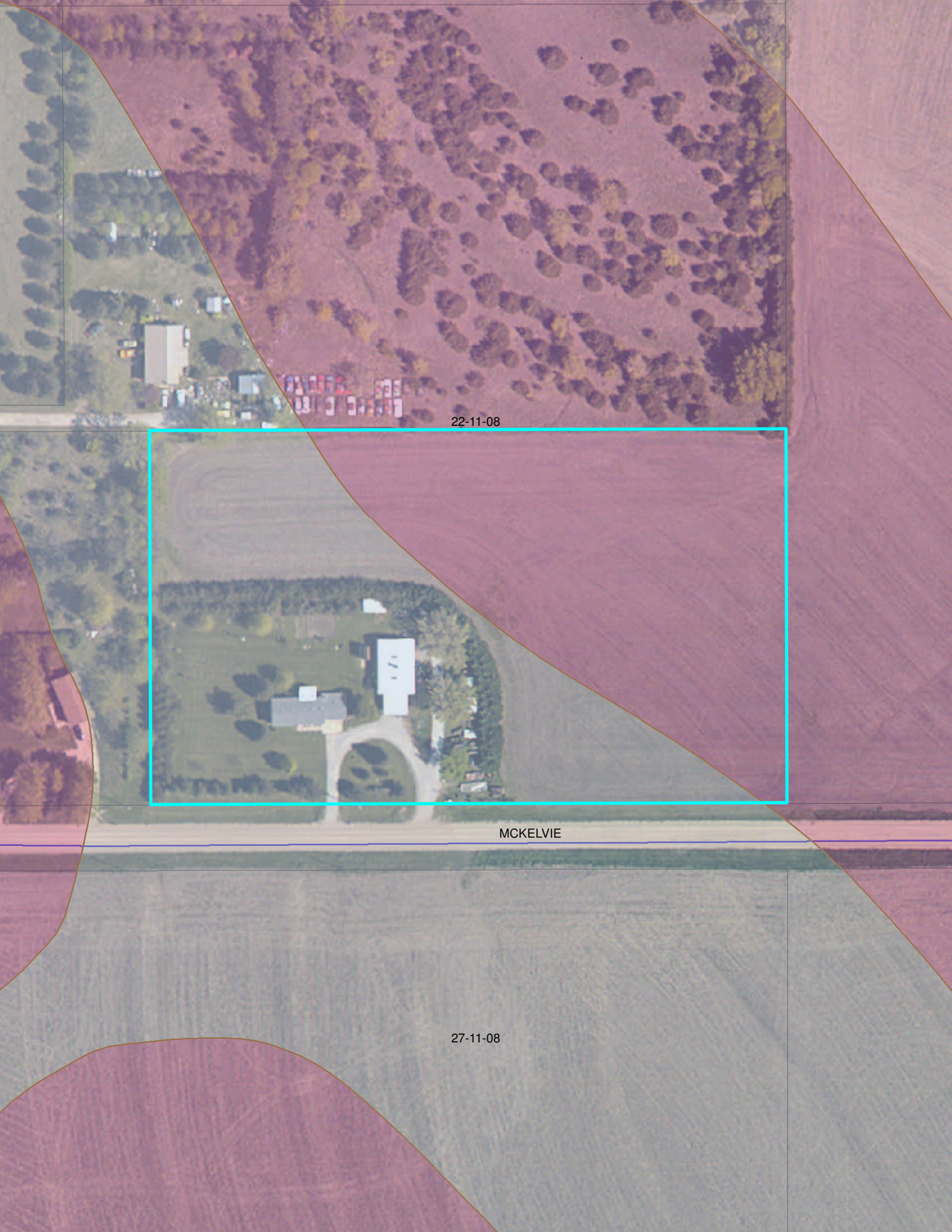

22-11-08
MCKELVIE
27-11-08

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. HS000448

System Type: STANDARD

Situs: 15036 MCKELVIE RD

Legal Description: T11N-R08E-S22-Lot 8

Owner: THOMPSON, CINDY S & DAVID C
15036 MCKELVIE RD
WAVERLY NE
68462-9636

Permit Fee:	$185.00
Total Fees:	$185.00
Issued:	12/08/2010
Expires	12/08/2011

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 70TH
RAYMOND NE 68428

LLCHD HS000448

DEC 07 2010

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

☐ Municipal Code 24.38 ☑ County Resolution Number 02-30

HS000448

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 5 1/4 ____ 1/4 SW Section 22
   Block ____ Lot 3 Addition ____
   Parcel ID 24 - 22 - 300 - 004 - 000 (i.e. 99-99-999-999-999)
   Street Address (no rural route) 15636 McKelvie Rd Waverly NE 68462

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** add 265' of new drainfield

5. **Work to be done by:** ☐ owner ☑ contractor's name Lloyd Jakubek, Kimpland 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 Mike Thompson Address 15636 McKelvie Phone: ____

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 12/8/10 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

12-8-2010 14:17:23

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

B

Permit Number: HS 000448

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 15636 McKelvie Rd (no rural route) City Waverly NE, Zip 68462

Owner Dave Thompson Addresss Same

Soil Type (SCS): Sharpsburg Percolation Rate: 60 min./inch

Date of Tests 8/20/11 to 8/21/11 Weather: Precipitation 0 Temperature 85°

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	8/20	8:00a	8/21	12:40p	8/21	11:30a	60	8/21	12:40p	30	1/2	60
2	27	"	"	"	"	"	"	"	"	"	"	5/8	45
3	27	"	"	"	"	"	"	"	"	"	"	9/16	54
4	30	"	"	"	"	"	"	"	"	"	"	1 1/4	24
5	25	"	"	"	"	"	"	"	"	"	"	1/2	60
6	26	"	"	"	"	"	"	"	"	"	"	1/2	60

Sum of Percolation Rates: 360

Average of Rates: 51

Rate Used for Calculation: 60 (Lowest Value)

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

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

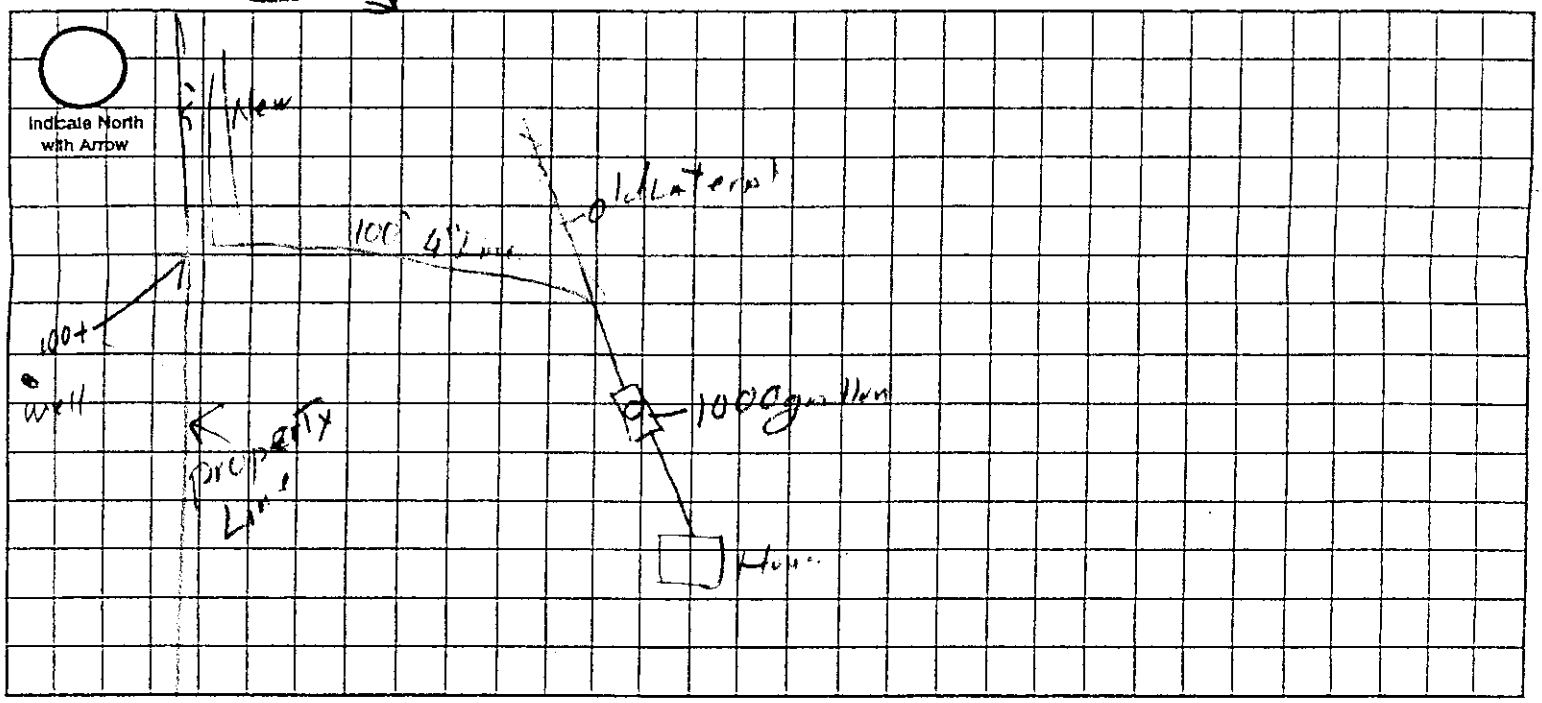
C

Permit Number: HS 000448

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) 15136 McKelvie Rd City Waverly NE, Zip 68462

B. Proposed Septic Tank/s Existing

Tank Material: ☐ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 60 (min. per inch) Soil Type: _____ Land Slope: _____ %

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

Total Square Feet of Field Required: 1650 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☒ Other Lateral Material: HDS Corrugated Chambers

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 w. 3 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 Existing Home Date _____

Installer [signature] Date 12-6-10

DEC 07 2010

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

SCANNED

☐ Municipal Code 24.38 ☑ County Resolution Number 02-30

HS000498

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 8 1/4 ____ 1/4 SW Section 22
   Block ____ Lot 8 Addition ____
   Parcel ID 24 - 22 - 300 - 004 - 000 (i.e. 99-99-999-999-999)
   Street Address (no rural route) 15036 McKelvie Rd Waverly, NE 68462

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** Add 265' of new drainfield

5. **Work to be done by:** ☐ owner ☑ contractor's name Lloyd Jakoubek, 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 Dave Thompson Address 15036 McKelvie Phone: ____

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 12/8/10 REVIEW: ☑ Approved ☐ Disapproved By: ____

Site visits
Date 12/10/10 By D.S.
Date ____/____/____ By ____
Date ____/____/____ By ____

Installation final written approval
Date 12/10/10 By Doug Thurber

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: 12/8/10 Amount 185.00 Check No. 7540 Initials BH

Revised 3-09

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

D

Permit Number: HS000448

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date 12-10-10 Legal Description SW 1/4 22 1/4 11 8 Section Township Range Lot 8

Onsite System Location

Address (no rural route) 15036 McKelvie Rd City Waverly NE, Zip 68462

Owner Dave & Cindy Thompson Address Same

A. Sewer Pipe

1. Material: old Line
   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: one
2. Capacity: 1000 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: old concrete
   Number available outlets: _____
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: _____ ft.

D. Drainfield Absorption

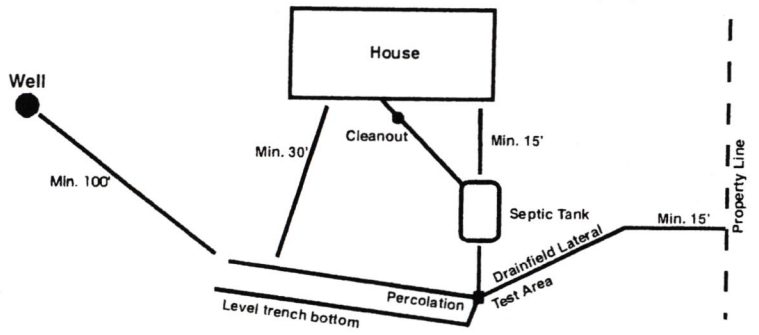
☑ Trench ☐ Bed ☐ Level Bottom

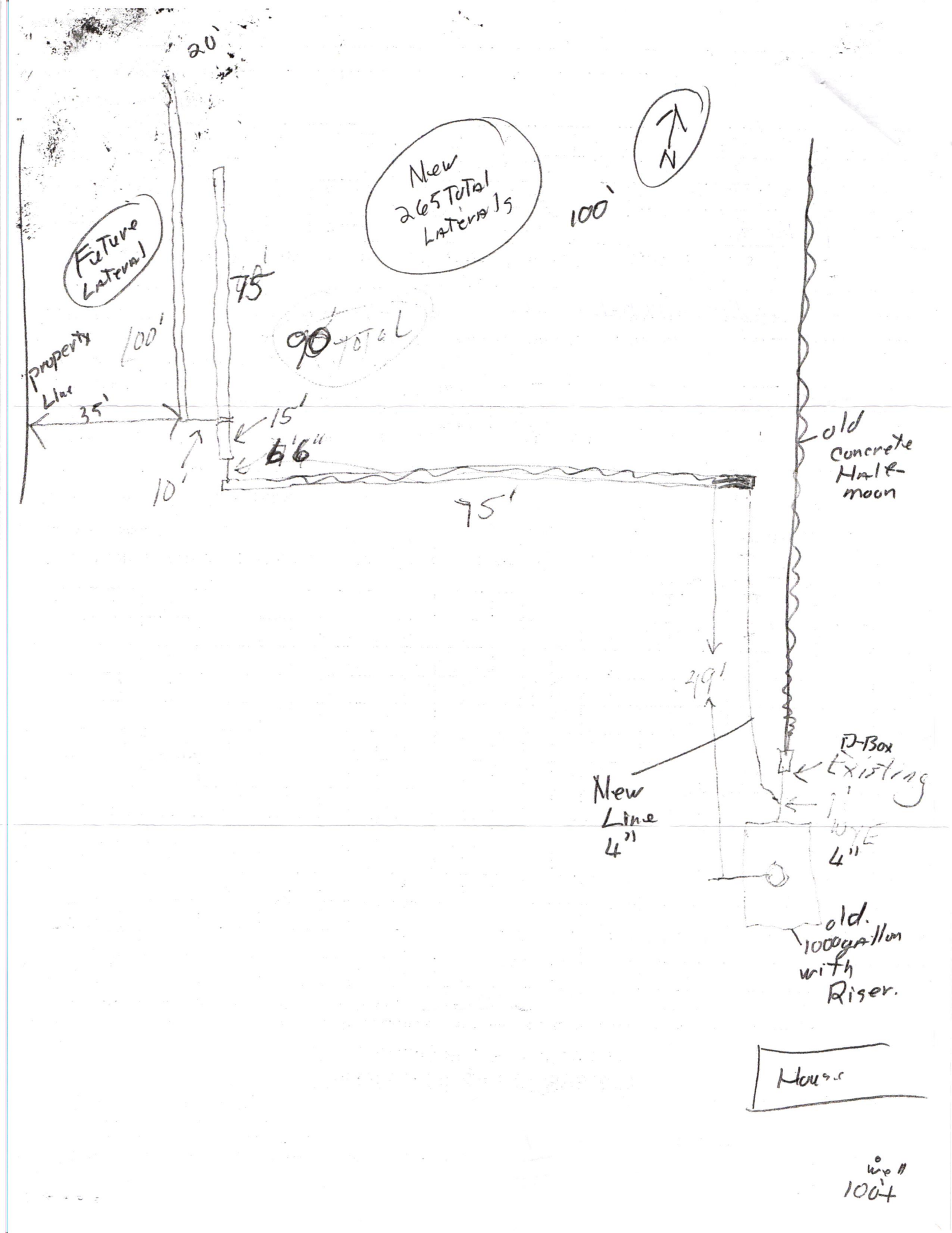
1. Type: ☐ Half rounds ☐ Perforated pipe ☐ Chambers
   Diameter or width: _____
   Number of distribution lines in bed _____
   Material: ☑ fiberglass ☑ plastic ☐ concrete
   ☐ other _____
2. Drainfield Laterals: Number 4
   Length of each line: 100+ old ft. 75 New ft.
   90' New ft. 100' New ft., _____ ft.
3. Drainfield dimensions: Width 40"w x 265 Long ft.
   Distribution Pipe Slope Flat in/100 ft.
   Average depth 48" - 24" in
4. Filter material: Dirt
   Depth of material 48" x 24" in.
5. Distances to: Well or suction line 100+ ft.
   Pressure line 100+ ft.
   Property line 20+ 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




20'
New
265 Total
Laterals
100'
N
Future
Lateral
75'
90' total
property
Line
100'
35'
15'
6'6"
10'
95'
old
Concrete
Half-
moon
29'
D-Box
Existing
New
Line
4"
4"
old.
1000gallon
with
Riser.
House
100'