Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

009695

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Permit # 06380327101

Issued 10/31/06
Expires 10/31/07
Revenue Code 3157

Establishment:
JEREMY LEITING
T12N R5E SEC 15 QTR SW
LOT 26
9440 W ROCK CRK RD-VALPARAISO

FEES: $290.00

Permittee:
JEREMY LEITING
3605 W BRANCHED OAK RD
RAYMOND NE 68428

TOTAL: $290.00

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: 06380327101 mf

Sewage Disposal System

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 1440 W Rock Creek Rd (no rural route) City Valparaiso NE, Zip 68065

Legal Description S15, T12, R5 6th principal meridian, lot 26 SW
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 Jeremy Leiting Signature Jeremy Leiting

Address 3605 W. Branched Oak City/State/Zip Raymond, Ne 68428

☐ Check if owner designed system Home Phone 429-0279 Work Phone 475-1000 x8196

C. Contractor

Name Raymond Contracting Company Name Lloyd Jakoubek

Address 13800 NW 70th City/State/Zip Raymond Ne 68428

☒ Check if contractor designed system Work Phone 783-2663

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

Designer Name Lloyd J. Jakoubek Firm Raymond Contracting Inc Work Phone _____

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 2 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 10/31/06 Date frwd 10/31/06	ACTION ☐ Approved ☐ Disapproved Signature	
2. Supt. Bldg. Insp. or Village Clerk	Date rec'd 11/1/06 Date frwd 11/1/06	ACTION ☒ Approved ☐ Disapproved Signature	
3. City or County Engineer	Date rec'd 11-1-06 Date frwd 11-1-06	ACTION ☒ Approved ☐ Disapproved Signature Jim Blouzek	

12/14/06 Line + Lagoon. — Need Fence

Installation Final Written Approval

By _____

Date 9/24/07

Business Office Use Only

Date Rec'd 10/31/06

Amt Paid 291.00

Rec'd By CW Cash/Check No. 2602

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

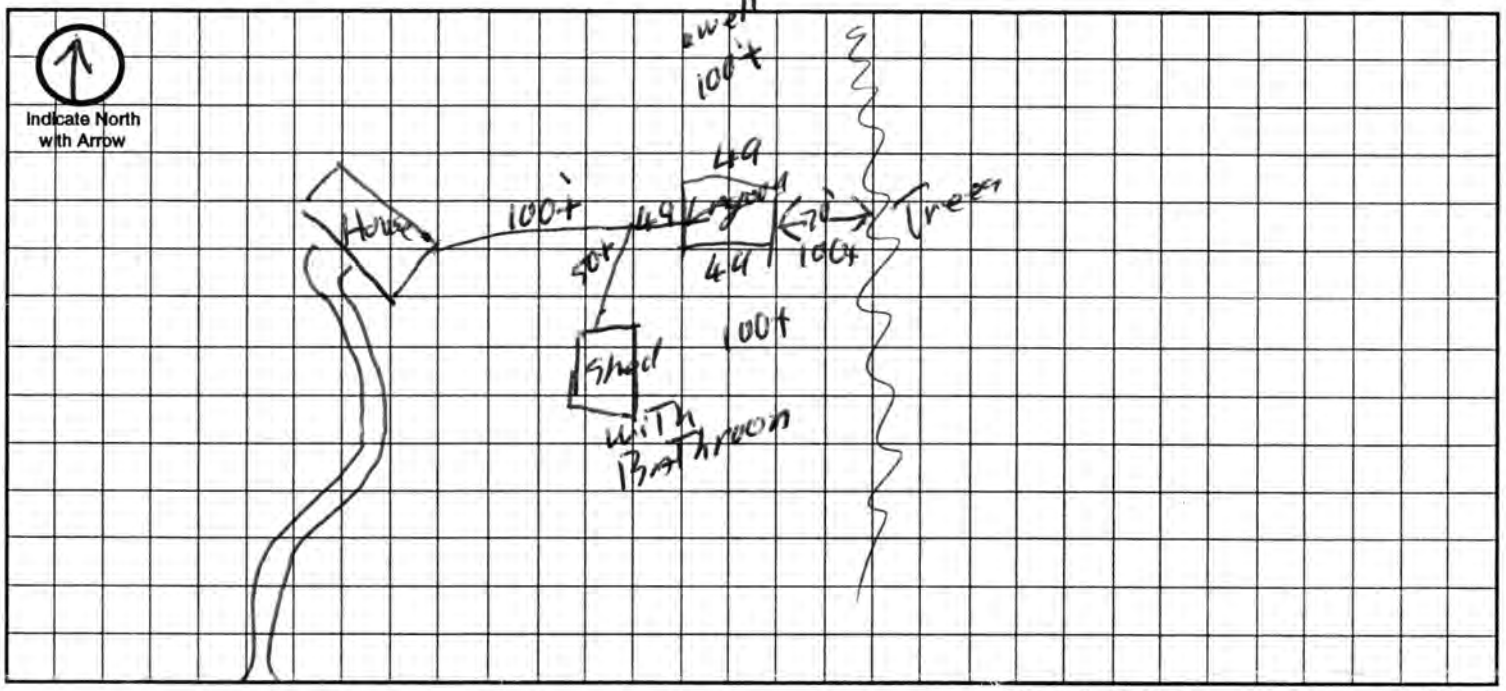
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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) 9440 W Rock Creek City Val NE, Zip 68065

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other _____

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

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

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

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

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

Capacity of Septic Tank _____ 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 Ryan J. Jakubek Date 10/27/06

FORM 23-102 10-96

DEC 1 8 2006

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

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 12/14/06 Lagoon

System Location (Indicate correct number and street)

Address 9440 W Rock Creek Rd. (no rural route) City Valparaiso NE, Zip 68065

A. Building Sewer

1. Material: class 160
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 32 in.
3. Distance between dwelling and septic tank: 160 ft.
4. Number of clean-outs: 4
5. Distances to: well or suction line 100+ ft.
   stream 100+ ft.
   pressure line 100+ ft.
   property line 100+ ft.

B. Septic Tank

1. Material: _____
   Number of compartments: _____
2. Capacity: _____ gal.
3. Factory built: ☐ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☐ above ☐ below grade _____ in.
5. Inlet: ☐ baffle ☐ tee
6. Outlet: ☐ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: _____ in.
8. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. Distribution Box

1. Material: _____
   Number available outlets: _____
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: _____ ft.

D. Absorption Field

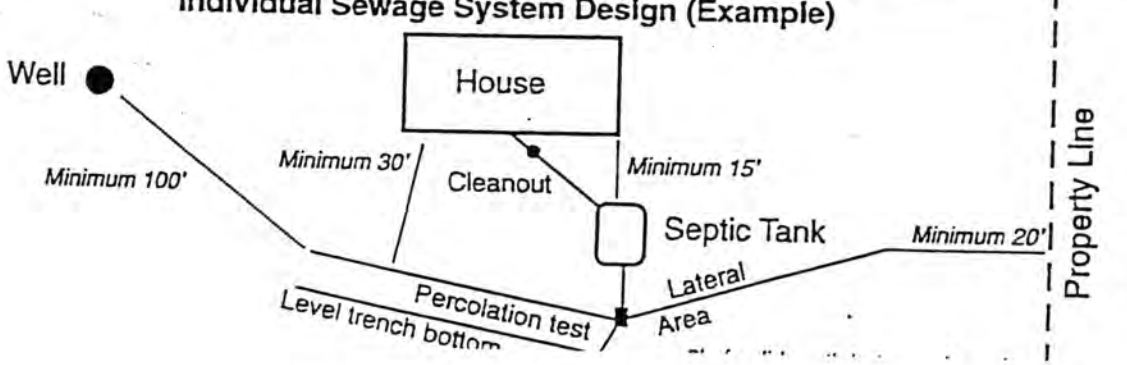
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number _____
   Length of each line: _____ ft. _____ ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width _____ ft.
   Slope _____ in/100 ft.
   Average depth _____ in
4. Filter material: _____
   Depth of material _____ in.
5. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

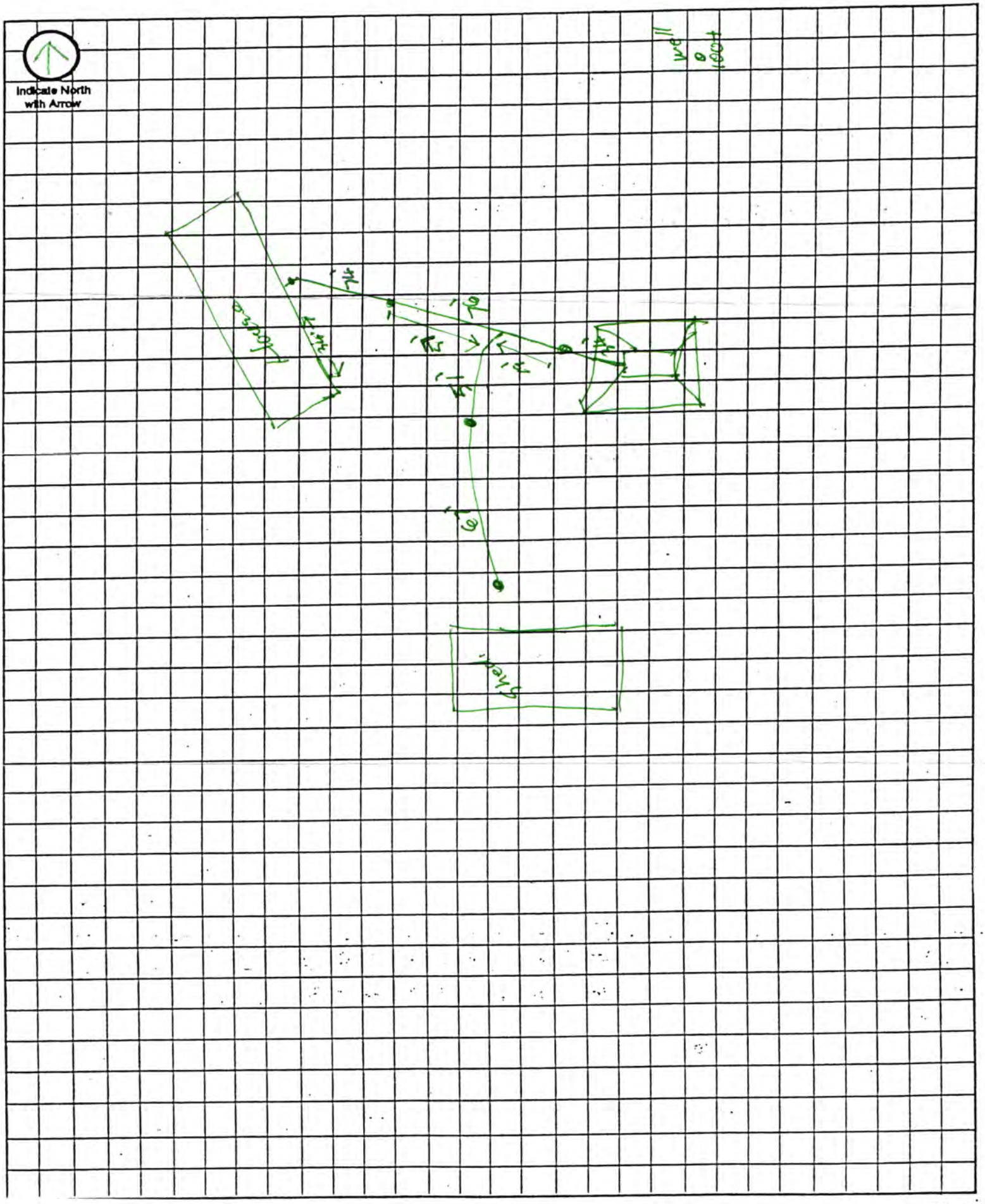
Indicate North with Arrow

Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



As Built Drawing



540 W. INDUSTRIAL LAKE DR.
SUITE 1 · LINCOLN, NE 68528
(402) 476–3020
(402) 476–3138 FAX

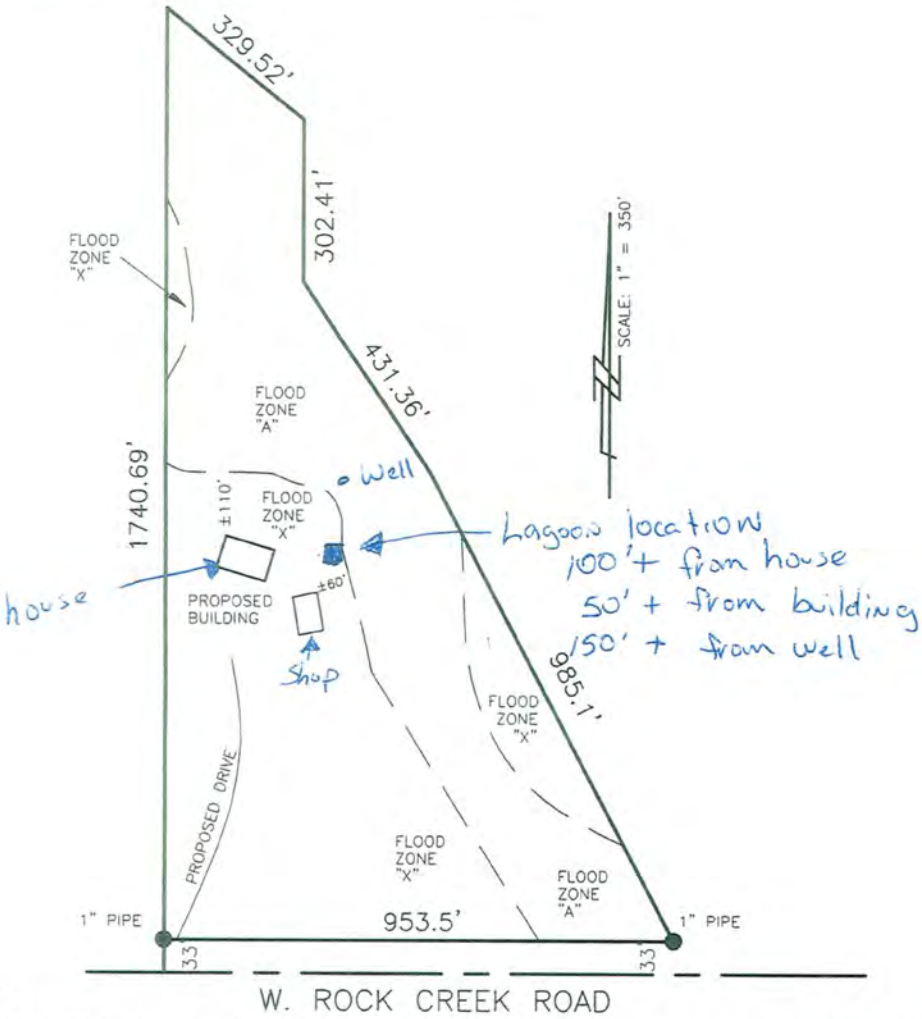
K&M inc.
Land Surveying

JEREMY LEITING

PROJECT # 0610062
DATE: 10/27/06 B/P: 160–158

W. ROCK CREEK ROAD

IMPROVEMENT LOCATION REPORT



NOTE: THE LEVEL OF CERTAINTY OF THE MEASUREMENTS IS ±1'

Subject property apparently falls within the confines of Zone " A & X " as determined by the FEMA–FIA Flood Rate Map community 310134, panel 0040 E, revised 9/21/01.

LEGAL DESCRIPTION: LOT 26 IRREGULAR TRACT, LOCATED IN THE SOUTHWEST QUARTER OF SECTION 15, TOWNSHIP 12 NORTH, RANGE 5 EAST, LANCASTER COUNTY, NEBRASKA

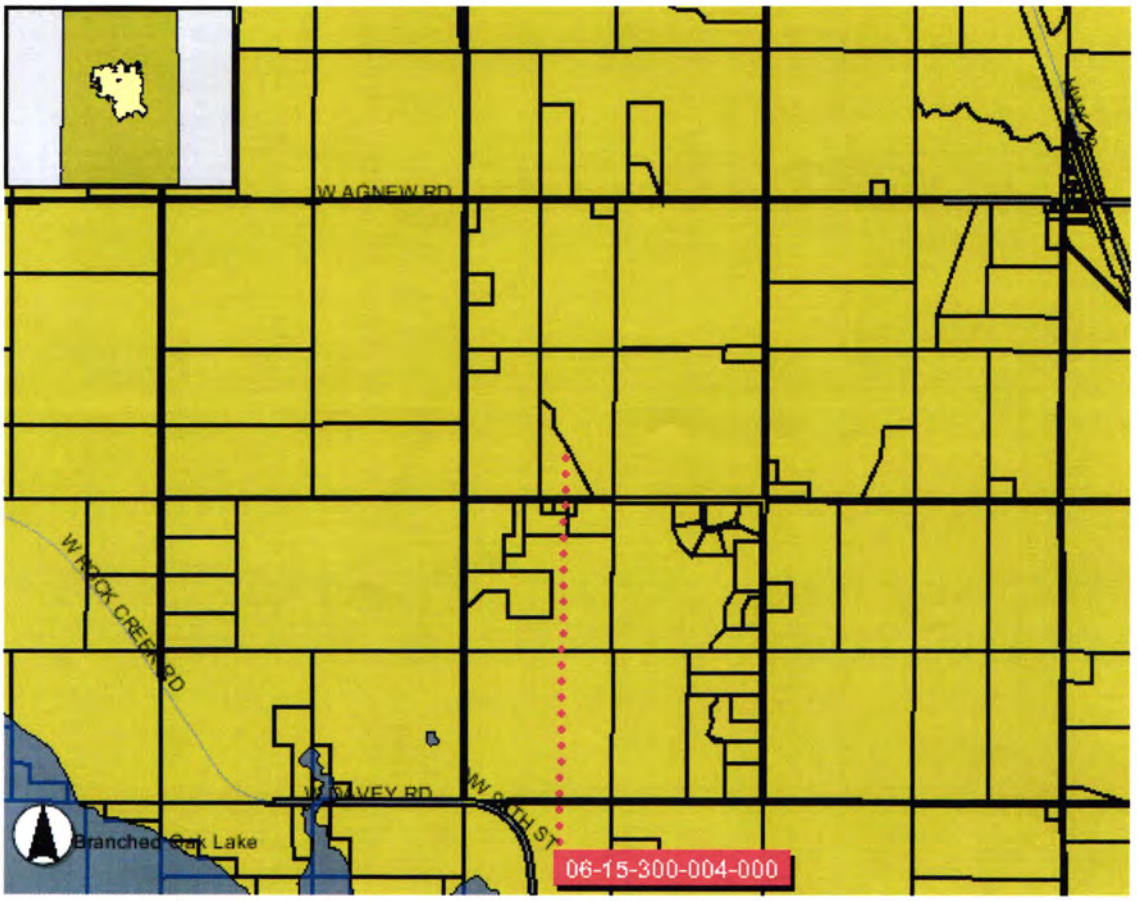
SURVEYOR'S CERTIFICATE

The undersigned does hereby certify that the IMPROVEMENT LOCATION REPORT is a representation of the conditions that were found at the time on the property as described in the legal description and that the report does not constitute a boundary survey and is subject to any inaccuracies that a subsequent boundary survey may disclose. This report should not be used to establish any fence, structure, or other improvements. The report is based on plat and or deed information and verified as shown. The report represents only visible building improvements. This report does not guarantee ownership.

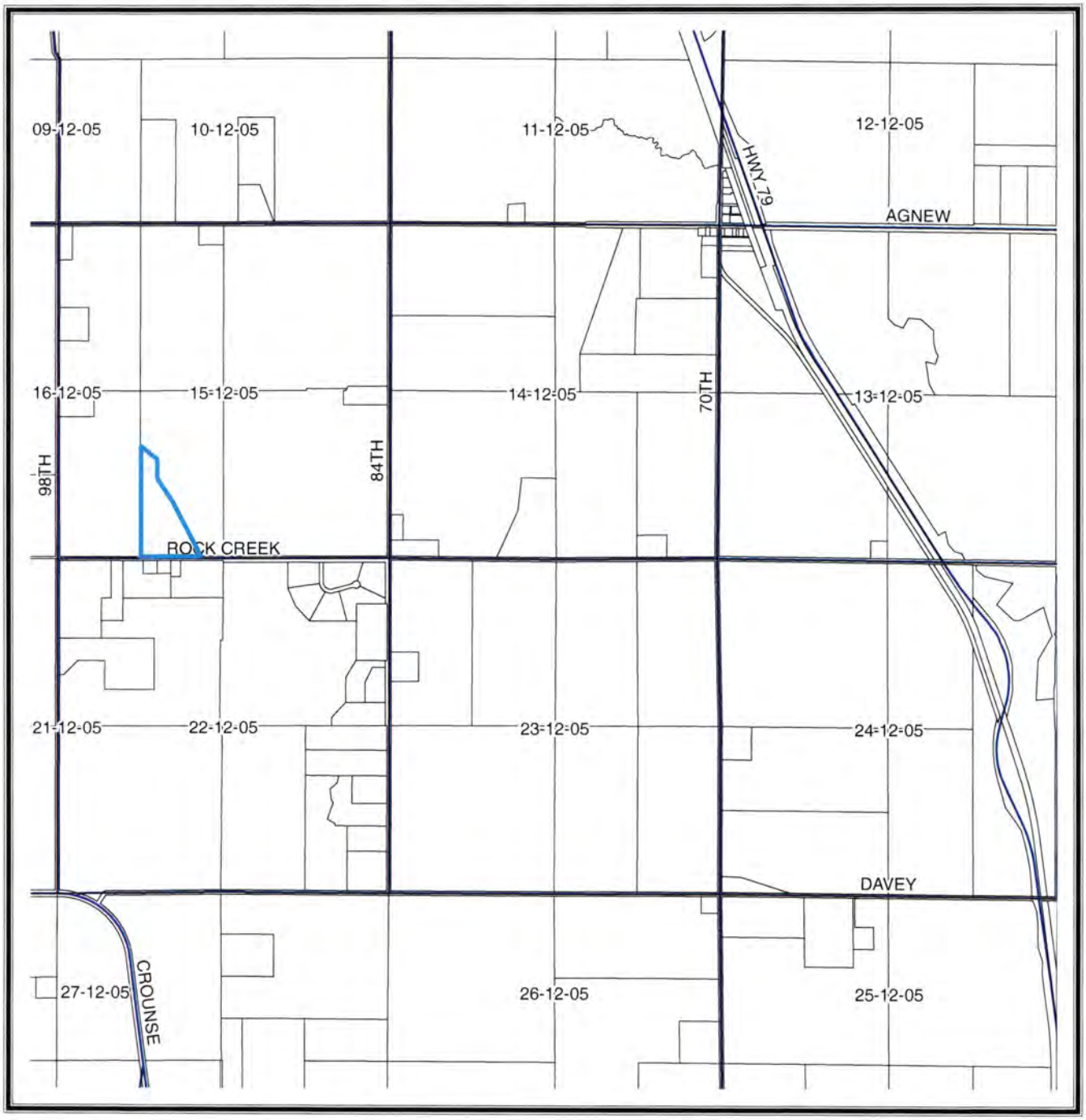
Billy Joe Kerr

Billy Joe Kerr, L.S.

NEBRASKA REGISTERED LS-483 LAND SURVEYOR BILLY JOE KERR


W AGNEW RD
W ROCK CREEK RD
W ALVEY RD
Branched Oak Lake
06-15-300-004-000

Site Clearance Map: 06380327101



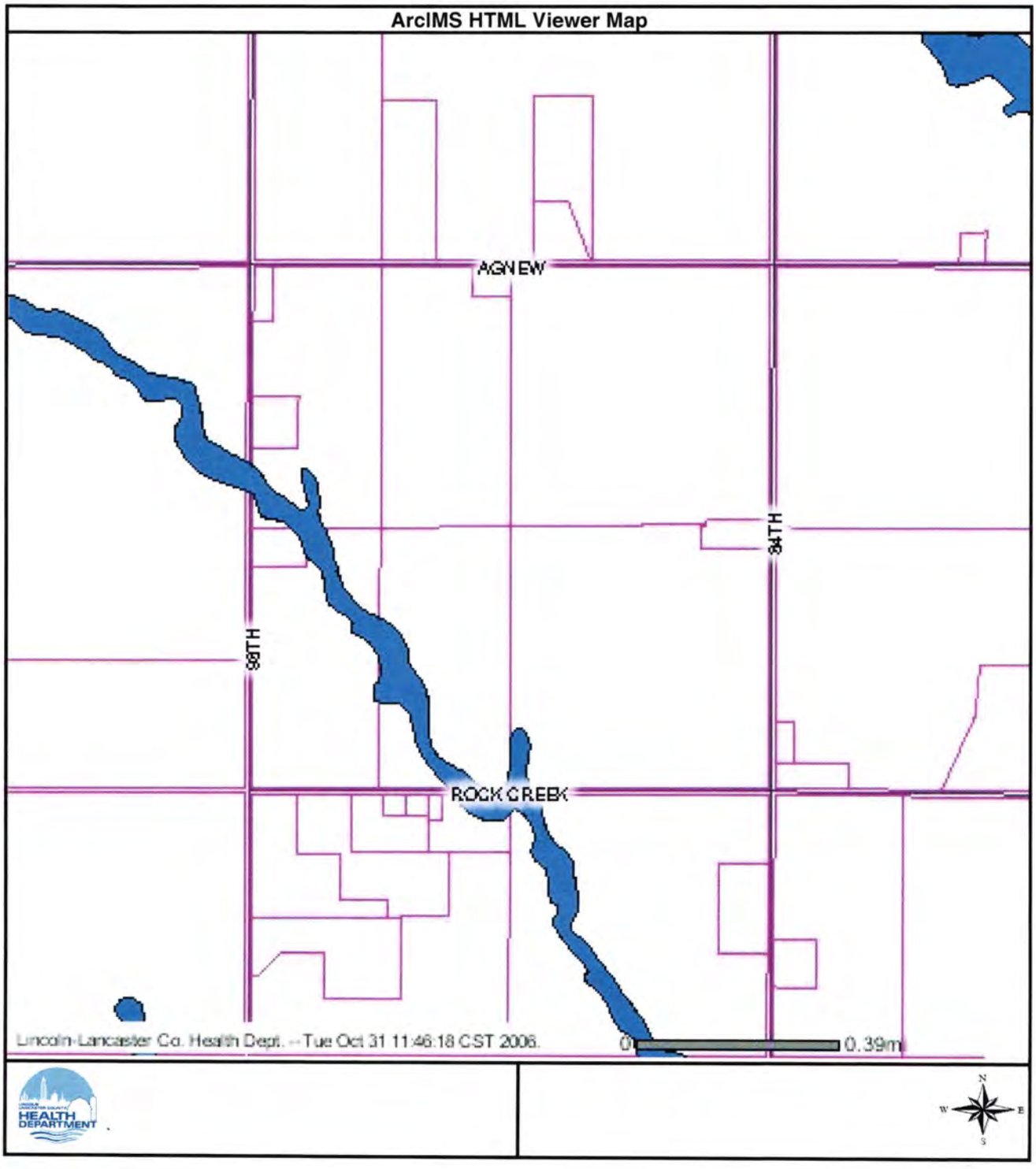
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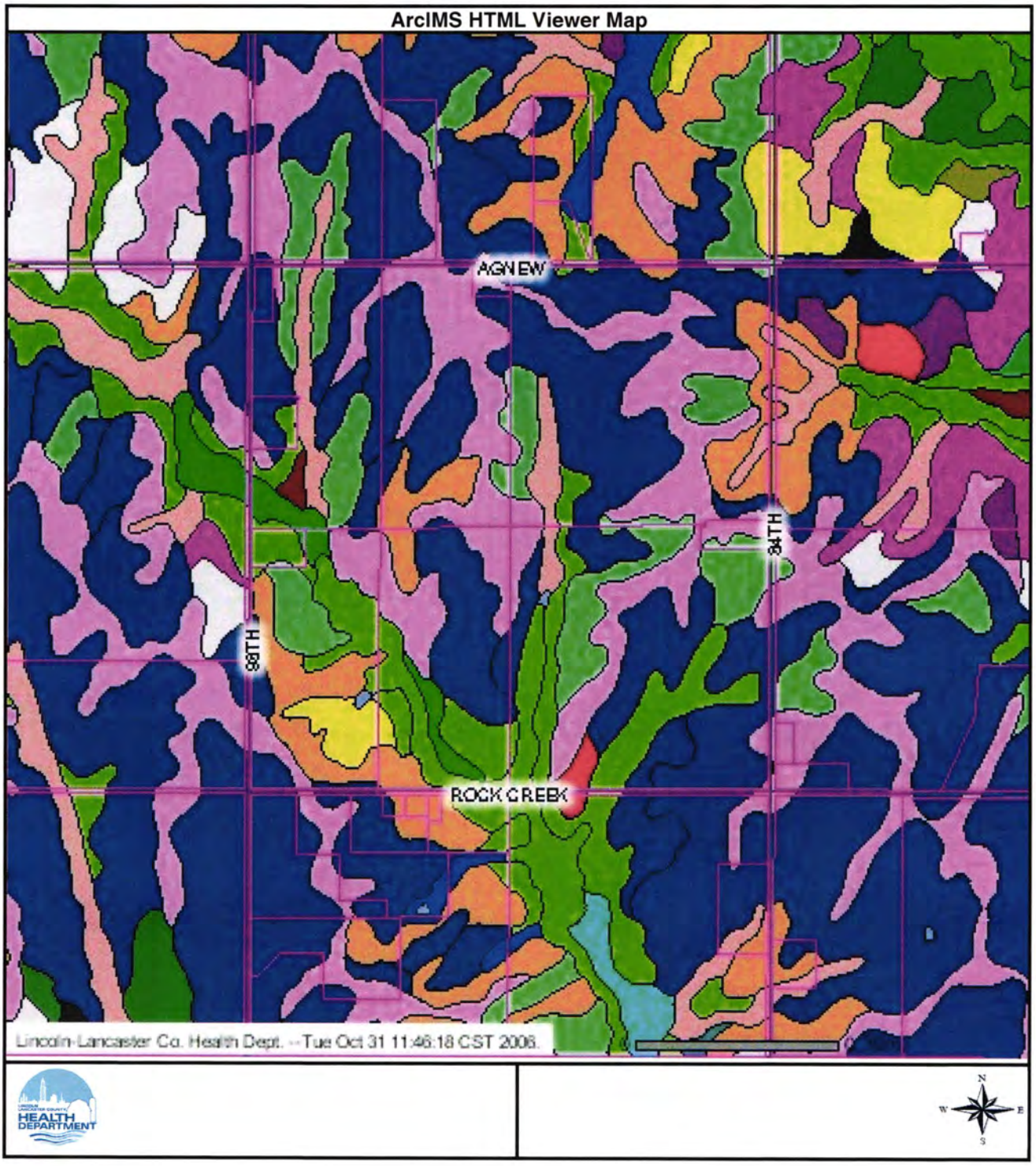
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LINCOLN LANCASTER COUNTY HEALTH DEPARTMENT

Legend

streets arc


ArcIMS HTML Viewer Map
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98TH
ROCK CREEK
Lincoln-Lancaster Co. Health Dept. -- Tue Oct 31 11:46:18 CST 2006.
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ArcIMS HTML Viewer Map
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ROCK CREEK
Lincoln-Lancaster Co. Health Dept. -- Tue Oct 31 11:46:18 CST 2006.
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