LLCHD HS000111

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

JUN 09 2008

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

HS000111

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 12 Range 6 1/4 SE 1/4 _____ Section 33
   Block _____ Lot 3 Addition _____
   Parcel ID 13 - 33 - 400 - 002 - 000 (i.e. 99-99-999-999-999)
   Street Address (no rural route) 1300 W Raymond Rd 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** 2 systems - Sewer, add 263' of laterals, new drop box / ~~Grey water add new 1000 gallon tank. & 8+ of laterals~~ - Considering new system - NB

5. **Work to be done by:** ☐ owner ☒ contractor's name Lloyd Jahnke 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 Mildred Hornung Address 1300 W Raymond Rd Raymond, NE 68428 Phone: 402-783-2260

Applicant Signature (owner or lessee) Mildred Hornung

**Please include the permit fee ($160) with this application**
Fee must be included before the application will be processed. Incomplete information will delay processing

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**HEALTH DEPARTMENT USE ONLY**

Date received 6/9/08 REVIEW: ☒ Approved ☐ Disapproved By: _____

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

**Installation final written approval**
Date ___/___/___ By _____

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

JUN 16 2008
CK# 6743
TCL

***Business Office Use Only***

Received: Date: 6/9/08 Amount 170.00 Check No. 6743 Initials TCL

White - Division Copy Pink - Business Office Revised 9-06

6-11-2008 15: 3:54

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

B

Permit Number:

# Sewage Disposal System
## Soil Absorption Test Data Report
## Annex to Application

JUN 09 2008

PLEASE PRINT OR TYPE

**System Location** (Indicate correct number and street)

Address 1800 W Raymond Rd (no rural route) City Raymond NE, Zip 68428

Owner Mildred Hornung Address Same

Soil Type (SCS): Wymore/Judson Percolation Rate: 60 min./inch

Date of Tests 5-15-08 to 5-16-08 Weather: Precipitation 0 Temperature 76°

## Percolation Test Data Table

| A. | B. | C. D. E. F. Pre-Saturation Period | | | | G. H. I. J. K. Percolation Readings | | | | | L. M. N. Results | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Start | | End | | Start | | | 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 (Min) | Water Level Drop (in) | Percolation Rates (Min/in) |
| 1 | 42 | 5-15 | 2:30p | 5-15 | 10:30p | 5-16 | 1:30p | 10 | 5-16 | 5:30p | 30 | 1/2 | 60 |
| 2 | 41 | " | " | " | " | " | " | " | " | " | " | 9/16 | 54 |
| 3 | 42 | " | " | " | " | " | " | " | " | " | " | 1/2 | 60 |
| 4 | 43 | " | " | " | " | " | " | " | " | " | " | 1 1/16 | 18 |
| 5 | 27 | " | " | " | " | " | " | " | " | " | " | 1/2 | 60 |
| 6 | 31 | " | " | " | " | " | " | " | " | " | " | 1/2 | 60 |
| 7 | 32 | " | " | " | " | " | " | " | " | " | " | 5/8 | 48 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

Sum of Percolation Rates: 360

Average of Rates: 51

Rate Used for Calculation: 60 (20 min. Variance)

**Person Conducting Percolation Tests**

Name: Terri Jakoubek, Raymond Contracting, Inc

Phone: 402-783-2663 or 402-890-3870

Address 13800 NW 70th St

Raymond, NE 68428 # C1197

DO NOT WRITE BELOW THIS LINE

**Reviewing Action**

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

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

**ON-SITE WASTE WATER SYSTEM**
**REPAIR PERMIT**

**System Type:** STANDARD

**No. HS000111**

**Situs:** 1300 W RAYMOND RD RUR

Permit Fee: $170.00

**Legal Description:** T12N-R06E-S33-Lot 3

**Owner:** HORNUNG, MILDRED L
1300 W RAYMOND RD
RAYMOND NE
68428

Total Fees: $170.00

Issued:
Expires 06/09/2009

Bruce D. Dart, PhD, Health Director

Dear Water Well Permit Holder:

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

Bruce D. Dart, PhD
Health Director

RAYMOND CONTRACTING
13800 NW 70TH
RAYMOND NE 68428

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

JUN 09 2008

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

H5000111

SCANNED

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4. **Description of proposed alteration, extension or repair** 2 systems - Sewer, add 243' of laterals, new drop box / ~~Grey water add new 1000 gallon tank & 81' of laterals~~ - Considering new system - NA

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

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**HEALTH DEPARTMENT USE ONLY**

Date received 6/9/08 REVIEW: ☒ Approved ☐ Disapproved By: _____

**Site visits**
Date 7/7/08 By DS
Date ___/___/___ By _____
Date ___/___/___ By _____

**Installation final written approval**
Date 7/7/08 By DS

**Return application to:**
Lincoln-Lancaster County Health Department
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JUN 16 2008
CK# 6743
TCL

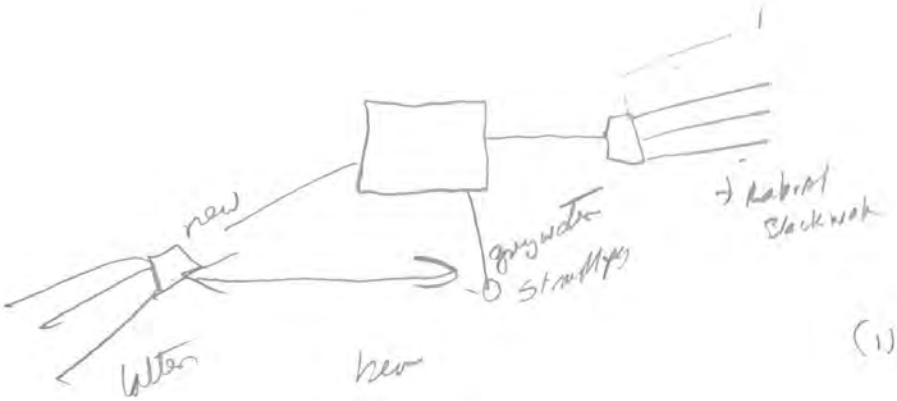
***Business Office Use Only***

Received: Date: 6/9/08 Amount 170.00 Check No. 6743 Initials MF

White - Division Copy Pink - Business Office Revised 9-06

890-6209

(1) 1300 W Rayne AP.




(1) add lateral 2 to 3' new drip bed

(2) grey 1000 tk. + lateral

(1) check def of system — overlay
- IW to Linked

(2) a grey water + black water system
- segregate components, build one system.

170 ⇒ reissue - CL

Reissue ⇒

=

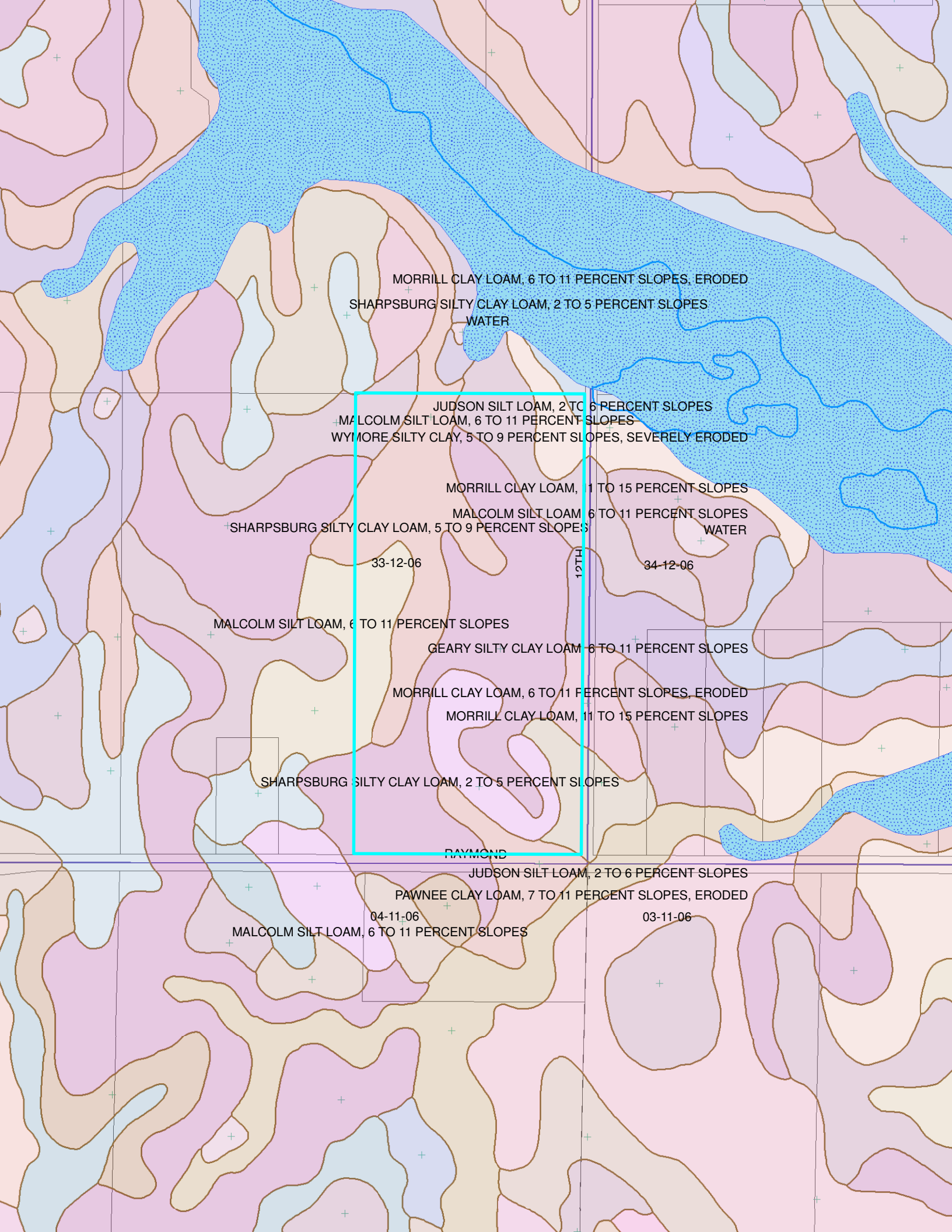
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T12N; R6E; Sec 33; SE 1/4

HS000111


MORRILL CLAY LOAM, 6 TO 11 PERCENT SLOPES, ERODED
SHARPSBURG SILTY CLAY LOAM, 2 TO 5 PERCENT SLOPES
WATER
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
MALCOLM SILT LOAM, 6 TO 11 PERCENT SLOPES
WYMORE SILTY CLAY, 5 TO 9 PERCENT SLOPES, SEVERELY ERODED
MORRILL CLAY LOAM, 11 TO 15 PERCENT SLOPES
MALCOLM SILT LOAM, 6 TO 11 PERCENT SLOPES
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPES
WATER
33-12-06
12TH
34-12-06
MALCOLM SILT LOAM, 6 TO 11 PERCENT SLOPES
GEARY SILTY CLAY LOAM, 6 TO 11 PERCENT SLOPES
MORRILL CLAY LOAM, 6 TO 11 PERCENT SLOPES, ERODED
MORRILL CLAY LOAM, 11 TO 15 PERCENT SLOPES
SHARPSBURG SILTY CLAY LOAM, 2 TO 5 PERCENT SLOPES
RAYMOND
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
PAWNEE CLAY LOAM, 7 TO 11 PERCENT SLOPES, ERODED
04-11-06
03-11-06
MALCOLM SILT LOAM, 6 TO 11 PERCENT SLOPES