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

A

Permit Number
#S002402

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* _____ City Lincoln, NE Zip 68524
(no rural route)

Legal Description NW NW 18 10N 5E Lostroh Western Addition 2
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 04-18-101-602-000 *Approx. Address (if to be determined) 2XXX NW 140th St

B. Owner

Name Mark & Ashton Lostroh [redacted] DocuSigned by: Mark Lostroh Ashton Lostroh

Address 5757 N 19th St City/State/Zip Lincoln, NE 68521

Home Phone 402-617-5104 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 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

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 5-05-22 Amount Paid $450
Received By JAO Cash/Check No. CC 5040

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

Form A Updated: 2/18

DocuSign Envelope ID: 8FB382FC-01E8-4EFB-A6FE-E80E38E56720

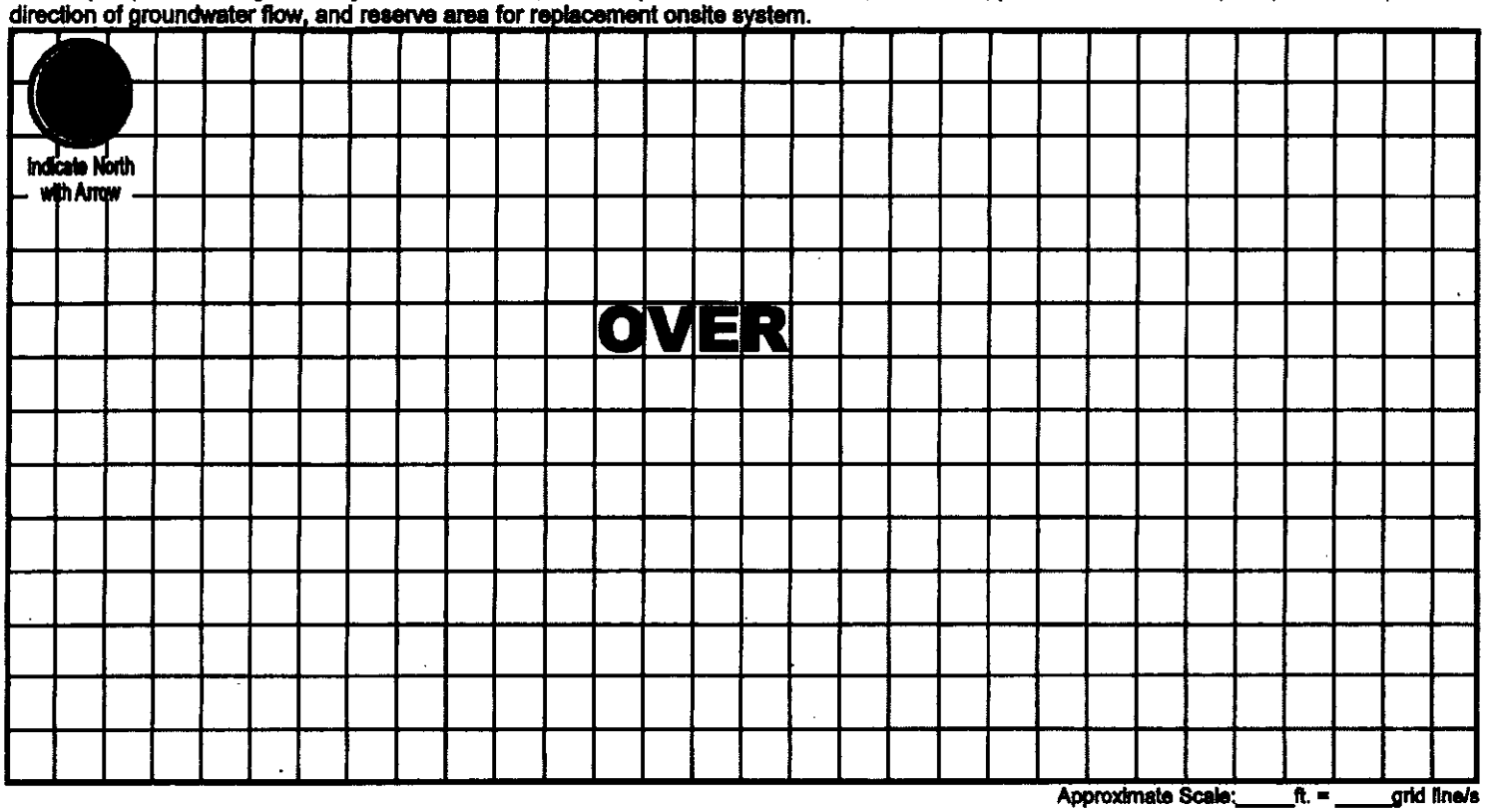
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

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) NW 140th St City Lincoln NE, Zip 68524

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 ____

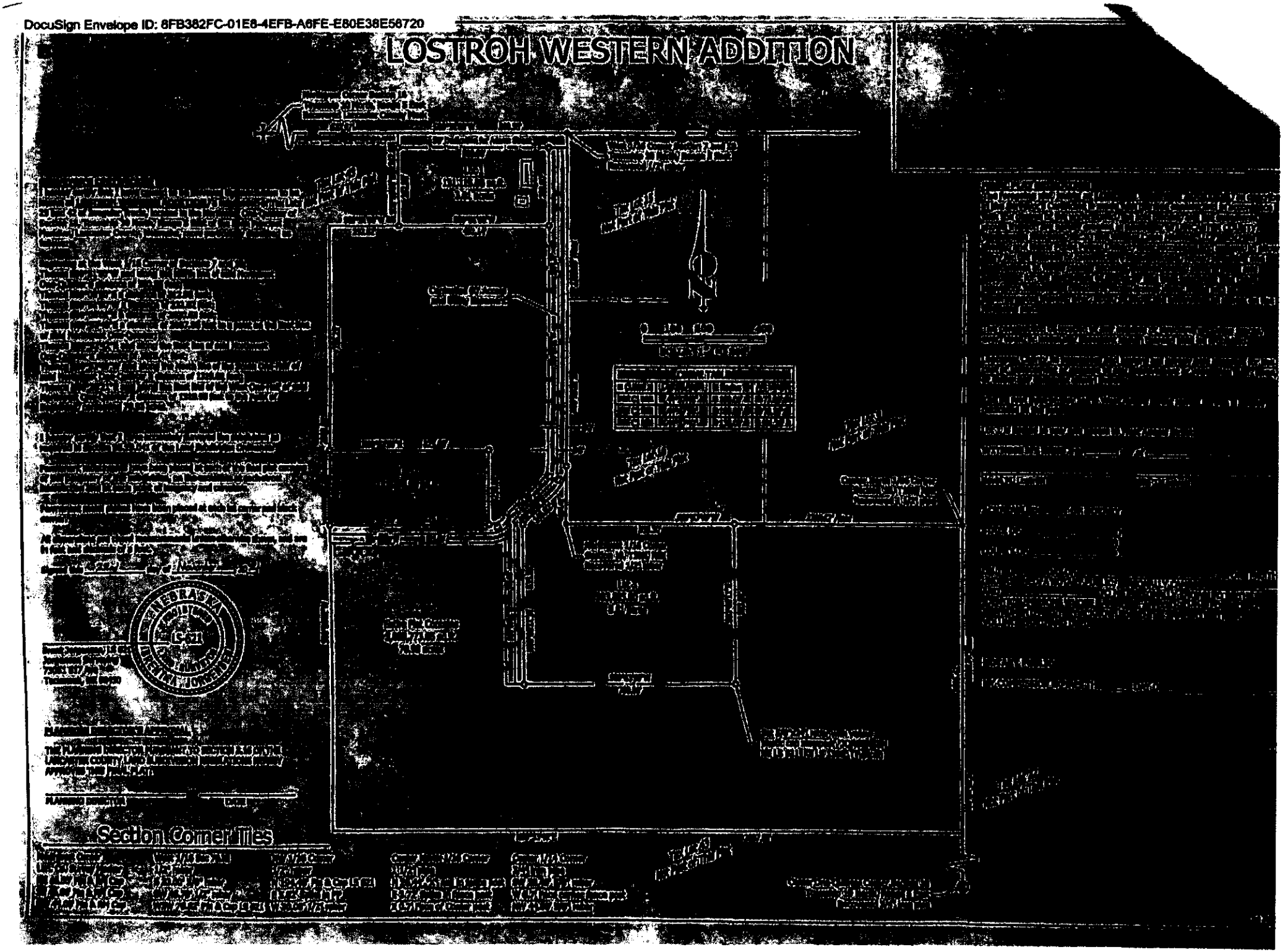
No. of Absorption Beds ____ Width ____ No. of Distribution Lines per Bed ____

Installer Neri L. Jakowlek Date: April 26, 2022

Updated 2/18

[redacted] DocuSigned by: Marcia Sonsread A4CA9B334A00467... [redacted] 4/26/2022

DocuSign Envelope ID: 8FB382FC-01E8-4EFB-A6FE-E80E38E56720



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. HS002402

System Type: Lagoon

Situs: No Site Address Specified

Issued: 5/9/2022

Expires: 5/9/2023

Description: LOSTROH WESTERN ADDITION, Lot 2

Owner: LOSTROH, KEVIN & JULIA J
13651 W ADAMS ST
LINCOLN, NE 68524

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 70TH ST
RAYMOND, NE 68428

DocuSign Envelope ID: 8FB382FC-01E8-4EFB-A6FE-E80E38E56720

SCANNED

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

A

Permit Number
#5007402

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* 13665 W. Adams (no rural route) City Lincoln NE Zip 68524

Legal Description NW (1/4) NW (1/4) 18 (Section) 10N (Township) 5E (Range) Lostroh Western Addition (Subdivison) (Addition) 2 (Block) (Lot)

PID 04-18-101-602-000 *Approx. Address (If to be determined) 2XXX NW 140th St

B. Owner

Name Mark & Ashton Lostroh Signature DocuSigned by: Mark Lostroh Ashton Lostroh DBDCAFC6EBE34D5...

Address 5757 N 19th St City/State/Zip Lincoln, NE 68521

Home Phone 402-617-5104 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 3.01

☐ 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 ✱ Driveway too muddy to access. VM
Comments
Date rec'd 5/9/22
Date frwd 5/9/22
ACTION ☑ Approved ☐ Disapproved
Signature

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

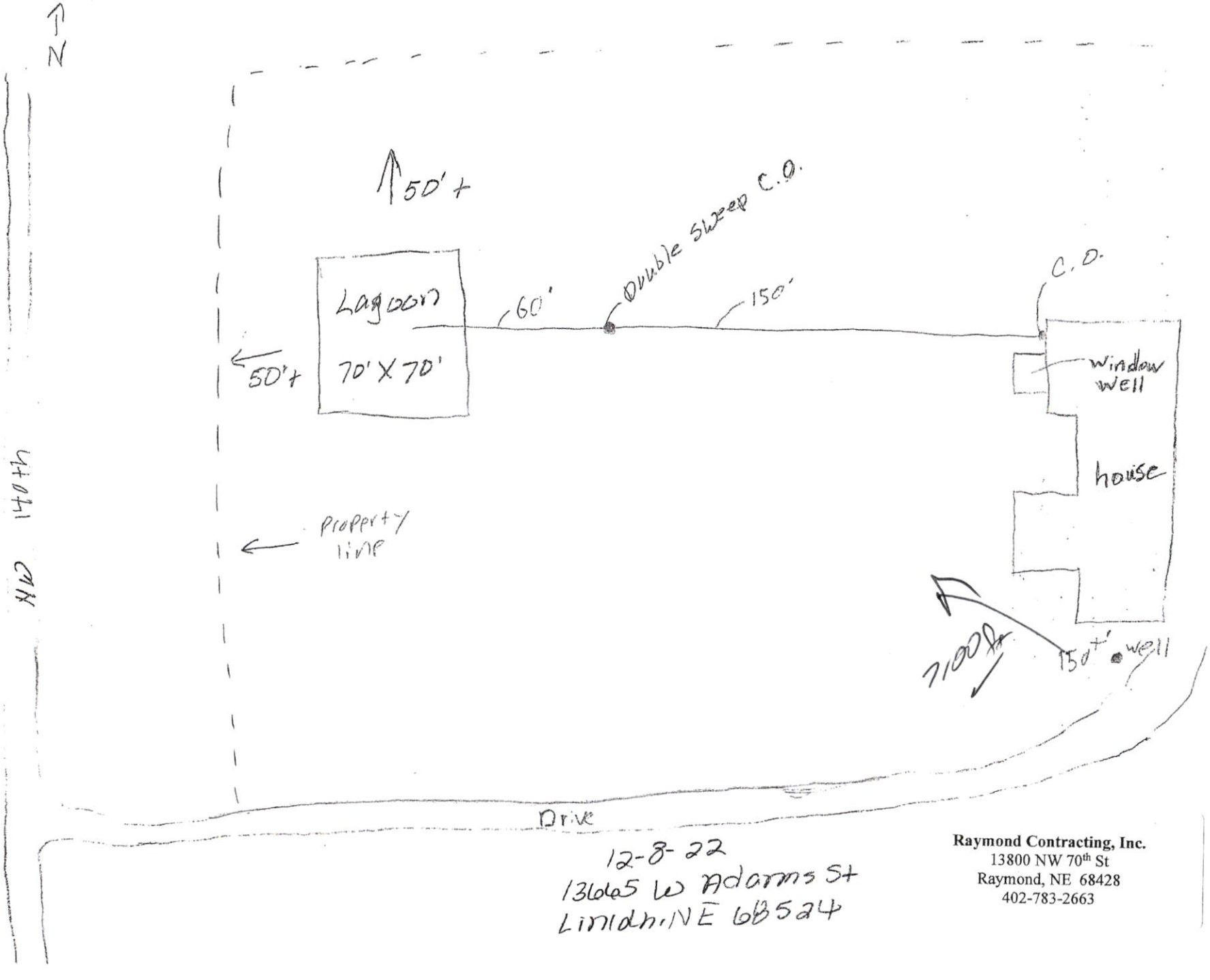
3. City or County Engineer
Comments
Date rec'd
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature

Installation Final Written Approval
By
Date 10/13/23

Business Office Use Only
Date Received 5-05-22 Amount Paid $450
Received By JAD Cash/Check No.
CC 5040

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

✱ Fence installed



12-8-22
13665 W Adams St
Lincoln, NE 68524

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

Nate C. Hartman

From: Terri Jakoubek <jakoubek63@windstream.net>
Sent: Tuesday, December 13, 2022 10:42 AM
To: Nate C. Hartman
Cc: Doug R. Smith
Subject: 13665 W Adams St D-Sheet
Attachments: 13665 W Adams St D-Sheet.pdf

HS002402 is attached. (Customer is doing their own fence, will send a pic when completed.)

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: HS002402

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 = 04-18-101-002-000

Address or Legal Description or Parcel Identification Number (PID) 13665 W Adams St, Lincoln, NE 68524

Owner: Mark A & Ashton L Lostroh Address 13665 W Adams St, Lincoln, NE 68524

A. Wastewater Piping

1. Material: SDR26 Diameter: 4 in.
2. Distance between dwelling and ~~septic tank:~~ Lagoon 210 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 lataral (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: Marie L. Jakowski Date: 12/8/22

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

DocuSign Envelope ID: 8FB382FC-01E8-4EFB-A6FE-E80E38E56720

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

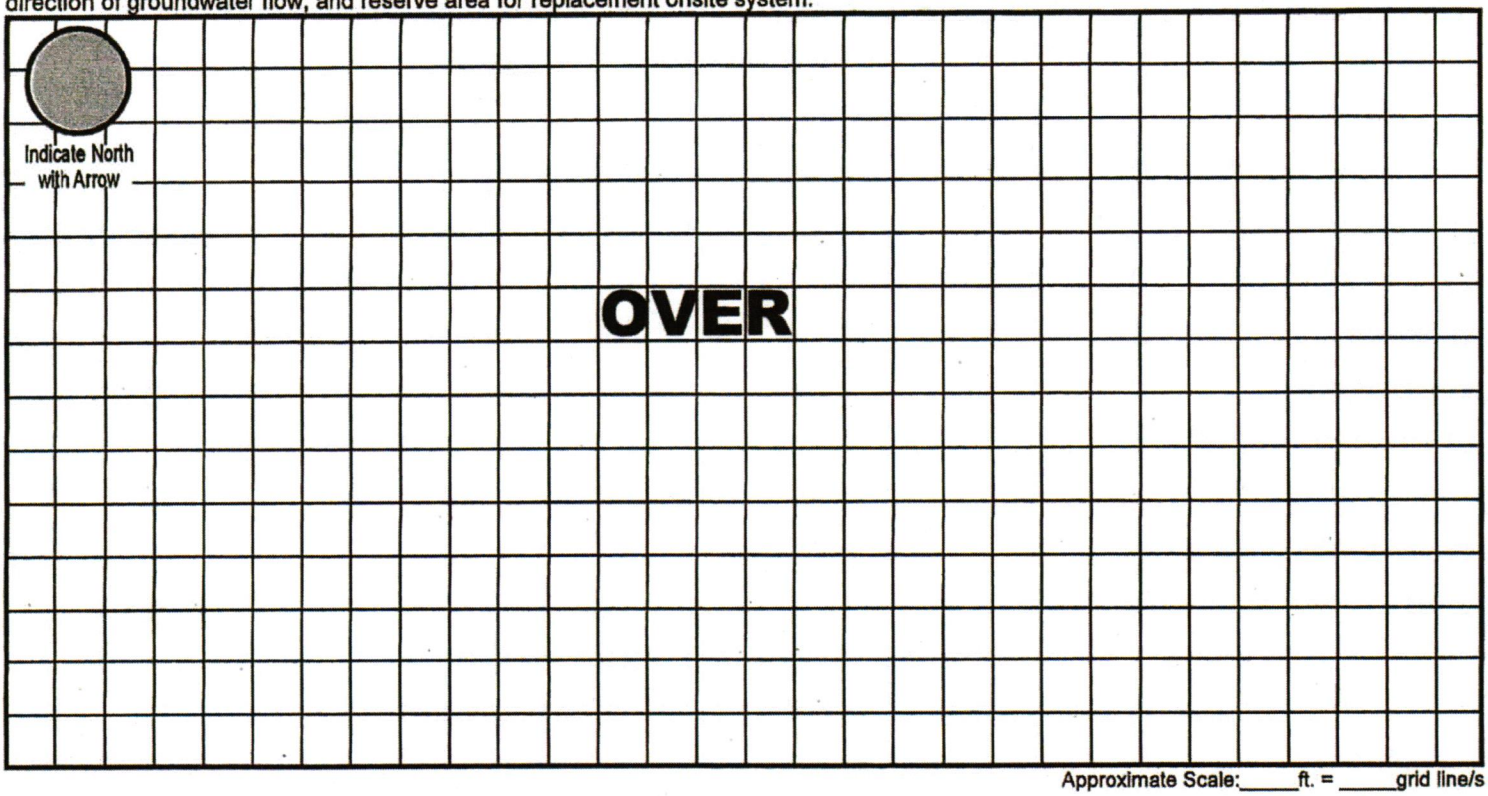
SCANNED

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) NW 140th St City Lincoln NE, Zip 68524

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. Jahnke Date: April 26, 2022

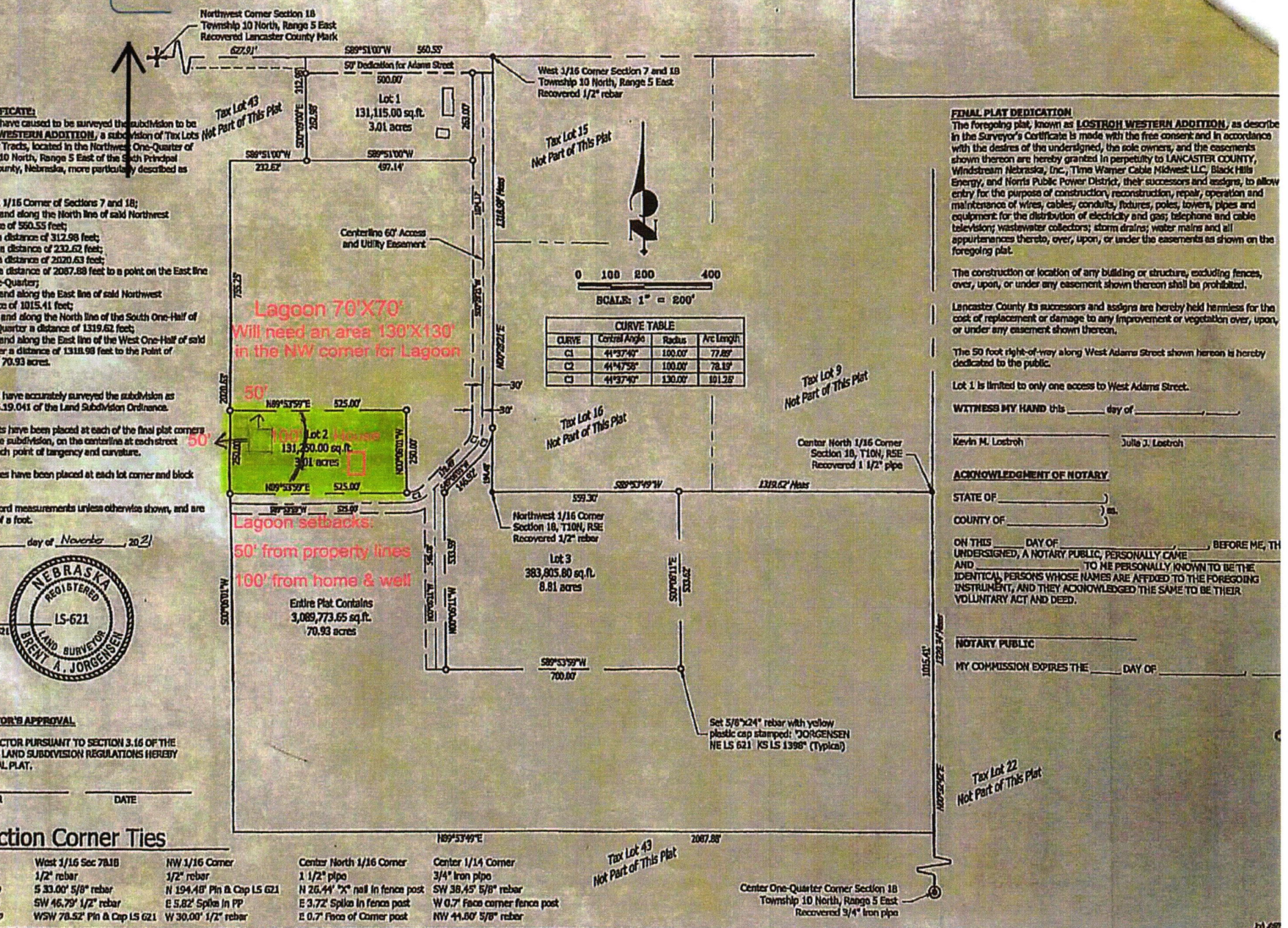
Updated 2/18

Builder DocuSigned by: Mario Senerad A4CA9B334A00467... Date: 4/26/2022

DocuSign Envelope ID: 8FB382FC-01E8-4EFB-A6FE-E80E38E56720

Builders Initials DS MJS

LOSTROH WESTERN ADDITION



CURVE TABLE			
CURVE	Central Angle	Radius	Arc Length
C1	44°37'40"	100.00'	77.89'
C2	44°47'58"	100.00'	78.19'
C3	44°37'40"	130.00'	101.28'

SURVEYOR'S CERTIFICATE:

I hereby certify that I have caused to be surveyed the subdivision to be known as **LOSTROH WESTERN ADDITION**, a subdivision of Tax Lots 23 and 42 of Irregular Tracts, located in the Northwest One-Quarter of Section 18, Township 10 North, Range 5 East of the Sixth Principal Meridian, Lancaster County, Nebraska, more particularly described as follows:

Beginning at the West 1/16 Corner of Sections 7 and 18;
Thence S89°51'00"W and along the North line of said Northwest One-Quarter a distance of 560.55 feet;
Thence S00°09'00"E a distance of 312.98 feet;
Thence S89°51'00"W a distance of 232.62 feet;
Thence S00°06'01"E a distance of 2020.63 feet;
Thence N89°53'49"E a distance of 2087.88 feet to a point on the East line of said Northwest One-Quarter;
Thence N00°32'42"E and along the East line of said Northwest One-Quarter a distance of 1015.41 feet;
Thence S89°53'49"W and along the North line of the South One-Half of said Northwest One-Quarter a distance of 1319.62 feet;
Thence N00°28'21"E and along the East line of the West One-Half of said Northwest One-Quarter a distance of 1318.98 feet to the Point of Beginning, containing 70.93 acres.

I hereby certify that I have accurately surveyed the subdivision as required in section 26.19.041 of the Land Subdivision Ordinance.

Permanent monuments have been placed at each of the final plat corners of the periphery of the subdivision, on the centerline at each street intersection and at each point of tangency and curvature.

Permanent metal stakes have been placed at each lot corner and block corner.

All dimensions are chord measurements unless otherwise shown, and are in feet and decimals of a foot.

Signed this 22nd day of November, 2021

NEBRASKA REGISTERED LS-621 LAND SURVEYOR BRENT A. JORGENSEN

Brent Jorgensen, LS 621
Jorgensen Surveying
73051 617 Ave
Tecumseh, NE 68450

PLANNING DIRECTOR'S APPROVAL

THE PLANNING DIRECTOR PURSUANT TO SECTION 3.16 OF THE LANCASTER COUNTY LAND SUBDIVISION REGULATIONS HEREBY APPROVES THIS FINAL PLAT.

PLANNING DIRECTOR _____ DATE _____

FINAL PLAT DEDICATION

The foregoing plat, known as **LOSTROH WESTERN ADDITION**, as described in the Surveyor's Certificate is made with the free consent and in accordance with the desires of the undersigned, the sole owners, and the easements shown thereon are hereby granted in perpetuity to LANCASTER COUNTY, Windstream Nebraska, Inc., Time Warner Cable Midwest LLC, Black Hills Energy, and Norris Public Power District, their successors and assigns, to allow entry for the purpose of construction, reconstruction, repair, operation and maintenance of wires, cables, conduits, fixtures, poles, towers, pipes and equipment for the distribution of electricity and gas; telephone and cable television; wastewater collectors; storm drains; water mains and all appurtenances thereto, over, upon, or under the easements as shown on the foregoing plat.

The construction or location of any building or structure, excluding fences, over, upon, or under any easement shown thereon shall be prohibited.

Lancaster County its successors and assigns are hereby held harmless for the cost of replacement or damage to any improvement or vegetation over, upon, or under any easement shown thereon.

The 50 foot right-of-way along West Adams Street shown hereon is hereby dedicated to the public.

Lot 1 is limited to only one access to West Adams Street.

WITNESS MY HAND this _____ day of _____, _____.

Kevin M. Lostroh _____ Julie J. Lostroh _____

ACKNOWLEDGMENT OF NOTARY

STATE OF _____)
) ss.
COUNTY OF _____)

ON THIS _____ DAY OF _____, _____, BEFORE ME, THE UNDERSIGNED, A NOTARY PUBLIC, PERSONALLY CAME _____ AND _____ TO ME PERSONALLY KNOWN TO BE THE IDENTICAL PERSONS WHOSE NAMES ARE AFFIXED TO THE FOREGOING INSTRUMENT, AND THEY ACKNOWLEDGED THE SAME TO BE THEIR VOLUNTARY ACT AND DEED.

_____
NOTARY PUBLIC

MY COMMISSION EXPIRES THE _____ DAY OF _____, _____

Section Corner Ties

Northwest Corner	West 1/16 Sec 7&18	NW 1/16 Corner	Center North 1/16 Corner	Center 1/14 Corner
Lan. Co. Survey Marker	1/2" rebar	1/2" rebar	1 1/2" pipe	3/4" iron pipe
NE 46.55' Pin & RH Cap	S 33.00' 5/8" rebar	N 194.48' Pin & Cap LS 621	N 26.44' "X" nail in fence post	SW 38.45' 5/8" rebar
SE 46.66' Pin & RH Cap	SW 46.79' 1/2" rebar	E 5.82' Spike in PP	E 3.72' Spike in fence post	W 0.7' Face corner fence post
NW 44.08' Pin & RH Cap	WSW 78.52' Pin & Cap LS 621	W 30.00' 1/2" rebar	E 0.7' Face of Corner post	NW 44.80' 5/8" rebar

SCANNED