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

A

Permit Number
#5002597

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* 2626 W Masek Dr City Raymond, NE Zip 68428
(no rural route)

Legal Description 9 11 6 Maseks 2nd Addition 1
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 12-09-105-001-000 *Approx. Address (If to be determined)

B. Owner

Name Gotcha Covered Signature

Address 3800 Old Cheney Rd City/State/Zip Lincoln NE 68516

Home Phone Work Phone 402 420 5566

C. Certified Installer

Name: Cody Price Signature

Address 1249 N 20th Rd City/State/Zip Cordilla NE 68454

Work Phone 402 658 2084

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 5
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
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 4-28-23 Amount Paid $470.00
Received By SMD Cash/Check No 4615

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

Form A Updated: 4/15

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. HS002597

System Type: Lagoon

Situs: No Site Address Specified

Issued: 10/3/2023

Expires: 10/3/2024

Description: MASEKS 2ND ADDITION, Lot 1

Owner: VASA, GEOFFREY & LAURA
6651 VERANO DR
LINCOLN, NE 68523

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

CODY PRICE
1249 N 20TH RD
UNADILLA, NE 68454

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

SCANNED

A

Permit Number
HS002597

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Date rec'd 10/3/23
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ACTION ☒ Approved ☐ Disapproved
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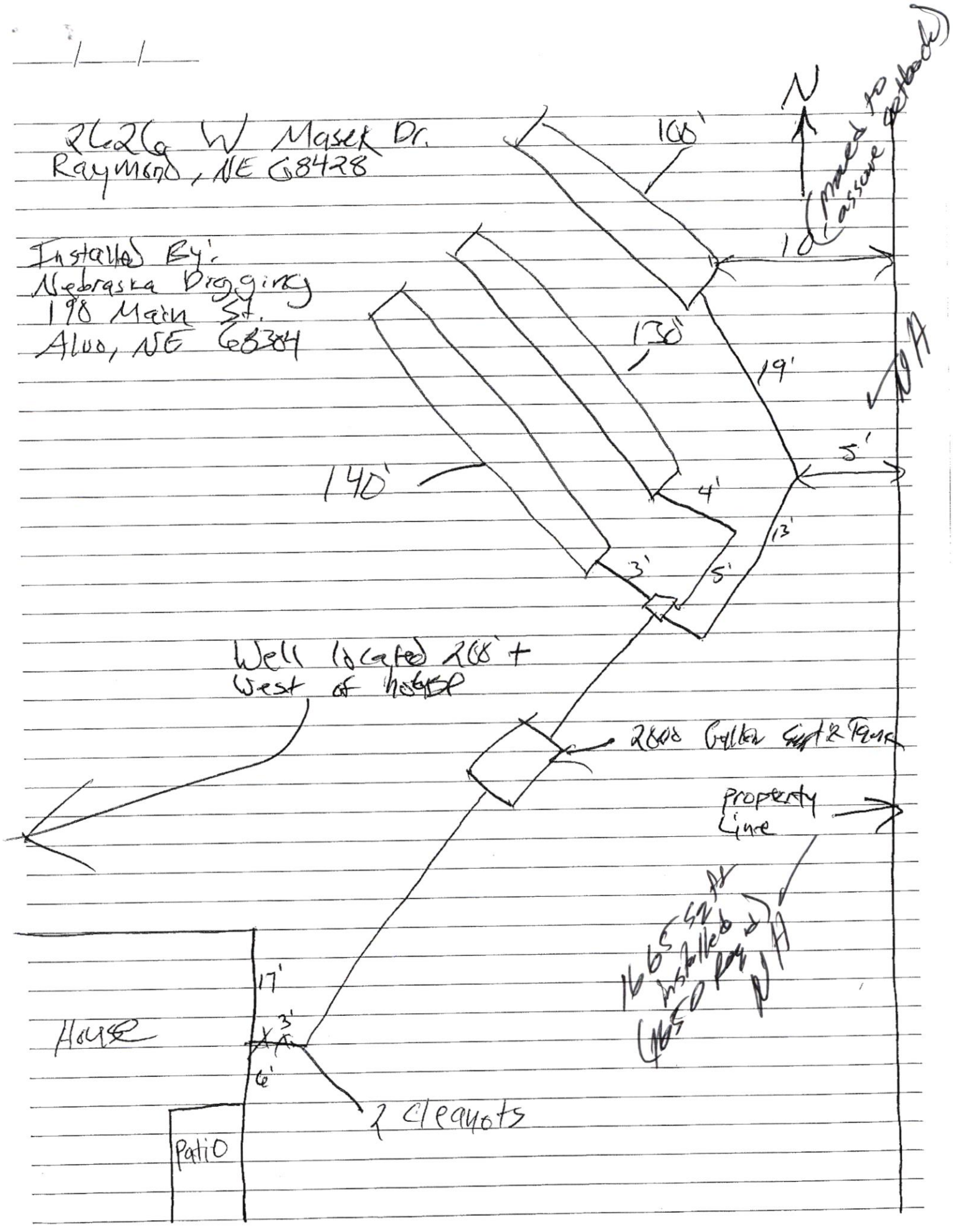
Installation Final Written Approval
By
Date 1/4/24

Business Office Use Only
Date Received 9-28-23 Amount Paid $470.00
Received By JMD Cash/Check No 4615

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

Form A Updated: 4/15

1 / 1


2626 W Masek Dr.
Raymond, NE 68428
Installed By:
Nebraska Digging
198 Main St.
Alvo, NE 68304
N
100'
10'
(must be assure setback)
13'
19'
10A
5'
140'
4'
13'
3'
5'
Well located 200'+ West of house
2000 Gallon Sept & Tank
Property Line
House
17'
3'
6'
2 cleanouts
Patio

Nate C. Hartman

From: Cody Price <cody@nebraskadigging.com>
Sent: Wednesday, January 10, 2024 11:34 AM
To: Nate C. Hartman
Subject: Re: 2626 W masek dr as built
Attachments: 20240111000747468.pdf

Sorry about that, here you go.

On Wed, Jan 10, 2024 at 11:22 AM Nate C. Hartman <nhartman@lincoln.ne.gov> wrote:

> Please provide the length of each lateral..linear feet..
>
> Thanks!
>
> Nate Hartman REHS, QCIS, QPSWPPP
>
> Senior Environmental Health Specialist
>
> 3131 'O' Street, Lincoln, NE 68510
>
> O: 402-441-8643 F: 402-441-3890

From: Cody Price <cody@nebraskadigging.com>
Sent: Wednesday, January 10, 2024 10:57 AM
To: Nate C. Hartman <nhartman@lincoln.ne.gov>
Subject: 2626 W masek dr as built

Nate, I have attached the as built. If you need anything else please let me know

-Respectfully-

Cody Price

President

190 Main Street

Alvo, NE 68304

Our mailing address has changed!
P.O. Box 227
Eagle, NE 68347

Cell: 402-658-2084

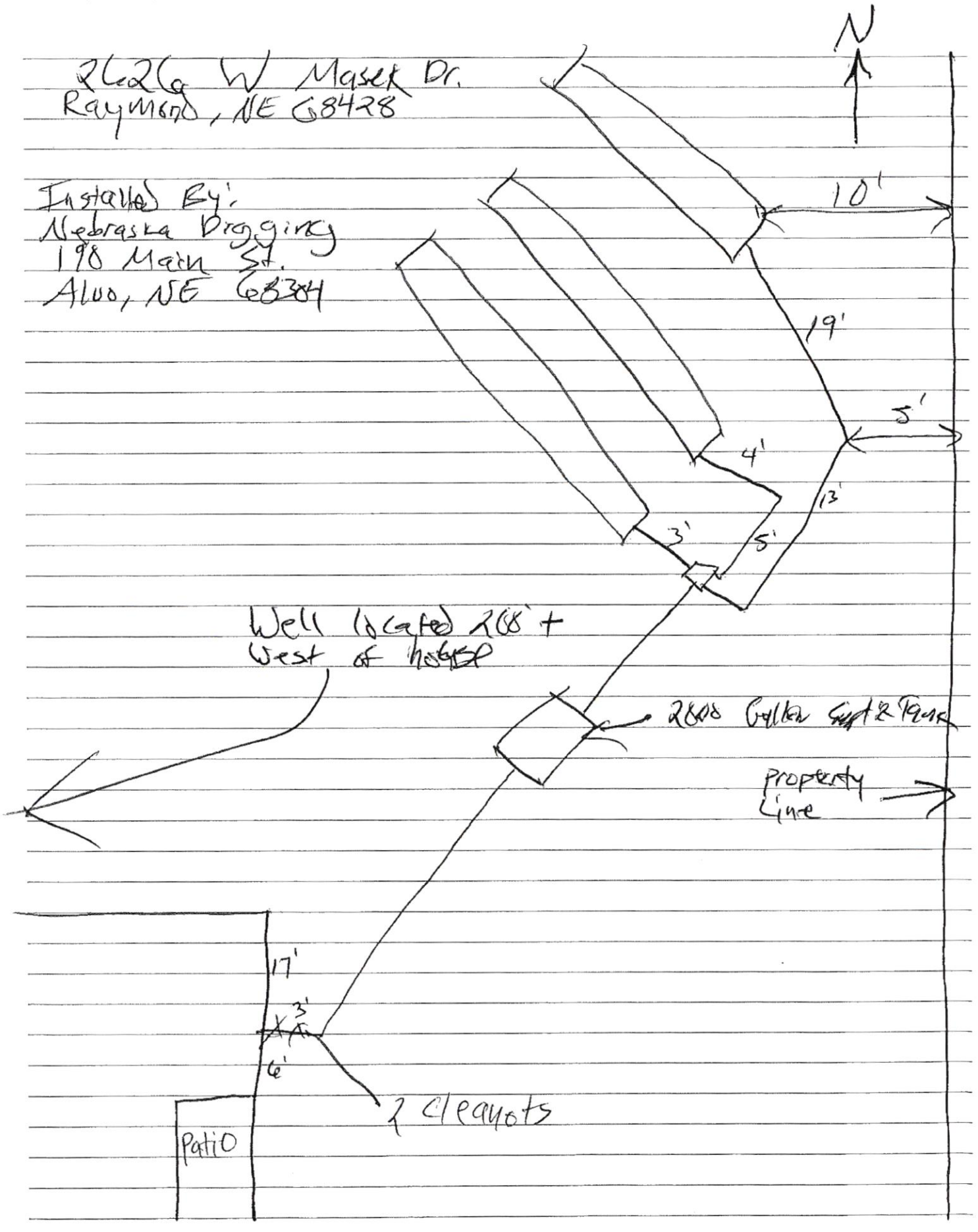
Email: cody@nebraskadigging.com

Website: www.nebraskadigging.com

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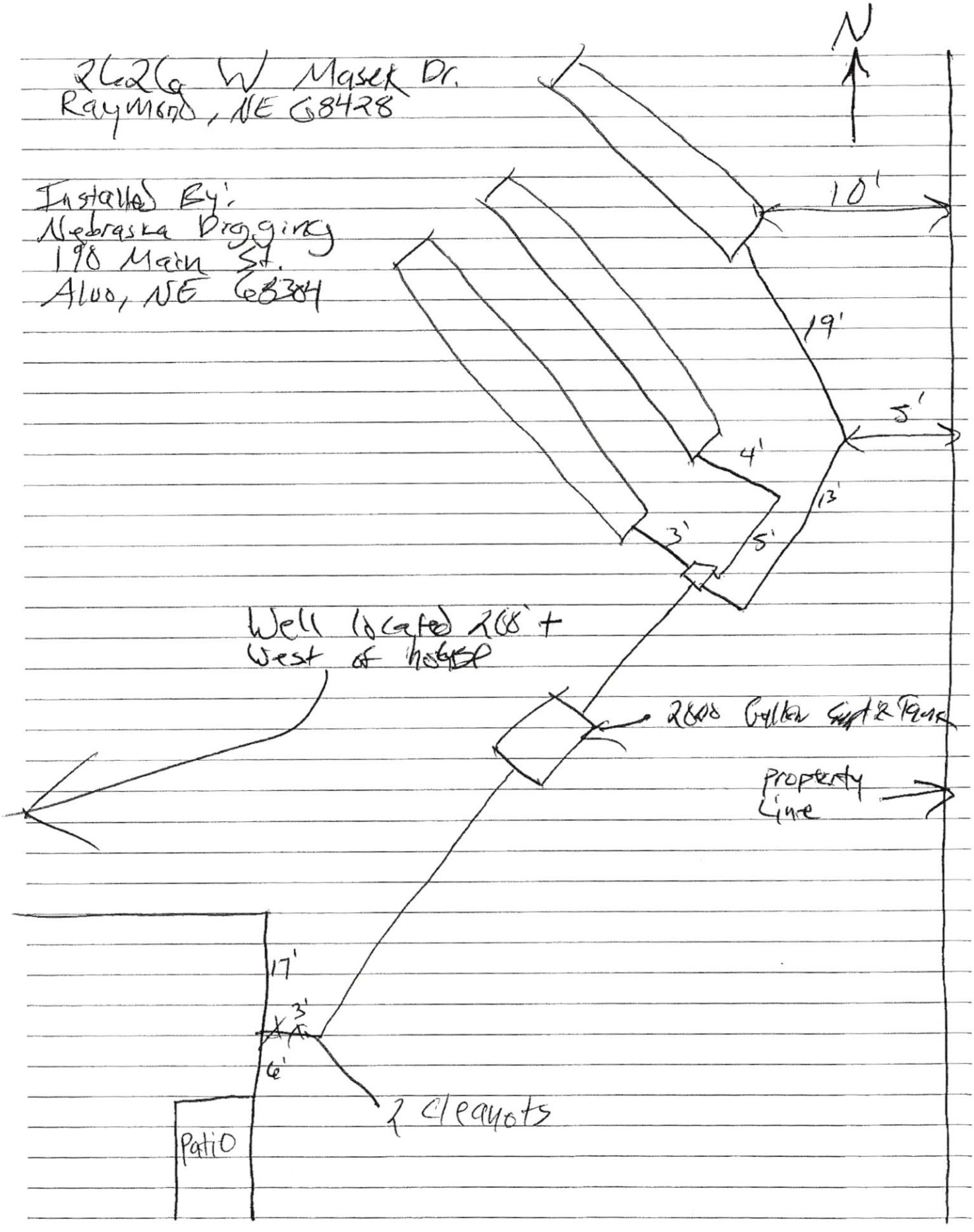
--

Cody Price
President
190 Main Street
Alvo, NE 68304
Our mailing address has changed!
P.O. Box 227
Eagle, NE 68347
Cell: 402-658-2084
Email: cody@nebraskadigging.com
Website: www.nebraskadigging.com


2626 W Masek Dr.
Raymond, NE 68428
Installed By:
Nebraska Digging
198 Main St.
Alvo, NE 68304
N
10'
19'
5'
4'
13'
3'
5'
Well located 200' +
West of house
2000 Gallon Septic Tank
property
Line
17'
3'
6'
2 cleanouts
Patio

2626 W Masek Dr.
Raymond, NE 68428

Installed By:
Nebraska Digging
198 Main St.
Alvo, NE 68304



NEBRASKA
Good Life. Great Resources.
DEPT. OF ENVIRONMENT AND ENERGY

Onsite Wastewater Treatment System
Soil Percolation Test Data Sheet

12-014
Ver. 4/2020

Owner Name Geoffrey and Laura Vasa Phone (402) 560-2420

Address 6651 Verano Dr Lincoln (City) NE (State) 68523 (Zip)

Location (Attach a sketch of the property showing test hole locations)

__ ¼ __ ¼ 9 (Section) 11 (Township) 6 (Range) Lancaster (County)

Lot # 1 Subdivision Maseks 2nd Addition

Soil Type (Check one)

Sand ☐ Silt ☐ Clay ☐ Sandy Clay ☐ Loamy Sand ☐ Silty Clay ☐

Silty Clay Loam ☑ Sandy Loam ☐ Silt Loam ☐

Dates of Test

Start Date 11/14 to End Date 11/15, 2023

Weather Conditions

Precipitation 0 Avg. Temp 40 °F

Percolation Test Measurements and Data

Hole No.	Hole Depth (in.)	Pre-saturation Period: Start Date (Mo./Day)	Pre-saturation Period: Start Time (Hr./Min)	Pre-saturation Period: End Date (Mo./Day)	Pre-saturation Period: End Time (Hr./Min)	Percolation Readings (last period): Start Date (Mo./Day)	Start Time (Hr./Min)	Start Water Level (inch)	End Time (Hr./Min)	End Water Level Drop (inch)	Results: Elapsed Time (minutes)	Drop in Water Level (inches)	Percolation Rate (m ÷ l) (Minutes per inch)
1	36	11/14	11:00	11/15	2:15	11/15	2:30	4.5	3:00	5.125	30	.625	48
2	36	11/14	11:00	11/15	2:15	11/15	2:30	3.5	3:00	4.125	30	.75	40
3	36	11/14	11:00	11/15	2:15	11/15	2:30	4.5	3:00	5.25	30	.625	48

Tests must be performed by a certified professional, a professional engineer or a registered environmental health specialist.

Signature

Certificate or License # 2547

Address 1249 N 20th Road

City Unadilla St. NE Zip 68454

Phone (402) 658-2084

Sum of Percolation Rates = 136

Avg. of Percolation Rates* = 45.33
(sum of rates ÷ number of tests)
(minutes per inch)

* If rates vary by more than 20 min/in., do not average. Use slowest rate measured for sizing soil absorption area.

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

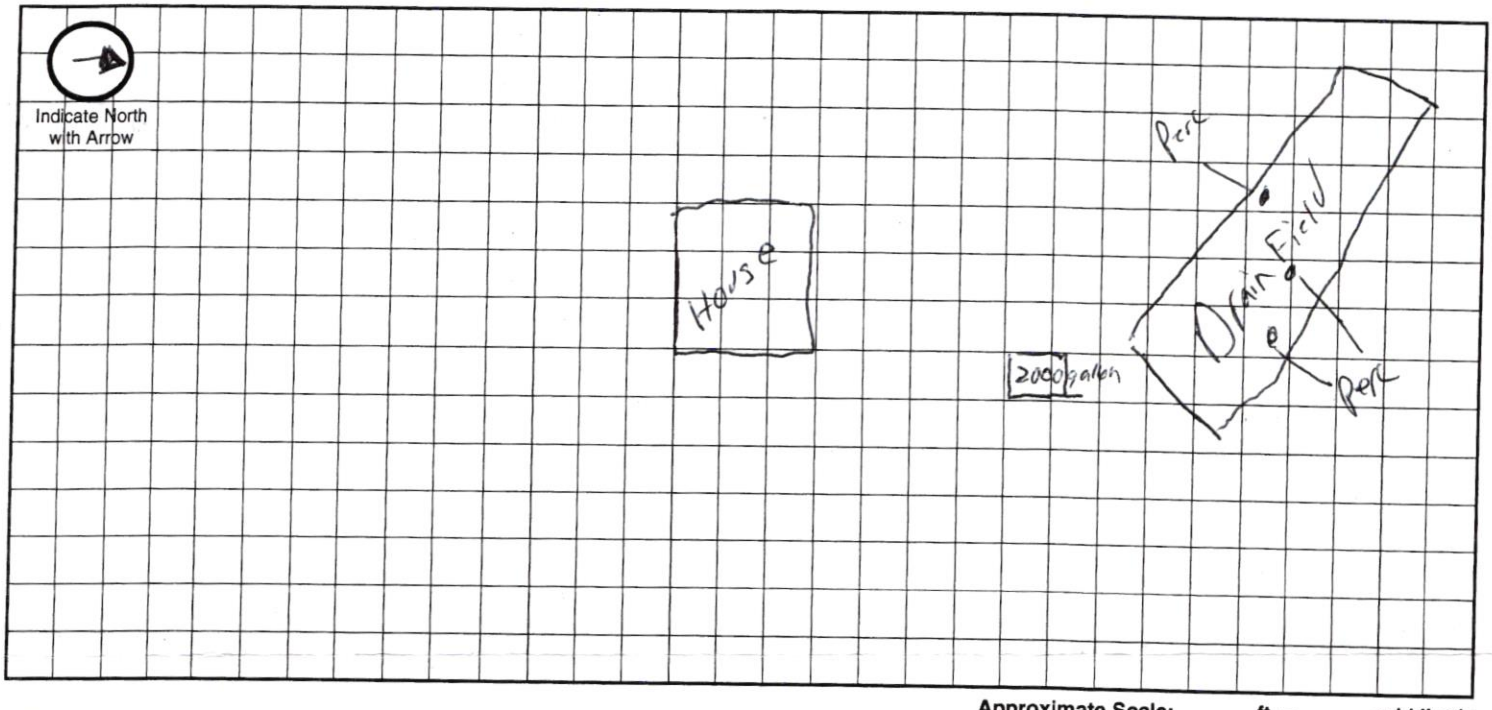
C

Permit Number: HS 00 2597

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) 7626 W. Mary City _____ NE, Zip _____

B. Proposed Septic Tank/s

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

C. Reserve Area for Replacement Onsite System

☐ Drainfield Absorption Area (percoloation 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 ☐ Chamber ☐ Other

No. of absorption trenches_____ Width_____ No. of drop boxes_____ Distrubtion Box_____

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 _____ Date _____

Installer _____ Date _____