LLCHD HS0003

NOV 19 2009

SCANNED

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

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

HS000316

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 6e 1/4 SE 1/4 _____ Section 32
   Block 2 Lot 1 Addition Willard Estates
   Parcel ID 13 - 32 - 401 - 029 - 000 (i.e. 99-99-999-999-999)

   Street Address (no rural route) 15249 NW 27th 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** replace drainfield based on a 3 Bedroom Home & 60 mpi perc rate 205'

5. **Work to be done by:** ☐ owner ☒ contractor's name Lloyd Jakubek 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 Mark Charipar Address 15249 NW 27th St Phone: 402-314-7885

Applicant Signature (owner or lessee) Ronald L. Jakubek - Contractor

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 ____/____/____ REVIEW: ☐ Approved ☐ Disapproved By: _____

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

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

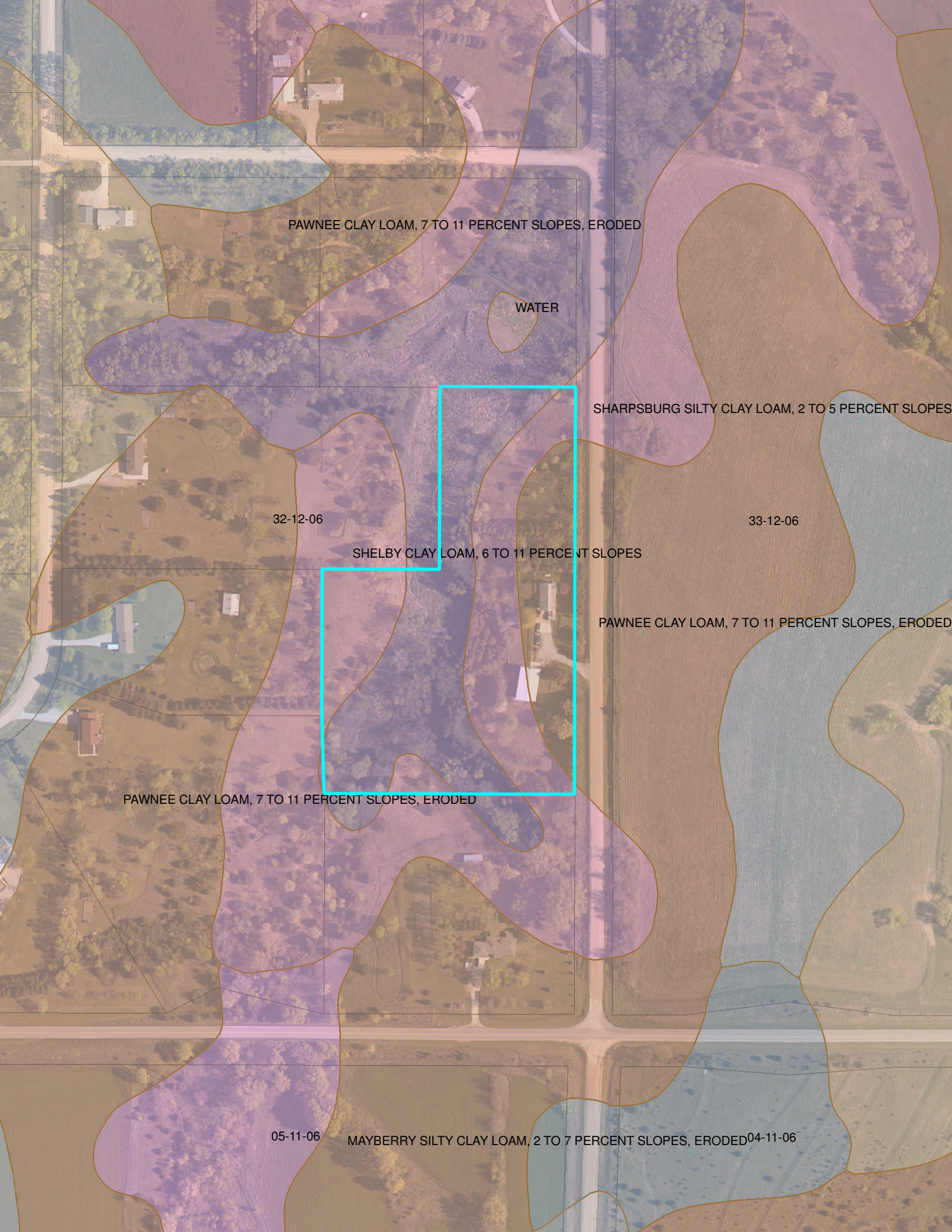
Return application to:
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: 441-8643

Business Office Use Only

Received: Date: 11/30/09 Amount 180.00 Check No. 7229 Initials B. Hall

Revised 3-09

12-1-2009 9:11:23


PAWNEE CLAY LOAM, 7 TO 11 PERCENT SLOPES, ERODED
WATER
SHARPSBURG SILTY CLAY LOAM, 2 TO 5 PERCENT SLOPES
32-12-06
33-12-06
SHELBY CLAY LOAM, 6 TO 11 PERCENT SLOPES
PAWNEE CLAY LOAM, 7 TO 11 PERCENT SLOPES, ERODED
PAWNEE CLAY LOAM, 7 TO 11 PERCENT SLOPES, ERODED
05-11-06
MAYBERRY SILTY CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
04-11-06

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. HS000316

System Type:	STANDARD
Situs:	15249 NW 27 ST
Legal Description:	T12N-R06E-S32-2-Lot 1
Owner:	CHARIPAR, MARK 15249 NW 27 ST RAYMOND NE 68428

Permit Fee:	$180.00
Total Fees:	$180.00
Issued:	11/30/2009
Expires	11/30/2010

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

LLCHD HS0003[illegible]

NOV 19 2009

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☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

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   Street Address (no rural route) 15249 NW 27th 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** replace drainfield based on a 3 Bedroom Home & 60 mpi perc rate 245'

5. **Work to be done by:** ☐ owner ☒ contractor's name Lloyd Jakubek 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 Mark Chavipar Address 15249 NW 27th St Phone: 402-314-7835

Applicant Signature (owner or lessee) Ronald L. Jakubek - Contractor

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 ____/____/____ 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: 441-8643

Business Office Use Only

Received: Date: ____/____/____ Amount _____ Check No. _____ Initials _____

Revised 3-09

11-30-2009 11:24: 2

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

B

Permit Number: HS000316

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 15249 NW 27th St (no rural route) City Raymond NE, Zip 68428

Owner _____ Addresss _____

Soil Type (SCS): Shelby clay loam / silt loam Percolation Rate: 60 min./inch

Date of Tests 7/5/09 to 7/6/09 Weather: Precipitation 0 Temperature 77°

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	30	7/5	10:30a	7/5	1830p	7/6	11:00a	6	7/6	11:30a	30	1	30
2	30	"	"	"	"	"	"	"	"	"	"	5/8	48
3	28	"	"	"	"	"	"	"	"	"	"	1/2	60
4	30	"	"	"	"	"	"	"	"	"	"	1/8	231

Sum of Percolation Rates: 138 (holes 1-3)
Average of Rates: 46 (holes 1-3)
Rate Used for Calculation: 60 (20 mpi Variance)

Person Conducting Percolation Tests

Name: Terri Jakoubek, Raymond Contracting Inc
Phone: 402-783-2663 or 402-890-6009
Address 13800 NW 70th St
Raymond, NE 68428 # C1198

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

C

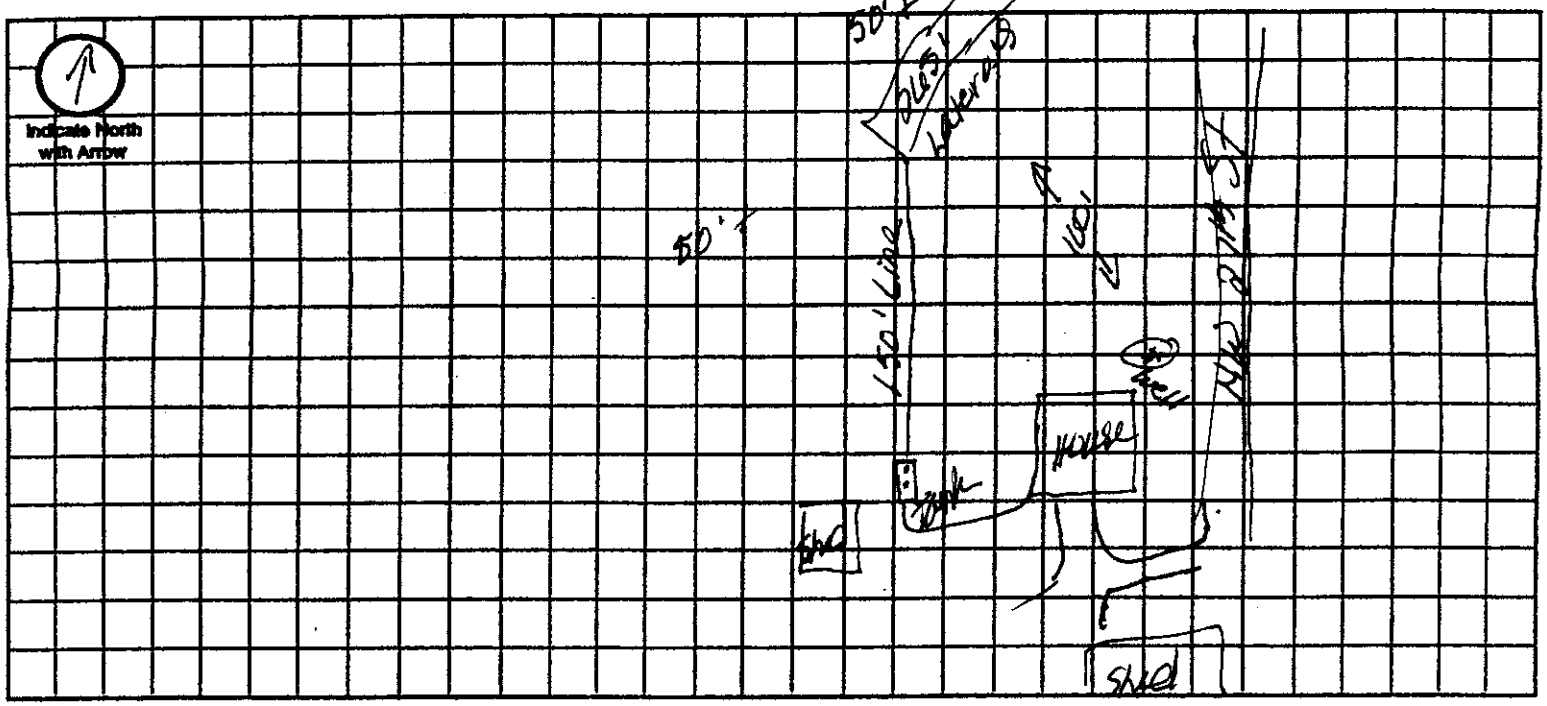
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

Permit Number: HS000316

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) 15246 NW 27th 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 120 (min. per inch) Soil Type: Shelby Land Slope: _____ %

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

Total Square Feet of Field Required: 1050 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☒ Other Lateral Material: Graveless chambers / ADS

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

Total Length of Laterals 265 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

Home Building Contractor _____ Date _____

Installer Jimi L. Jahnke Date 11-18-09

11-30-2009 11:24: 5

LLCHD HS000316

NOV 19 2009

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

A

Permit Number HS000317

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 23-08-200-003-000

A. Onsite System Location

Address 4101 N. 134th St (no rural route) City Lincoln, NE Zip 68527

Legal Description NE 8 10 8 36

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 Bruce Anderson Signature see Attached

Address 4101 N 134th St City/State/Zip Lincoln, NE 68527

☐ Check if owner designed system Home Phone 402-467-1088 Work Phone 402-472-6237

C. Contractor

Name: Owner 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 Jakobek Firm Raymond Contracting Inc Work Phone 402-890-6609

E. This system will serve a

☒ Residential Dwelling Number of Bedrooms 3 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 Date rec'd _____ **ACTION** ☐ Approved ☐ Disapproved
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

11-30-2009 11:20:58 X Dig: Haste lot - Existing house beige demolished & removed from site & leveled

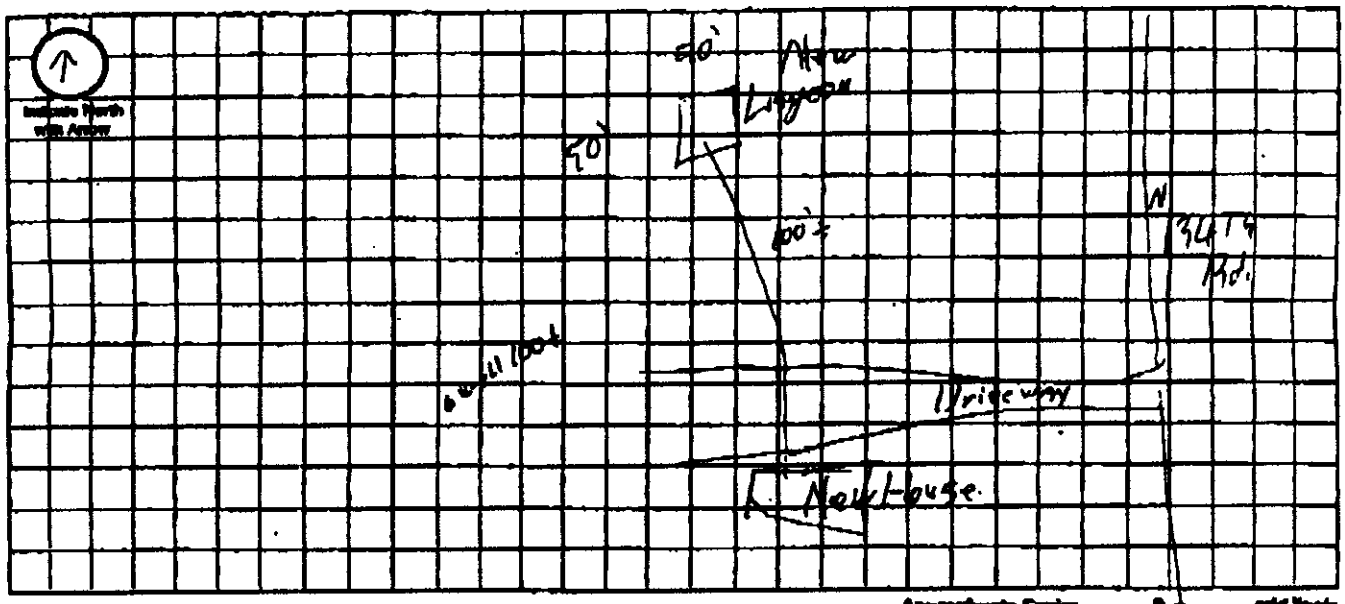
C

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

Permit Number: HS000317

Sewage Disposal System
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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.



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Tank Material: ☐ Concrete ☐ Plastic ☐ Other _____

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

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Lagoon (ft)	100 ☑	500 ☐	50 ☑	NA ☐	30 ☑	50 ☑	100 ☑	200 ☑	☑

E. Required Signatures

Home Building Contractor Brian Andersen Date 11-17-09

Installer Kris L. Jakobsen Date 11-17-09

NOV 19 2009

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

SCANNED

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

H5000316

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Print Name Mark Charipar Address 15249 NW 27th St Phone: 402-314-7835

Applicant Signature (owner or lessee) Lloyd J. Jakubek - Contractor

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HEALTH DEPARTMENT USE ONLY

Date received ____/____/____ REVIEW: ☐ Approved ☐ Disapproved By: _____

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

Installation final written approval
Date 12/01/09 By _____

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

SCANNED

Business Office Use Only

Received: Date: 11/30/09 Amount 180.00 Check No. 7229 Initials B.Hall

Revised 3-09

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

NOV 25 2009

D

Permit Number:

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date 11/23/09 Legal Description SE 1/4 1/4 32 - 12 - 6e Section Township Range Block 2 Lot 1

Onsite System Location

Address (no rural route) 15249 NW 27th St City Raymond NE, Zip 68428

Owner Mark Chariparr 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. 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 _____ 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 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: 3 - Endcaps.
   Number available outlets: 3 per cap
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 132' ft.

D. Drainfield Absorption

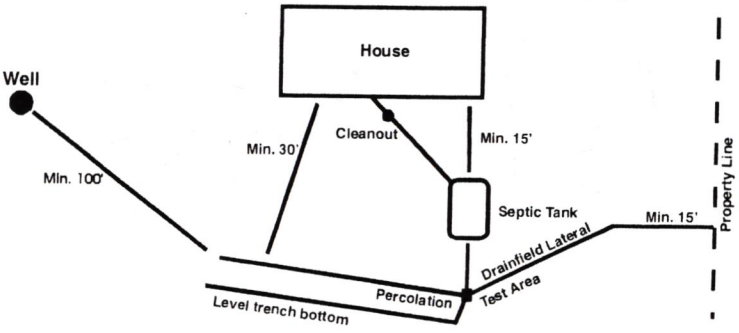
☑ Trench ☐ Bed ☐ Level Bottom

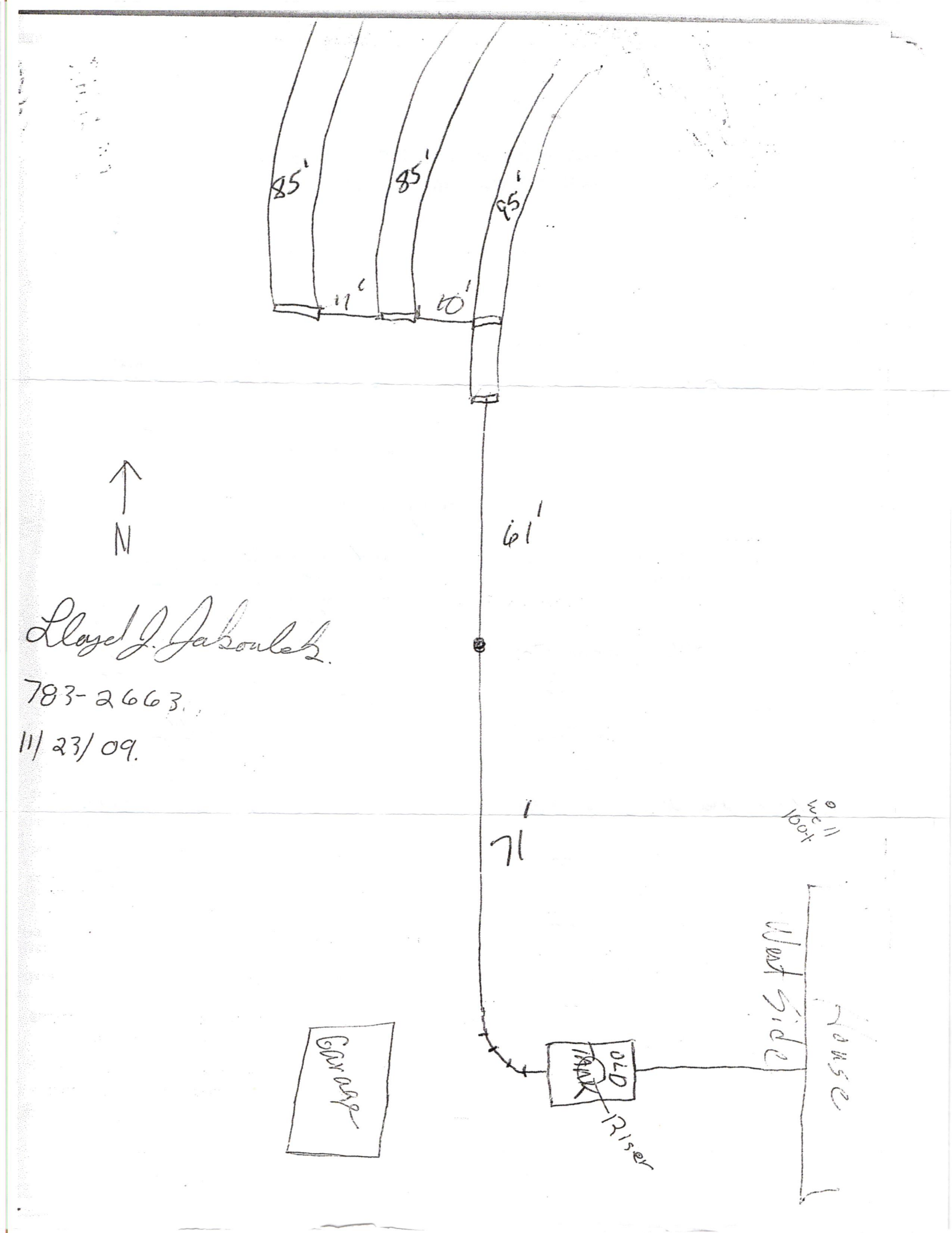
1. Type: ☐ Half rounds ☐ Perforated pipe ☑ Chambers
   Diameter or width: _____
   Number of distribution lines in bed _____
   Material: ☑ fiberglass ☑ plastic ☐ concrete
   ☐ other _____
2. Drainfield Laterals: Number 3
   Length of each line: 95 ft. 85 ft.
   85 ft. _____ ft., _____ ft.
3. Drainfield dimensions: Width 40" ft.
   Distribution Pipe Slope Flat in/100 ft.
   Average depth 32-36 in
4. Filter material: Dirt
   Depth of material 32-36 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




85'
85'
85'
11'
60'
N
61'
Lloyd J. Jaroulek
783-2663
11/23/09
71'
Garage
OLD TANK
Riser
West Side
House