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

A

Permit Number HS0025991

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* 6480 W Rokeby Rd (no rural route) City Denton, NE Zip 68339

Legal Description SE (1/4) SW (1/4) 25 (Section) 9N (Township) 5E (Range) _____ (Subdivison) _____ (Addition) 48 (Block) _____ (Lot)

PID 03-25-300-008-000 *Approx. Address (if to be determined) _____

B. Owner

Name Rex Ray Brinton Signature Rex R Brinton

Address 6480 W Rokeby Rd City/State/Zip Denton, NE 68339

Home Phone 402-440-1903 (Brenda Pape, daughter) 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 2 Whirlpool Bathtub? ☐ Yes ☑ No Total Acres 20.01

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 10-02-23 Amount Paid $470
Received By JAO Cash/Check No. CC 5040

White - Health Department Yellow - Engineer Pink - Building & Safety Form A Updated: 2/16

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 6490 W Rokeby Rd (no rural route) City Denton NE, Zip NE

Owner Rex Brinton Address 6490 W Rokeby Rd, Denton, NE 68339

Date of Tests 9/5/23 to 9/6/23 Weather: Precipitation 0 Temperature 78°

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		Initial	End		Elapsed	Water	
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)	Time Interval	Level Drop(in)	Percolation Rates (Min/in = mpi)
1	72	9/5	2:45p	9/6	11:30a	9/6	3:00	6	9/6	3:30	30	1/2	60
2	72	9/5	2:45p	9/6	11:30a	9/6	3:00	6	9/6	3:30	30	3/4	40
3	72	9/5	2:45p	9/6	11:30a	9/6	3:00	6	9/6	3:30	30	1/2	60
4								6			30		
5								6			30		-
6								6			30		-
7								6					
8								6					

Person Conducting Percolation Test

Name: Vern Jakoubek

Phone: 402-783-2663

Address 13800 NW 70th St Raymond, NE 68428

Sum of Percolation Rates: 160

Average of Rates: 53

Rate Used for Calculation: 53

Soil type (NRCS Maps/Other) Otoe SCL

Groundwater Depth >12'

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official Date

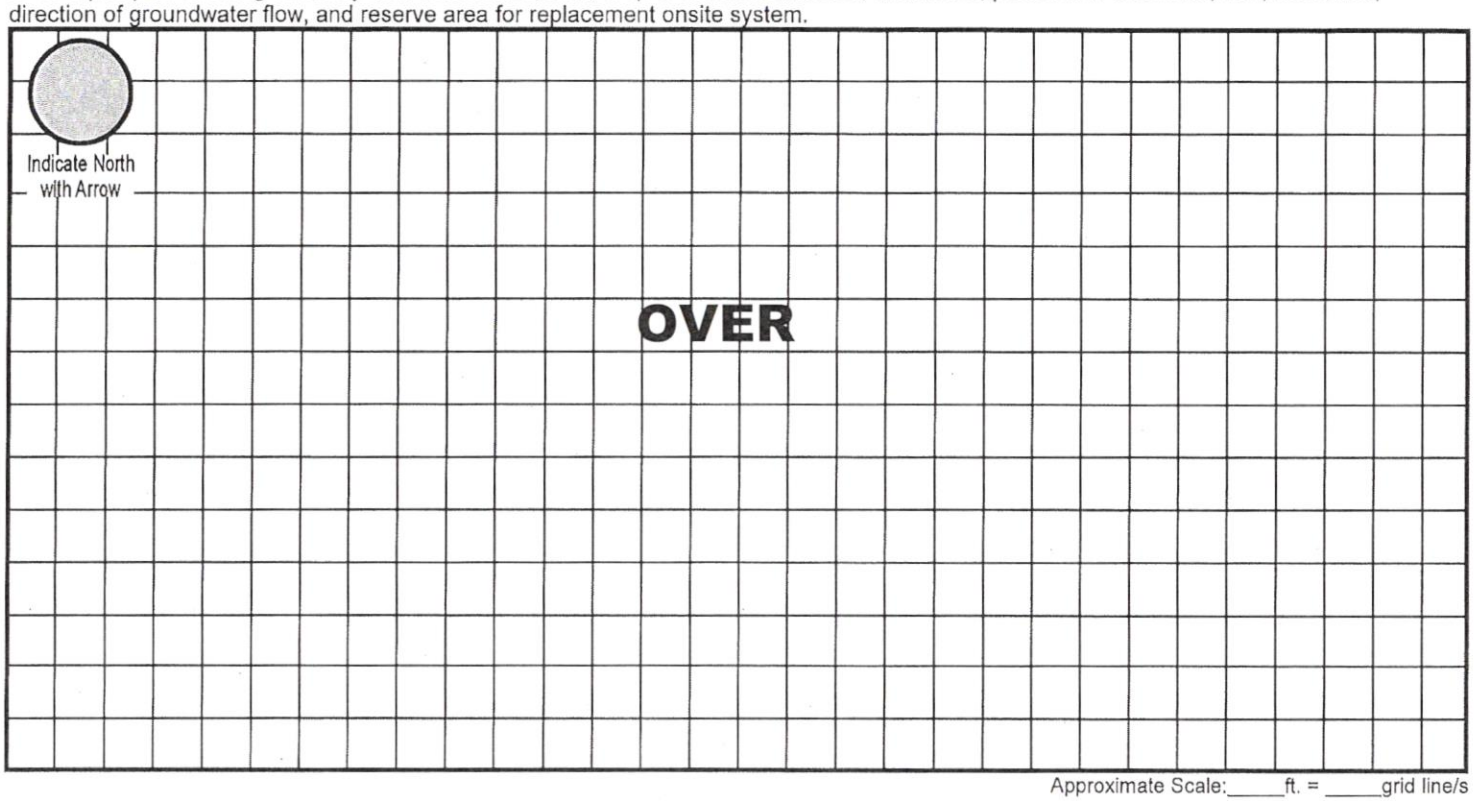
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

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) 6480 W Rokeby Rd City Denton NE, Zip 68339

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 53 (min/inch = mpi) No. of Bedrooms 2 Soil Type Otoe SCL Land Slope ____ %

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

Total length of laterals 160' Type of Distribution: ☐ Perforated Pipe ☐ Half-Round ☐ Chambers ☑ Other EZFlow 1203H

No. of Absorption Trenches ____ 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: 10/2/23

6480 W Rokeby Rd, Denton, NE 68339

GIS Viewer
CITY OF LINCOLN - LANCASTER COUNTY, NE

City of Lincoln\Lancaster County GIS Map



Printed: 8/30/2023

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. HS002599

System Type: Standard

Situs: No Site Address Specified

Issued: 10/3/2023

Expires: 10/3/2024

Description: S25, T9, R5, 6th Principal Meridian, LOT 48 SW

Owner: BRINTON, REX RAY
6480 W ROKEBY RD
DENTON, NE 68339

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


CASE
580
CASE
Alpha


4" CR



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

A

Permit Number HS0025999

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* 6480 W Rokeby Rd (no rural route) City Denton, NE Zip 68339

Legal Description SE (1/4) SW (1/4) 25 (Section) 9N (Township) 5E (Range) ____ (Subdivison) ____ (Addition) 48 (Block) ____ (Lot)

PID 03-25-300-008-000 *Approx. Address (If to be determined) ____

B. Owner

Name Rex Ray Brinton Signature Rex R Brinton

Address 6480 W Rokeby Rd City/State/Zip Denton, NE 68339

Home Phone 402-440-1903 (Brenda Pape, daughter) 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 2 Whirlpool Bathtub? ☐ Yes ☑ No Total Acres 20.01

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 10/6/2023 MM
Comments Cave
Date rec'd 10/5/23
Date frwd 10/6/23
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 10/9/23

Business Office Use Only
Date Received 10-02-23 Amount Paid $470
Received By JAO Cash/Check No. cc 5040

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