LLCHD HS000305

NOV 09 2009

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

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

H5000305

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 4 1/4 NW 1/4 _____ Section 7
   Block _____ Lot 36 Addition _____
   Parcel ID 12-07-100-001-000 (i.e. 99-99-999-999-999)
   Street Address (no rural route) 13100 NW 56th 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** install 250' of laterals, pump tank, add riser, drop box

5. **Work to be done by:** ☐ owner ☒ contractor's name Lloyd Inkoubeh 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 Gene Jochim Address Same Phone: 402-783-2906

Applicant Signature (owner or lessee) _____

Please contact LLCHD for the permit fee for this application
Fee must be included before the application will be processed. Incomplete information will delay processing

---

HEALTH DEPARTMENT USE ONLY

Date received 11/12/09 REVIEW: ☑ Approved ☐ Disapproved By: _____

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

Installation final written approval
Date 11/16/09 By _____

Return application to:
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: 441-8643

Business Office Use Only

Received: Date: 11/12/09 Amount 180.00 Check No. 7216 Initials BH

Revised 3-09

11-13-2009 15: 4:39

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. HS000305

Situs: 13100 NW 56 ST

Permit Fee: $180.00

Legal Description: T11N-R06E-S07-Lot 36

Owner: JOCHIM, EUGENE R & MARY L
13100 NW 56 ST
RAYMOND NE
68428

Total Fees: $180.00

Issued: 11/13/2009
Expires 11/13/2010

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

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

D

Permit Number: HS000305

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date 11-5-09 Legal Description NW (1/4) 1/4 7-11-6 (Section Township Range) Lot 34

Onsite System Location

Address (no rural route) 13100 NW 56th St City Raymond NE, Zip 68428

Owner Gene Jochim Address Same

A. Sewer Pipe

1. Material: old pipe Repair
   Diameter: 4 in.
2. Distance above basement floor: ____ in.
   or distance below basement floor: ____ in.
3. Distance between dwelling and septic tank: 56'6" ft.
4. Number of clean-outs: ____
5. Distances to: well or suction line 100+ ft.
   stream 160+ ft.
   pressure line 100+ ft.
   property line 100+ ft.

B. Septic Tank

☐ Label with Manufacturer, address and gallon capacity

1. Material: concrete
   Number of compartments: one
2. Capacity: 1000 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: ~~Over Inlet~~, diameter Center 24" in.
   Over outlet, diameter ____ in.
   Riser: ☐ above ☐ below grade At 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: 18 in.
8. Distances to: Well or suction line 100 + ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 100+ ft.

C. ☐ Distribution Box ☐ Drop Boxes

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

1. Material: Plastic 2 Endcaps
   Number available outlets: 3per cap.
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 102 ft.

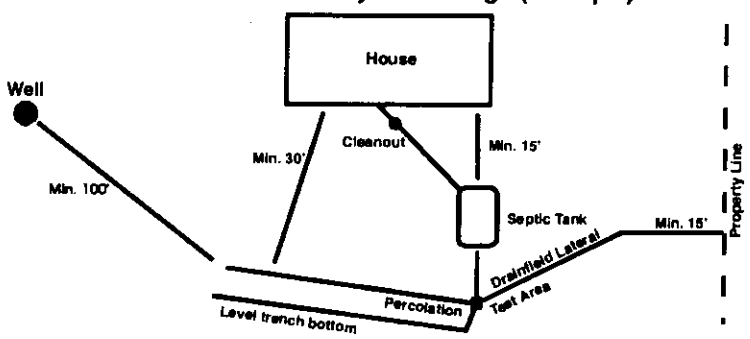
D. Drainfield Absorption

☑ 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 12"Tall x34" wide
2. Drainfield Laterals: Number 100
   Length of each line: 150 ft. ____ ft.
   ____ ft. ____ ft., ____ ft.
3. Drainfield dimensions: Width 40" ft.
   Distribution Pipe Slope Flat in/100 ft.
   Average depth 28"-34" in
4. Filter material: Dirt
   Depth of material 100+ in.
5. Distances to: Well or suction line 100+ ft.
   Pressure line 100+ ft.
   Property line 100+ ft.
   House or building 100+ ft.
   Lake or Stream 100+ ft.

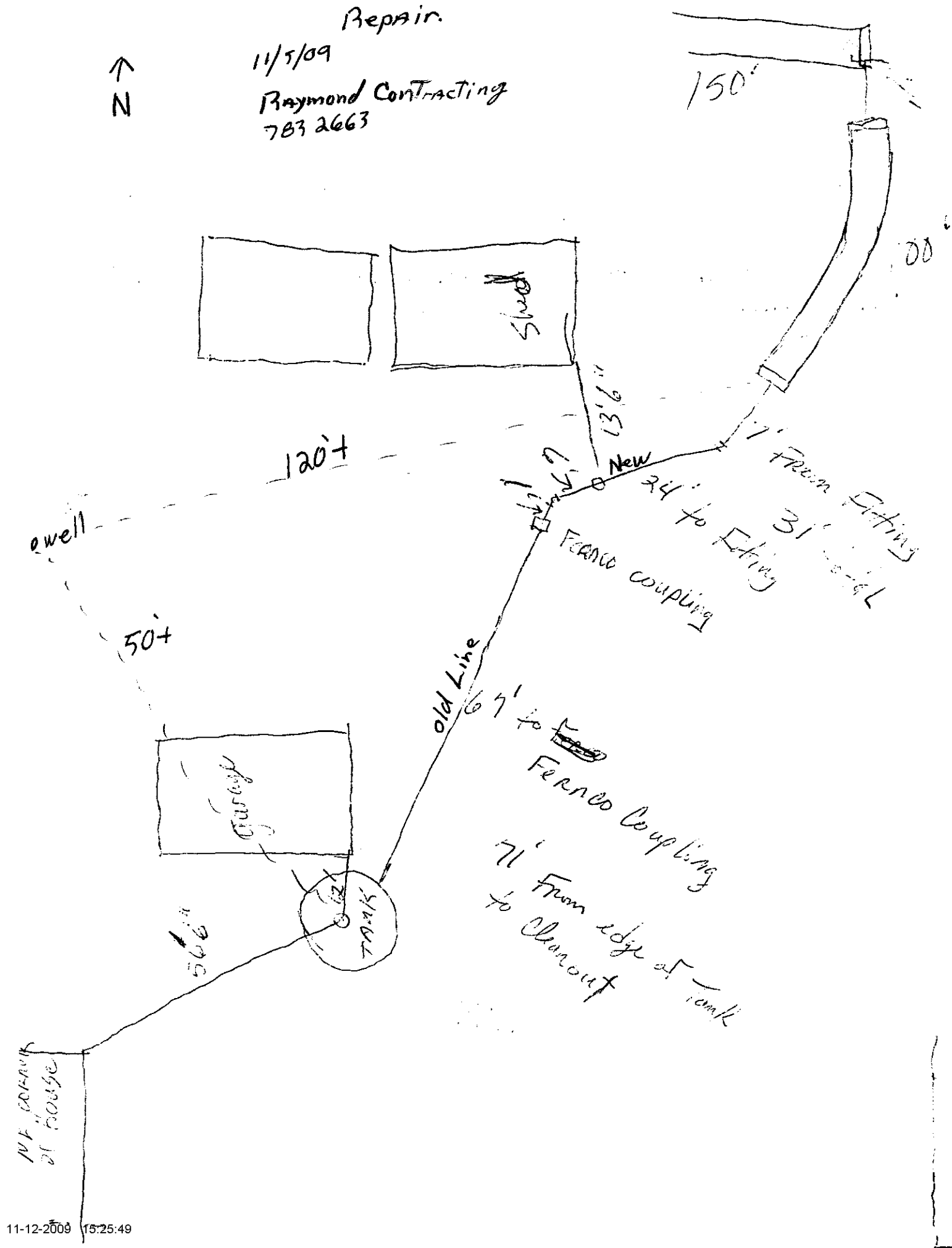
Complete As-Built drawing on the back fo this form.

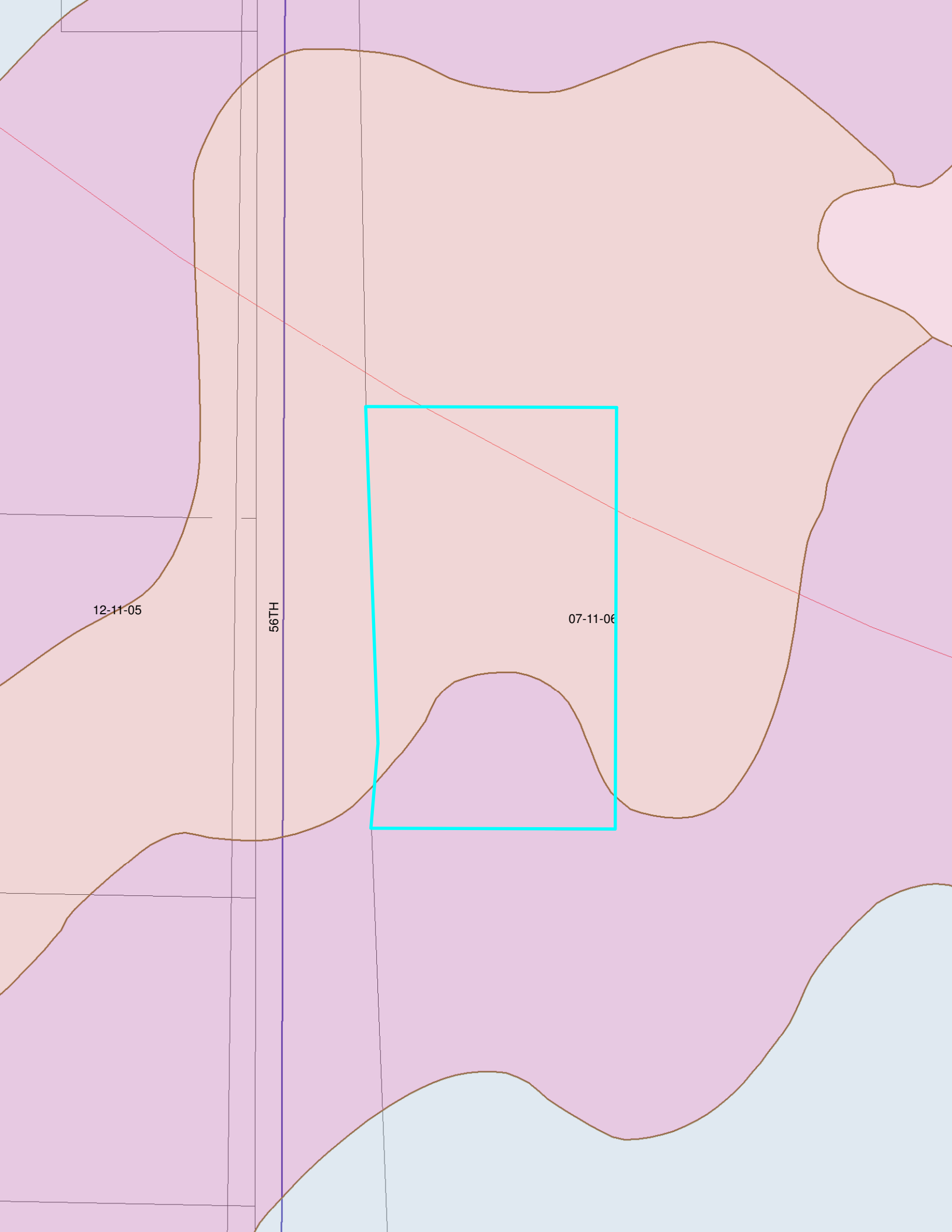
Onsite Wastewater System Design (Example)



Indicate North with Arrow

LLCHD HS000305




12-11-05
56TH
07-11-06

LLCHD HS0003[illegible]

NOV 09 2009

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

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

H5000305

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 4 1/4 NW 1/4 _____ Section 7
   Block _____ Lot 36 Addition _____
   Parcel ID 12-07-160-001-000 (i.e. 99-99-999-999-999)
   Street Address (no rural route) 13100 NW 56th 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** install 250' of laterals, pump tank, add riser, drop box

5. **Work to be done by:** ☐ owner ☑ contractor's name Lloyd Inkoubeh Raymond Contracting Inc

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Print Name Gene Jochim Address Same Phone: 402-783-2906

Applicant Signature (owner or lessee) _____

Please contact LLCHD for the permit fee for 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 11/12/09 REVIEW: ☑ Approved ☐ Disapproved By: _____

Site visits
Date ____/____/____ By _____
Date ____/____/____ By _____
Date ____/____/____ By _____

Installation final written approval
Date 11/16/09 By _____

Return application to:
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: 441-8643

Business Office Use Only

Received: Date:____/____/____ Amount_____ Check No. _____ Initials_____

Revised 3-09

11-12-2009 15:24:37

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

B

Permit Number: HS000305

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 13100 NW 56th St (no rural route) City Raymond NE, Zip 68428

Owner Gene Jochim Address same

Soil Type (SCS): Judson Percolation Rate: 24 min./inch

Date of Tests 11/2/09 to 11/3/09 Weather: Precipitation D Temperature 50's

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	11/2	1:30p	11/2	5:30p	11/3	4:30p	6	11/3	5:00p	30	15/16	32
2	33	"	"	"	"	"	"	"	"	"	"	1 3/8	22
3	24	"	"	"	"	"	"	"	"	"	"	1	30
4	35	"	"	"	"	"	"	"	"	"	"	15/16	32
5	35	"	"	"	"	"	"	"	"	"	"	1 7/8	16
6	34	"	"	"	"	"	"	"	"	"	"	2 1/8	14

Sum of Percolation Rates: 146
Average of Rates: 24
Rate Used for Calculation: 24

Person Conducting Percolation Tests

Name: Terri L. Jahnke, Raymond Contracting, Inc.
Phone: 402-783-2663 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 Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

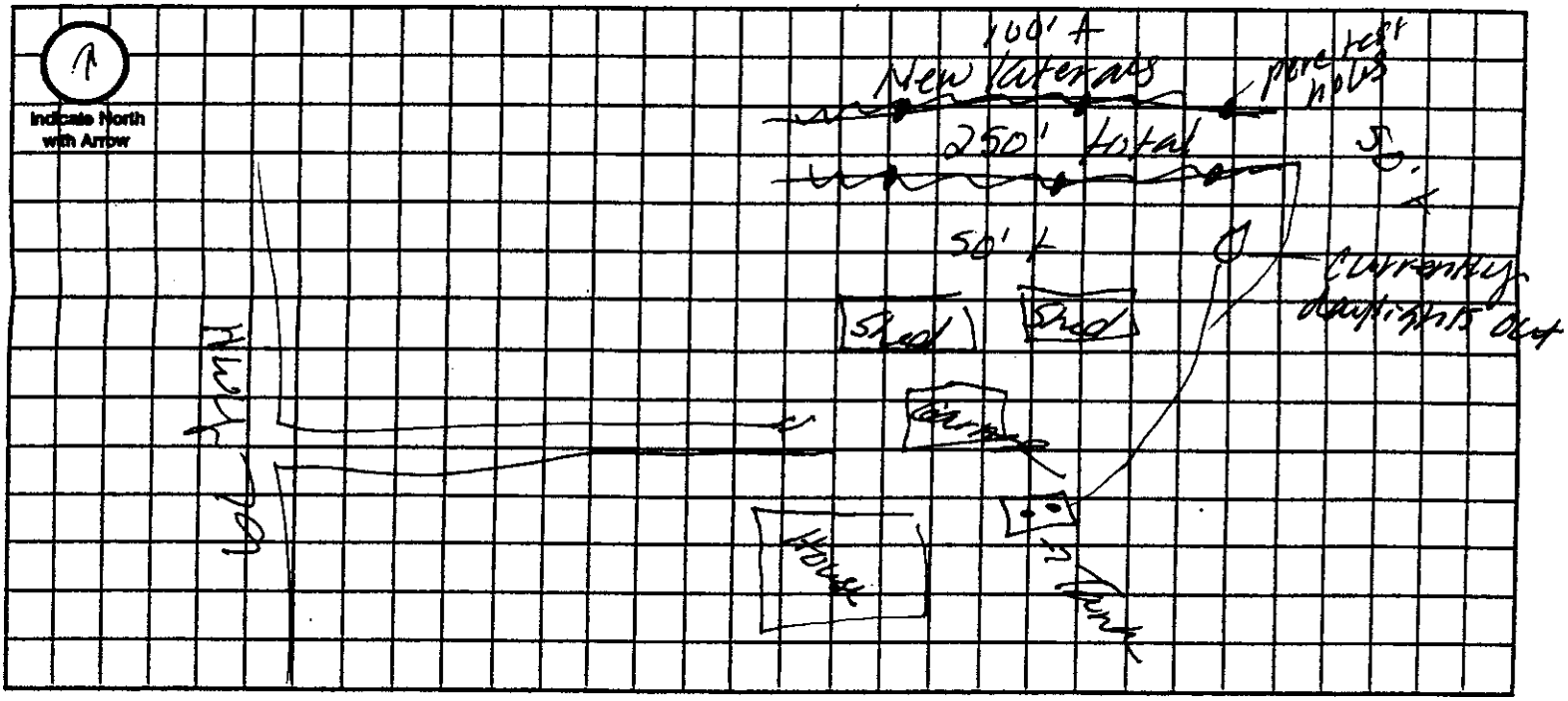
C

Permit Number: HS000305

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) 13100 NW 56th St City Raymond NE, Zip 68428

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other existing

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

Percolation Rate 24 (min. per inch) Soil Type: Judson Land Slope: _____ %

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

Total Square Feet of Field Required: 1000 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☑ Other Lateral Material: BDS Gravelless Chambers

Capacity of Septic Tank existing gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 250 ft. Number of Trenches 2 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 [signature] Date 11-5-09

LLCHD HS000305

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

D

Permit Number: HS000305

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date 11-5-09 Legal Description NW (1/4) 1/4 7-11-6 (Section Township Range) Lot 36

Onsite System Location

Address (no rural route) 13100 NW 56th St City Raymond NE, Zip 68428

Owner Gene Jochim Address Same

A. Sewer Pipe

1. Material: old pipe Repair
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5. Distances to: well or suction line 100+ ft.
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   property line 100+ ft.

B. Septic Tank

☐ Label with Manufacturer, address and gallon capacity

1. Material: concrete
   Number of compartments: one
2. Capacity: 1000 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: ~~Over Inlet~~, diameter center 24" in.
   Over outlet, diameter _____ in.
   Riser: ☐ above ☐ below grade At Grade in.
5. Inlet: ☐ baffle ☐ tee ☐ 6" dia. inspection pipe
6. Outlet: ☐ baffle ☑ tee ☐ 6" dia. inspection pipe
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C. ☐ Distribution Box ☐ Drop Boxes

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

1. Material: Plastic 2 End caps
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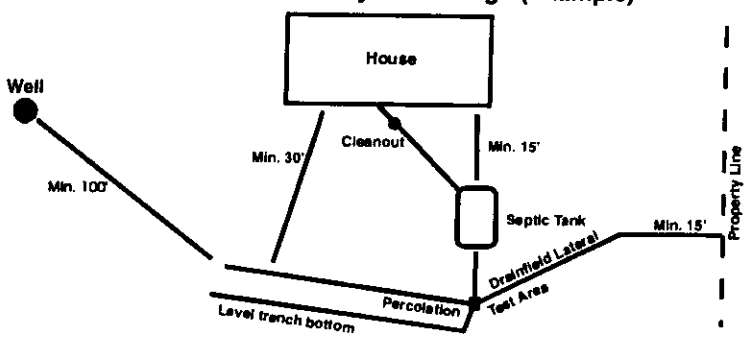
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3. Drainfield dimensions: Width 40" ft.
   Distribution Pipe Slope Flat in/100 ft.
   Average depth 28"-34" in
4. Filter material: Dirt
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   Pressure line 100+ ft.
   Property line 100+ ft.
   House 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)



facsimile

Raymond Contracting, Inc.

Inspected
11/5/09

Raymond Contracting Inc
Lloyd J Jakoubek
13800 NW 70th Street
Raymond, NE 68428
402 783-2663 Telephone
402 890 6009 Cellular
402 783 2341 Fax

to **Nate/Doug**

fax number **402-441-3890**	company **LLCHD**
from **Terri Jakoubek**	date **November 5, 2009**
total number of pages including this cover sheet **4**	If you do not receive all pages, please call **402-783-2663 (Terri)**

comments **CONFIDENTIAL**

Nate/Doug,

Following please find permit paperwork for 13100 NW 56th St (Hwy 79), Raymond, NE.

Lloyd will be installing today and will have the original permit & check for $180.00 on site. He will call for inspection.

Sorry about the late permit, we just got the perc test done on Tuesday & the homeowner gave us a go.

Please call if you have questions.

Thanks,
Terri Jakoubek
402-783-2663 (Office) 402-890-3870 (Mobile) 402-783-2341 (Fax)



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

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

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Applicant Signature (owner or lessee) ____

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

Installation final written approval
Date ____/____/____ By ____

Return application to:
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Business Office Use Only

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Revised 3-09

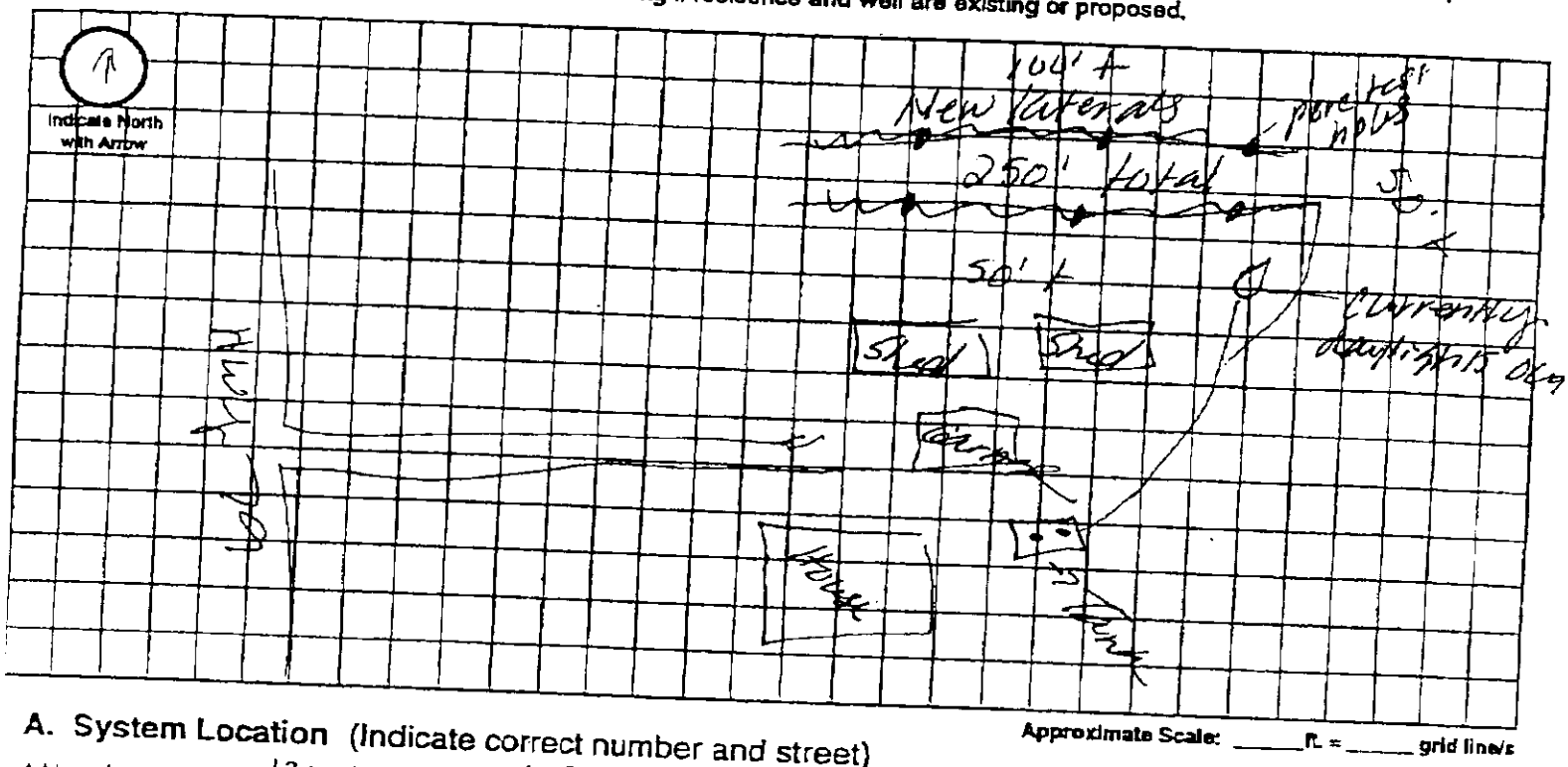
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C

Permit Number:

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Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

E. Required Signatures

Home Building Contractor ____ Date ____

Installer Kim A Johnson Date 11-5-09

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

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3	24	"	"	"	"	"	"	"	"	"	"	1	30
4	35	"	"	"	"	"	"	"	"	"	"	15/16	32
5	35	"	"	"	"	"	"	"	"	"	"	1 7/8	16
6	34	"	"	"	"	"	"	"	"	"	"	2 1/8	14

Person Conducting Percolation Tests

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

Phone: 402-783-2603 or 402-890-3870

Address 13800 NW 70th St

Raymond, NE 68428 # C1198

Sum of Percolation Rates: 146

Average of Rates: 24

Rate Used for Calculation: 24

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____