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

A

Permit Number H5002636

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

Legal Description NE (1/4) NW (1/4) 35 (Section) 12N (Township) 5E (Range) CJ Sterns Homestead (Subdivison) (Addition) 1 (Block) (Lot)

PID 06-35-101-001-000 *Approx. Address (If to be determined) 8211 W Branched Oak Rd

B. Owner CG

Name Calvin L Sterns Signature Calvin L Sterns

Address 7777 W Middle Rd City/State/Zip Raymond, NE 68428

Home Phone 402-540-5201 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 4 (oversized) 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 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 3-11-24 Amount Paid $470
Received By JAD Cash/Check No CC5040

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

Form A Updated: 2/18

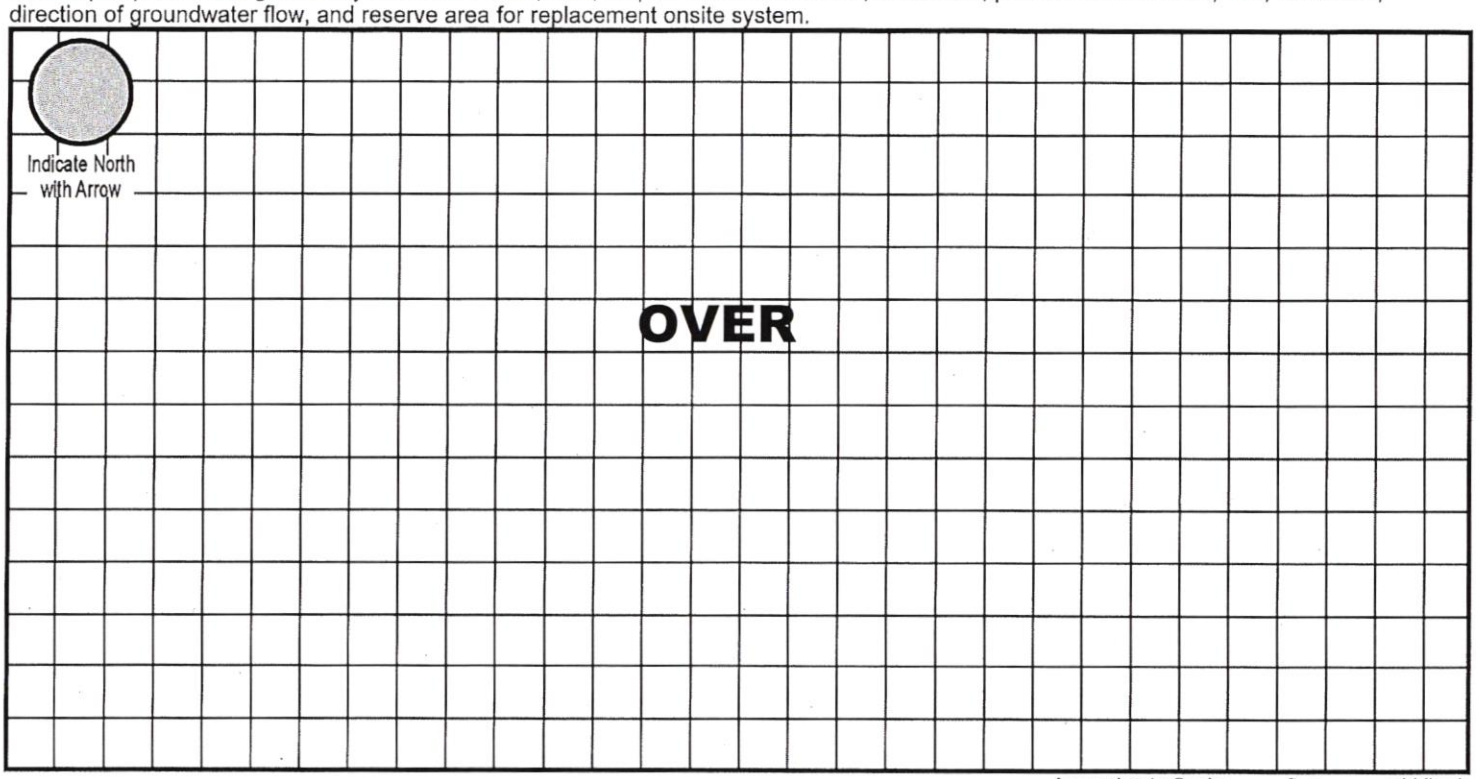
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C

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) XXXX W Branched Oak Rd City Raymond NE, Zip 68428

B. Proposed Septic Tank/s

Septic Tank Cap._____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_____(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 ☐ Chambers ☐ Other _____

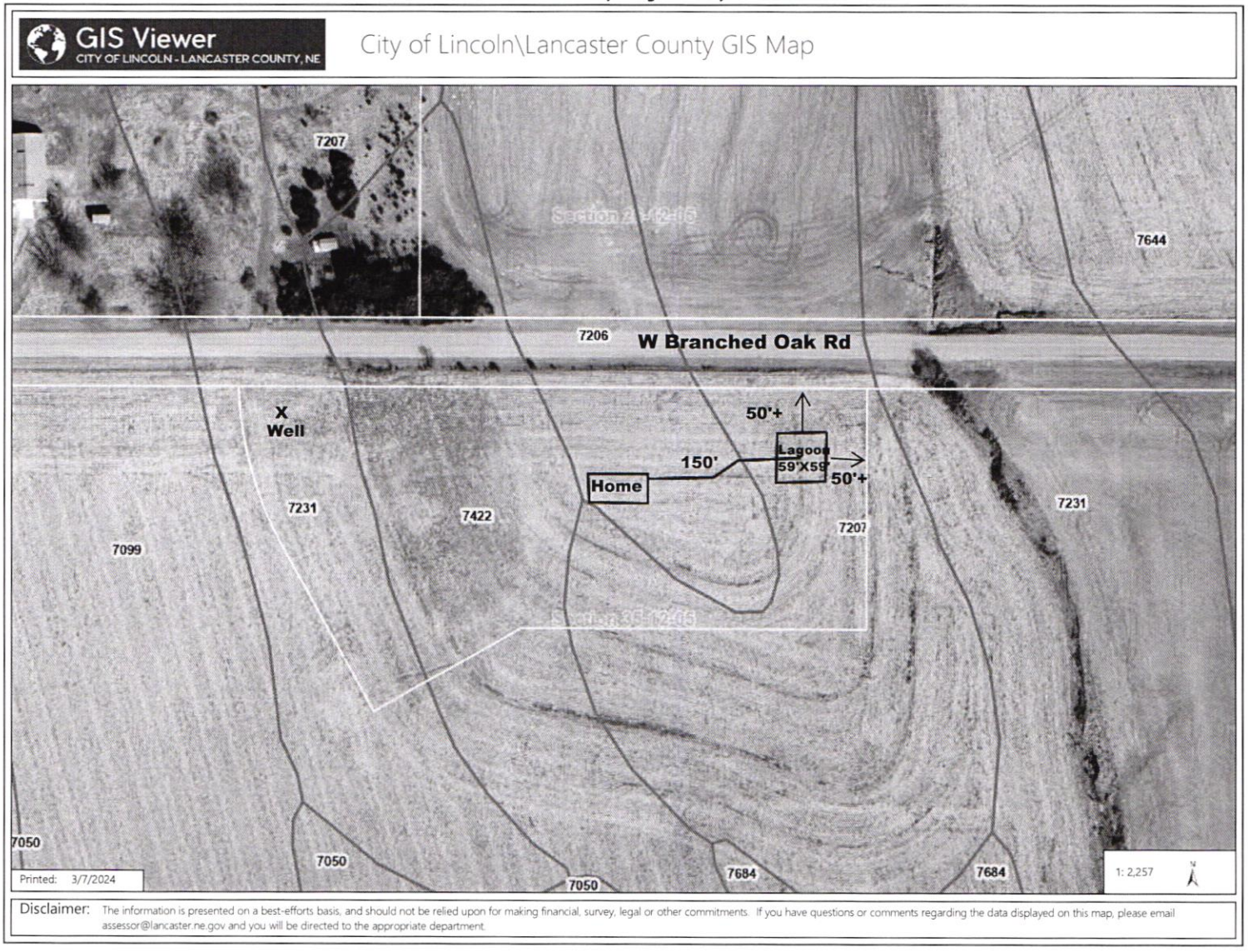
No. of Absorption Trenches _____ Width _____ No. of Drop Boxes _____ Distribution Box _____

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

Installer Mark L. Jakovec Date: 3/7/24

Updated 2/18

8211 W Branched Oak Rd, Raymond, NE 68428



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ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT
No. HS002636

System Type: Lagoon

Situs: No Site Address Specified

Issued: 3/15/2024

Expires: 3/15/2025

Description: CJ STERNS HOMESTEAD ADDITION, Lot 1

Owner: STERNS, CALVIN L & JODI L
7777 W MIDDLE RD
RAYMOND, NE 68428

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

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13800 NW 70TH ST
RAYMOND, NE 68428

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