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

OCT 25 2010

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

SCANNED

HS0000430

The undersigned hereby applies for a permit to: ☐ **ALTER** ☒ **EXTEND** ☐ **REPAIR** an existing w... treatment system, complying with appropriate Ordinance or Resolution, as marked above with drawings atta...

1. **Legal description of property:**
   Township 9 Range 6E 1/4 ___ 1/4 SE Section 16
   Block ___ Lot 1 Addition Rothers Pocket
   Parcel ID 09-09-401-001-000 (i.e. 99-99-999-999-999)
   Street Address (no rural route) 5500 S Coddington Ave Lincoln, NE
2. **Property use:** ☐ residential ☐ commercial ☒ other use
   Number of bedrooms 15 units Describe Independence House - MFDW for Alzheimers patients
3. **Type of Present Individual Disposal System** ☒ septic system ☐ lagoon ☐ other
4. **Description of proposed alteration, extension or repair** Replace footprint of existing engineered system - add 560' of lateral and install 6 shutoff valves allowing to switch from existing drainfield to new & from new to existing
5. **Work to be done by:** ☐ owner ☒ contractor's name Lloyd Imhoff, 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 Marsha E. Shea Address 1609 N St, Lincoln, NE 68508 Phone: 402-570-1044

Applicant Signature (owner or lessee) Marsha E. Shea

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 10/28/10 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: 11/01/10 Amount 185.00 Check No. 7440 Initials BH

Revised?

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. HS000430

System Type:	STANDARD
Situs:	5500 S CODDINGTON AVE
Legal Description:	T09N-R06E-S09-Lot 1
Owner:	STORK, MARSHA E 1710 SURFSIDE DR LINCOLN NE 68528

Permit Fee:	$185.00
Total Fees:	$185.00
Issued:	11/01/2010
Expires	11/01/2011

Judith A Halstead

Judith A. Halstead, MS, 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.

Judith A Halstead

Judith A. Halstead, MS
Health Director

RAYMOND CONTRACTING
13800 NW 7OTH
RAYMOND NE 68428

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   Number of bedrooms 15 units Describe Independence House - MFDU for Alzheimers patients
3. **Type of Present Individual Disposal System** ☒ septic system ☐ lagoon ☐ other
4. **Description of proposed alteration, extension or repair** Replace footprint of existing Engineered System - add 500' of lateral and install new shutoff valve allowing to switch from existing drainfield to new & from new to existing
5. **Work to be done by:** ☐ owner ☒ contractor's name Lloyd Imhoff, Raymond Contracting
6. **Estimated project:** a. Repair, replace, or minor extension with a cost less than $400 (no fee required)
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   c. A permit is required if the use, operation, location, or type of system is changed.

Print Name Marsha E Sibr Address 1609 N St, Lincoln, NE 68510 Phone: 402-570-1044

Applicant Signature (owner or lessee) Marsha E. Sibr

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HEALTH DEPARTMENT USE ONLY

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

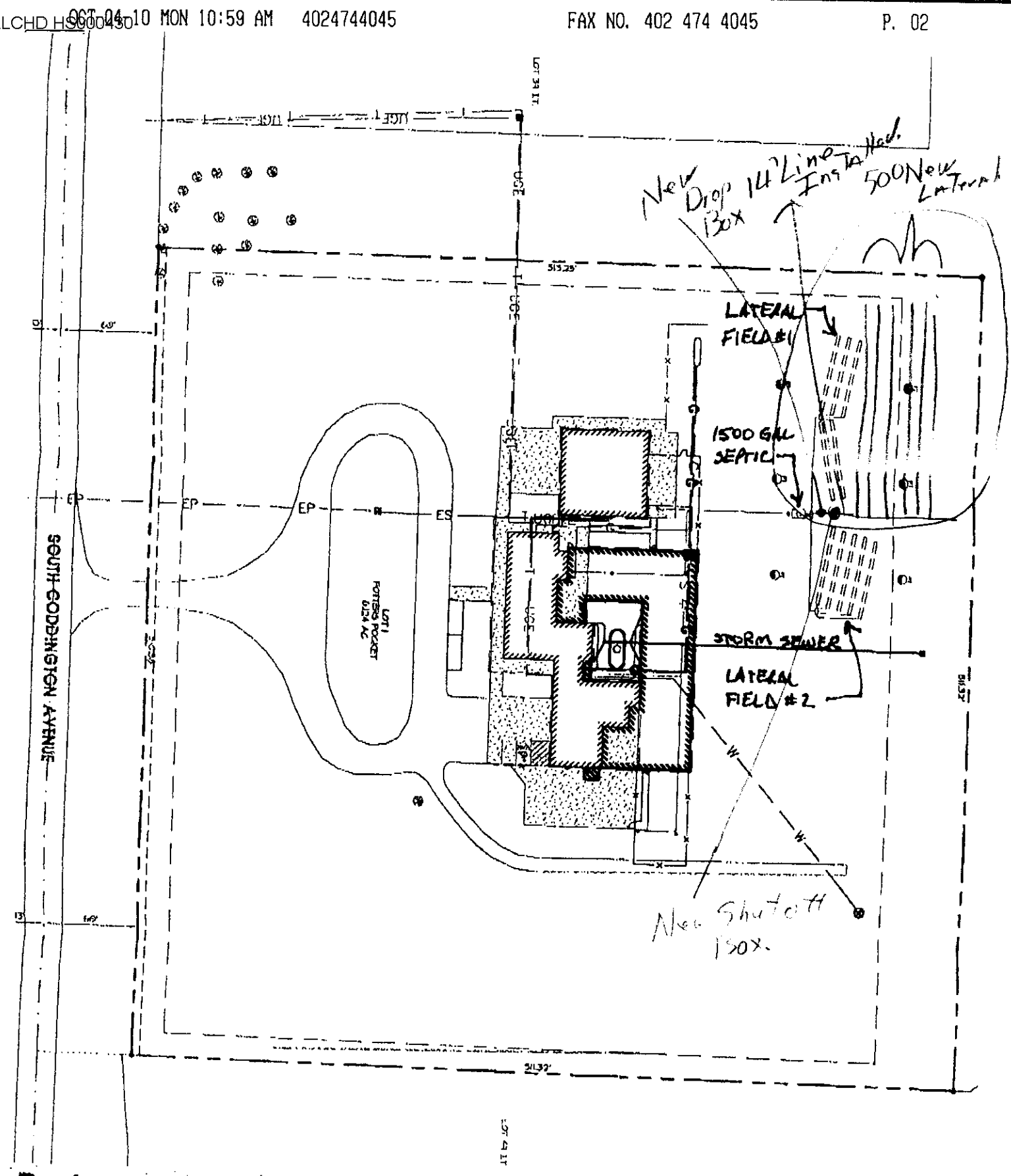
Installation final written approval
Date ___/___/___ By ___

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

Business Office Use Only

Received: Date: ___/___/___ Amount ___ Check No. ___ Initials ___

Revised ...

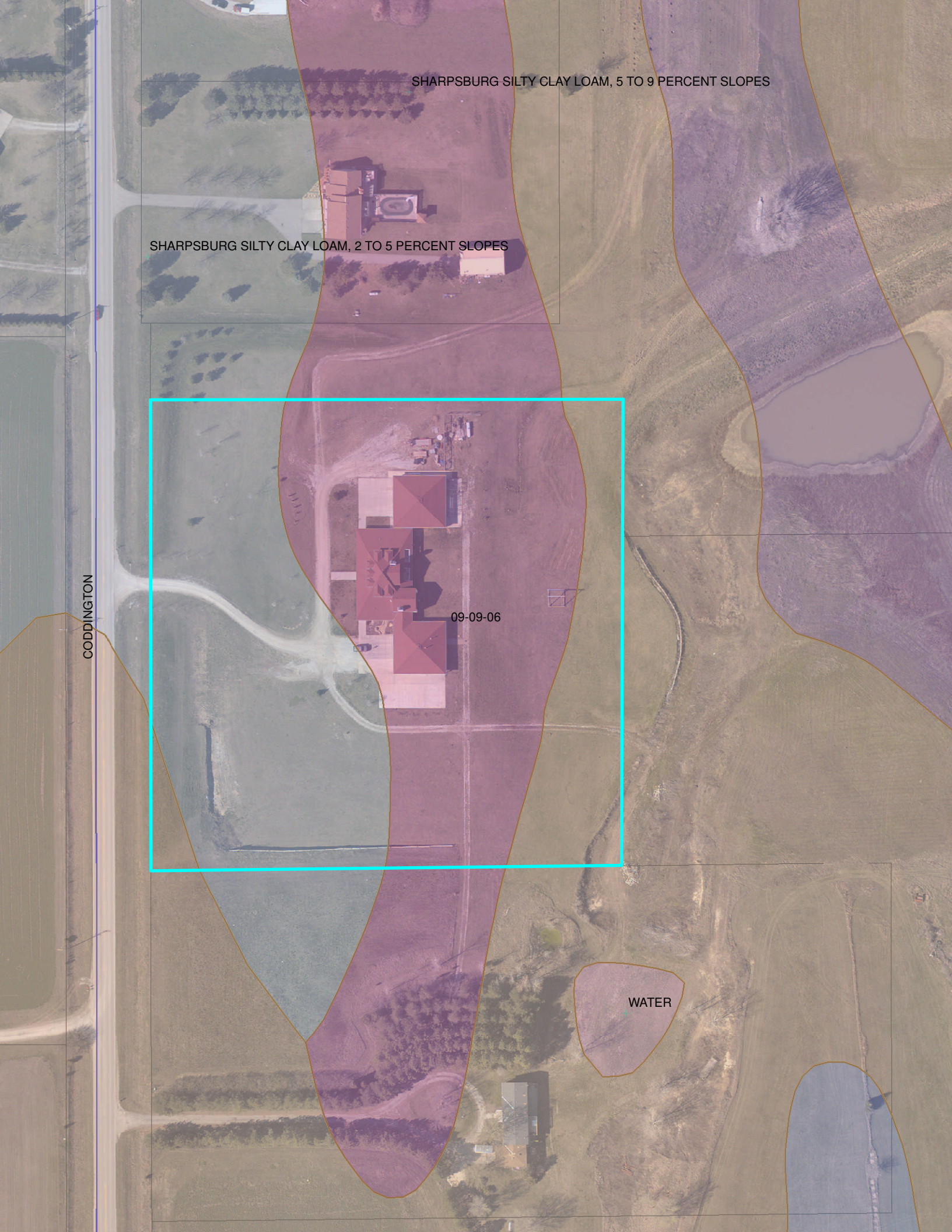


Design Associates
of Lincoln, Inc.
ARCHITECTS • ENGINEERS • PLANNERS
PERSHING SQUARE 1609 "N" STREET LINCOLN NEBRASKA 68508
voice:402.474.3000 office@DAofLincoln.com fax:402.474.4045

5500 SOUTH CODDINGTON AVENUE

SCALE: NOT TO SCALE

04 OCT 2010


SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPES
SHARPSBURG SILTY CLAY LOAM, 2 TO 5 PERCENT SLOPES
CODDINGTON
09-09-06
WATER

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OCT 25 2010

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

SCANNED

H5000430

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4. **Description of proposed alteration, extension or repair** Replace footprint of existing Engineered System - Add 500 gal of lateral and install shutoff box Allowing to switch from existing drainfield to new & from new to existing
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Site visits
Date ___/___/___ By ___
Date ___/___/___ By ___
Date ___/___/___ By ___

Installation final written approval
Date 11/2/10 By Doug Sinke

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: 11/01/10 Amount 185.00 Check No. 7490 Initials BH

Revised

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

NOV 2 2010

D

Permit Number:

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date 10/29/2010 Legal Description SE (1/4) SE (1/4) 16-9-6 (Section Township Range) Potters Pocket Lot 1

Onsite System Location

Address (no rural route) 5500 S. Coddington Ave City Lincoln NE, Zip 68523

Owner Marsha Stark Address 1609 N St Lincoln, NE 68508

A. Sewer Pipe

1. Material: _____
   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 Tank
   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: plastic
   Number available outlets: 3
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 5' ft.

D. Drainfield Absorption

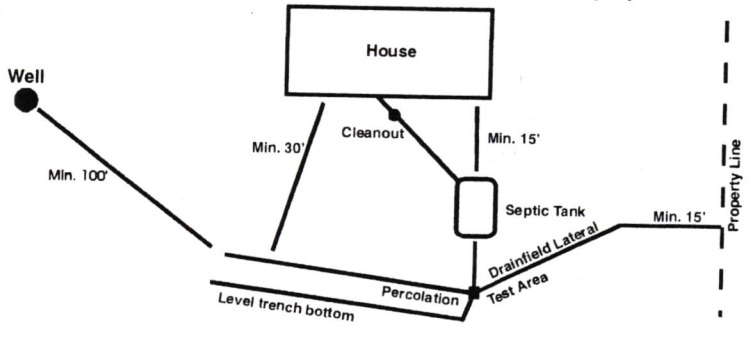
☑ Trench ☐ Bed ☐ Level Bottom

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 6
   Length of each line: 35' ft. 100 ft.
   100 ft. 100 ft., 105 ft.
3. Drainfield dimensions: Width 60' ft.
   Distribution Pipe Slope Flat in/100 ft.
   Average depth 42"-20" in
4. Filter material: Dirt
   Depth of material 42"-20" in.
5. Distances to: Well or suction line 100+ ft.
   Pressure line 100+ ft.
   Property line 15' ft.
   House or building 100+ ft.
   Lake or Stream 50+ ft.

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

Indicate North with Arrow

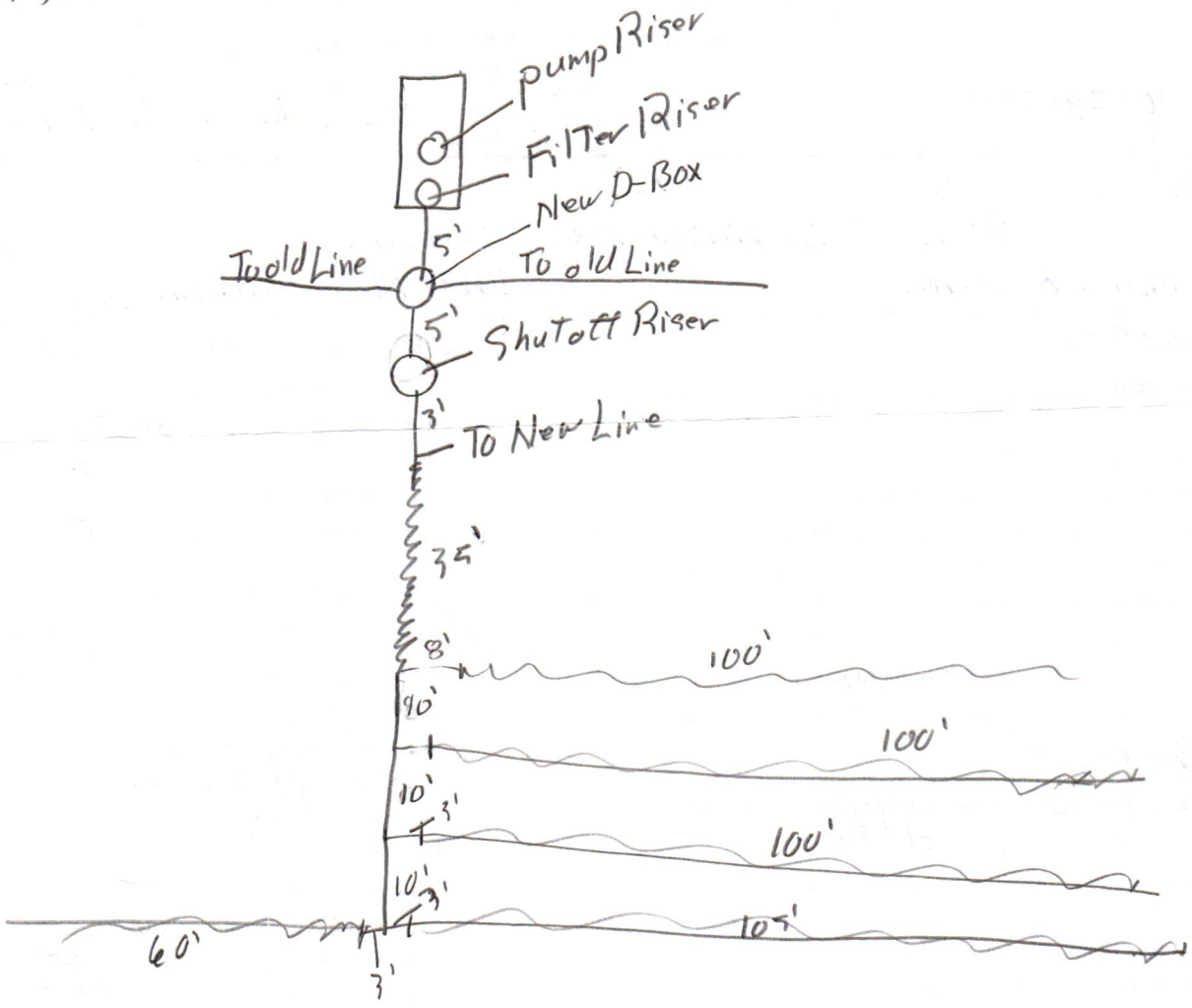
Onsite Wastewater System Design (Example)

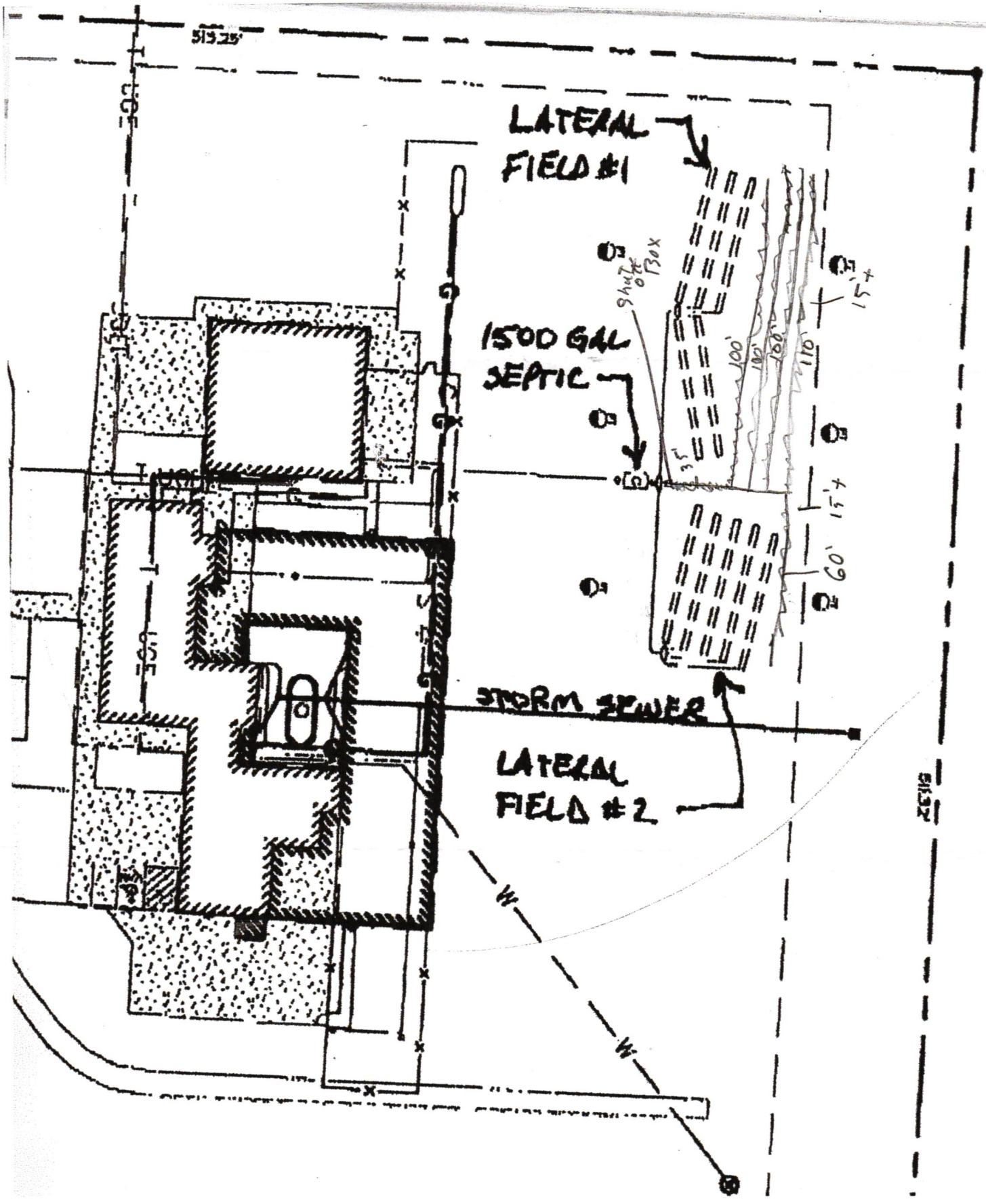


10/29/2010
Baymondcontracting.

N →

← well 125'




LATERAL FIELD #1
1500 GAL SEPTIC
STORM SEWER
LATERAL FIELD #2
SHUT OFF BOX
15'+
15'+
60'
100'
110'
35'