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

A

Permit Number HS002561

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* 333 Branched Oak Rd (no rural route) City Raymond, NE Zip 68428

Legal Description NW 1/4 NW 1/4 35 Section 12N Township 6E Range ____ Subdivison ____ Addition ____ Block ____ Lot 25

PID 13-35-100-009-000 *Approx. Address (If to be determined) ____

B. Owner

Name Mark R Willet Signature Mark R Willet

Address 333 Branched Oak Rd City/State/Zip Raymond, NE 68428

Home Phone 402-770-8453 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 19.35

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 6-27-25 Amount Paid $460
Received By JRD Cash/Check No. 10500

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

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

B

Permit Number: 99380/989

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address _____ (no rural route) City _____ NE, Zip _____

Owner _____ Address _____

Soil Type (SCS): Silty Clay Loam (SHARPSBURG) Percolation Rate: 35 min./inch

Date of Tests 5-1-99 to 5-2-99 Weather: Precipitation 0 Temperature 40

Percolation Test Data Table

Christa 1st + Branched oak

A.	B.	C. D. Pre-Saturation Period				G. H. Percolation Readings		I.	J.		K. 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)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time (Min)	Water Level Drop (in)	Percolation Rates (Min/in)
1	36	5-1	2:00	5-2	5:00	5-2	5:00	6	5-2	9:00	30	3/4	40 MIN/IN
2	36	5-1	2:00	5-2	5:00	5-2	5:00	6	5-2	9:00	30	3/4	40 MIN/IN.
3	36	5-1	2:00	5-2	5:00	5-2	5:00	6	5-2	9:00	30	1	30 MIN/IN
4	36	5-1	2:00	5-2	5:00	5-2	5:00	6	5-2	9:00	30	1	30 MIN/IN
5	36	5-1	2:00	5-2	5:00	5-2	5:00	6	5-2	9:00	30	1	30 MIN/IN
6	36	5-1	2:00	5-2	5:00	5-2	5:00	6	5-2	9:00	30	3/4	40 MIN/IN

Sum of Percolation Rates: _____
Average of Rates: _____
Rate Used for Calculation: 35

Person Conducting Percolation Tests

Name: Brian Shuster / Design Ass.
Phone: 474-3000
Address: Pershing Sq.

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official Jerrold C. Hood Date MAY 11, 1999

fax 475-0717

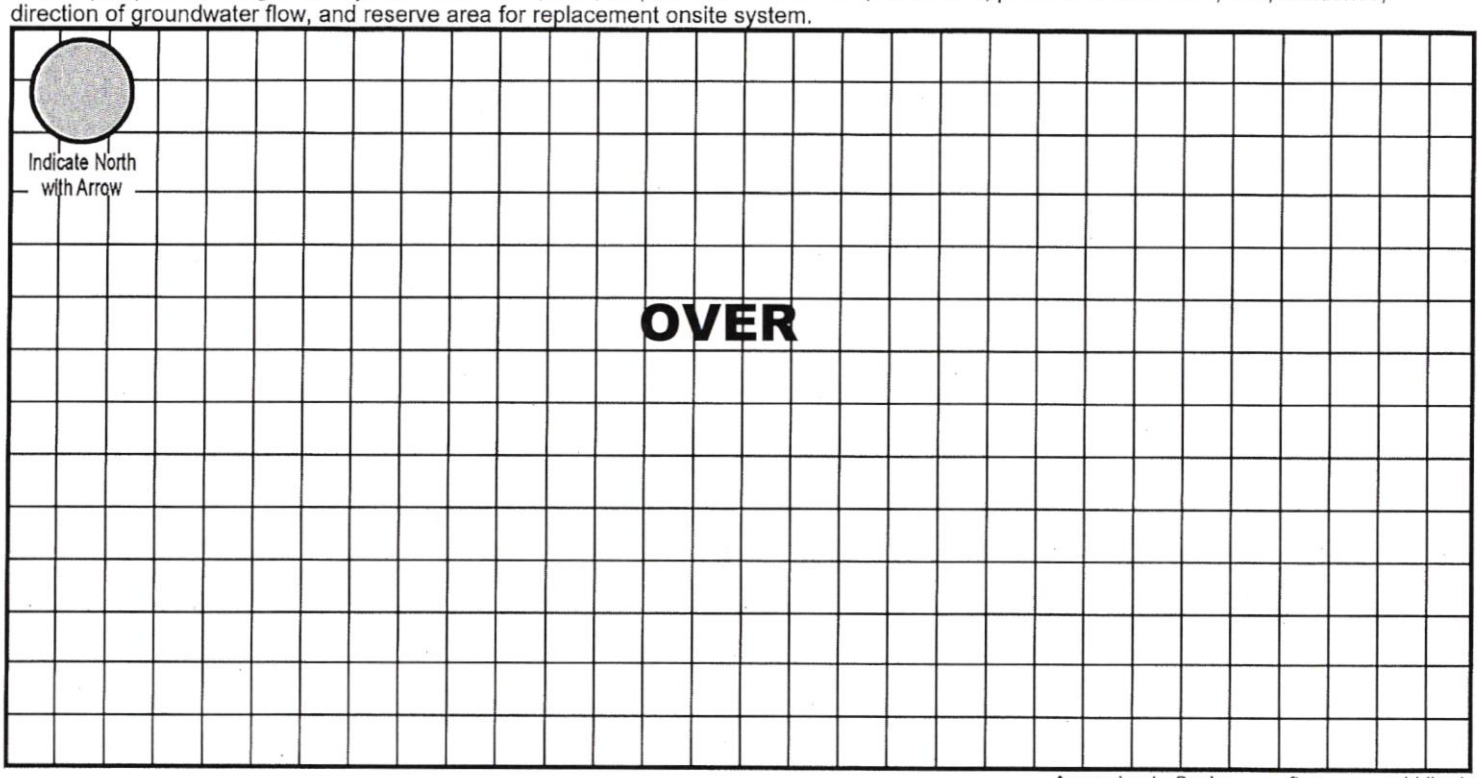
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

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) 333 Branched Oak Rd City Raymond NE, Zip 68428

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

☑ Trench ☐ Bed ☐ Non-standard (engineer-designed and NDEQ approved) Total square feet of drainfield 1,080 Sq. Ft.

Total length of laterals 240 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 _____

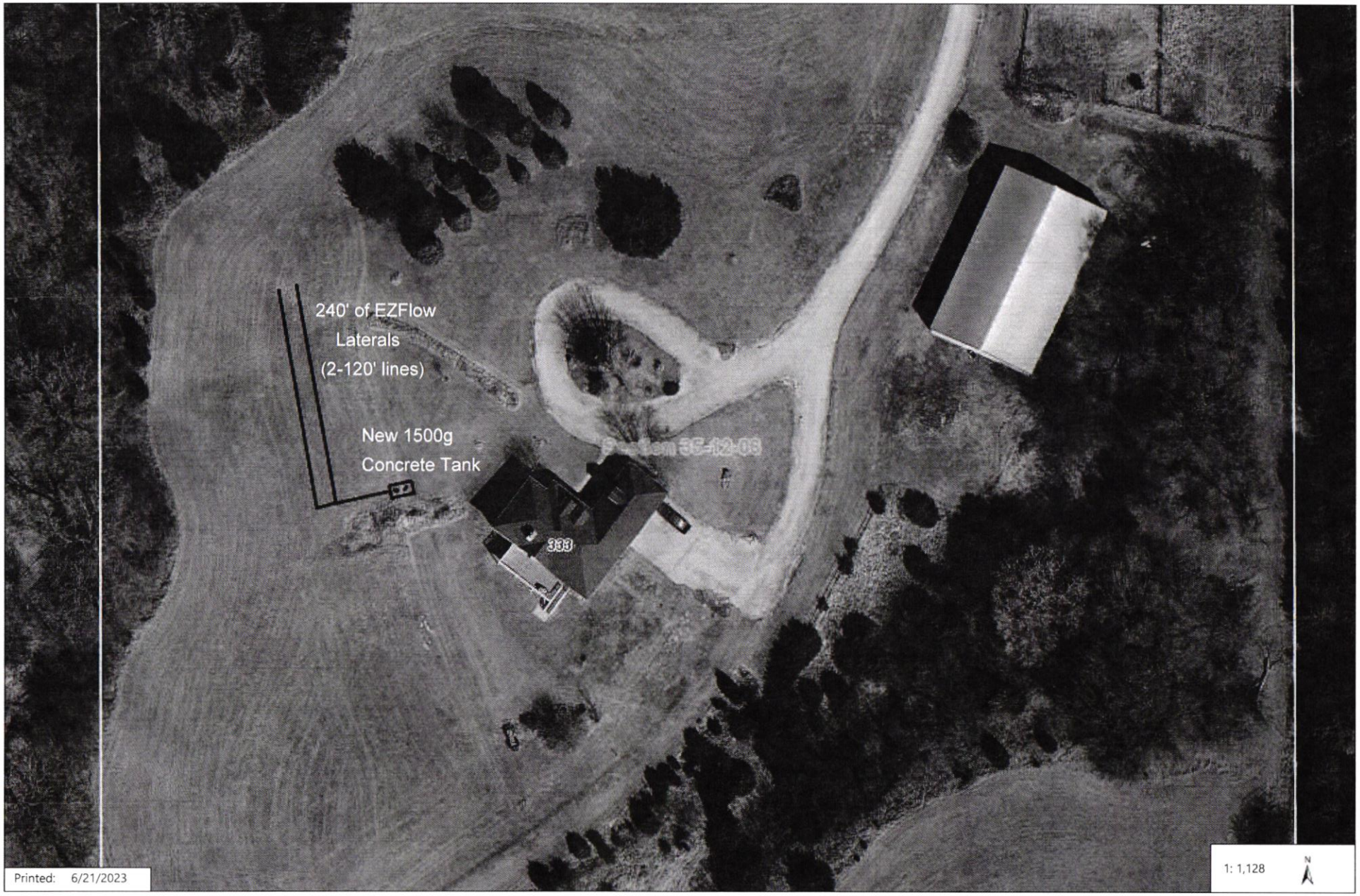
Installer Kevin L. Jahnke Date: 6/27/23

Updated 2/18

333 Branched Oak Rd, Raymond, NE 68428

GIS Viewer
CITY OF LINCOLN - LANCASTER COUNTY, NE

City of Lincoln\Lancaster County GIS Map



Printed: 6/21/2023

1: 1,128

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. HS002561

System Type: Standard

Situs: No Site Address Specified

Issued: 6/29/2023

Expires: 6/29/2024

Description: S35, T12, R6, 6th Principal Meridian, LOT 25 NW

Owner: WILLET, MARK R
333 BRANCHED OAK RD
DAVEY, NE 68336

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

SCANNED

A

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

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Comments ____ Date frwd 4/27/23 Signature ____

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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 7/7/23

Business Office Use Only

Date Received 4-27-23 Amount Paid $140

Received By JRD Cash/Check No. ____

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

333 Branched Oak Rd, Raymond, NE 68428

GIS Viewer
CITY OF LINCOLN - LANCASTER COUNTY, NE

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SCANNED