LLCHD HS000231

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

SCANNED

A

Permit Number HS000231

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

Include Form B and C. Submit correct fee with this Application

3 acres or more required for: ☑ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Wastewater Treatment System in conformance with appropriate regulations.

PLEASE PRINT OR TYPE PID = 04-22-300-006-000

A. Onsite System Location

Address 9126 W 'O' St (no rural route) City Lincoln, NE Zip 68528

Legal Description SW 22 10 5 79

1/4 | 1/4 | Section | Township | Range | Subdivison | Addition | Block | Lot

Geographical Location (if known): Longitude: _____ Latitude: _____

☐ Check if system mail address is not the same as the owner's address Total Acres: _____

B. Owner

Name Nicole McCormick Signature Nicole McCormick

Address 5455 NW 10th St City/State/Zip Lincoln, NE 68521

☐ Check if owner designed system Home Phone 402-477-8009 Work Phone 402-730-7957

C. Contractor

Name: Existing Home Company Name _____

Address _____ City/State/Zip _____

☐ Check if contractor designed system Work Phone _____

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

Designer Name Lloyd Jakowbek Firm Raymond Contracting Inc Work Phone 402-890-6009

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 Well Permit Applied for ☐ Yes ☐ No ☐ Not Applicable

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☐ County Resolution No. 02-30

1. Health Department
Site visits _____
Date rec'd _____ Date frwd _____
ACTION ☐ Approved ☐ Disapproved
Signature _____

2. Supt. Bldg. Insp. or Village Clerk
Comments _____
Date rec'd _____ Date frwd _____
ACTION ☐ Approved ☐ Disapproved
Signature _____

3. City or County Engineer
Comments _____
Date rec'd _____ Date frwd _____
ACTION ☐ Approved ☐ Disapproved
Signature _____

Installation Final Written Approval
By _____
Date _____

Business Office Use Only
Date Received 5-29-09 Amount Paid 315.00
Received By AKV Cash/Check No. 7060

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

Form A Updated: 5-07

6-5-2009 15:59:21

JUN 02 2009

Raymond Contracting, Inc.
Lloyd Jakoubek
13800 NW 70th St
Raymond, NE 68428
402-783-2663 Office, 402-890-6009 Mobile, 402-783-2341 Fax

6-3-09 OK to refund

June 1, 2009

Lincoln-Lancaster County Health Department
Nate Hartman
Environmental Health Division
3140 'N' St
Lincoln, NE 68510-1514

Nate,

I am requesting a refund on permit # HS000231, McCormick, Nicole & Donald J at 9120 W 'O' Street.

We had originally proposed to replace the existing septic system including a new tank and new drainfield due to surfacing effluent. As we began excavation around existing tank we found damage to the pipe and tank due to tree roots. Instead of replacing the entire system we removed the roots and replaced the damaged sewer line and repaired the tank.

If you have any questions at all, please don't hesitate to give us a call!!

Thanks,

Terri Jakoubek
Raymond Contracting, Inc.
402-783-2663 (Office)
402-890-3870 (Mobile)

While removing tree roots, pulled old clay tile pipe out & replaced w/ new * NH As per contractor

6/3/09

* As per 4.10-I recommend full refund.

6-3-2009 13:33:35

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Site visits _____ Date frwd _____ Signature _____

2. Supt. Bldg. Insp. or Village Clerk Date rec'd _____ **ACTION** ☐ Approved ☐ Disapproved
Comments _____ Date frwd _____ Signature _____

3. City or County Engineer Date rec'd _____ **ACTION** ☐ Approved ☐ Disapproved
Comments _____ Date frwd _____ Signature _____

Installation Final Written Approval
By _____

Date _____

Business Office Use Only
Date Received _____ Amount Paid _____
Received By _____ Cash/Check No. _____

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

Form A Updated: 5-07

5-29-2009 9:50:14

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

B

Permit Number: HS000231

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 9120 W 'O' St (no rural route) City Lincoln, NE NE, Zip 68528

Owner Nicole McCormick Address 5455 NW 10th St Lincoln, NE 68521

Soil Type (SCS): Sharpsburg-Haymore Percolation Rate: 60 min./inch

Date of Tests 4/9/09 to 4/10/09 Weather: Precipitation 0 Temperature 58°

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	35	4/9	12:45p	4/9	4:45p	4/10	3:15p	6	4/10	3:45p	30	1/2	60
2	36	"	"	"	"	"	"	"	"	"	"	9/16	54
3	40	"	"	"	"	"	"	"	"	"	"	11/16	43
4	37	"	"	"	"	"	"	"	"	"	"	13/16	25
5	26	"	"	"	"	"	"	"	"	"	"	5/8	48
6	39	"	"	"	"	"	"	"	"	"	"	1/2	60

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 H C1198

Sum of Percolation Rates: 290

Average of Rates: 48

Rate Used for Calculation: 60 (20 mpi variance)

Started 2nd bay Test @ 11:45am

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

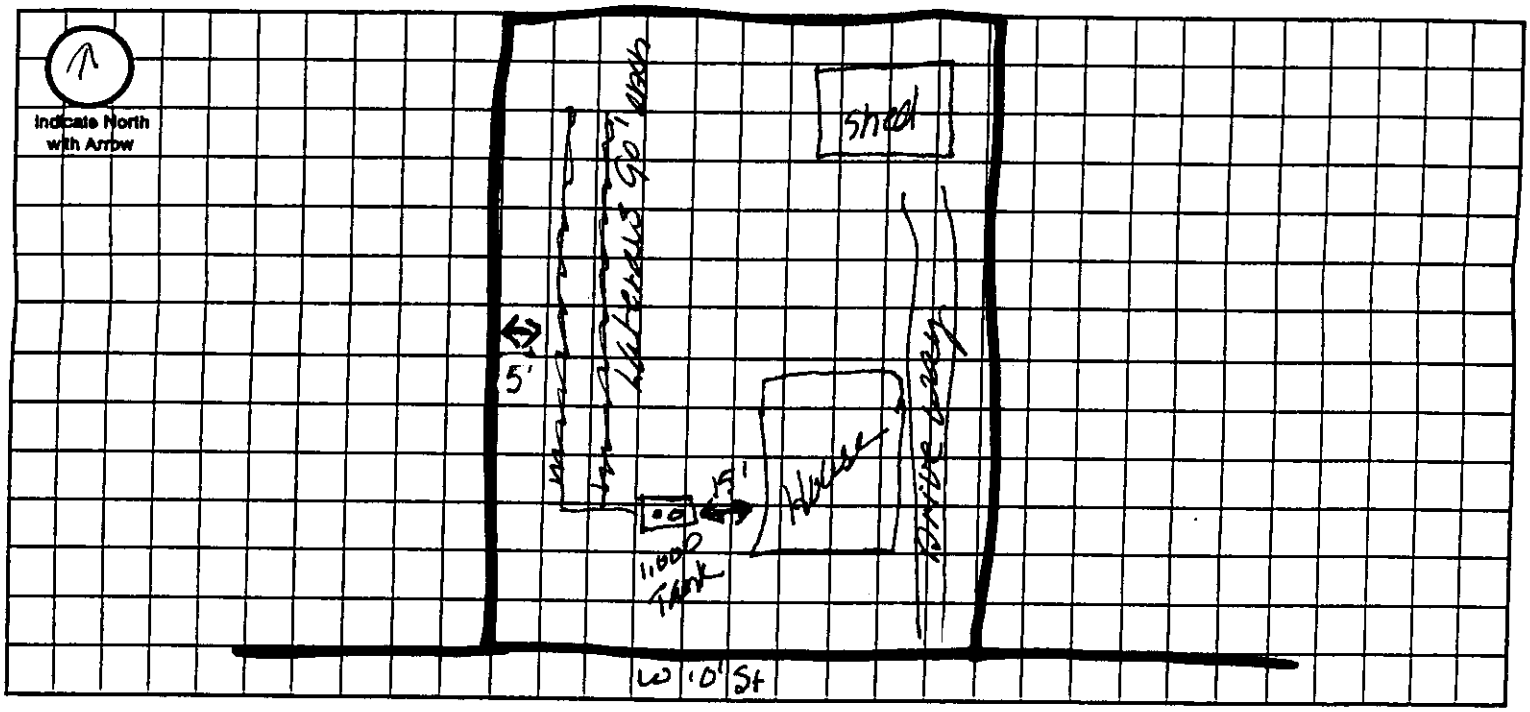
Lincoln-Lancaster County Health Department
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C

Permit Number: HS000231

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) 9120 12'O' St City Lincoln NE, Zip 68528

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 60 (min. per inch) Soil Type: Sharpsburg/Haymore Land Slope: _____ %

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

Total Square Feet of Field Required: 760 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☒ Other Lateral Material: NDS Arrowless Chambers

Capacity of Septic Tank 1,600 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 175 ft. Number of Trenches 2 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 ☐	☐

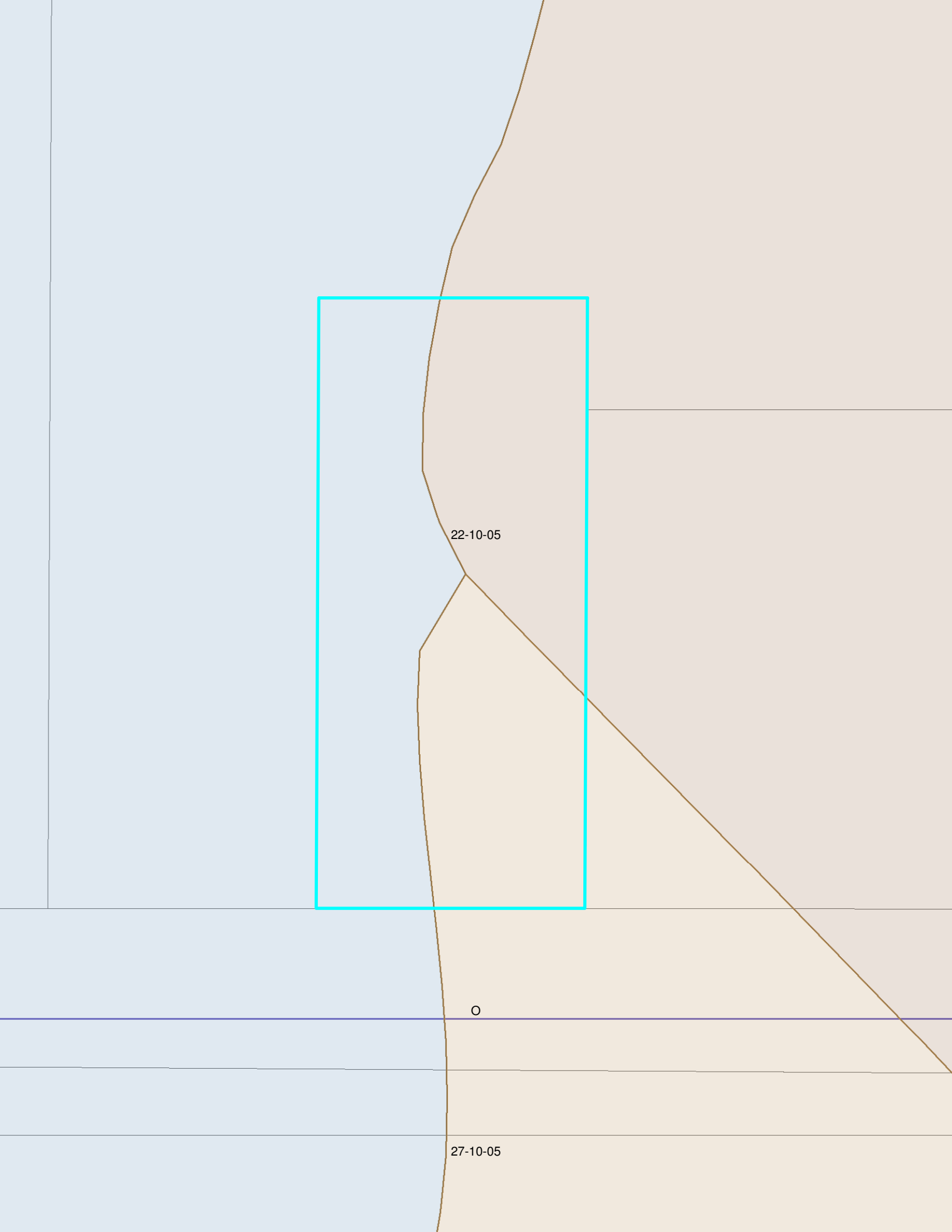
E. Required Signatures

[redacted] Chris McCormick 5.16.09

Installer Ryan L. Stowell Date 5-15-09

5-29-2009 9:50:17

FORM 23-102 10-96


22-10-05
O
27-10-05

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Environmental Public Health Division
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Date rec'd _____
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Signature _____

SCANNED

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By _____ per contractor
Date _____

Business Office Use Only
Date Received 5-29-09 Amount Paid 315.00
Received By AKV Cash/Check No. 7060

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

Form A Updated: 5-07

* System was not able to be inspected due to time constraints for NH.