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

A

Permit Number H5002540

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

Include Form B and C.
Submit correct fee
with this Application

3 acres or more required for: ☒ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Wastewater Treatment System in conformance with appropriate regulations.

PLEASE PRINT OR TYPE

A. Onsite System Location

Address 18201 NW 84TH STREET (no rural route) City RAYMOND, NE Zip 68428

Legal Description S22 T12 R5 6TH PRINCIPAL MERIDIAN LOT 6 SE

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

PID 0622400008000

B. Owner

Name Steve Crosby Signature for Steve Crosby

Address 18201 NW 84th City/State/Zip Raymond, NE

Home Phone Work Phone

C. Certified Installer

Name: Robert Benes Signature

Address 1640 Normandy Ct City/State/Zip Lincoln, NE 68512

Work Phone 416-9660

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 20

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

pproval Process ☐ Municipal Code 24.38 ☐ County Resolution No. 02-30

Health Department

te visits Date rec'd ACTION ☐ Approved ☐ Disapproved

Date frwd Signature

omments

Supt. Bldg. Insp. or Village Clerk

omments Date rec'd ACTION ☐ Approved ☐ Disapproved

Date frwd Signature

City or County Engineer

mments Date rec'd ACTION ☐ Approved ☐ Disapproved

Date frwd Signature

tallation Final Written Approval

te

Business Office Use Only

Date Received 5/8/23 Amount Paid $460 CK

Received By JRS Cash/Check No. 34483

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 18201 NW 84th St (no rural route) City Raymond NE, Zip 68428

Owner Steve Crosby Address 18201 NW 84th St Raymond, NE 68428

Date of Tests 8/17/22 to 8/18/22 Weather: Precipitation 0 Temperature 90°

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	21	8/17	12:30p	8/18	1:00p	8/18	4:30p	6	8/18	5:00p	30	2-1/8	14
2	27	"	"	"	"	"	"	6	"	"	"	7/8	34
3	22	"	"	"	"	"	"	6	"	"	"	2-1/2	12
4	25	"	"	"	"	"	"	6	"	"	"	3	10
5								6					
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: 70

Average of Rates: 18

Rate Used for Calculation: 34 (20 mpi variance)

Soil type (NRCS Maps/Other) Nodaway

Groundwater Depth >8'

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
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

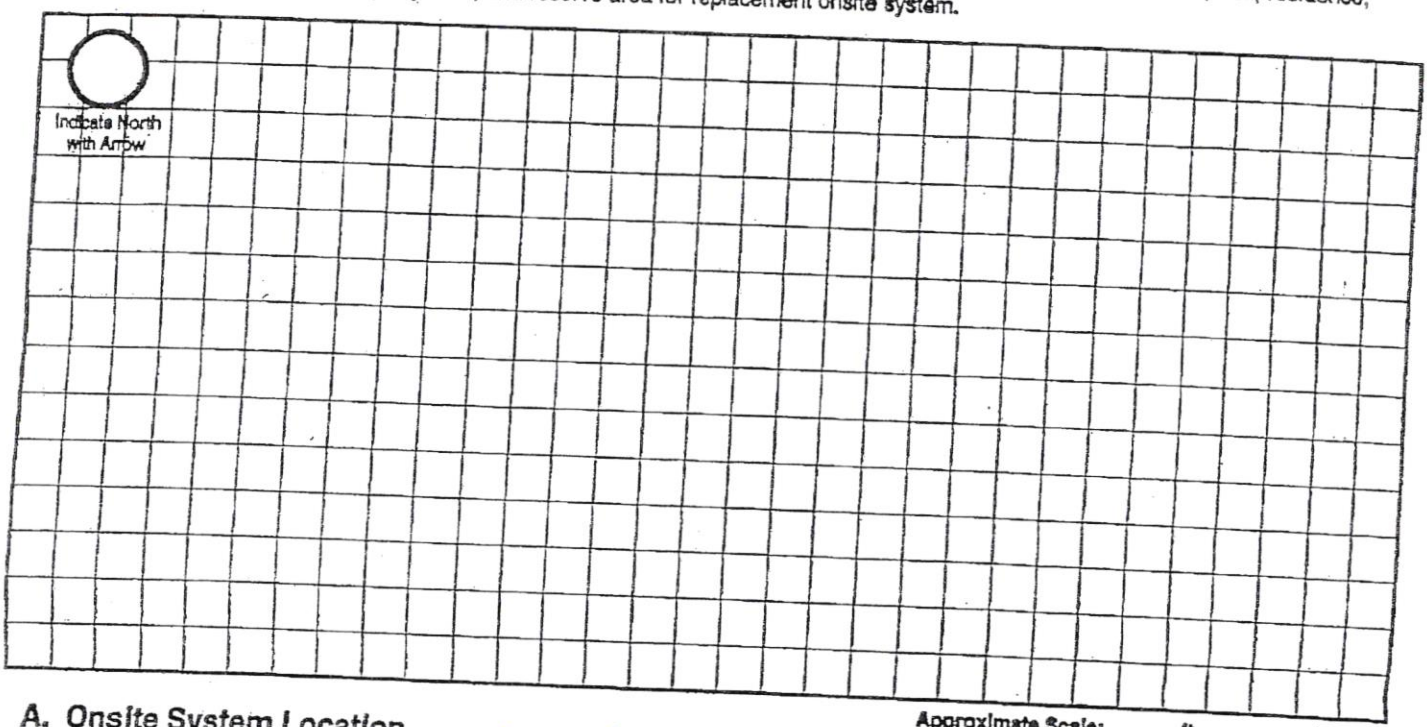
C

Permit Number:

Onsite Wastewater Treatment System

Preliminary Plan Specifications

Draw a plot plan showing onsite system sewer lines, drop of distribution boxes, tank, drainfields, percolation test holes, well, residence, direction of groundwater flow, property lines, and reserve area for replacement onsite system.



Approximate Scale: _____ft. = _____ grid line/s

A. Onsite System Location

Address (no rural route) 19201 NW 84th City Raymond NE, Zip _____

B. Proposed Septic Tank/s

Septic Tank Cap. 1750 gals Tank Material: ☐ Concrete ☑ Plastic ☐ Other_____ ☐ Lagoon(Max. seepage 1/8" per day)

C. Reserve Area for Replacement Onsite System

☐ Drainfield Absorption Area (percolation test required) ☐ Lagoon

D. Drainfield Absorption System

Percolation Rate 34 (min/inch = mpi) No. of Bedrooms 4 Soil Type Nehawka Land Slope 1 %

☑ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 1100 sq.ft.

Total length of laterals 245 Type of distribution: ☐ Perforated pipe ☐ Half-Round ☐ Chamber ☐ Other Poly

No. of absorption trenches 2 Width 3' No. of drop boxes 0 Distrubtion Box 1

No. of absorption beds _____ Width _____ No of Distribution lines per bed _____

E. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

F. Required Signatures

Home Building Contractor _____ Data 5-11-23

Installer _____ Date 5-11-23

site Form C 12_06

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. HS002540

System Type: Standard

Situs: No Site Address Specified

Issued: 5/23/2023

Expires: 5/23/2024

Description: S22, T12, R5, 6th Principal Meridian, LOT 6 SE

Owner: CROSBY, STEVEN & TINA
18201 NW 84 ST
RAYMOND, NE 68428

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

ROBERT BENES
1640 NORMANDY CT, STE A
LINCOLN, NE 68512

SCANNED

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

A

Permit Number #S002540

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

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Submit correct fee
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PID 0622400008000

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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

pproval Process ☐ Municipal Code 24.38 ☐ County Resolution No. 02-30

Health Department

te visits Installed w/o inspection

Date rec'd 5/23/23

Date frwd 5/23/23

ACTION ☒ Approved ☐ Disapproved

Signature

omments

Supt. Bldg. Insp. or Village Clerk

omments

Date rec'd

Date frwd

ACTION ☐ Approved ☐ Disapproved

Signature

City or County Engineer

mments

Date rec'd

Date frwd

ACTION ☐ Approved ☐ Disapproved

Signature

tallation Final Written Approval

12/5/23

te Doug Smith

Business Office Use Only

Date Received 5/18/23 Amount Paid $460

Received By JRO Cash/Check No. 34483

* Existing building

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: H5002540

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) 0622400008000

Owner Crosby Address 18201 NW 84th

A. Wastewater Piping

1. Material: PVC Diameter: 4 in.
2. Distance between dwelling and septic tank: 168 ft.

B. Septic Tank

1. Material F/G
2. Capacity: 2120 (2)
3. Depth to top of tank, below unfinished grade: 18 in.
4. Distance to:
   Well 200 ft.
   Pressure line 175 ft
   Property Line 100 ft.
   Foundation 170 ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: 15 ft W

D. Drainfield/Absorption Field

☑ Trench ❑ Bed

1. Type: ❑ Perforated Pipe ❑ Chamberless ☑ Other
   Material brand and inside width of Chamberless 1203 BP
2. Number of Laterals: 4
3. Length of each lataral (linear): ft 68 ft 72 ft 76 ft 86
4. Drainfield size: 1100 sq. ft. Quick 4 3.6250 factor
5. Distance to:
   Well 200 ft.
   Pressure line 175 ft.
   Property line 75 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: 11-22-23

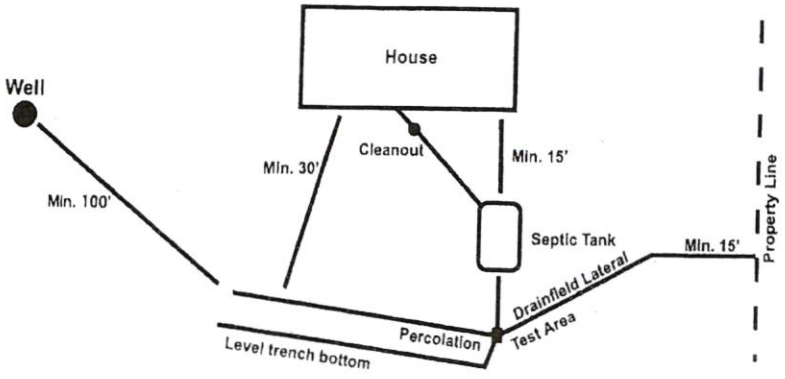
Complete As-Built drawing on the back of this form.

10-30

18201 NW 84th

Indicate North
w/ Arrow Here:

Onsite Wastewater System Design (Example)



*Note-If Lagoon, show all applicable dimensions

House
CO
75'
CO
5'
CO
20'
1000
1000
68'
72'
76'
88'
Quick 4 Chambers
200'
Well