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

A

Permit Number #S002621

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* 355 W Sprague Rd (no rural route) City Roca, NE Zip 68430

Legal Description: NE (1/4) NE (1/4) 34 (Section) 8N (Township) 6E (Range) ____ (Subdivison) ____ (Addition) ____ (Block) 56 (Lot)

PID 08-34-200-011-000 *Approx. Address (If to be determined) ____

B. Owner

Name Daniel S & Kristin J Henson Signature ____

Address 2524 SW 16th St City/State/Zip Lincoln, NE 68522

Home Phone 402-890-7141 Work Phone ____

C. Certified Installer

Name: Terri Jakoubek Signature ____

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 6 Whirlpool Bathtub? ☐ Yes ☑ No Total Acres 7.9

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 12-13-23 Amount Paid $410
Received By JAC Cash/Check No. CC5040

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 355 W Sprague Rd (no rural route) City Martell NE, Zip 68430

Owner Daniel S Henson Address 2524 SW 16th St, Lincoln, NE 68522

Date of Tests 11/15/23 to 11/16/23 Weather: Precipitation 0 Temperature 61°

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	20	11/15	11:30a	11/16	11:30a	11/16	3:00p	6	11/16	3:30p	30	7/8	34
2	22	11/15	11:30a	11/16	11:30a	11/16	3:00p	6	11/16	3:30p	30	1-3/8	22
3	21	11/15	11:30a	11/16	11:30a	11/16	3:00p	6	11/16	3:30p	30	2-1/4	13
4	20	11/15	11:30a	11/16	11:30a	11/16	3:00p	6	11/16	3:30p	30	3-5/8	8
5	24	11/15	11:30a	11/16	11:30a	11/16	3:00p	6	11/16	3:30p	30	7/8	34
6	20	11/15	11:30a	11/16	11:30a	11/16	3:00p	6	11/16	3:30p	30	2-1/2	12
7	20	11/15	11:30a	11/16	11:30a	11/16	3:00p	6	11/16	3:30p		1-1/2	20
8								6					

Person Conducting Percolation Test

Name: Vernon Jakoubek

Phone: 402-783-2663

Address 13800 NW 70th St Raymond, NE 68428

Sum of Percolation Rates: 143

Average of Rates: 20

Rate Used for Calculation: 34

Soil type (NRCS Maps/Other) Judson SL

Groundwater Depth >6'

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official Date

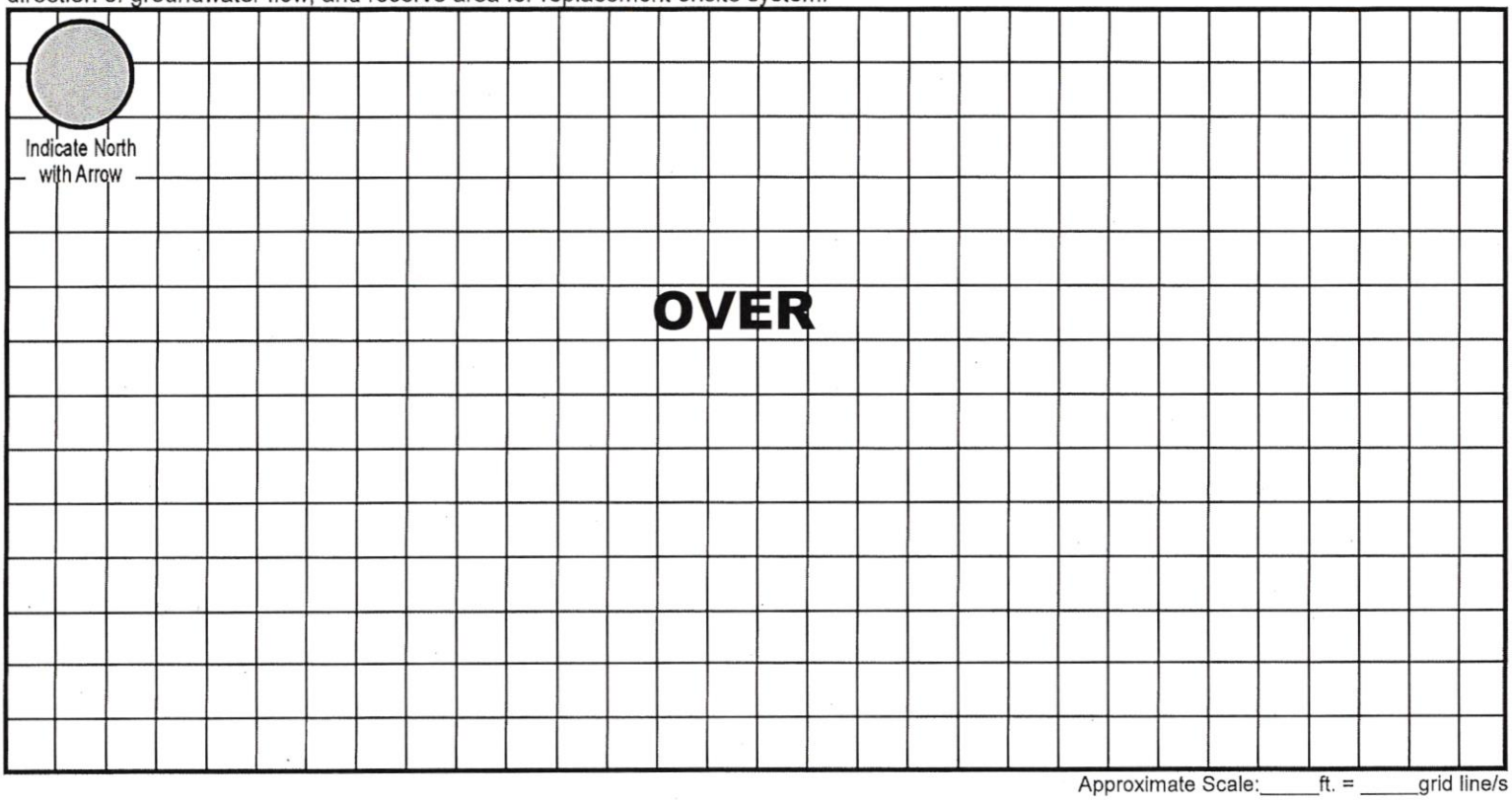
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

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) 355 W Sprague Rd City Roca NE, Zip 68430

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 34 (min/inch = mpi) No. of Bedrooms 6 Soil Type Judson SL Land Slope _____ %

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

Total length of laterals 370' 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 _____

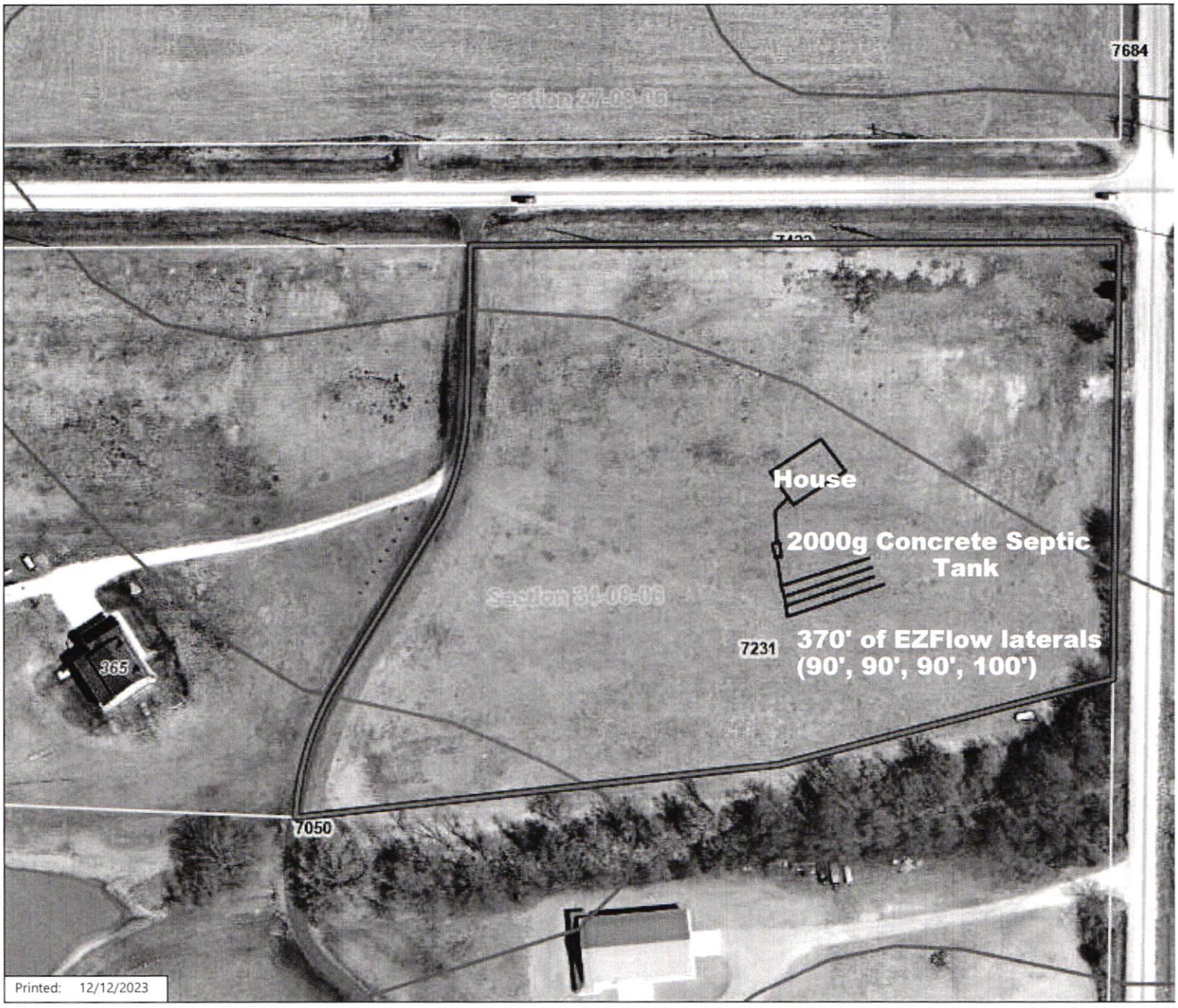
No. of Absorption Beds _____ Width _____ No. of Distribution Lines per Bed _____

Installer Mervin L Jakubek Date: 12/12/23

Updated 2/18

GIS Viewer
CITY OF LINCOLN - LANCASTER COUNTY, NE

City of Lincoln\Lancaster County GIS Map



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 regardir 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. HS002621

System Type: Standard

Situs: No Site Address Specified

Issued: 12/26/2023

Expires: 12/26/2024

Description: S34, T8, R6, Acres 6th Principal Meridian, LOT 56 NE

Owner: HENSON, DANIEL S & KRISTIN J
2524 SW 16 ST
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

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

A

Permit Number #S002621

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* 355 W Sprague Rd (no rural route) City Roca, NE Zip 68430

Legal Description: NE (1/4) NE (1/4) 34 (Section) 8N (Township) 6E (Range) ____ (Subdivison) ____ (Addition) ____ (Block) 56 (Lot)

PID 08-34-200-011-000 *Approx. Address (If to be determined) ____

B. Owner

Name Daniel S & Kristin J Henson Signature [signature]

Address 2524 SW 16th St City/State/Zip Lincoln, NE 68522

Home Phone 402-890-7141 Work Phone ____

C. Certified Installer

Name: Terri Jakoubek Signature [signature]

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 6 Whirlpool Bathtub? ☐ Yes ☑ No Total Acres 7.9

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 3/20/24 JC Date rec'd ____ Date frwd ____

ACTION ☐ Approved ☐ Disapproved Signature ____

Comments ____

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 [signature]

Date 4/1/24

Business Office Use Only

Date Received 12-13-23 Amount Paid $410

Received By JAC Cash/Check No. CC5040

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

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

D

Permit Number: HS002621

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 PID = 08-34-200-011-000

Address or Legal Description or Parcel Identification Number (PID) 355 W Sprague Rd, Roca, NE 68430

Owner: Daniel S Henson Address 2524 SW 16th St, Lincoln, NE 68522

A. Wastewater Piping

1. Material: SDR26 Diameter: 4 in.
2. Distance between dwelling and septic tank: 95 ft.

B. Septic Tank

1. Material Concrete
2. Capacity: 2000g
3. Depth to top of tank, below unfinished grade: 34 in.
4. Distance to:
   Well 280 ft. +
   Pressure line N/A ft +
   Property Line 100 ft. +
   Foundation 50 ft. +

C Distribution Box or Drop Box

Distance **and** Direction from septic tank: 8 ft. SW

Drainfield Control Valve

D. Drainfield/Absorption Field

☑ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☑ Other
   Material brand and inside width of Chamberless: EZFlow 1203H Bundles
2. Number of Laterals: 4
3. Length of each lataral (linear): ft. 100 ft. 90 ft. 90 ft. 90
4. Drainfield size: 1,665 sq. ft.
5. Distance to:
   Well 280 ft. +
   Pressure line N/A ft. +
   Property line 20 ft. +
   Depth of Groundwater >6'

Was the Onsite Wastewater System covered prior to LLCHD inspection? ☑ Yes (Partially) ☐ 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: Mark L. Jakobek Date: 3/20/24

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

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

Exhibit 5

Permit Number: HS002621

Onsite Wastewater Treatment System

Inspection Sheet

Date 4/1/24 Legal Description _____

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 355 W. Sprague City _____

Owner _____ Address _____

Mark One: ☐ Dwelling ☐ Non-dwelling

☐ New System ☐ Alteration [☐ Tank Only ☐ Trench Only] ☐ Lateral Only

☐ Temporary modification (Describe problem causing discharge and reason for temporary modification): _____

_____

Drainfield Absorption System:

☐ Lateral ☐ Bed ☐ Non-standard (engineer-designed and NDEQ approved) ☐ Holding Tank ☐ Trench

Total square feet of drainfield 1,665 Sq. Ft. Tank Size 2,000 gals

Total length of laterals 370' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☐ Other (describe)_____

_____

No. of Absorption Laterals 4 Width 4.5 Kaclo No. of Drop Boxes _____ Distribution Box _____

Leveling Method Used Laser

Setbacks (Check the Boxes Below if the Required Setback has been Satisfied):

Distance From	Private Well	Public Well	Surface Water	Ground water	Pressure Water Lines	Property Lines
Tank (ft)	50 ☑	500 ☑	50 ☑	NA ☐	10 ☐	5 ☑
Field (ft)	100 ☑	500 ☑	50 ☑	4 ☑	25 ☑	5 ☐

Geographical Coordinates to 6 Decimals:

Tank_____

Lateral #1_____ Lateral #3_____

Lateral #2_____ Lateral #4_____

Comments:

Inspections prior to Final Approval
Initial _____ Date 3/20/24

Follow-Up_____ Date _____

Follow-Up_____ Date _____

Installation Final Written Approval
By Corey Amin

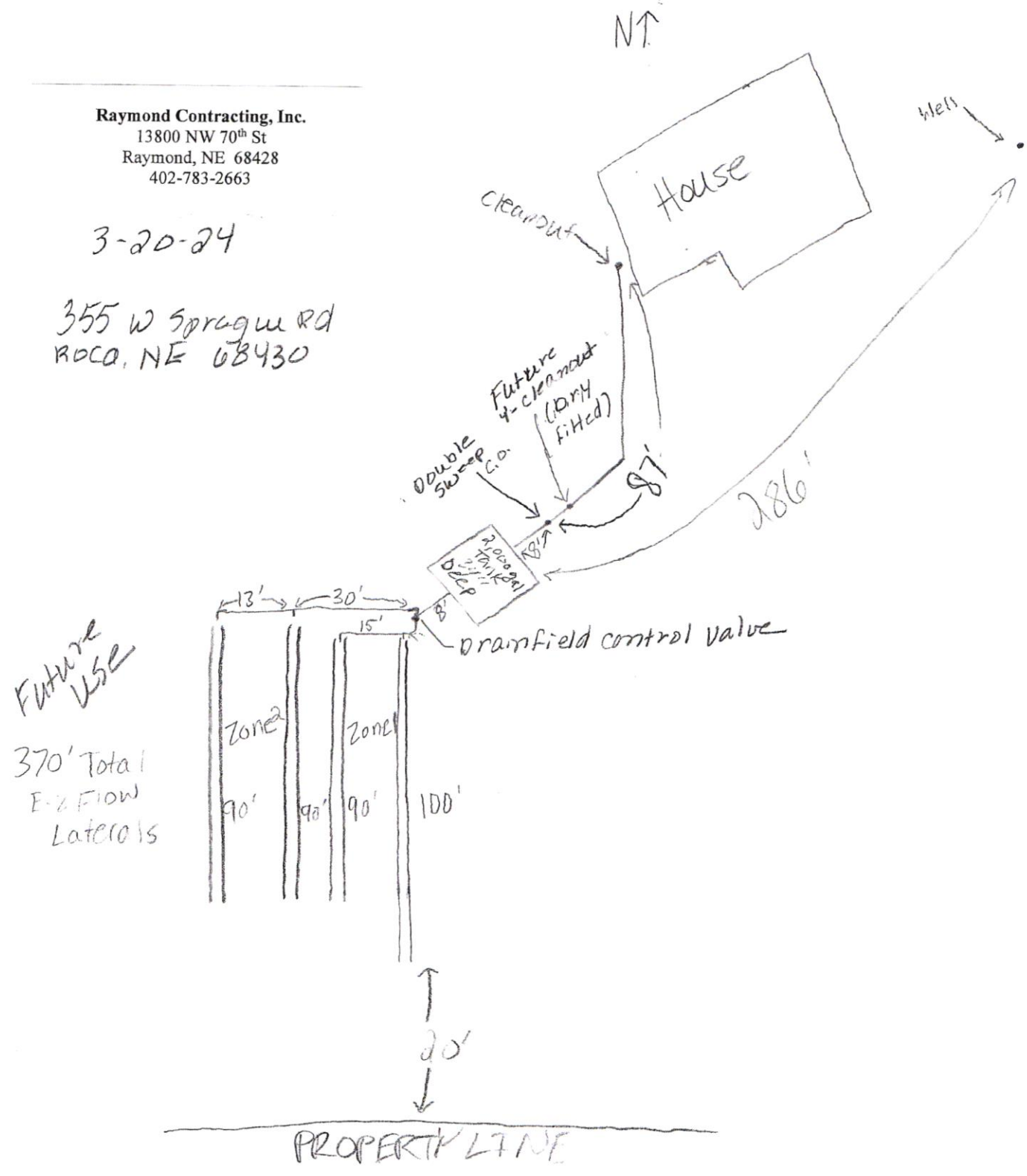
Date 4/1/24

Field Note Drawing (See Reverse Side):

Raymond Contracting, Inc.
13800 NW 70th St
Raymond, NE 68428
402-783-2663

3-20-24

355 W Sprague Rd
Roca, NE 68430



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

A

Permit Number 1S002621

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* 355 W Sprague Rd (no rural route) City Roca NE Zip 68430

Legal Description NE (1/4) NE (1/4) 34 (Section) 8N (Township) 6E (Range) ____ (Subdivison) ____ (Addition) ____ (Block) 56 (Lot)

PID 08-34-200-011-000 *Approx. Address (If to be determined) ____

B. Owner

Name Daniel S & Kristin J Henson Signature [signature]

Address 2524 SW 16th St City/State/Zip Lincoln, NE 68522

Home Phone 402-890-7141 Work Phone ____

C. Certified Installer

Name Terri Jakoubek Signature [signature]

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 6 Whirlpool Bathtub? ☐ Yes ☑ No Total Acres 7.9
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 12/6/23 Date frwd 12/26/23
ACTION ☒ Approved ☐ Disapproved Signature [signature]

2. Supt. Bldg. Insp. or Village Clerk
Comments BOARD CHAIR LUKE FOOTE
Date rec'd 12/19/2023 Date frwd ____
ACTION ☒ Approved ☐ Disapproved Signature [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 12-13-23 Amount Paid $470
Received By JAC Cash/Check No 000040

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

Form A Updated: 2/18

Sprague
Jones Beaton

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 355 W Sprague Rd (no rural route) City Martell NE, Zip 68430

Owner Daniel S Henson Address 2524 SW 16th St, Lincoln, NE 68522

Date of Tests 11/15/23 to 11/16/23 Weather: Precipitation 0 Temperature 61°

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		Elapsed	Water	Percolation Rates
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)	(Min/in = mpi)
1	20	11/15	11:30a	11/16	11:30a	11/16	3:00p	6	11/16	3:30p	30	7/8	34
2	22	11/15	11:30a	11/16	11:30a	11/16	3:00p	6	11/16	3:30p	30	1-3/8	22
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4	20	11/15	11:30a	11/16	11:30a	11/16	3:00p	6	11/16	3:30p	30	3-5/8	8
5	24	11/15	11:30a	11/16	11:30a	11/16	3:00p	6	11/16	3:30p	30	7/8	34
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7	20	11/15	11:30a	11/16	11:30a	11/16	3:00p	6	11/16	3:30p		1-1/2	20
8								6					

Person Conducting Percolation Test

Name: Vernon Jakoubek

Phone: 402-783-2663

Address 13800 NW 70th St Raymond, NE 68428

Sum of Percolation Rates: 143

Average of Rates: 20

Rate Used for Calculation: 34

Soil type (NRCS Maps/Other) Judson SL

Groundwater Depth >6'

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official Date

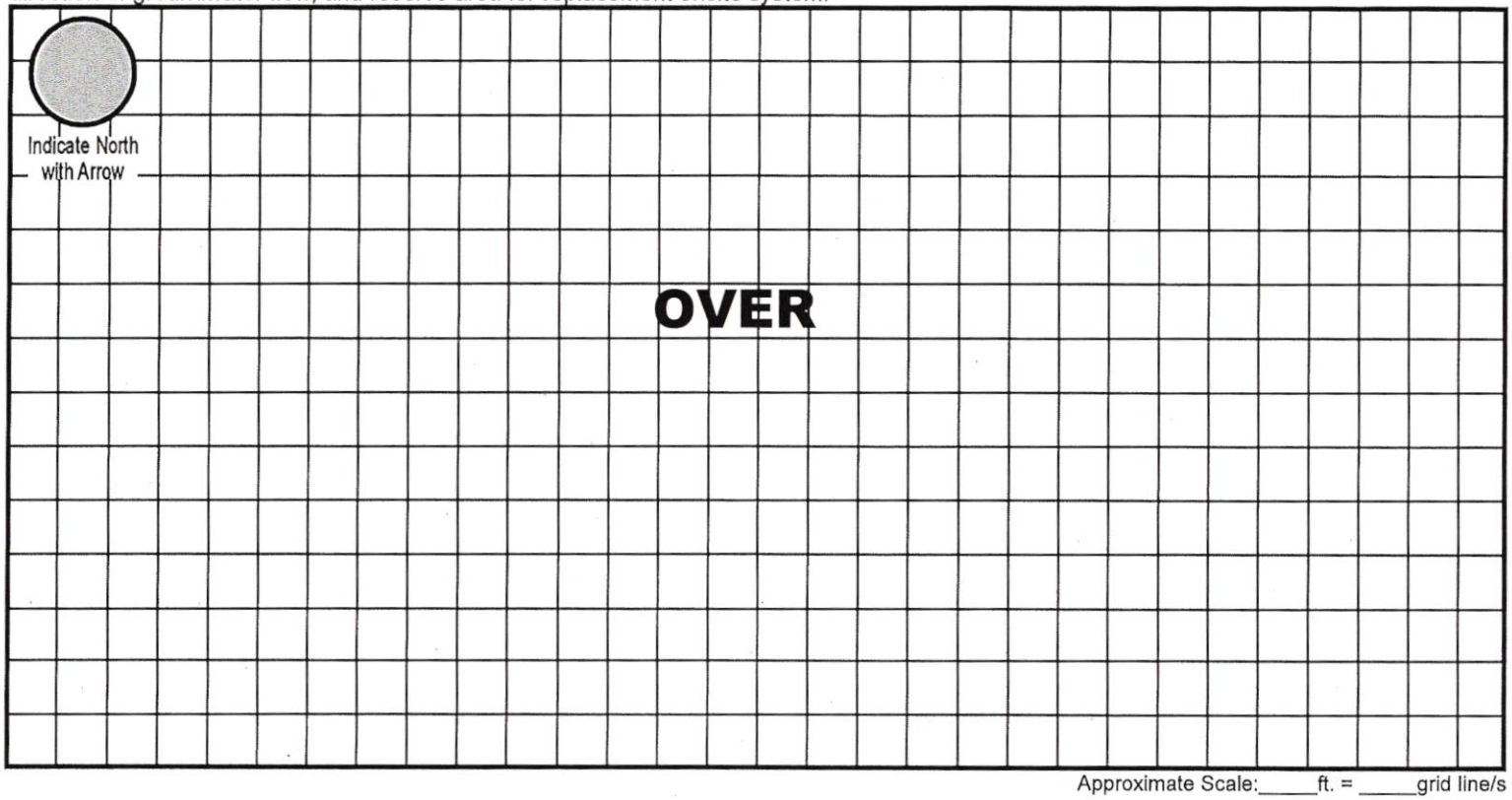
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

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) 355 W Sprague Rd City Roca NE, Zip 68430

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 34 (min/inch = mpi) No. of Bedrooms 6 Soil Type Judson SL Land Slope _____ %

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

Total length of laterals 370' 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 _____

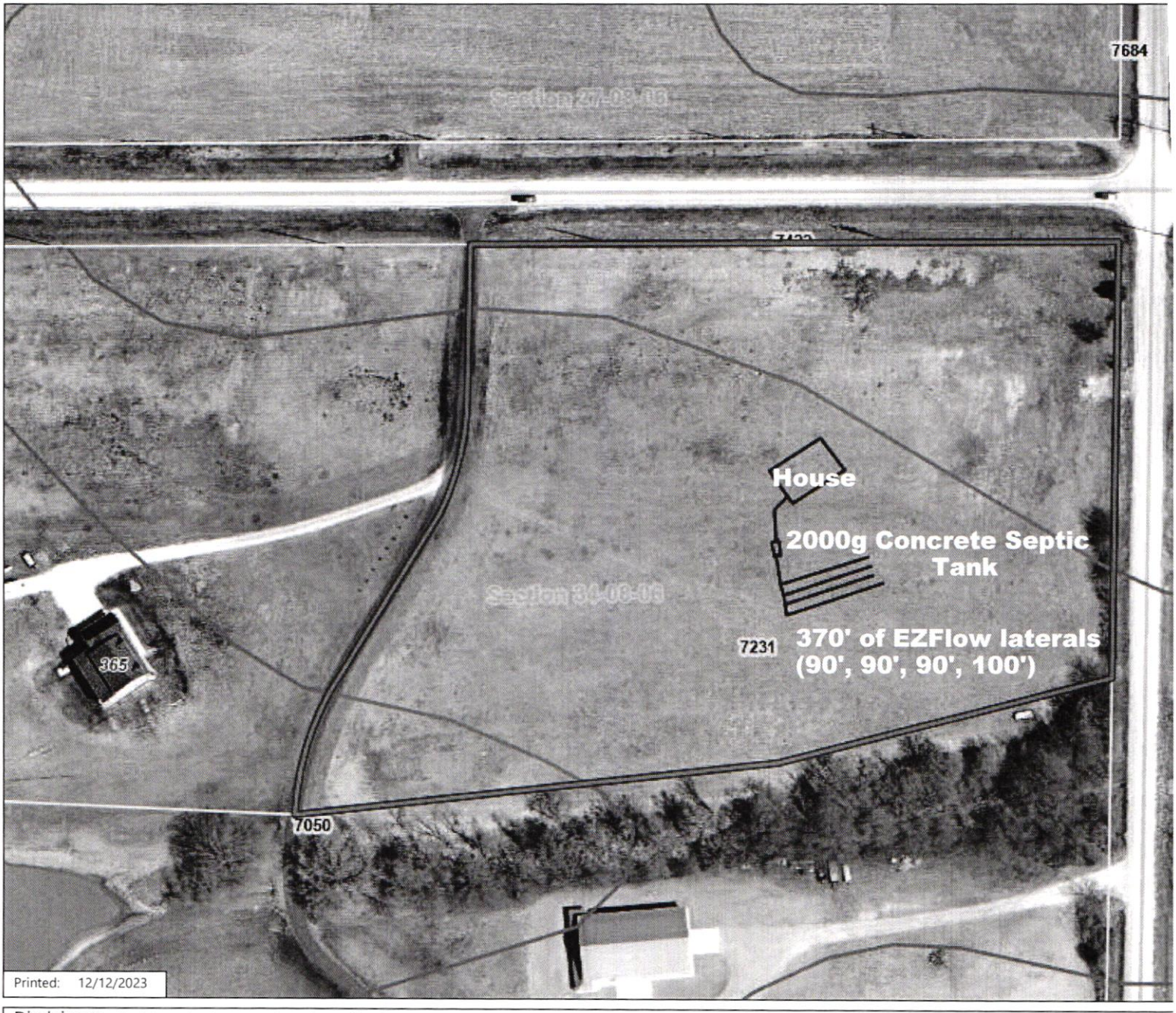
No. of Absorption Beds _____ Width _____ No. of Distribution Lines per Bed _____

Installer Ronnie L Jakubek Date: 12/12/23

Updated 2/18

GIS Viewer
CITY OF LINCOLN - LANCASTER COUNTY, NE

City of Lincoln\Lancaster County GIS Map



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 regardir assessor@lancaster.ne.gov and you will be directed to the appropriate department.