Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

A

Permit Number HS002407

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* 15601 NW 30th (no rural route) City Raymond NE Zip 68428

Legal Description 532 T12 R6 Willard Estates 5 2
(1/4 1/4 Section Township Range Subdivison Addition Block Lot)

PID 1332401020000 *Approx. Address (If to be determined)

B. Owner

Name Steven L Baird Signature

Address 703 Creek Edge Dr City/State/Zip Deforest, WI 53532

Home Phone Work Phone

C. Certified Installer

Name: Brandon Sedlacek Signature

Address 11185 E State Hwy 41 City/State/Zip Adams NE 68301

Work Phone 402-988-8425

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
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 5-18-22 Amount Paid $450.00
Received By JAD Cash/Check No CC 2070

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

Form A Updated 4-15

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 15601 NW 30th (no rural route) City Raymond NE. Zip 68428

Owner Steven Baird Address

Date of Tests 5-11-22 to 5-12-22 Weather: Precipitation 0" Temperature 90°

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	32"	5-11	3pm	5-12	3pm	5-12	3pm	6	5-12	3:30	30	1"	30 mpi
2	"	"	"	"	"	"	"	6	"	"	"	3/4"	40 mpi
3	"	"	"	"	"	"	"	6	"	"	"	1"	30 mpi
4	"	"	"	"	"	"	"	6	"	"	"	3/4"	40 mpi
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Brandon Sedlacek
Phone: 402-988-8425
Address 11185 E State Hwy 41

Sum of Percolation Rates: 140
Average of Rates: 35 mpi
Rate Used for Calculation: 31-40 mpi

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

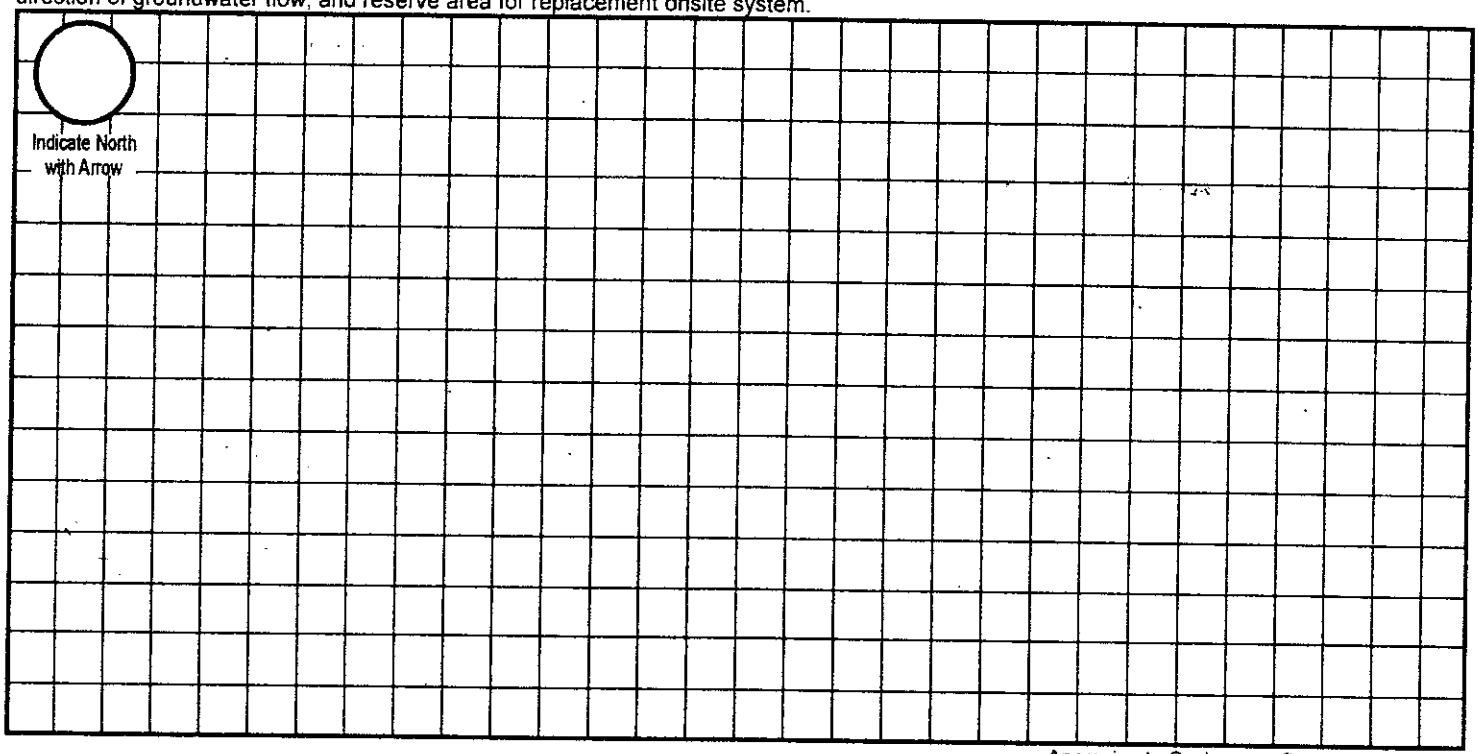
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

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) 15601 NW 30th City Raymond NE, Zip 68428

B. Proposed Septic Tank/s

Septic Tank Cap. 1500 gals Tank Material: [X] Concrete [ ] Plastic [ ] Other ____ [ ] Lagoon (Max Seepage 1/8"/day)

C. Reserve Area for Replacement Onsite System

[X] Drainfield Absorption Area (percolation test required) [ ] Lagoon

D. Drainfield Absorption System

Percolation Rate 35 (min/inch = mpi) No. of Bedrooms 4 Soil Type Sandy clay Land Slope 3 %

[X] Trench [ ] Bed [ ] Non-standard (engineer-designed and NDEQ approved) Total square feet of drainfield 855 Sq. Ft.

Total length of laterals 190' Type of Distribution: [ ] Perforated Pipe [ ] Half-Round [ ] Chambers [X] Other EZ-flow 36"

No. of Absorption Trenches 2 Width 36" No. of Drop Boxes 1 Distribution Box ____

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

Installer [signature] Date: 5-16-22

Updated 2/18

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. HS002407

System Type: Standard

Situs: No Site Address Specified

Issued: 5/20/2022

Expires: 5/20/2023

Description: WILLARD ESTATES, BLOCK 5, Lot 2

Owner: BAIRD, STEVEN L
703 CREEK EDGE DR
DEFOREST, WI 53532

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

BRANDON SEDLACEK
11185 E STATE HWY 41
ADAMS, NE 68301

SCANNED

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

A

Permit Number HS002407

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* 15601 NW 30th City Raymond NE Zip 68428
(no rural route)

Legal Description 532 T12 R6 Willard Estates 5 2
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 13324010200000 *Approx. Address (If to be determined)

B. Owner

Name Steven L Baird Signature

Address 703 Creek Edge Dr City/State/Zip Deforest, WI 53532

Home Phone Work Phone

C. Certified Installer

Name: Brandon Sedlacek Signature

Address 11185 E State Hwy 41 City/State/Zip Adams NE 68301

Work Phone 402-988-8425

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 1.96
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 5/20/22
Date frwd 5/20/22
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 5/20/22

Business Office Use Only
Date Received 5-18-22 Amount Paid $450.00
Received By JAD Cash/Check No CC 2070

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

Form A Updated 4/15

* System replacement

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

Permit Number: 45002407

Onsite Wastewater Treatment System

Inspection Sheet

Date 5/20/22 Legal Description _____
¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 15601 NW 30th City _____

Owner _____ Address _____

Mark One: ☒ Dwelling ☐ Non-dwelling

☒ New System ☐ Alteration [☐ Tank Only ☐ Trench Only] ☐ Lateral Only

☐ Temporary modification (Describe problem causing discharge and reason for temporary modification): _____

_____

Drainfield Absorption System:

☒ Lateral ☐ Bed ☐ Non-standard (engineer-designed and NDEQ approved) ☐ Holding Tank ☐ Trench

Total square feet of drainfield 850 Sq. Ft. (825 Req'd) Tank Size 1500 gals

Total length of laterals 190' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☒ Other (describe) E-Z-flow

No. of Absorption Laterals 2 Width 3 No. of Drop Boxes 0 Distribution Box 1

Leveling Method Used Laser

Setbacks (Check the Boxes Below if the Required Setback has been Satisfied):

Distance From	Private Well	Public Well	Surface Water	Ground water	Pressure Water Lines	Property Lines
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	10 ☐	5 ☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	25 ☐	5 ☐

Geographical Coordinates to 6 Decimals:

Tank _____

Lateral #1 _____ Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments:

Inspections prior to Final Approval
Initial NA Date 5/19/22

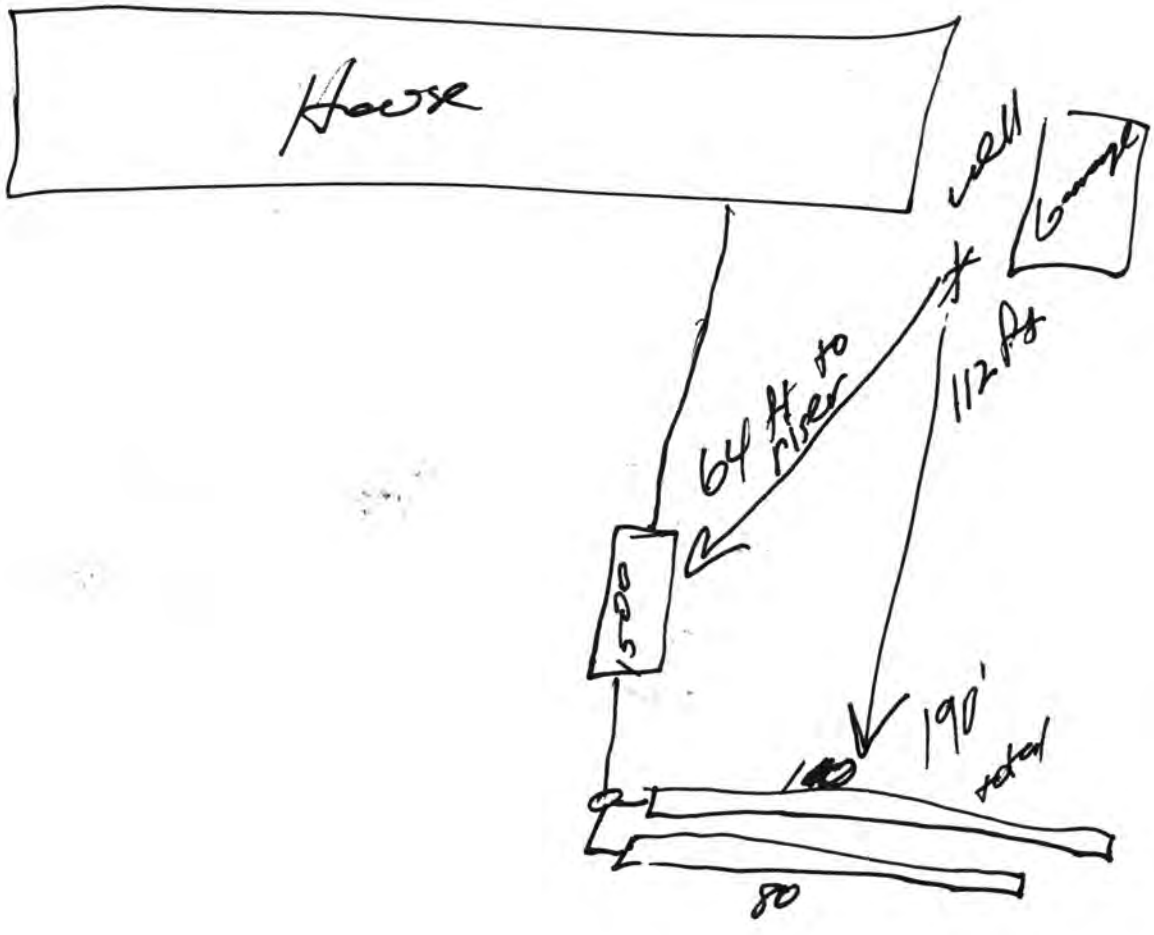
Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By _____

Date 5/20/22

Field Note Drawing (See Reverse Side):


House
well
pump
64 ft to riser
112 ft
500
190'
sloped
80

12-6-32 #145
Willard Estum Lot 2

D

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

Permit Number:

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

Address or Legal Description or Parcel Identification Number (PID) 15601 NW 30th Raymond, NE

Owner: Jeremy Brummels Address 15601 NW 30th Raymond, NE

A. Wastewater Piping

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

B. Septic Tank

1. Material Concrete
2. Capacity: 1500 gal
3. Depth to top of tank, below unfinished grade: 18 in.
4. Distance to:
   Well 82 ft.
   Pressure line 82' ft
   Property Line 200 ft.
   Foundation 115 ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: 18 ft. South

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☒ Other
   Material brand and inside width of Chamberless: EZ-Flow 36"
2. Number of Laterals: 2
3. Length of each lateral (linear): ft. 110' ft. 80' ft. ____ ft. ____
4. Drainfield size: 855 sq. ft.
5. Distance to:
   Well 112' ft.
   Pressure line 112' ft.
   Property line 100' ft.
   Depth of Groundwater + 10'

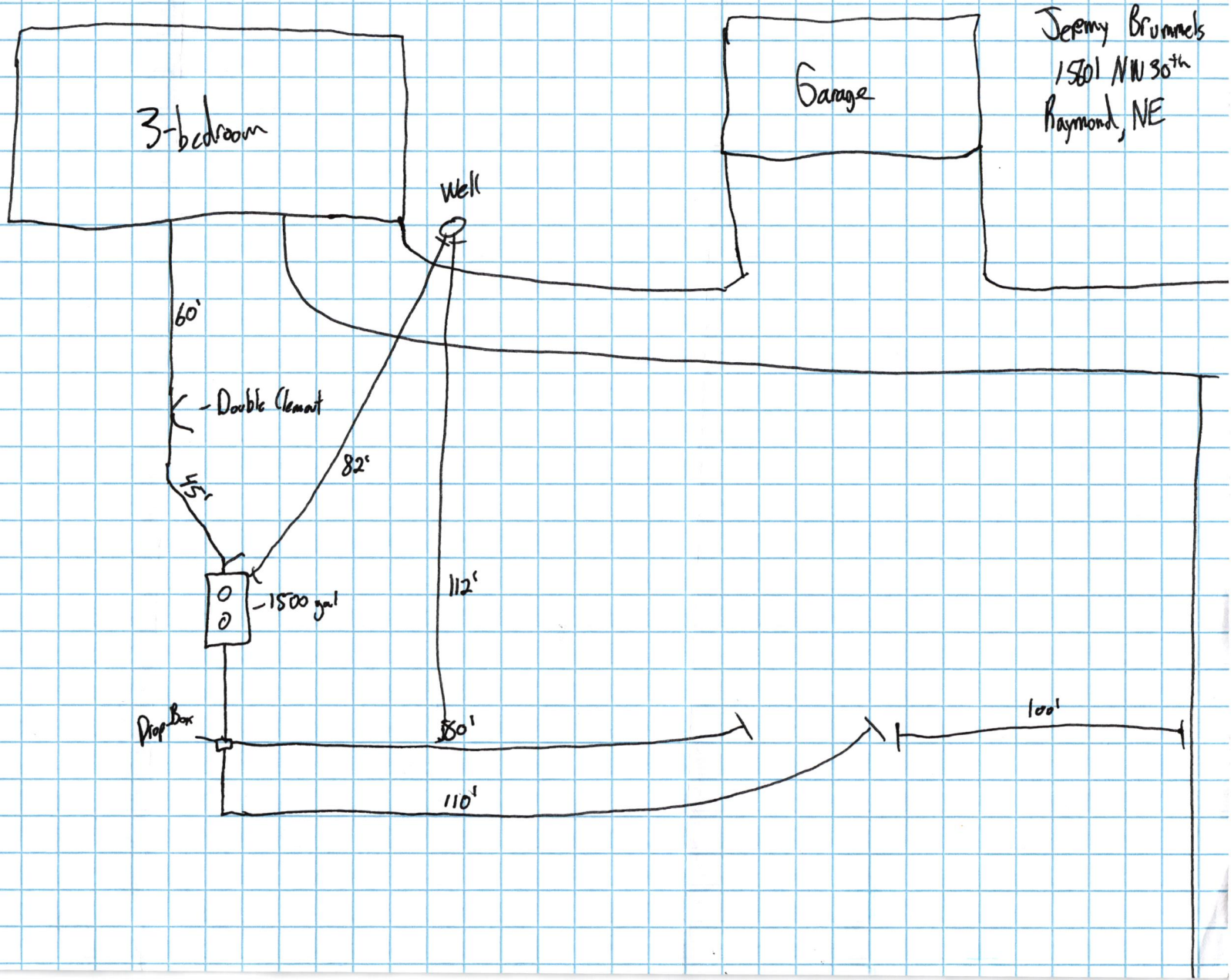
Was the Onsite Wastewater System covered prior to LLCHD inspection? ☒ Yes ☐ No

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: Brent Schulz Date: 5-26-22

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



Jeremy Brummels
1501 NW 30th
Raymond, NE