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. HS000385

System Type: STANDARD

Situs: 13201 PIONEERS BLVD

Legal Description: T09N-R08E-S08-Lot 24

Owner:

Permit Fee: $180.00

Total Fees: $180.00

Issued: 07/28/2010
Expires 08/05/2011

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 HS000385

JUL 27 2010

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

SCANNED

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

H5000385

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 9 Range 3 1/4 NE 1/4 _____ Section 8
   Block _____ Lot 24 Addition _____
   Parcel ID 22-08-200-010-000 (i.e. 99-99-999-999-999)
   Street Address (no rural route) 13201 Pioneers Blvd Walton NE 68461

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 200' of drainfield

5. **Work to be done by:** ☐ owner ☒ contractor's name Lloyd Sikorski, 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 Criz Sanchez Address same Phone: 402-327-8039

Applicant Signature (owner or lessee) Criz Sanchez by Russ L Jakubek

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 7/27/10 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: 7/27/10 Amount 150.00 Check No. 1013 Initials SH

Revised 3-09

7-29-2010 8:41:13

LLCHD HS000385

JUL 27 2010

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

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

HS000385

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 9 Range 5 1/4 NE 1/4 ____ Section 8
   Block ____ Lot 24 Addition ____
   Parcel ID 22-08-200-010-000 (i.e. 99-99-999-999-999)
   Street Address (no rural route) 13201 Pioneers Blvd Walton NE 68461

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 200' of drainfield

5. **Work to be done by:** ☐ owner ☒ contractor's name Lloyd Jirkovsky, Raymond Excavating

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 Criz Sanchez Address same Phone: 402-327-8059

Applicant Signature (owner or lessee) Criz Sanchez by Kim L Jirkovsky

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 7/27/10 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

7-28-2010 11:38:20

FORM HD- 43(73) SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone 475-6221)

FILE NO. 1025-C

PROPERTY WHERE SOIL TESTED:
Location: Township T9N ; Range R6E
Section & ¼ Sect. 28 NE¼ of NE¼
Property Dimensions: ____ ft. x ____ ft.
Area: ____ acres. (Attach sketch of property showing hole location). (OVER)
Soil Type: Silty Clay ☐; Silty Clay Loam ☒; Sandy Loam ☐
Silty Loam ☒; Clay Loam ☐; Sandy Clay ☐

Owner: Ronald R. Hutchison
Address Route 2, Lincoln, Nebr. 68505

Dates of Tests: 3-26-77 to 3-27-77. Weather: Precip. 3/8" Temp. 40°F.

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
		Pre-Saturation Period				Percolation Readings					Results		
		Start		End		Start			End				
Hole No.	Hole Depth (in.)	Date (Mo. Day)	Time (Hr. Min.)	Date (Mo. Day)	Time (Hr. Min.)	Date (Mo. Day)	Time (Hr. Min.)	Water Level (in.)	Time (Hr. Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./inch)
1	24"	3-26	2:30 PM	3-27	12:30 PM	3-27	12:30 PM	12"	1:00 PM	7"	30M	3/4	
2	"	"	"	"	"	"	"	"	"	7 1/4"	"	1"	
3	"	"	"	"	"	"	"	"	"	6 3/4"	"	1/2	
4	"	"	"	"	"	"	"	"	"	6"	"	1	
5	"	"	"	"	"	"	"	"	"	5 1/4"	"	1	
6	"	"	"	"	"	"	"	"	"	4 1/2"	"	1/4	

Sum of Percolation Rates
Average of Rates:
Mean of Rates: .25

Robert A. Evans
Signature of Person Conducting Test

Address 7617 Mo. Blvd
Phone: 432 3695

(Do not write below this line)

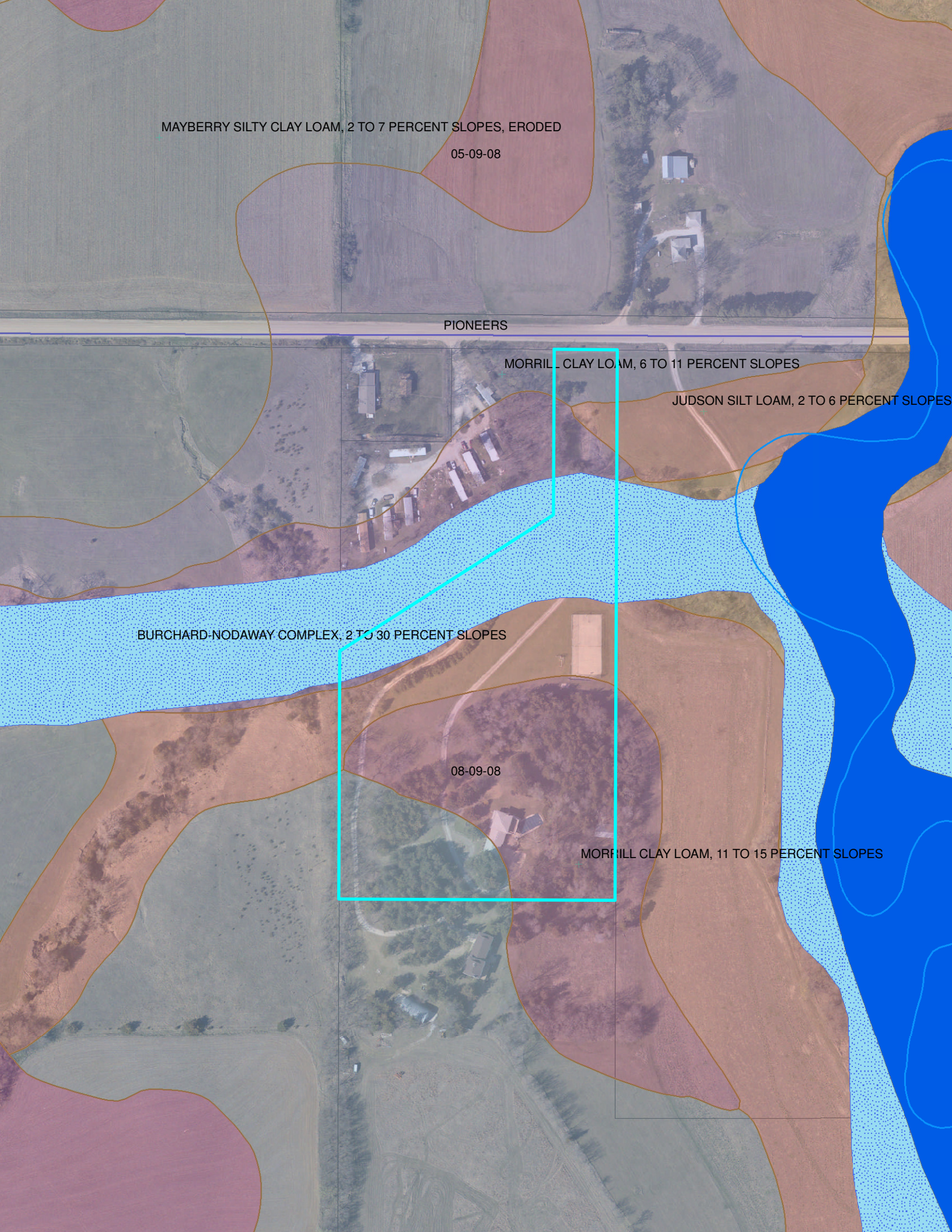
REVIEWING ACTION

REMARKS: _____

DATE: 4-1-77

Approved Percolation Rate(s)
A. 40 min./inch
B. ____ min./inch
C. ____ min./inch

Ronald Mayer
Signature of Reviewing Official


MAYBERRY SILTY CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
05-09-08
PIONEERS
MORRILL CLAY LOAM, 6 TO 11 PERCENT SLOPES
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
BURCHARD-NODAWAY COMPLEX, 2 TO 30 PERCENT SLOPES
08-09-08
MORRILL CLAY LOAM, 11 TO 15 PERCENT SLOPES