Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3140 N Street Lincoln, NE 68510-1514

ON-SITE WASTE WATER SYSTEM
SYSTEM REPLACEMENT PERMIT

No. HS000109

System Type: LAGOON

Situs: 11121 NW 70 ST RUR

Legal Description: T11N-R05E-S14-Lot 12

Owner: GOODWATER, CASEY J
11121 NW 70 ST
RAYMOND NE
68428

Permit Fee: $0.00

Total Fees: $170.00

Issued: 06/05/2008
Expires 06/05/2009

Bruce D. Dart, PhD, Health Director

Dear Water Well Permit Holder:

The above document is your permit to replace an existing On-site Waste Water System at the location listed. Please contact this office once replacement is complete to obtain final approval before use.

Bruce D. Dart, PhD
Health Director

RAYMOND CONTRACTING
13800 NW 70TH
RAYMOND NE 68428

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

D

Permit Number: HS000109

Sewage Disposal System

As Built Plans & Specifications

Date 6-3-07

System Location (Indicate correct number and street)

Address 11121 NW 70th St (no rural route) City Raymond NE, Zip 68428

A. Building Sewer

1. Material: SDR 26
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: 170 ft.
4. Number of clean-outs: 3
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

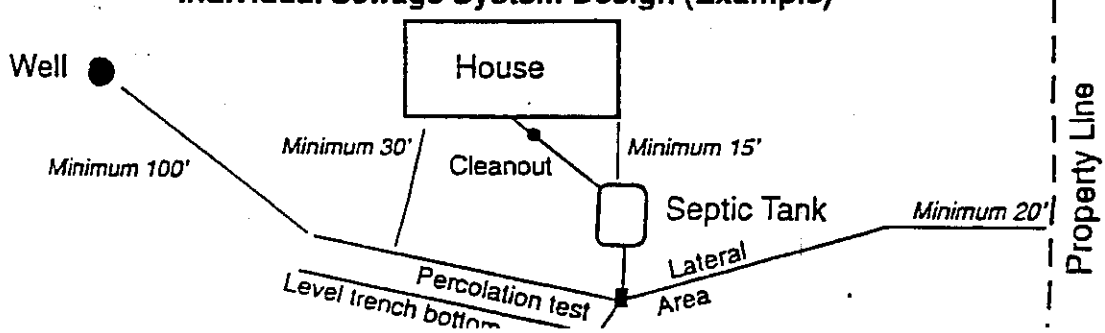
(Provide as-built drawings on back of this form)

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.

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

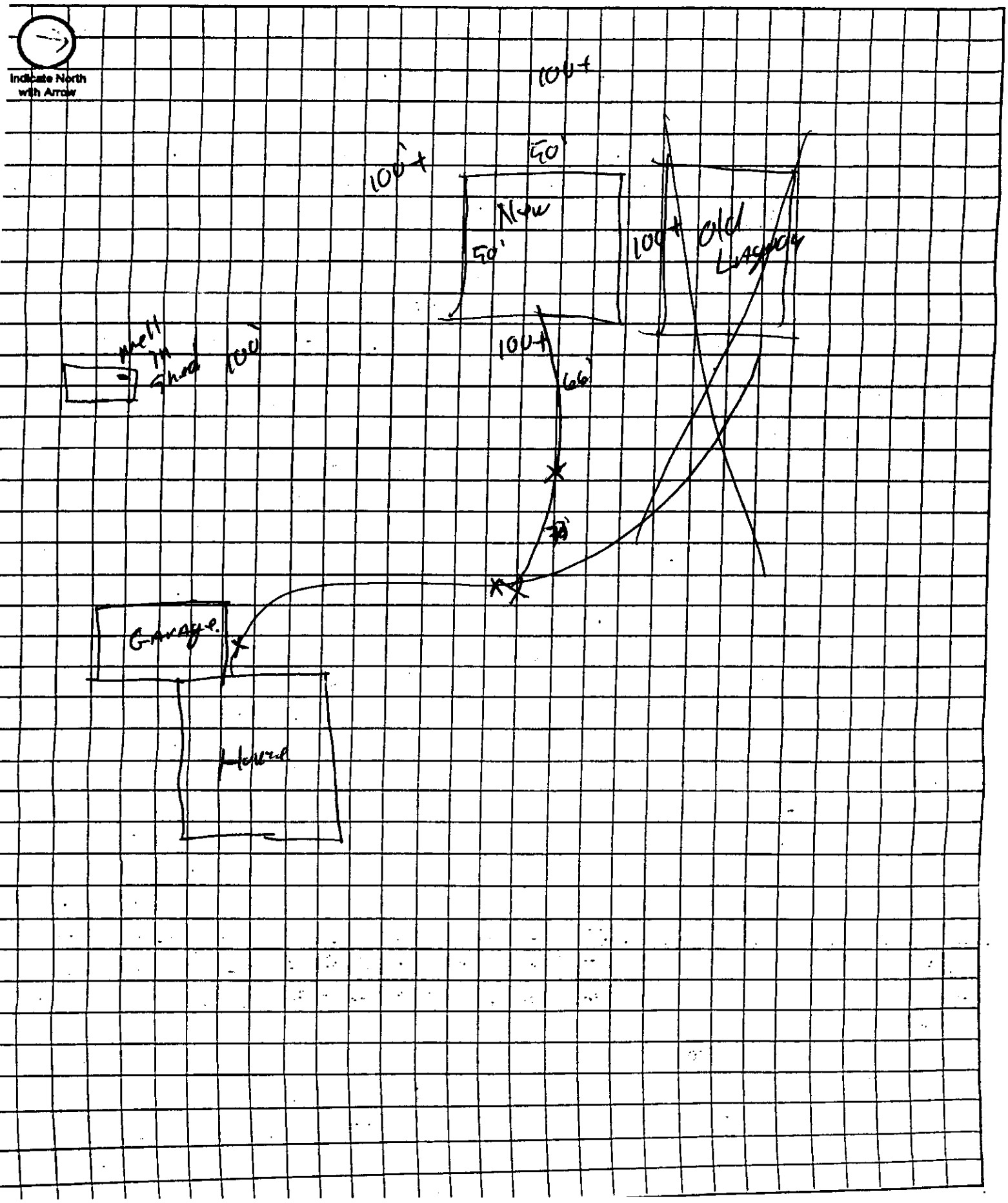
Indicate North with Arrow

Individual Sewage System Design (Example)



ORM 23-103 10-96

As Built Drawing



Application to Alter, Extend or Repair an Onsite Wastewater Treatment System

❒ Municipal Code 24.38 ❒ County Resolution Number 02-30

HS000109

#190

The undersigned hereby applies for a permit to: ☒ **ALTER** ❒ **EXTEND** ❒ **REPAIR** an existing wastewater treatment system, complying with appropriate Ordinance or Resolution, as marked above with drawings attached.

1. **Legal description of property:**
   Township 11 Range 5 1/4 SE 1/4 _____ Section 14
   Block _____ Lot 12 Addition _____
   Parcel ID 05 - 14 - 400 - 002 - 000 (i.e. 99-99-999-999-999)
   Street Address (no rural route) 11121 NW 70th St Raymond, NE 68428

2. **Property use:** ☒ residential ❒ commercial ❒ other use
   Number of bedrooms 3 Describe _____

3. **Type of Present Individual Disposal System** ❒ septic system ☒ lagoon ❒ other

4. **Description of proposed alteration, extension or repair** Cave in old Lagoon, build new Lagoon & hook up

5. **Work to be done by:** ❒ owner ☒ contractor's name Lloyd Jakoubek Raymond Contracting

6. **Estimated project:** a. Repair, replace, or minor extension with a cost less than $400 (no fee required).
   b. Total cost is greater than $400 (Return fee with this application)
   c. A permit is required if the use, operation, location, or type of system is changed.

Print Name Greg Goodwater Address 11121 NW 70th St Raymond, NE 68428 Phone: 402-783-0511

Applicant Signature (owner or lessee) Greg Goodwater by Lloyd Jakoubek

Please include the permit fee ($170) with this application
Fee must be included before the application will be processed. Incomplete information will delay processing

HEALTH DEPARTMENT USE ONLY

Date received 6/4/08 REVIEW: ☑ Approved ❒ Disapproved By: [signature]

Site visits
Date ___/___/___ By _____
Date ___/___/___ By _____
Date ___/___/___ By _____

Installation final written approval
Date 6/4/08 By [signature]

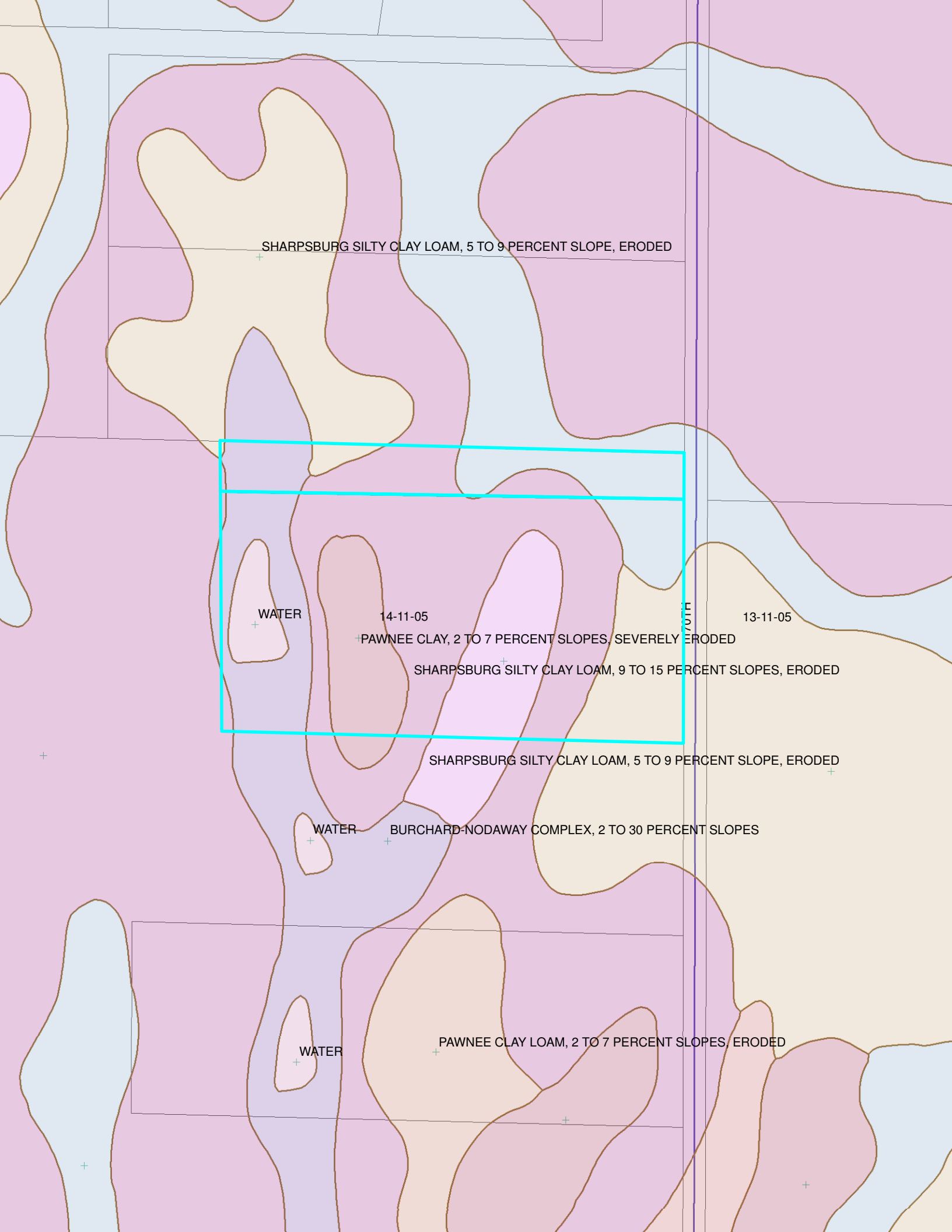
Return application to: Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: 441-8022

Business Office Use Only

Received: Date: 6/5/08 Amount 170.00 Check No. 6736 Initials [illegible]

Check 6736
Stamped 6/04/08
DGL

White - Division Copy Pink - Business Office Revised 9-07


SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPE, ERODED
WATER
14-11-05
13-11-05
PAWNEE CLAY, 2 TO 7 PERCENT SLOPES, SEVERELY ERODED
SHARPSBURG SILTY CLAY LOAM, 9 TO 15 PERCENT SLOPES, ERODED
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPE, ERODED
WATER
BURCHARD-NODAWAY COMPLEX, 2 TO 30 PERCENT SLOPES
WATER
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED