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

A

Permit Number HS002606

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* 2720 SW 49th St (no rural route) City Lincoln, NE Zip 68522

Legal Description: SE (1/4) SW (1/4) 31 (Section) 10N (Township) 6E (Range) Prairie West (Subdivison) 4 (Block) 2 (Lot)

PID 10-31-304-002-000 *Approx. Address (If to be determined)

B. Owner

Name Prairie Home Builders Inc Signature Robert D. Champion

Address 2045 S Folsom St Ste A City/State/Zip Lincoln, NE 68522

Home Phone 402-476-6599 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 5 Whirlpool Bathtub? ☐ Yes ☑ No Total Acres 3.29

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 10-26-23 Amount Paid $470
Received By JAO Cash/Check No 65042

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 2720 SW 49th St (no rural route) City Lincoln NE, Zip 68522

Owner Prairie Home Builders Inc Address 2045 S Folsom St Ste A, Lincoln, NE 68522

Date of Tests 10/16/23 to 10/17/23 Weather: Precipitation 0 Temperature 70°

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			End				
Hole No.	Hole Depth(in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Initial Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time Interval	Water Level Drop(in)	Percolation Rates (Min/in = mpi)
1	72	10/16	10:00a	10/17	8:30a	10/17	12:00p	6	10/17	12:30p	30	7/8	34
2	72	10/16	10:00a	10/17	8:30a	10/17	12:00p	6	10/17	12:30p	30	1	30
3	72	10/16	10:00a	10/17	8:30a	10/17	12:00p	6	10/17	12:30p	30	1-1/8	27
4	72	10/16	10:00a	10/17	8:30a	10/17	12:00p	6	10/17	12:30p	30	15/16	32
5								6					
6								6					
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: 123

Average of Rates: 31

Rate Used for Calculation: 31

Soil type (NRCS Maps/Other) _____

Groundwater Depth _____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official _____ Date _____

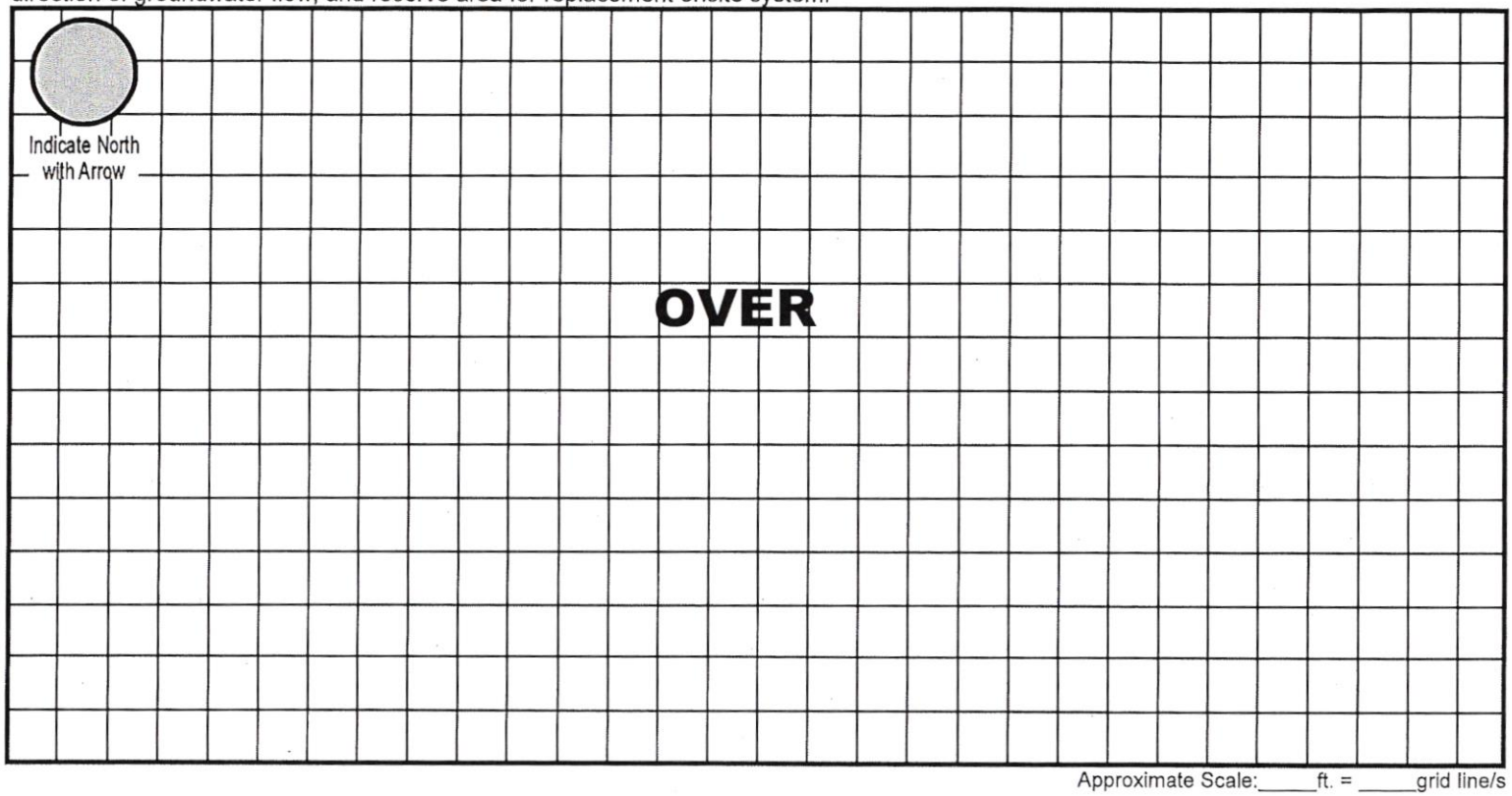
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

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) 2720 SW 49th St City Lincoln NE, Zip 68522

B. Proposed Septic Tank/s

Septic Tank Cap. 2000 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 31 (min/inch = mpi) No. of Bedrooms 5 Soil Type Aksarben SCL Land Slope _____ %

☑ Trench ☐ Bed ☐ Non-standard (engineer-designed and NDEQ approved) Total square feet of drainfield 1,395 Sq. Ft.

Total length of laterals 310 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 Mervin L. Jakowsek Date: 10/25/23

Updated 2/18

SITE PLAN

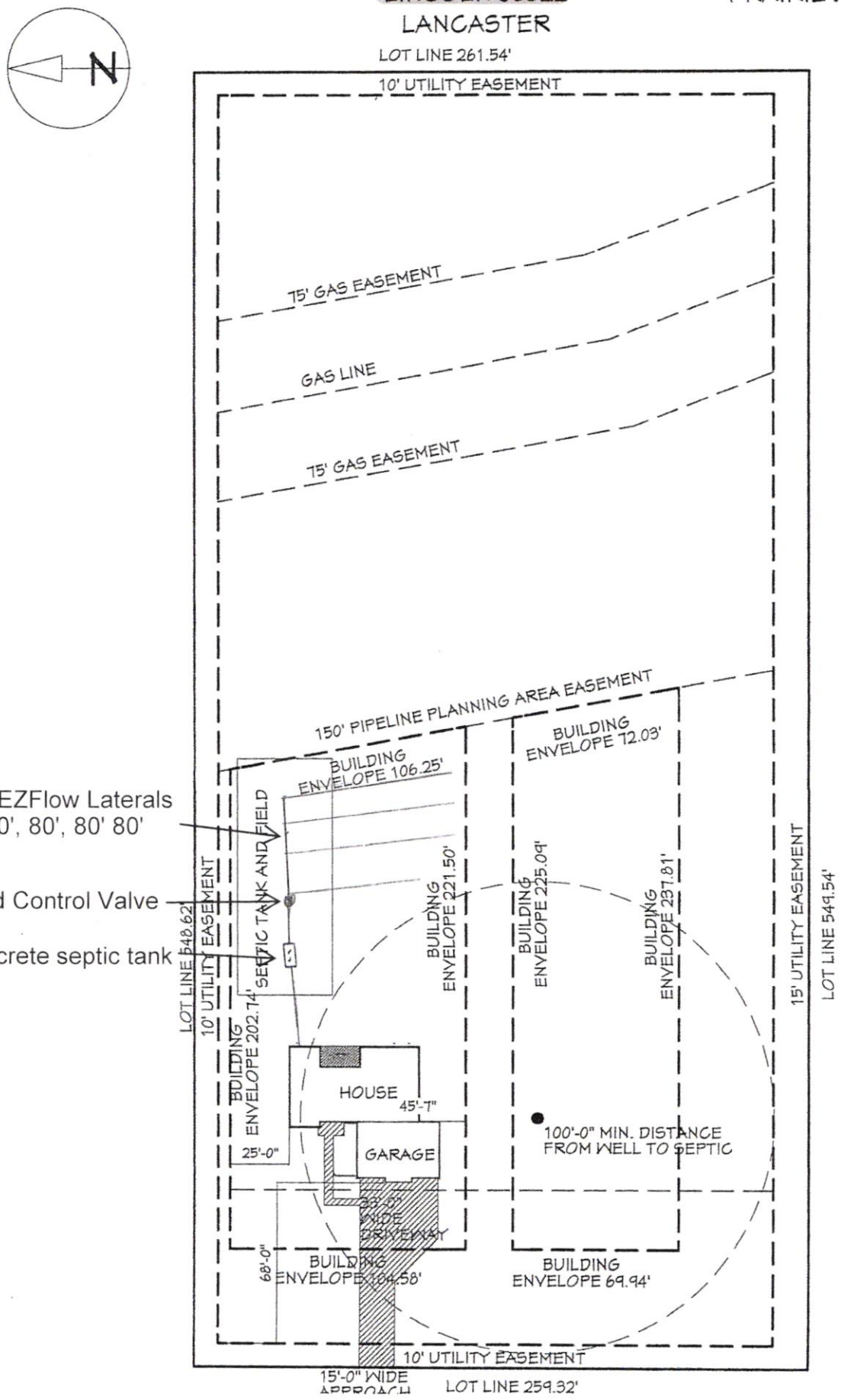
1" =200'-0"

ADDRESS

2720 SW 49TH STREET
LINCOLN 68522
LANCASTER

LEGAL DESCRIPTION

LOT 2 BLOCK 4
PRAIRIE WEST ADDITION



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. HS002606

System Type: Standard

Situs: No Site Address Specified

Issued: 10/27/2023

Expires: 10/27/2024

Description: PRAIRIE WEST ADDITION, BLOCK 4, Lot 2

Owner: PRAIRIE HOME BUILDERS INC
2045 S FOLSOM ST STE A
LINCOLN, NE 68522

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