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. HS000386

System Type: LAGOON

Situs: 10104 W DENTON RD

Legal Description: T09N-R05E-S16-Lot 9

Owner: SULLIVAN, JOHN L
10200 W DENTON RD
DENTON NE
68339

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 HS000386

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

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

HS000386

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 SE 1/4 _____ Section 16
   Block _____ Lot 9 Addition _____
   Parcel ID 03-16-460-605-000 (i.e. 99-99-999-999-999) or PD 41581
   Street Address (no rural route) 10200 W Denton Rd Denton, NE 68339

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

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

4. **Description of proposed alteration, extension or repair** Build new lagoon using 1 side/dike of existing lagoon & tieing in existing line into new lagoon

5. **Work to be done by:** ☐ owner ☒ contractor's name Lloyd Jakubek, 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 John Sullivan Address 10200 W Denton Rd Phone: 462-797-7106

Applicant Signature (owner or lessee) Kevin L. Jakubek for John Sullivan

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 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 [illegible] Check No. [illegible] Initials [illegible]

Revised 3-09

7-29-2010 8:36:51

LLCHD HS000386

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

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

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   Township 9 Range 5 1/4 SE 1/4 _____ Section 16
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   Parcel ID 63-16-460-005-000 (i.e. 99-99-999-999-999) or PD 41581
   Street Address (no rural route) 10200 W Bernard Rd Denton, NE 68339

2. **Property use:** ☒ residential ☐ commercial ☐ other use
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3. **Type of Present Individual Disposal System** ☐ septic system ☒ lagoon ☐ other

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Print Name John Sullivan Address 10200 W Bernard Rd Phone: 462-797-7106

Applicant Signature (owner or lessee) Kevin L. Jakubek Per John Sullivan

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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:

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

Business Office Use Only

Received: Date: 7/27/10 Amount _____ Check No. _____ Initials _____

Revised 3-09

7-29-2010 8:42:56

LLCHD HS000386

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

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

HS000386

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Print Name John Sullivan Address 10200 W Denton Rd Phone: 402-797-7106

Applicant Signature (owner or lessee) Kevin L. Jakubek for John Sullivan

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 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 11:40: 3

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

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

HS000386

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Print Name John Sullivan Address 10200 W Denton Rd Phone: 402-797-7106

Applicant Signature (owner or lessee) Kevin L. Jakoubek Per John Sullivan

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 7/27/10 REVIEW: ☒ Approved ☐ Disapproved By: _____

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

Needs fence

Installation final written approval
Date 8/5/2011 By _____

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

SCANNED

Business Office Use Only

Received: Date: 7/28/10 Amount 180.00 Check No. 7406 Initials BA

SCANNED

Revised 3-09

AUG 03 2010

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

D

Permit Number:

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date 7/30/10 Legal Description SE 1/4 1/4 11e-9-5 Section Township Range

Onsite System Location

Address (no rural route) 10200 W Benton Rd City benton NE, Zip 68339

Owner John Sullivan Address same

A. Sewer Pipe

1. Material: SDR 26
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and ~~septic tank~~ Lagoon 140 ft.
4. Number of clean-outs: 3
5. Distances to: well or suction line 100+ ft.
   stream 100+ ft.
   pressure line 100+ ft.
   property line 100+ ft.

B. Septic Tank

☐ Label with Manufacturer, address and gallon capacity

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

D. Drainfield Absorption

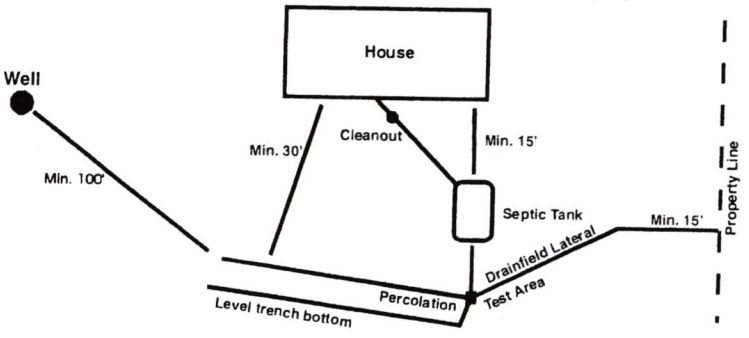
☐ Trench ☐ Bed ☐ Level Bottom

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 _____
   Length of each line: _____ ft. _____ ft.
   _____ ft. _____ ft., _____ ft.
3. Drainfield dimensions: Width _____ ft.
   Distribution Pipe Slope _____ in/100 ft.
   Average depth _____ in
4. Filter material: _____
   Depth of material _____ in.
5. Distances to: Well or suction line _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.
   House or building _____ ft.
   Lake or Stream _____ ft.

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

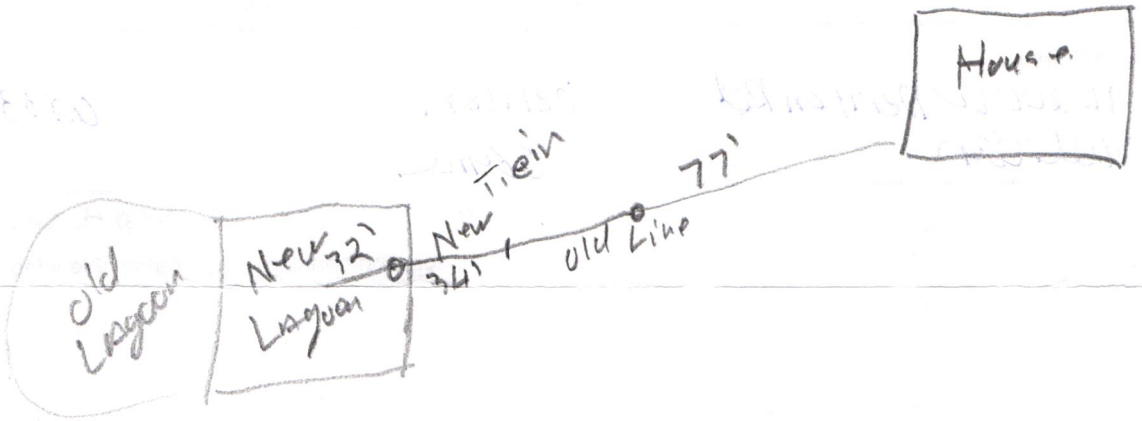
Indicate North with Arrow

Onsite Wastewater System Design (Example)



N

owell
100+



7/30/2010

Raymond Contracting.

783-2663.

New Lagoon