Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

000011

(402) 441-8000

Permit SEWAGE INSTALLATION
LAGOON

Permit # 03380259001

Issued 01/21/03
Expires 07/21/03
Revenue Code 3157

Establishment KAREN & RAY FILIPOWICZ
T12N R6E SEC 33 QTR NW
W 1/2 LOT 13IT
NW 27 & BRANCHED OAK RD

FEES: $200.00

Permittee KAREN & RAY FILIPOWICZ
5615 S 172 ST
OMAHA NE 68135

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

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

A

Permit Number: 03380259001

Sewage Disposal System

CHANGE TO **Request for Site Clearance and Permit**

Include Form B, Form C and Applicable Fees with this Application.

☒ Septic System ☒ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address NW 27TH & BRANCHED OAK RD. (no rural route) City _____ NE, Zip _____

Legal Description LOT 13 I.T. E 1/2 NW 1/4 33-12-6 13I.T.
(1/4 1/4 Section Township Range Subdivision Addition Block Lot)

Geographical Location (if known): Longitude _____ Latitude _____

☐ Check if system mail address is not the same as the owner's address

B. Owner

Name RAY FILIPOWICZ Signature Ray Filipowicz

Address _____ City/State/Zip _____

☐ Check if owner designed system Home Phone (402) 861-1716 Work Phone (402) 620-5050

C. Contractor

Name STEVE TAFT Company Name ADVANCE DESIGN & CONST., INC.

Address 15002 A CIR. City/State/Zip OMAHA, NE. 68144

☐ Check if contractor designed system Work Phone (402) 861-0484

D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name Jeff Kreifels Firm ACTION PUBL Work Phone 423-6560

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 4 Is there a Whirlpool Bathtub (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 ☐ Municipal Code 24.38 ☒ County Resolution No. 2832

1. **Health Department** Date rec'd 1/21/03 Date frwd 1/22/03 ACTION ☒ Approved ☐ Disapproved Signature Jarold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 1/22/03 Date frwd _____ ACTION ☐ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 1/22/03 Date frwd 1/22/03 ACTION ☒ Approved ☐ Disapproved Signature Don Killeen

Installation Final Written Approval

By Ron Mayhew

Date July 2003

Business Office Use Only
Date Rec'd 01/21/03
Amt Paid 200.00
Rec'd By LS Cash/Check No. 009364

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

Attn: Steve Taft

2303 W BRANCHED OAK

SOIL ABSORPTION TEST DATA REPORT

Location: Precinct: _____ Section 33
Township 12N Range 6E
1/4 Section _____

Owner: Ray Feldewirtz
Address: NW 27th & W Branched Oak Rd. ½ mile east South Side of Rd.

Property Dimensions: _____ acres

Soil Type: Silty Clay ____ Silty Clay Loam ____ Sandy Loam ____ Silty Loam ____ Clay Loam X Sandy Clay ____

Dates of Tests: 3-15-03 to 3-16-03 **Weather:** Precip. Ø Temp. 70°

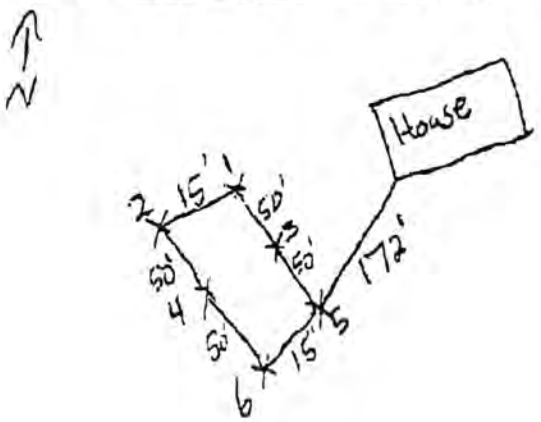
a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.
		Pre-Saturation Period				Percolation Readings					Results	
		Start		End		Start			End			Water
	Hole	Date	Time	Date	Time	Date	Time	Water	Time	Water	Elapsed	Level
Hole	Depth	(Mo.	(Hr.	(Mo	(Hr.	(Mo.	(Hr	Level	(Hr.	Level	Time	Drop
No.	(In.)	Day)	Min.)	Day)	Min.)	Day)	Min.)	(In.)	Min.)	(In.)	(Min.)	(In.)
1	36	3-15	9:00am	3-15	1:00pm	3-16	9:00am	6	9:30am	4½	30	1½ 2MIN/IN
2	36	3-15	9:00am	3-15	1:00pm	3-16	9:00am	6	9:30am	5	30	1 30MIN/IN
3	36	3-15	9:00am	3-15	1:00pm	3-16	9:05am	6	9:35am	5½	30	½ 60MIN/IN
4	36	3-15	9:00am	3-15	1:00pm	3-16	9:05am	6	9:35am	5½	30	½ 60MIN/IN
5	36	3-15	9:00am	3-15	1:00pm	3-16	9:10am	6	9:40am	5½	30	½ 60MIN/IN
6	36	3-15	9:00am	3-15	1:00pm	3-16	9:10am	6	9:40am	5	30	1 30MIN/IN

Sum of Water Level Drops (In.) [Column m]: 5½
Average of Water Level Drops (In.) [Column m]: _____
Inches per Minute: 32 MIN/IN

PERSON CONDUCTING TEST:
Name: Justin Peterson
Address: 742 1st Street
Milford NE 68405
Phone: (402)-761-4414
Signature: Justin Peterson

Square Feet of Lateral per Bedroom: _____

SKETCH SHOWING HOLE LOCATION:



Officials Signature

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

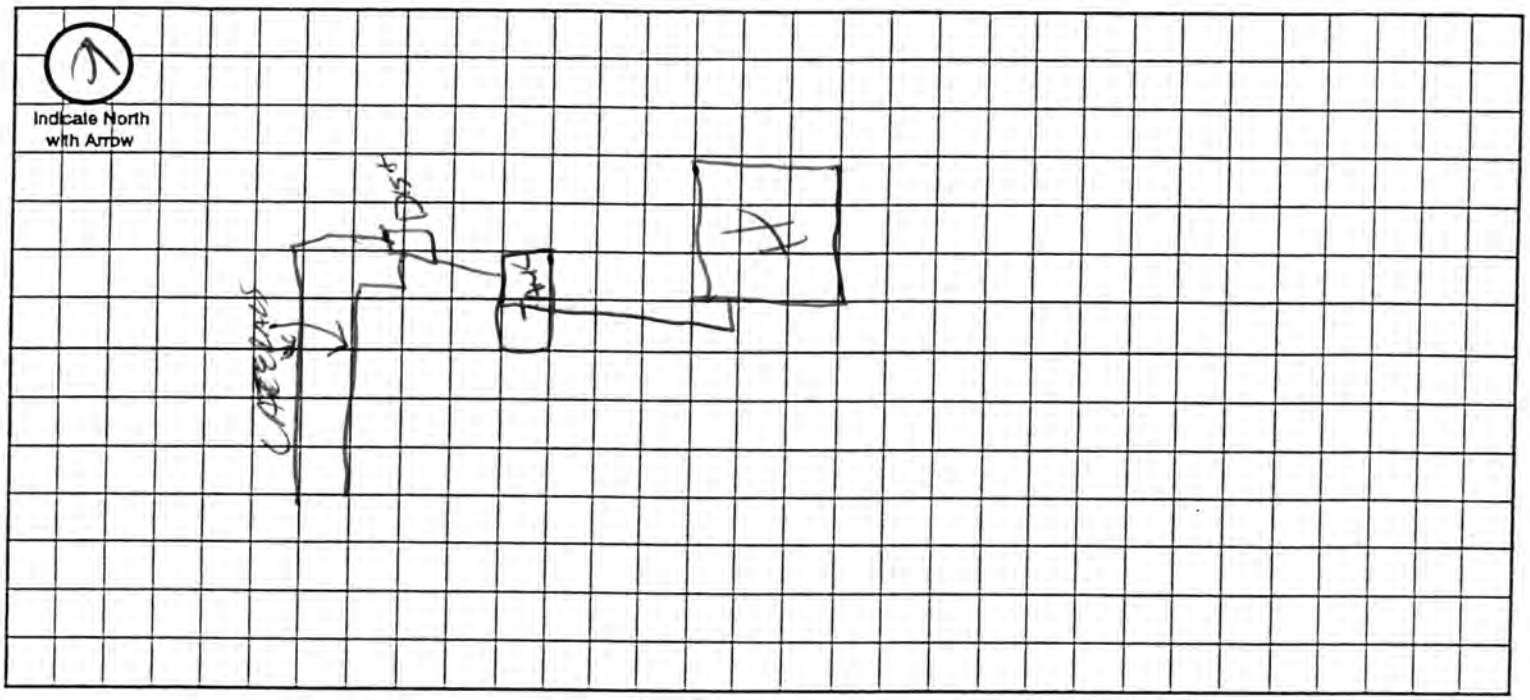
C

Permit Number:

Sewage Disposal System

Preliminary Plan Specifications

Draw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, compass direction and property lines. Indicate on drawing if residence and well are existing or proposed.



Approximate Scale: _____ ft. = _____ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 2303 W BRANCHED OAK City _____ NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☑ Concrete ☐ Plastic ☐ Other _____

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate 32 (min. per inch) Soil Type: _____ Land Slope: _____ %

Type of Absorption System: ☐ Trench ☐ Bed ☐ Other 367

Total Square Feet of Field Required: 1100 sq. ft. 3 | 1100 | 366.6

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: DUROL TRATOR

Capacity of Septic Tank 1500 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals _____ ft. Number of Trenches _____ Trench Width _____

D. 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 ☐	☐

E. Required Signatures

Home Building Contractor _____ Date _____

Installer ACTION PLUS JEFF KREIFELS Date 6-20-03

FORM 23-102 10-96

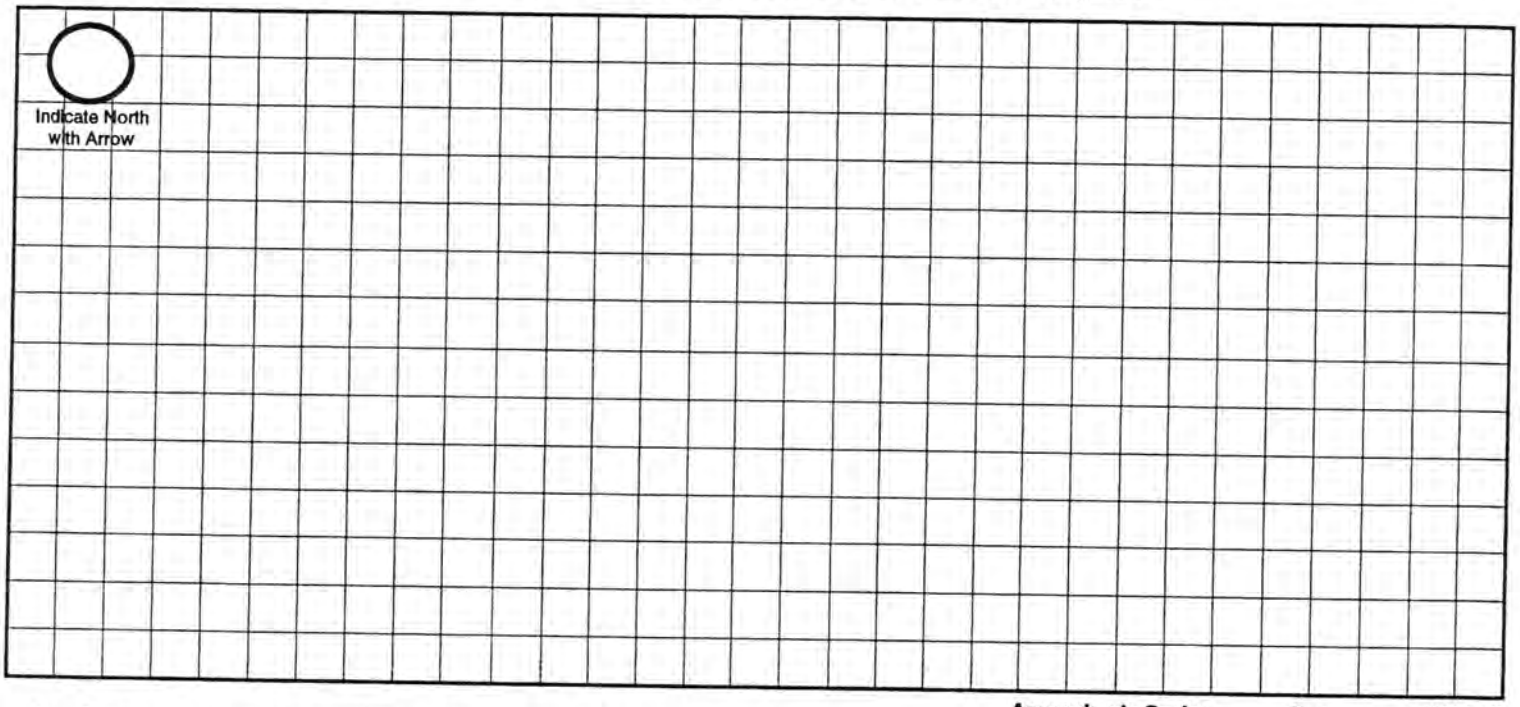
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 033802590

Sewage Disposal System
Preliminary Plan Specifications

Draw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, compass direction and property lines. Indicate on drawing if residence and well are existing or proposed.



Approximate Scale: _____ ft. = _____ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) NW 27 TH & BRANCHED OAK RD. City _____ NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other _____

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate 32 (min. per inch) Soil Type: SHARPSBURG SILTY CLAY LOAM Land Slope: _____ %

Type of Absorption System: ☐ Trench ☐ Bed ☐ Other _____

Total Square Feet of Field Required: 1100 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: _____

Capacity of Septic Tank 1500 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 275 ft. Number of Trenches _____ Trench Width 4'

D. 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 ☐	☐

E. Required Signatures

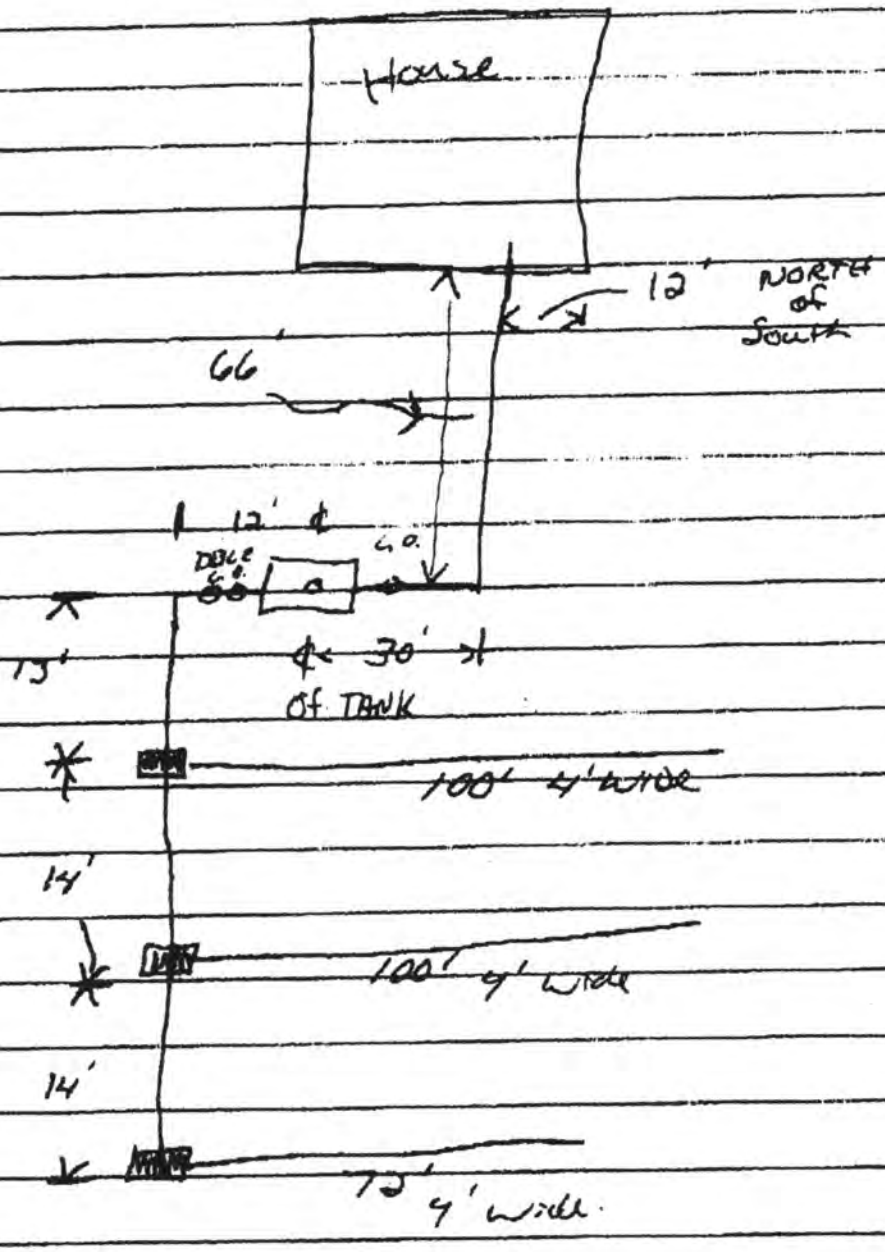
Home Building Contractor Allen J. Hoff ADVANCE DESIGN Date 01·21·03

Installer _____ (action plumbing) Date _____

FORM 23-102 10-96

2303 W. BRANCHED OAK ← NORTH

ATTN: RON.



ESRI ArcExplorer 2.0

N.W. 27th & West Branched Oak Road



streets
Parcels
flood1
soils (MUSYM)

N

Monday, Jul 7 2003

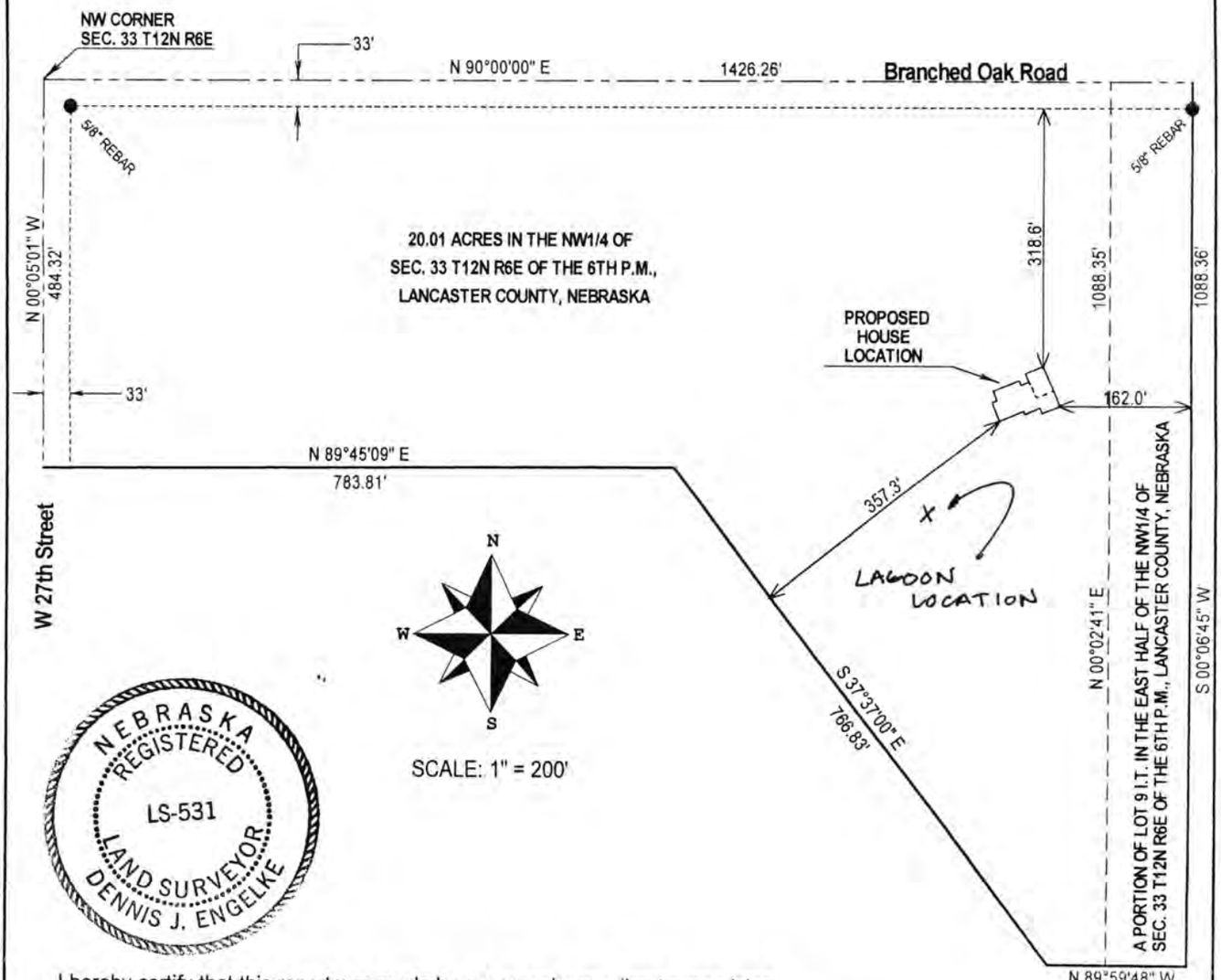
SITE PLAN

Prepared for: Advance Design & Construction

Address: 15002 "A" Circle
Omaha, Nebraska 68144

Legal Description: A tract of land located in the West Half of the Northwest Quarter and a portion of Lot 9 I.T. in the East Half of the Northwest Quarter of Section 33, T12N R6E of the 6th P.M., Lancaster County, Nebraska and more particularly described as follows:

Beginning at the Northwest corner of said Northwest Quarter; thence N90°00'00"E, (assumed), on the North line of said Northwest Quarter, a distance of 1426.26'; thence S00°06'45"W, a distance of 1088.36'; thence N89°59'48"W, a distance of 171.57'; thence N37°37'00"W, a distance of 766.83'; thence S89°45'09"W, a distance of 783.81' to a point on the West line of said Northwest Quarter; thence N00°05'01"W, on said line, a distance of 482.32' to the point of beginning and containing a calculated area of 21.432 Acres, including 1.422 Acres of County road right of way more or less.



SCALE: 1" = 200'

NEBRASKA REGISTERED LS-531 LAND SURVEYOR DENNIS J. ENGELKE

I hereby certify that this report was made by me or under my direct supervision and that I am a duly Registered Land Surveyor under the Laws of the State of Nebraska.

Dennis J. Engelke

Signature of Land Surveyor
Dennis J. Engelke Reg. No. 531
Date: 1/20/2003

OFFICIAL ADRESS: _____

_____

DATE RECEIVED: _____

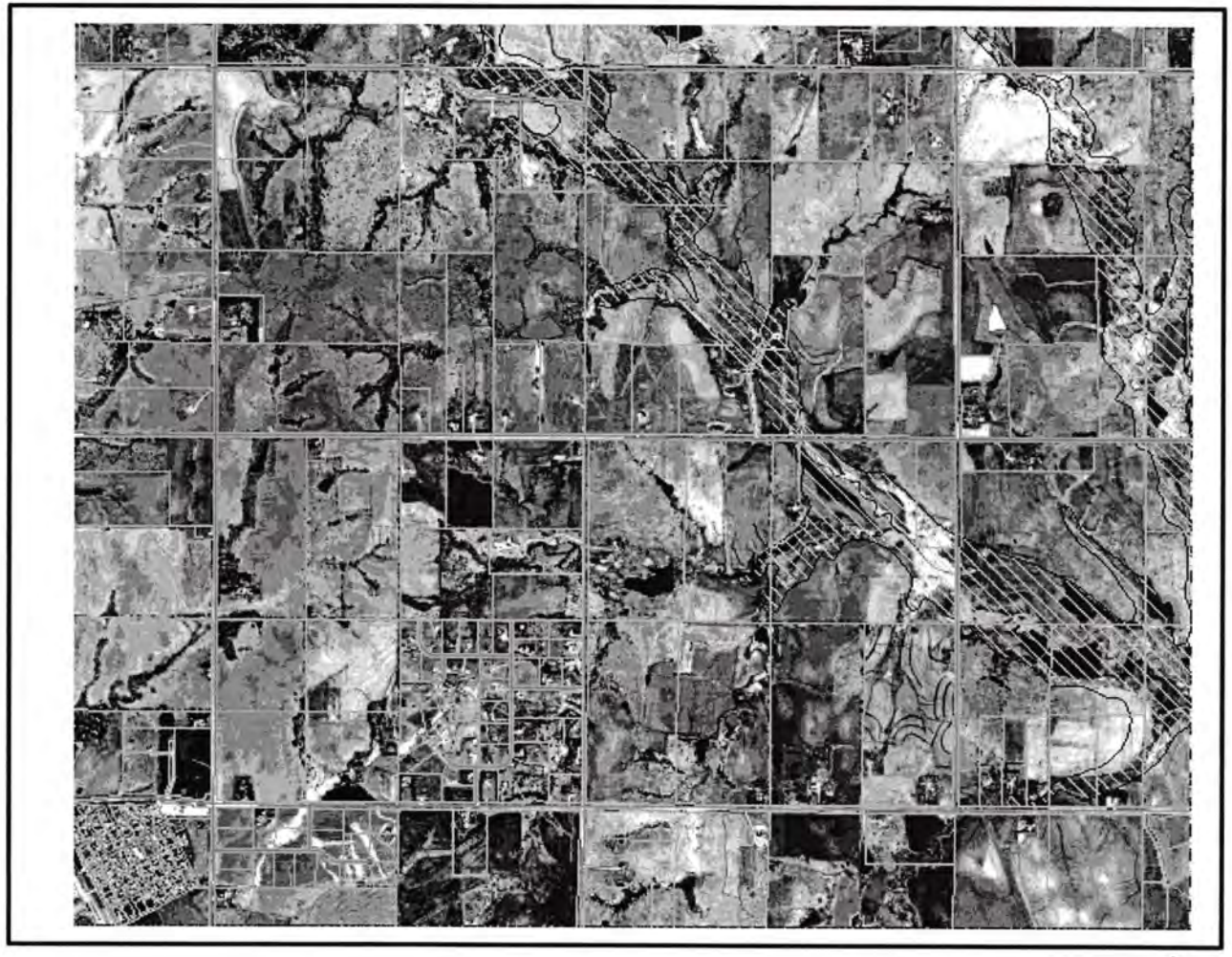
BLDG. PERMIT NO. _____

LAND SURVEY, INC. 4102 "V" STREET OMAHA, NE 68107 PH: (402) 734-9661 FAX: (402) 734-9545

03386259O

ESRI ArcExplorer 2.0

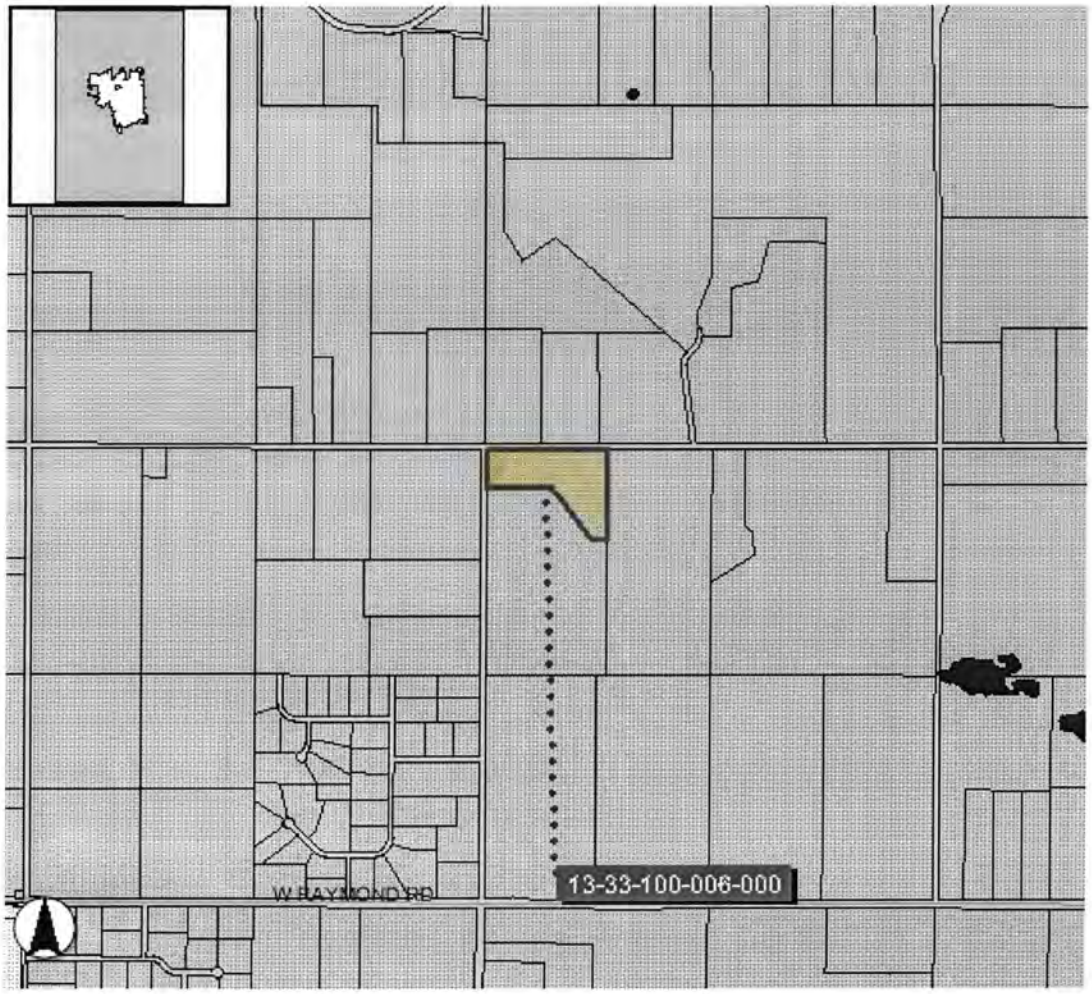
Lot 13 I.T. Sec. 33 ,T12, R6E

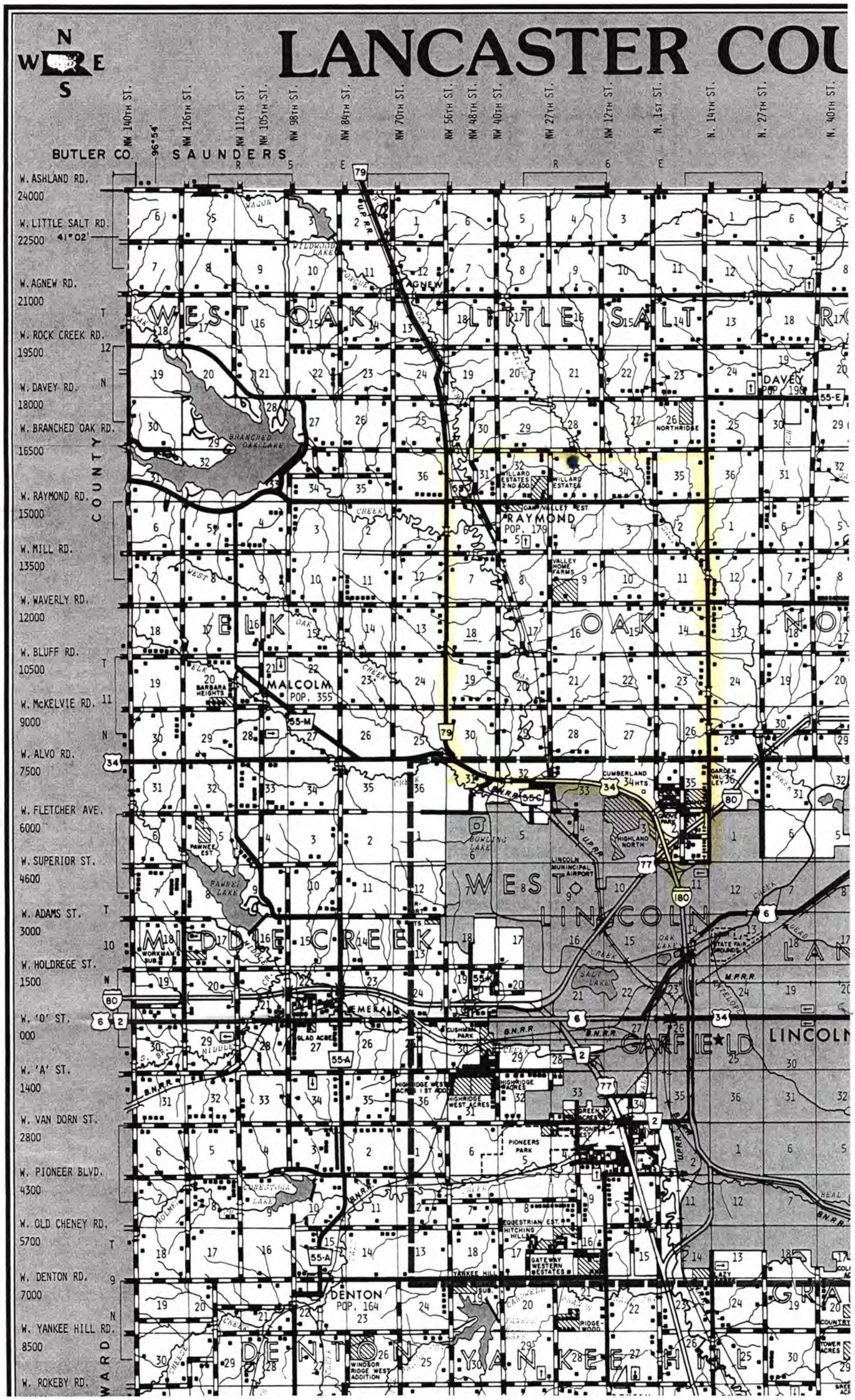


streets
Parcels
flood1

N

Wednesday, Jan 22 2003


W RAYMOND RD
13-33-100-006-000


LANCASTER COU
N
W
E
S
NW 140TH ST.
NW 126TH ST.
NW 112TH ST.
NW 105TH ST.
NW 98TH ST.
NW 84TH ST.
NW 70TH ST.
NW 56TH ST.
NW 48TH ST.
NW 40TH ST.
NW 27TH ST.
NW 12TH ST.
N. 1ST ST.
N. 14TH ST.
N. 27TH ST.
N. 40TH ST.
96°54'
BUTLER CO.
SAUNDERS
R 5 E
R 6 E
W. ASHLAND RD.
24000
W. LITTLE SALT RD.
22500
41°02'
W. AGNEW RD.
21000
W. ROCK CREEK RD.
19500
W. DAVEY RD.
18000
W. BRANCHED OAK RD.
16500
W. RAYMOND RD.
15000
W. MILL RD.
13500
W. WAVERLY RD.
12000
W. BLUFF RD.
10500
W. McKELVIE RD.
9000
W. ALVO RD.
7500
W. FLETCHER AVE.
6000
W. SUPERIOR ST.
4600
W. ADAMS ST.
3000
W. HOLDREGE ST.
1500
W. 'O' ST.
000
W. 'A' ST.
1400
W. VAN DORN ST.
2800
W. PIONEER BLVD.
4300
W. OLD CHENEY RD.
5700
W. DENTON RD.
7000
W. YANKEE HILL RD.
8500
W. ROKEBY RD.
COUNTY
WARD
T 12 N
T 11 N
T 10
T 9 N
WEST OAK
LITTLE SALT
ELK
OAK
MIDDLE CREEK
WEST LINCOLN
LINCOLN
GARFIELD
DENTON
YANKEE HILL
AGNEW
DAVEY
POP. 190
RAYMOND
POP. 179
MALCOLM
POP. 355
DENTON
POP. 164
NORTHRIDGE
WILLARD ESTATES
WILLARD ESTATES 2ND ADDN
OAK VALLEY EST.
VALLEY HOME FARMS
BARBARA HEIGHTS
PAWNEE EST.
PAWNEE LAKE
BRANCHED OAK LAKE
WILDWOOD LAKE
BOWLING LAKE
OAK LAKE
SALT LAKE
CUMBERLAND 34 HTS
HIGHLAND NORTH
LINCOLN MUNICIPAL AIRPORT
STATE FAIR GROUNDS
GARDEN VALLEY
CROVE PARK
WORKMAN'S SUB.
EMERALD
GLAD ACRES
CUSHMAN PARK
HIGHRIDGE WEST ACRES
HIGHRIDGE WEST ACRES 1ST ADDN
HIGHRIDGE ACRES
GREEN ACRES
PIONEERS PARK
EQUESTRIAN EST.
HITCHING HILL
GATEWAY WESTERN ESTATES
YANKEE HILL SUB.
WINDSOR RIDGE WEST ADDITION
RIDGE WOOD
TOWER ACRES
COUNTRY
79
34
55-E
55-M
55-C
55-K
55-A
80
77
180
6
2
U.P.R.R.
B.N.R.R.
M.P.R.R.

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

FOR PROPERTY IN **LANCASTER COUNTY** ONLY

RECEIVED AUG 21 2003

This form must be completed and returned with payment to request a real estate transfer inspection.

MAKE CHECK PAYABLE TO: "Lincoln-Lancaster County Health Department" or "LLCHD"

☑ Enclosed is $200.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 2303 West Branched Oak Road

Parcel ID 13-33-100-006-000 (i.e. 99-99-999-999-999)

Twp 12N Range 6E Section 33 1/4 NW 1/4 Block ___ Lot 13 Addition Irregular Tract Lancaster Co., NE.

Directions to Property Please See Attached

Location of Well Approx. 100 Feet East of House Tap Location: Inside ☑ Outside ☐

Location of Sewage System Approx 100 Feet West of Home Year Installed 2003

Site Hazards (dogs, etc.) N/A - New Construction

	NAME	ADDRESS	PHONE
Present Owner:	Ray & Karen Filipowicz	2303 West Branched Oak Rd. Raymond, NE 68428	
Tenant/Buyer:			
Return to:	1st Nat'l Bank	ATTN: Jerry Peseta 134 So. 13th St. Ste 100	(402) 323 5279 (Fax)
Signature of Applicant: Jerry Peseta		Address 134 So. 13th St. Ste 100 Lincoln NE 68508	Date 8/21/03

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 8/21/03 Amount $200.00 Check No. 1925739 Initials ___

DATA ENTRY Date ___/___/___ Case No. ___ Initials ___

PRELIMINARY STATUS--By Ron Marquart **DATE:** 8/22/03

WATER SYSTEM:	Approved	Disapproved
Construction	☑	☐
Bacteria	☑ 0 /ml	☐ ___ /ml
Nitrate	☑ 0.6 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☑
Provisional	☐
Disapproved	☐

Additional Site Visits

Date ___/___/___ by ___

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: ___ See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Approved ☑ **SEWAGE DISPOSAL SYSTEM:** Approved ☑ Provisional Approval ☐

Approved by Ron Marquart RS Date 8/26/03

Approval or disapproval is based on State and local standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operations.

8 22 RS RCH P23653-7

White - Applicant after approval Yellow - Environmental Health

Revised/Reprint: 9-00