LLCHD HS000257

D JUL 30 2009

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

Permit Number: HS000287

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date 7-28-09 Legal Description NE (1/4) 1/4 34-12-6 (Section Township Range) Lot 17

Onsite System Location

Address (no rural route) 15901 N. 1st St City Raymond NE, Zip 68428

Owner Margaret Gray Address same

A. Sewer Pipe

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

B. Septic Tank

☐ Label with Manufacturer, address and gallon capacity

1. Material: old
   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" dia. inspection pipe
6. Outlet: ☐ baffle ☐ tee ☐ 6" dia. inspection pipe
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 ☐ Drop Boxes

(≥ 12" inspection opening) (removable lid to inspect)

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

D. Drainfield Absorption

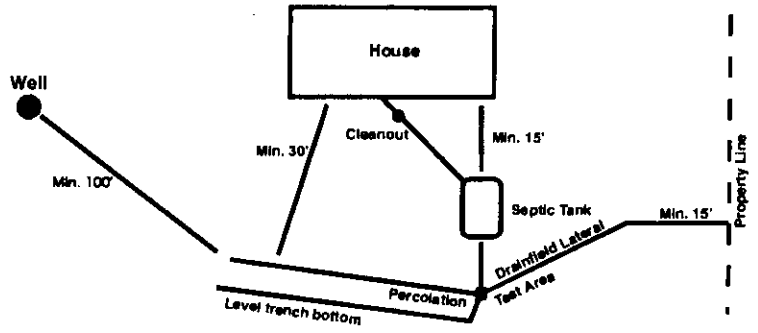
☐ Trench ☐ Bed ☐ Level Bottom

1. Type: ☐ Half rounds ☐ Perforated pipe ☐ Chambers
   Diameter or width: _____
   Number of distribution lines in bed _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other _____
2. Drainfield Laterals: Number 9
   Length of each line: 5-50' old ft. 70' New ft.
   2-130' New ft. _____ ft., _____ ft.
3. Drainfield dimensions: Width 40" ft.
   Distribution Pipe Slope Flat in/100 ft.
   Average depth 24-30 in
4. Filter material: Dirt Soil
   Depth of material 24-30 in.
5. Distances to: Well or suction line 100+ ft.
   Pressure line 100+ ft.
   Property line 25+ ft.
   House or building 100+ ft.
   Lake or Stream 100+ ft.

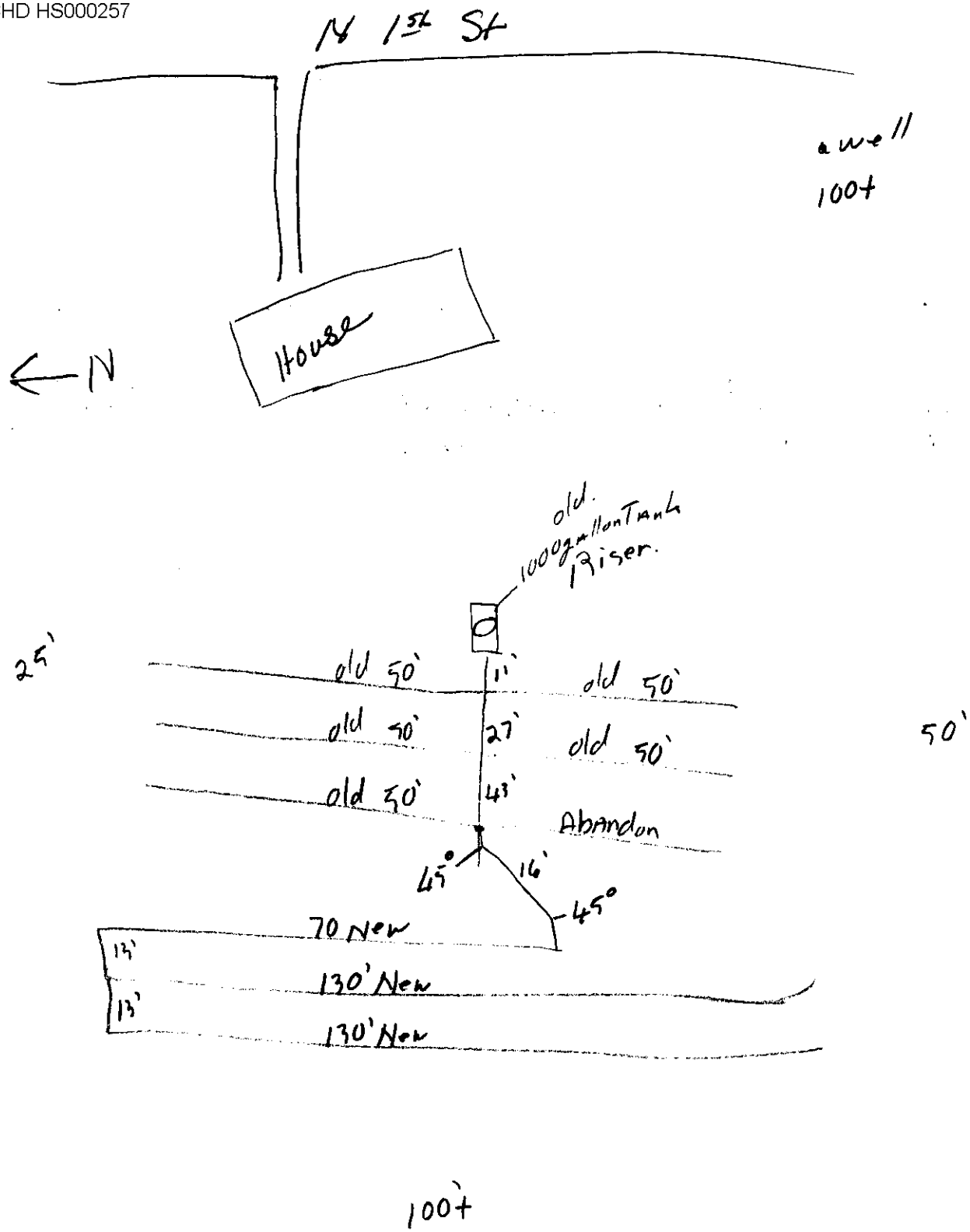
Complete As-Built drawing on the back fo this form.

Indicate North with Arrow

Onsite Wastewater System Design (Example)



LLCHD HS000257



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

JUL 30 2009

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

HS000257

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 ____ 1/4 NE Section 34
   Block ____ Lot 17 Addition ____
   Parcel ID 13-34-200-005-000 (i.e. 99-99-999-999-999)
   Street Address (no rural route) 15901 N. 1st St Raymond, NE 68428

2. **Property use:** ☒ residential ☐ commercial ☐ other use
   Number of bedrooms 4 Describe ____

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

4. **Description of proposed alteration, extension or repair** add new 2 lateral's based on 4 bedrooms & perc rate of 48 min, 330'

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

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 Margaret Gray Address 15901 N. 1st St Raymond, NE 68428 Phone: 402-785-3975

[redacted] (Owner) Margaret Gray

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 8/3/09 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

Business Office Use Only

Received: Date: 8/4/09 Amount 175.00 Check No. 7133 Initials AKV

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

#7133 8-03-09 $175.00 LC

JUL 30 2009

B

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

Permit Number: HS000287

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 15901 N. 1st St (no rural route) City Raymond NE, Zip 68428

Owner Margaret Brays Addresss Same

Soil Type (SCS): Sharpsburg Sand in soil Percolation Rate: 48 min./inch

Date of Tests 7/13/09 to 7/14/09 Weather: Precipitation 0 Temperature 88°

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	28	7/13	10:30a	7/13	2:30p	7/14	3:40p	6	7/14	4:10p	30	3/4	40
2	40	"	"	"	"	"	"	"	"	"	"	1 1/2	20
3	28	"	"	"	"	"	"	"	"	"	"	1 1/4	28
4	26	"	"	"	"	"	"	"	"	"	"	7/8	34
5	33	"	"	"	"	"	"	"	"	"	"	1 3/4	19
	42	"	"	"	"	"	"	"	"	"	"	5/8	48

Sum of Percolation Rates: 189

Average of Rates: 32

Rate Used for Calculation: 48 (20 min Variance)

Person Conducting Percolation Tests

Name: Terri L. Jahnke, Raymond Contracting, Inc.

Phone: 402-783-2003 or 402-890-3870

Address 13800 NW 70th St
Raymond, NE 68428 # C1198

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

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

No. HS000257

System Type: STANDARD

Situs: 15901 N 1 ST

Legal Description: T12N-R06E-S34-Lot 17

Owner: GRAY, MARGARET L
15901 N 1 ST
RAYMOND NE
68428

Permit Fee:	$175.00
Total Fees:	$175.00
Issued:	08/04/2009
Expires	08/04/2010

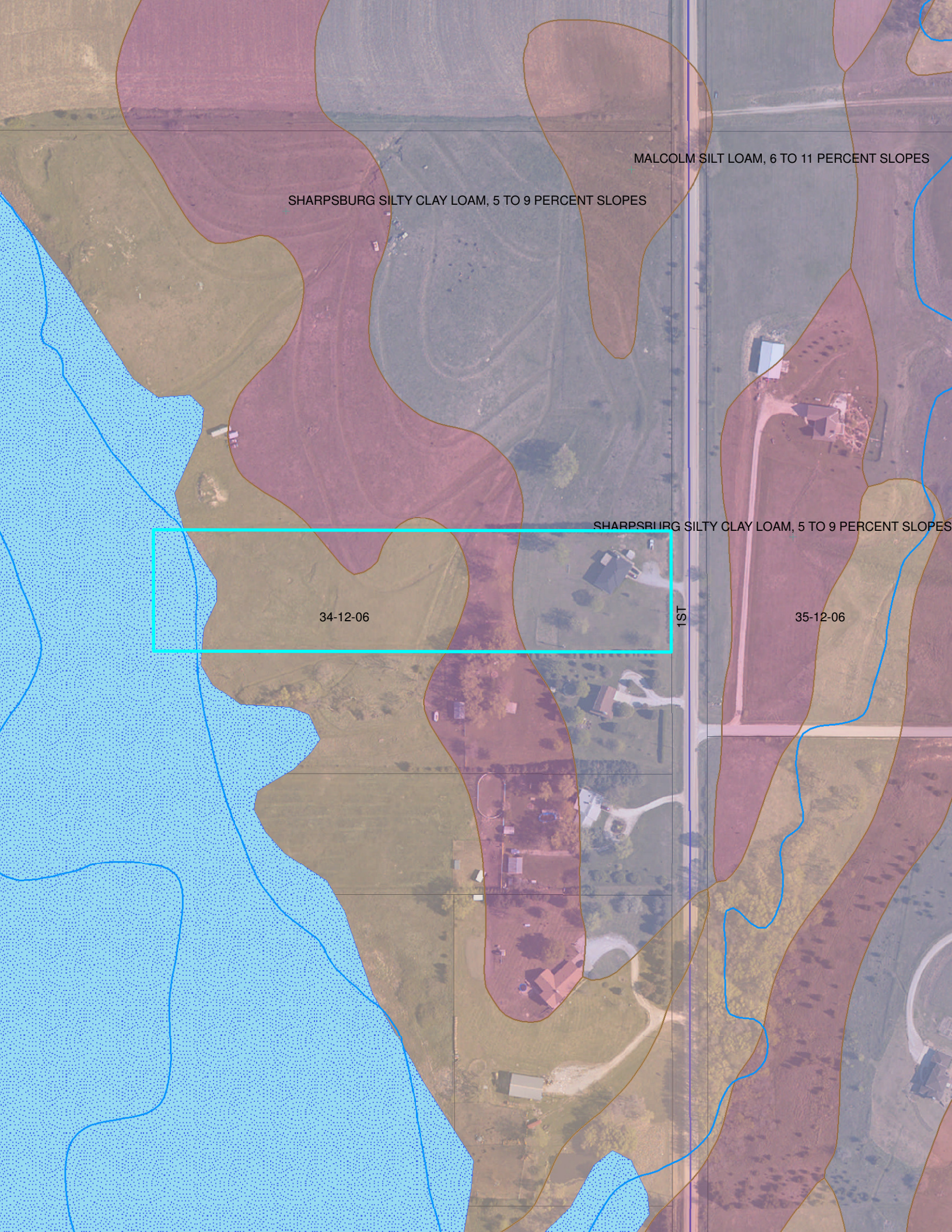
Bruce D. Dart, PhD, Health Director

Dear Applicant:

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


MALCOLM SILT LOAM, 6 TO 11 PERCENT SLOPES
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPES
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPES
34-12-06
1ST
35-12-06

SCANNED

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☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

H5000287

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Print Name Margaret Gray Address 15901 N. 1st St Raymond, NE 68428 Phone: 402-785-3975

Applicant Signature (owner or lessee) Margaret Gray

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Date ____/____/____ By ____
Date ____/____/____ By ____
Date ____/____/____ By ____

Installation final written approval
Date 8/06/09 By ____

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Phone: 441-8022

SCANNED

Business Office Use Only

Received: Date: 8/4/09 Amount 175.00 Check No. 7133 Initials AKV

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

#7133 8-03-09 $175.00 LC