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

A

Permit Number HS0024643

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* 3869 W Claire Ave (no rural route) City Denton, NE Zip 68523

Legal Description NW SW 8 9N 6E

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

PID 09-08-300-002-000 *Approx. Address (If to be determined)

B. Owner

Name Heath M & Renae D Whitney Signature Renae Whitney

Address 2835 O' Malley Dr City/State/Zip Lincoln NE 68516

Home Phone 402-770-1604 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 76.78

Garbage Grinder? ☐ Yes ☑ No

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day 1,000

Type of Wastewater ☐ Domestic ☐ Non-Domestic

DO NOT WRITE BELOW THIS LINE

Approval Process

1. Health Department
Site visits
Comments
Date rec'd
Date frwd
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 9-15-22 Amount Paid $450
Received By JKM Cash/Check No. CC 50940

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

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 3869 W Claire Ave (no rural route) City Lincoln NE, Zip 68523

Owner Heath M & Renae D Whitney Address 2835 O'Malley Dr, Lincoln, NE 68516

Date of Tests 8/29/22 to 8/30/22 Weather: Precipitation 0 Temperature 88°

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		Initial	End				
Hole No.	Hole Depth(in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time Interval	Water Level Drop(In)	Percolation Rates (Min/in = mpi)
1	38	8/29	1:30p	8/30	11:00a	8/30	2:30p	6	8/30	3:00p	30	9/16	53
2	72	"	"	"	"	"	"	6	"	"	"	3-1/8	10
3	72	"	"	"	"	"	"	6	"	"	"	3/4	40
4	32	"	"	"	"	"	"	6	"	"	"	2-1/4	13
5	42	"	"	"	"	"	"	6	"	"	"	7/8	34
6								6					
7								6					
8								6					

Person Conducting Percolation Test

Name: Terri Jakoubek #1198

Phone: 402-783-2663

Address 13800 NW 70th St, Raymond, NE 68428

Sum of Percolation Rates: 150

Average of Rates: 30

Rate Used for Calculation: 60 (20 mpi variance)

Soil type (NRCS Maps/Other) Wymore SCL

Groundwater Depth >10'

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official Date

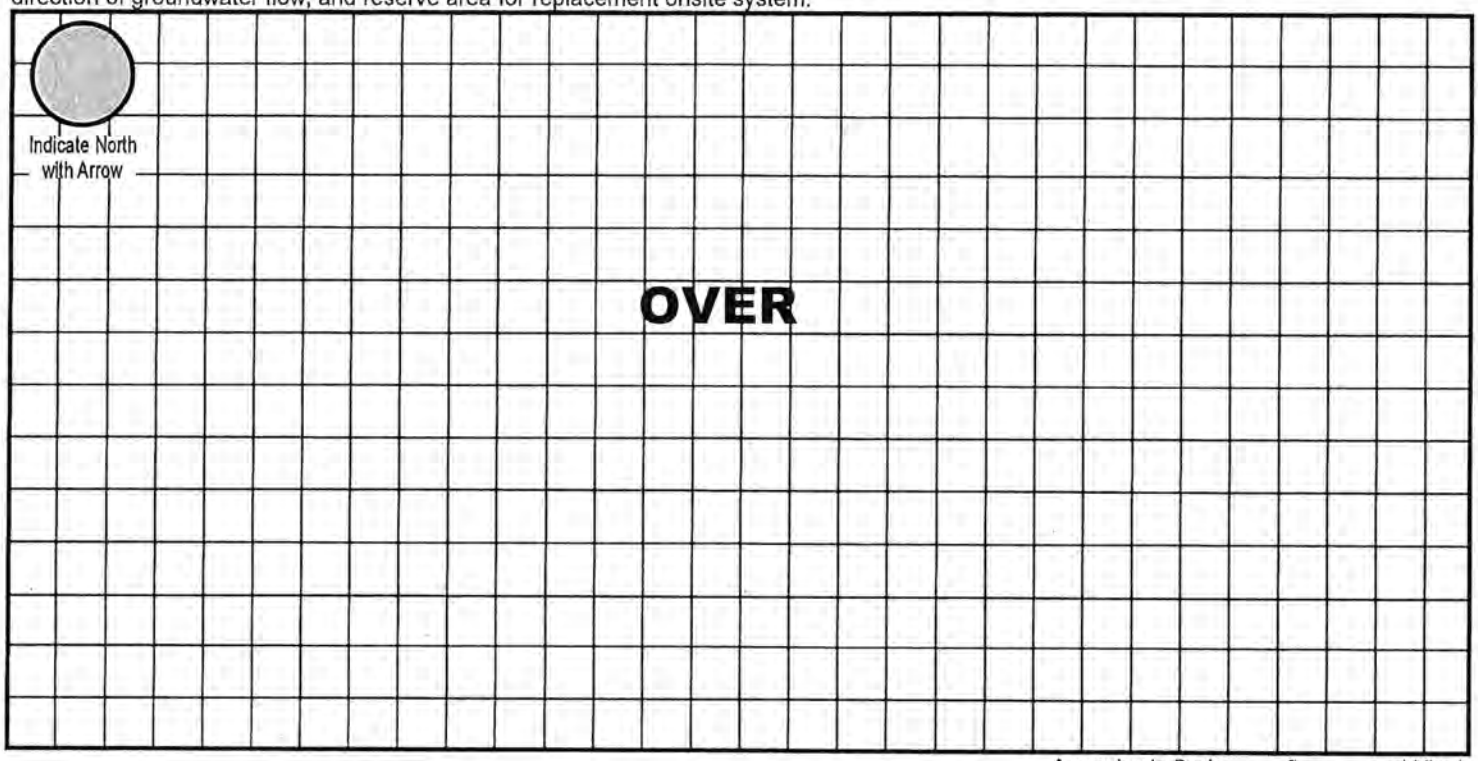
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

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) 3869 W Claire Ave City Denton NE, Zip 68523

B. Proposed Septic Tank/s

Septic Tank Cap. 1,000 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 60 (min/inch = mpi) No. of Bedrooms 3 Soil Type Wymore SCL/ Otoe SLC Land Slope ____ %

☑ Trench ☐ Bed ☐ Non-standard (engineer-designed and NDEQ approved) Total square feet of drainfield 1080 Sq. Ft.

Total length of laterals 240 Type of Distribution: ☐ Perforated Pipe ☐ Half-Round ☐ Chambers ☑ Other EZFlow 1203H

No. of Absorption Trenches 4 Width 38" No. of Drop Boxes 1 Distribution Box _____

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

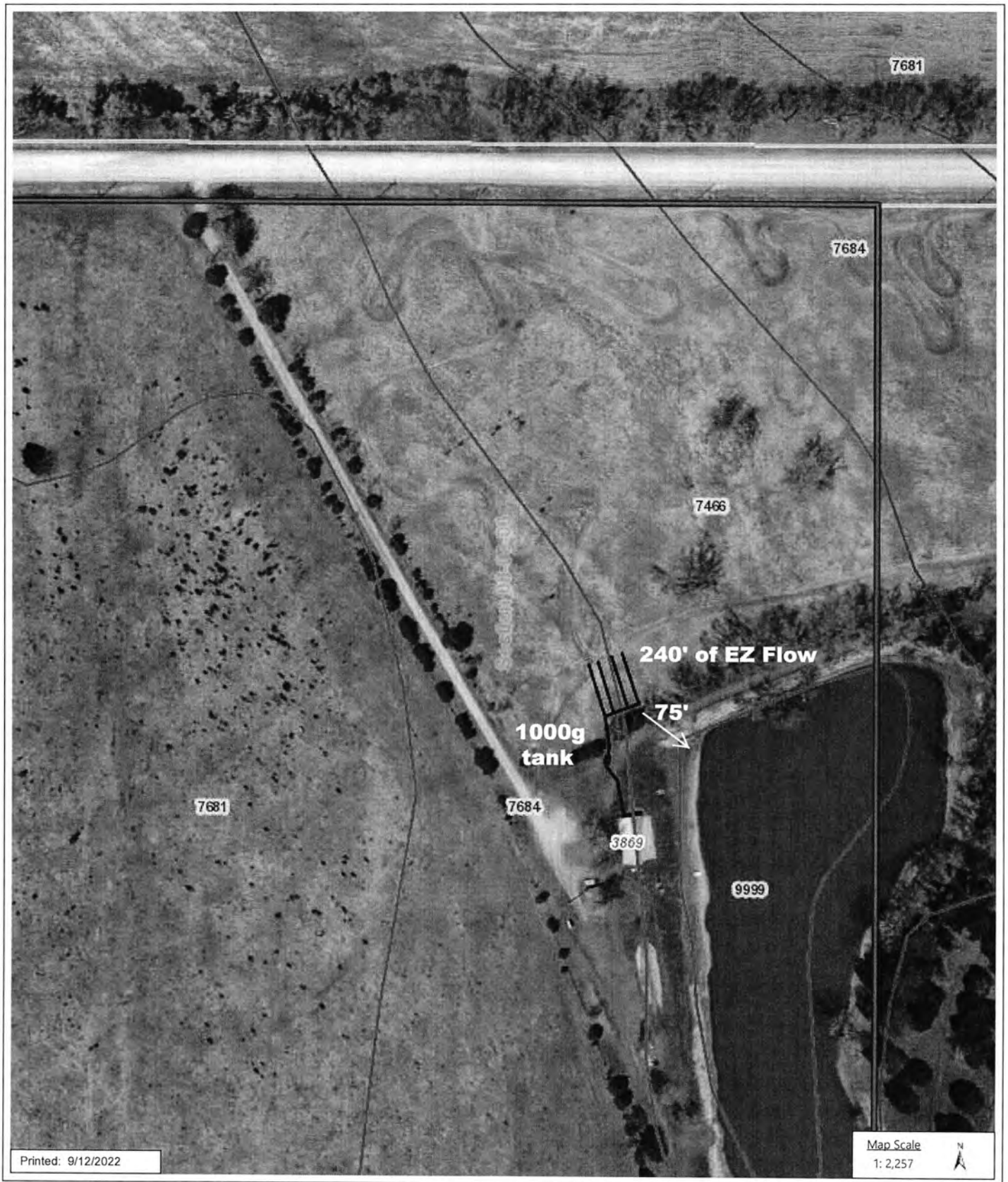
Installer Neri L. Jakoubek Date: 9/15/22

Updated 2/18

3869 W Claire Ave, Lincoln, NE 68523

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. HS002463

System Type: Standard

Situs: No Site Address Specified

Issued: 9/15/2022

Expires: 9/15/2023

Description: S8, T9, R6, 6th Principal Meridian, W1/2 SW

Owner: WHITNEY, HEATH M & RENAE D
2835 O'MALLEY DR
LINCOLN, NE 68516

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

RAYMOND CONTRACTING INC
13800 NW 70TH 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 HS002463

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* 3869 W Claire Ave (no rural route) City Denton, NE Zip 68523

Legal Description NW 1/4 SW 1/4 Section 8 Township 9N Range 6E Subdivison ____ Addition ____ Block ____ Lot ____

PID 09-08-300-002-000 *Approx. Address (If to be determined) ____

B. Owner

Name Heath M & Renae D Whitney Signature Renae Whitney

Address 2835 O' Malley Dr City/State/Zip Lincoln NE 68516

Home Phone 402-770-1604 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 76.78

Garbage Grinder? ☐ Yes ☑ No

☐ Commercial Establishment/Other Facility Specify ____ Design flow in gallons per day 1,000

Type of Wastewater ☐ Domestic ☐ Non-Domestic

DO NOT WRITE BELOW THIS LINE

Approval Process

1. Health Department
Site visits 5/26/22 DS
Comments ____
Date rec'd 9/15/22
Date frwd 9/15/22
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 Doug Thun
Date 6/5/22

Business Office Use Only
Date Received 9-15-22 Amount Paid $450
Received By JAD Cash/Check No. 50410

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

Form A Updated: 2/18

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

Exhibit 5

Permit Number: HS002463

Onsite Wastewater Treatment System

Inspection Sheet

Date 6/5/23 Legal Description _____

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 3869 W Claire 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 1,080 Sq. Ft. Tank Size 1,500 gals

Total length of laterals 240' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☑ Other (describe) EZ flow

No. of Absorption Laterals 2 Width 4.5 Infacta No. of Drop Boxes _____ 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 NA

Lateral #1 _____ Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments:

Inspections prior to Final Approval
Initial DC Date 5/31/23

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By Doug Thuer

Date 6/5/23

Field Note Drawing (See Reverse Side):

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

D Exhibit 4

Permit Number: HS002463

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): 09-08-300-002-000

Owner: Heath Whitney Address: 3869 W Claire Ave. Lincoln NE, 68523

A. Wastewater Piping

1. Material: pvc Diameter: 4 in.
2. Distance between dwelling and septic tank: 76' ft.

B. Septic Tank

1. Material: Plastic
2. Capacity: 1500
3. Depth to top of tank, below unfinished grade: 34 in.
4. Distance to:
   Well 110 ft.
   Pressure line na ft.
   Property Line 650 ft.
   Foundation 76' ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: 51 ft. NE

D. Drainfield/Absorption Field

● Trench ❑ Bed

1. Type: ❑ Perforated Pipe ❑ Chamberless ❑ Other
   Material brand and inside width of Chamberless: EZ Flow
2. Number of Laterals: 2
3. Length of each lateral (linear): ft. 130' ft. 110' ft. ____ ft. ____
4. Drainfield size: 1080 sq. ft.
5. Distance to:
   Well 185' ft.
   Pressure line na ft.
   Property line 400 ft.
   Depth of Groundwater >8'

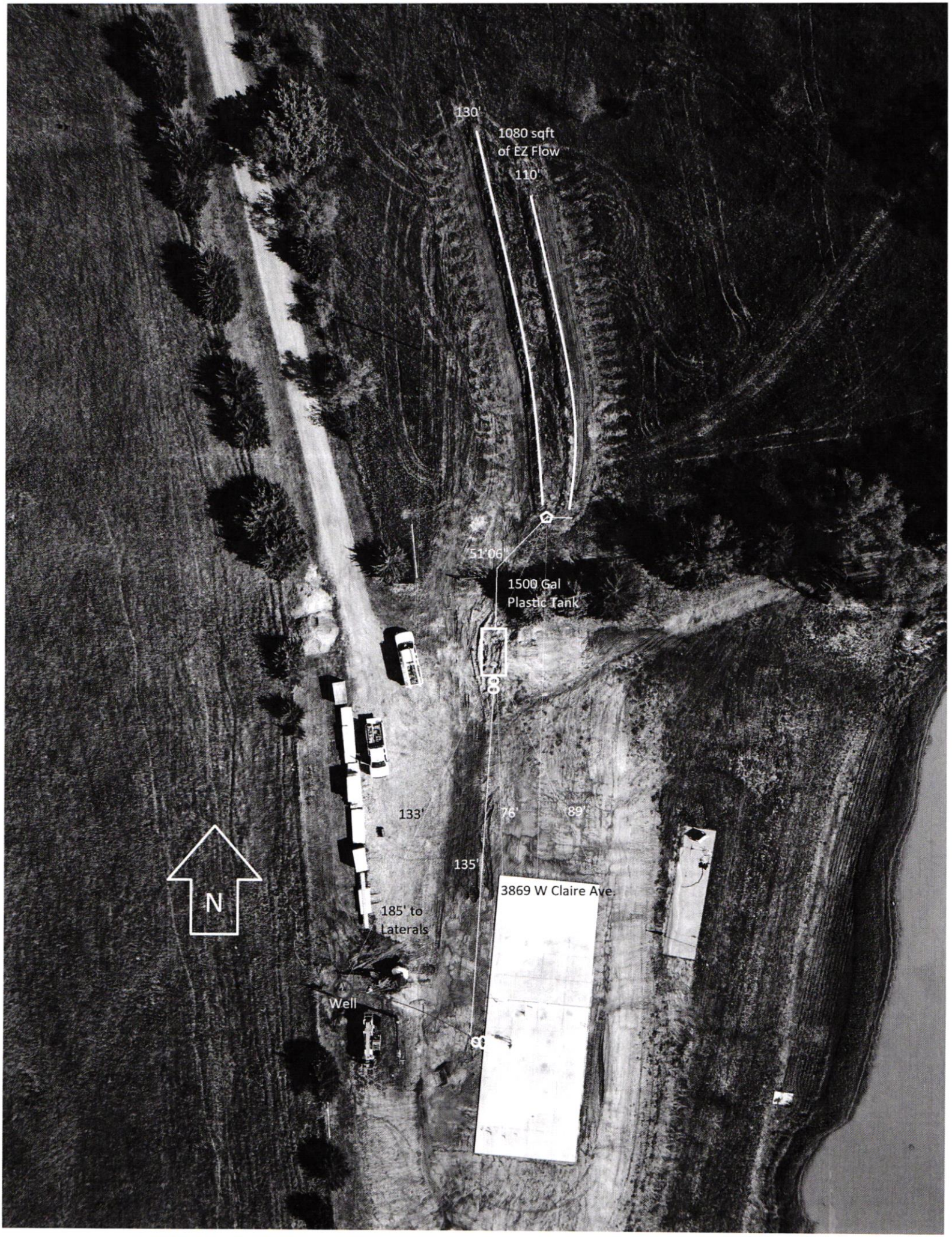
Was the Onsite Wastewater System covered prior to LLCHD inspection? ❑ Yes ● No

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: _____ Date: 6/3/23

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


130'
1080 sqft
of EZ Flow
110'
51'06"
1500 Gal
Plastic Tank
133'
76'
89'
135'
3869 W Claire Ave.
185' to
Laterals
Well
N