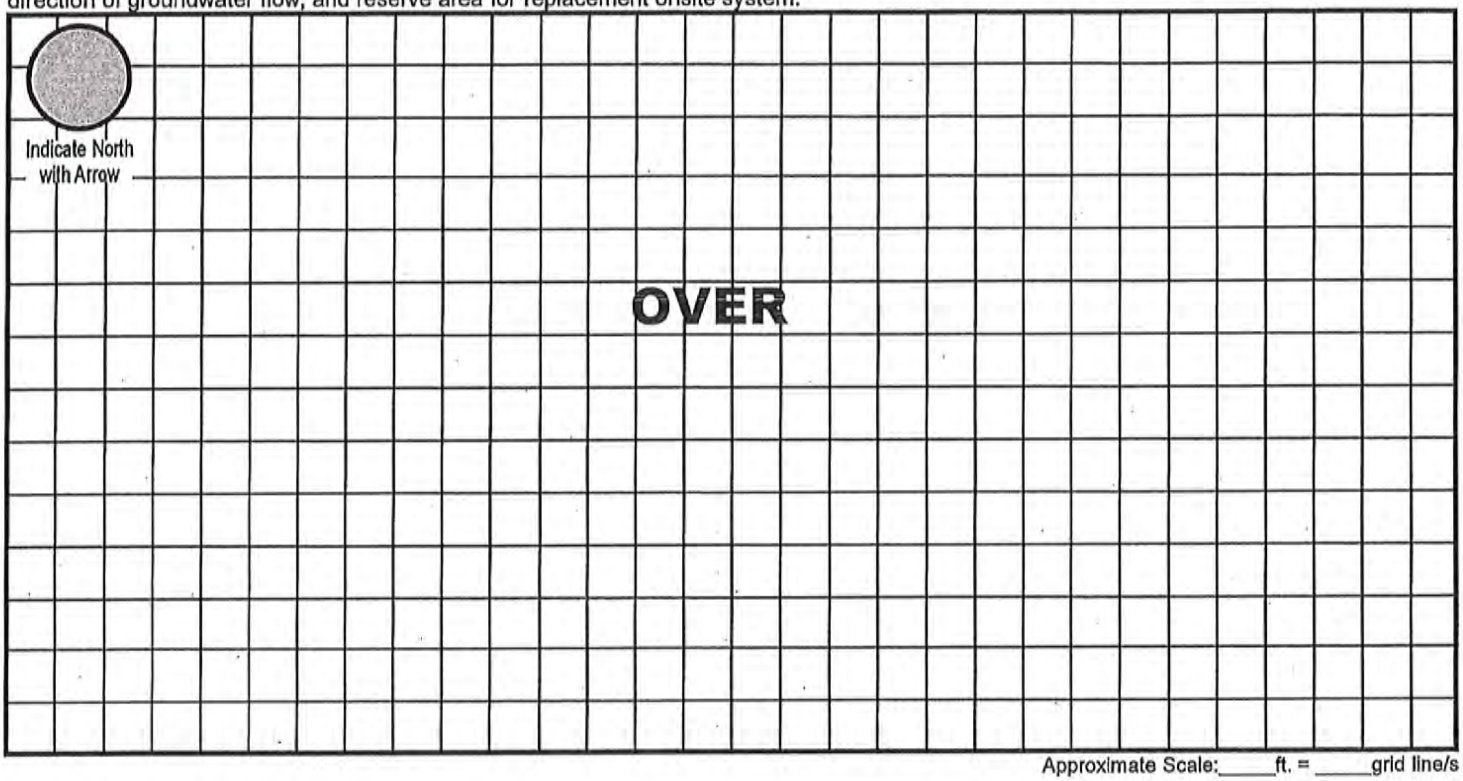
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

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) 14880 S 134th St City Bennet NE, Zip 68317

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 46 (min/inch = mpi) No. of Bedrooms 3 Soil Type Wymore SCL Land Slope ____ %

☑ Trench ☐ Bed ☐ Non-standard (engineer-designed and NDEQ approved) Total square feet of drainfield 990 Sq. Ft.

Total length of laterals 220 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 _____

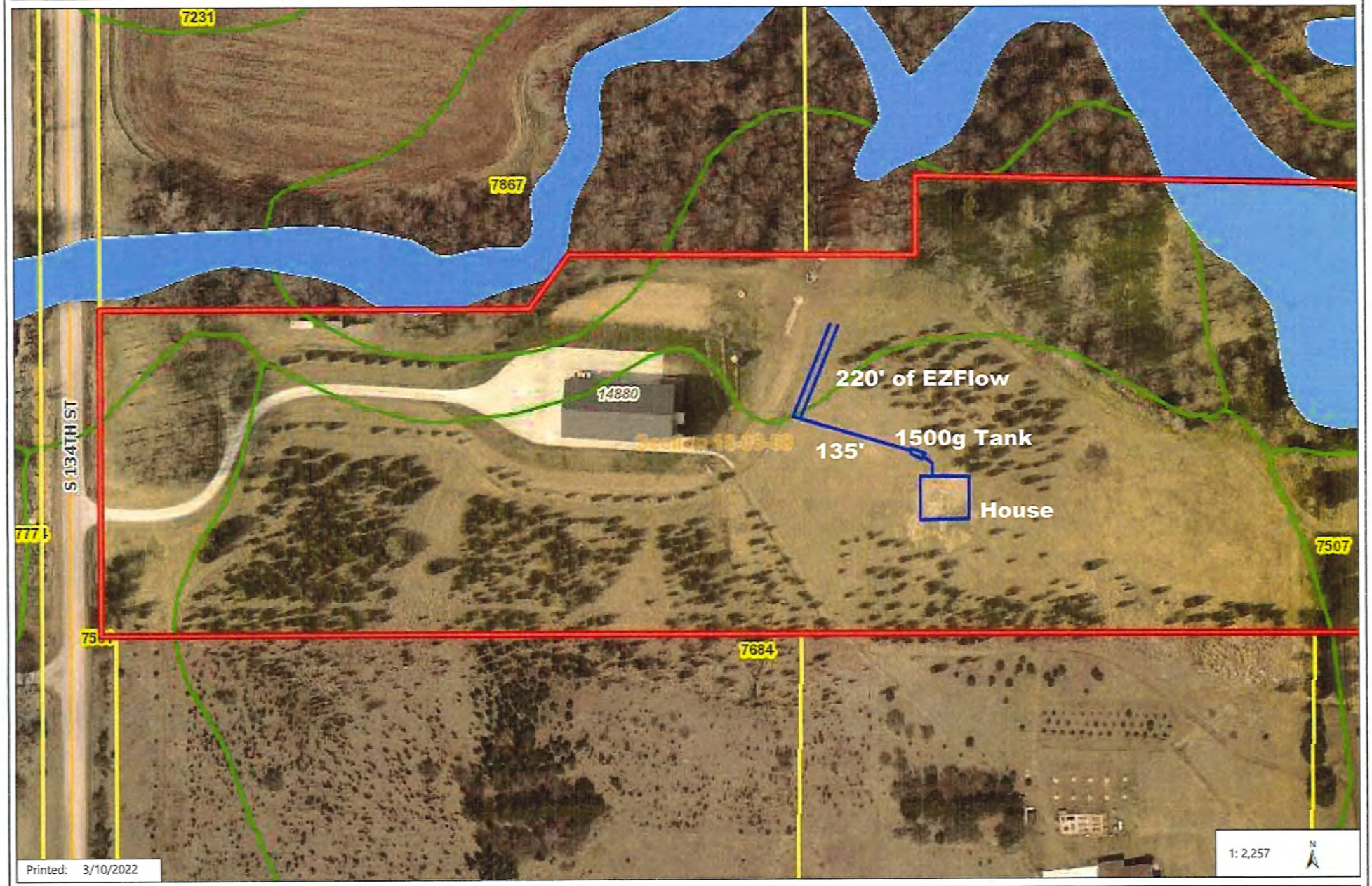
Installer Rene L. Jakubek Date: 3/10/22

Updated 2/18

14880 S 134th St, Bennet, NE 68317

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. HS002372

System Type: Standard

Situs: No Site Address Specified

Issued: 3/23/2022

Expires: 3/23/2023

Description: S16, T8, R8, 6th Principal Meridian, LOT 18 NW

Owner: ALLEY, WILLIAM & AISLYNNE
14880 S 134 ST
BENNET, NE 68317

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 (402) 441-8027
3131 O Street Lincoln, Nebraska 68510-1514

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TERRI JAKOUBEK
13800 NW 70 ST
RAYMOND, NE 68428

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

SCANNED
A

Permit Number
HS002372

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* 14880 S 134th St (no rural route) City Bennet, NE Zip 68317

Legal Description SW 1/4 NW 1/4 16 Section 8N Township 8E Range ____ Subdivison ____ Addition ____ Block 18 Lot

PID 21-16-100-014-000 *Approx. Address (If to be determined) ____

B. Owner

Name William & Aislynne Alley Signature ____

Address 14880 S 134th St City/State/Zip Bennet, NE 68317

Home Phone 402-202-7237 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 3 Whirlpool Bathtub? ☑ Yes ☐ No Garbage Grinder? ☑ Yes ☐ No Total Acres 1.09

☐ 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 3/4/22
Date frwd 3/4/22
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 9/12/22

Business Office Use Only
Date Received 3-11-22 Amount Paid 450.00
Received By LC Cash/Check No. CC 0283 7

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

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

D

Permit Number: N/A

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 = 21-16-100-014-000

Address or Legal Description or Parcel Identification Number (PID) 14880 S 134th St, Bennet, NE 68317

Owner: William H Alley Address 14880 S 134th St, Bennet, NE 68317

A. Wastewater Piping

1. Material: SDR26 Diameter: 4 in.
2. Distance between dwelling and septic tank: 115 ft.

B. Septic Tank

1. Material Concrete
2. Capacity: 1,500
3. Depth to top of tank, below unfinished grade: 30-42 in.
4. Distance to:
   Well N/A ft. +
   Pressure line N/A ft +
   Property Line 100 ft. +
   Foundation 75 ft. +

C Distribution Box or Drop Box

Distance and Direction from septic tank: 54 ft. W
(Drainfield Control Valve)

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
3. Length of each lateral (linear): ft. 60 ft. 60 ft. 60 ft. 60 ✓
4. Drainfield size: 1,080 sq. ft. (900 Req'd)
5. Distance to:
   Well N/A ft. +
   Pressure line N/A ft. +
   Property line 50 ft. +
   Depth of Groundwater >10'

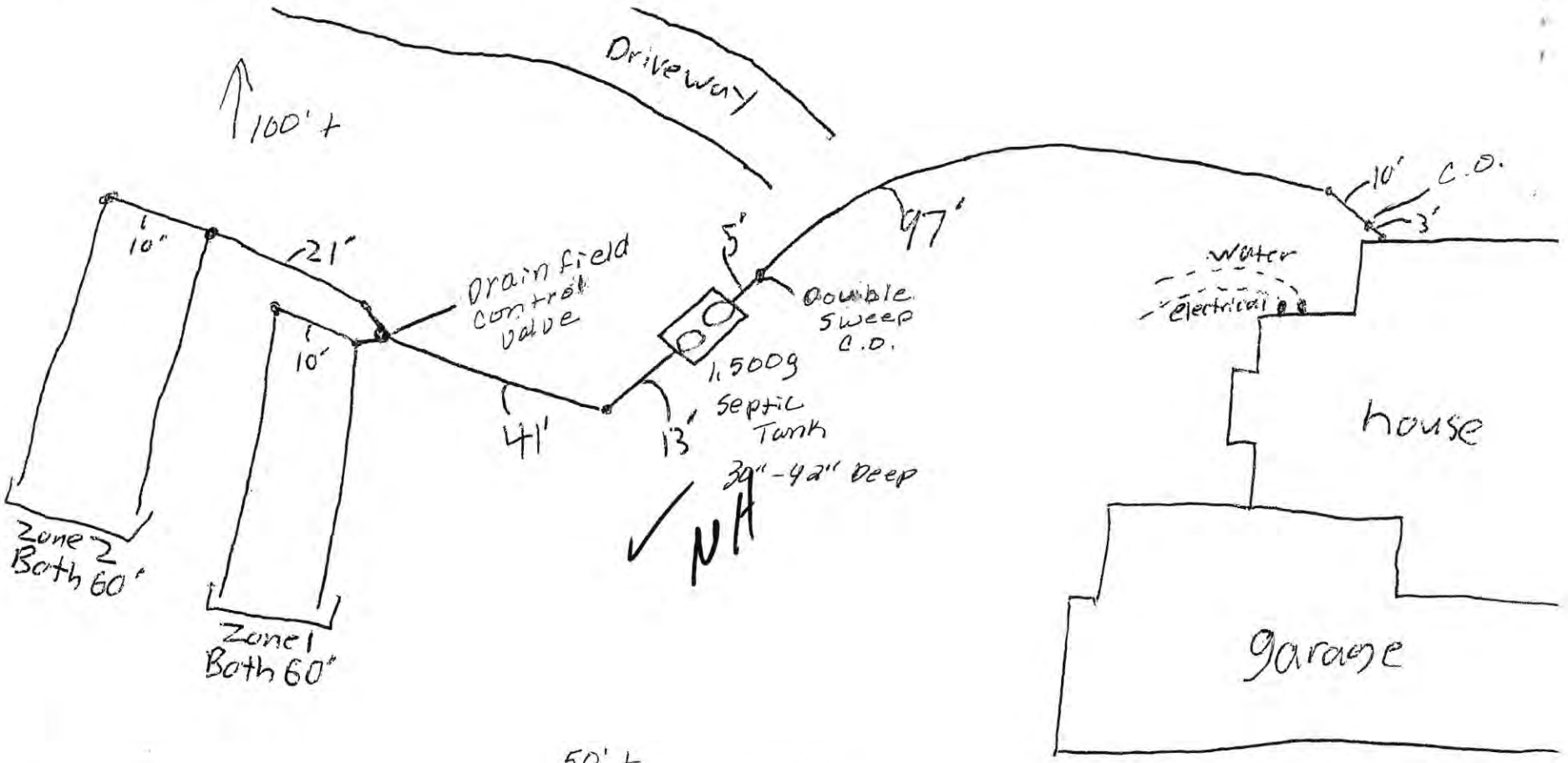
Was the Onsite Wastewater System covered prior to LLCHD inspection? ☑ Yes (Partially) ☐ No

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: Kevin L. Jakowski Date: 9/1/22

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



9/2/22

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

14880 S. 134th St
Bennet. NE 68317