LLCHD HS0005[illegible]

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

☑ Municipal Code 24.38 ☐ County Resolution Number 02-30

HS0005508

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 7 1/4 ____ 1/4 SE Section 27
   Block ____ Lot 45 Addition ____
   Parcel ID 18 - 27 - 400 - 010 - 045 (i.e. 99-99-999-999-999)
   Street Address (no rural route) 7601 N. 84th St Lincoln. NE 68517

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** move drain field of existing, functioning system, too close to well currently

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 Gary Stiles Address 1621 Flat Iron Cir Lincoln, NE 68521 Phone: 402-416-9553

Applicant Signature (owner or lessee) Kimberly Jakubek for Gary Stiles

Please contact LLCHD for the permit fee for this application 4.97

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 6/17/11 REVIEW: ☑ Approved ☐ Disapproved By: [signature]

Site visits
Date ____/____/____ By____
Date ____/____/____ By____
Date ____/____/____ By____

Installation final written approval
Date ____/____/____ By____

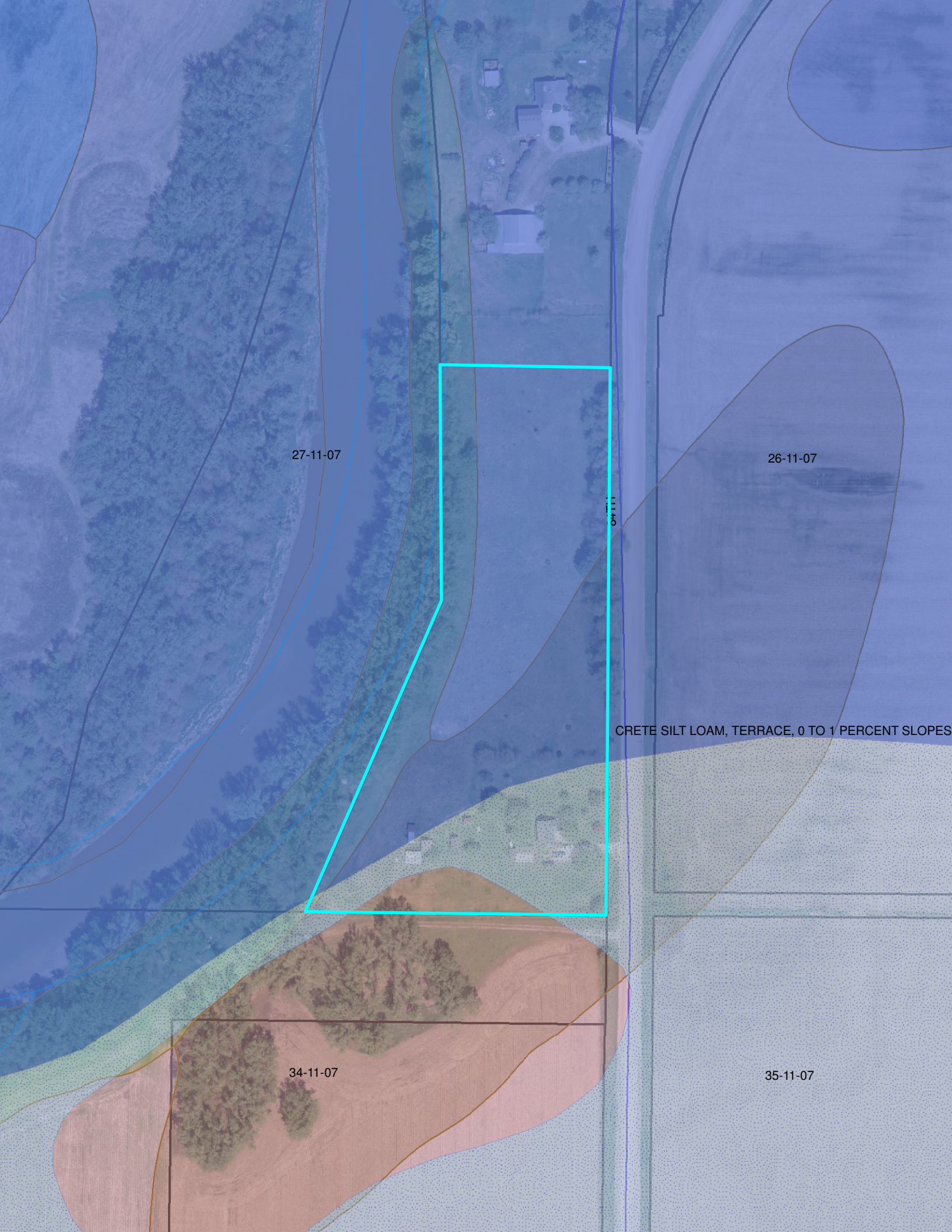
Return application to:
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: 441-8643

Business Office Use Only

Received: Date: 6/20/11 Amount 185.00 Check No. 7659 Initials BH

Revised 3-09

6-21-2011 10:20:36


27-11-07
26-11-07
CRETE SILT LOAM, TERRACE, 0 TO 1 PERCENT SLOPES
34-11-07
35-11-07

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. HS000508

System Type: STANDARD

Situs: 7601 N 84 ST

Legal Description: T11N-R07E-S27-Lot 45

Owner:

Permit Fee: $185.00

Total Fees: $185.00

Issued: 06/20/2011
Expires 06/19/2012

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

JUN 27 2011

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

D

Permit Number: HS000508

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date 6/24/11 Legal Description SE (1/4) S27-T11-R7 Lot 45 (1/4 Section Township Range)

Onsite System Location

Address (no rural route) 7601 N. 84th St City ~~Raymond~~ Lincoln NE, Zip 68517

Owner _____ Address _____

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.
   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: 2- End caps.
   Number available outlets: 3 per cap
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 22' + 8' ft.

D. Drainfield Absorption

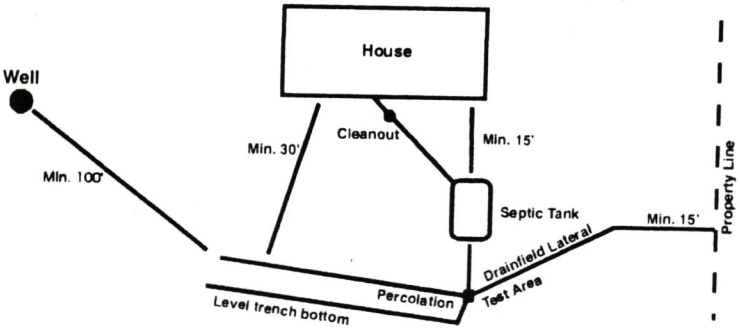
☑ Trench ☐ Bed ☐ Level Bottom

1. Type: ☑ Half rounds ☐ Perforated pipe _ ☐ Chambers
   Diameter or width: 34" X 12"
   Number of distribution lines in bed 2
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other _____
2. Drainfield Laterals: Number 2
   Length of each line: 60' ft. 60' ft.
   _____ ft. _____ ft., _____ ft.
3. Drainfield dimensions: Width _____ ft.
   Distribution Pipe Slope _____ in/100 ft.
   Average depth 34"-42" in
4. Filter material: Dirt
   Depth of material 34"-42" in.
5. Distances to: Well or suction line 100+ ft.
   Pressure line 100+ ft.
   Property line 20+ ft.
   House or building 30+ ft.
   Lake or Stream 100+ ft.

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

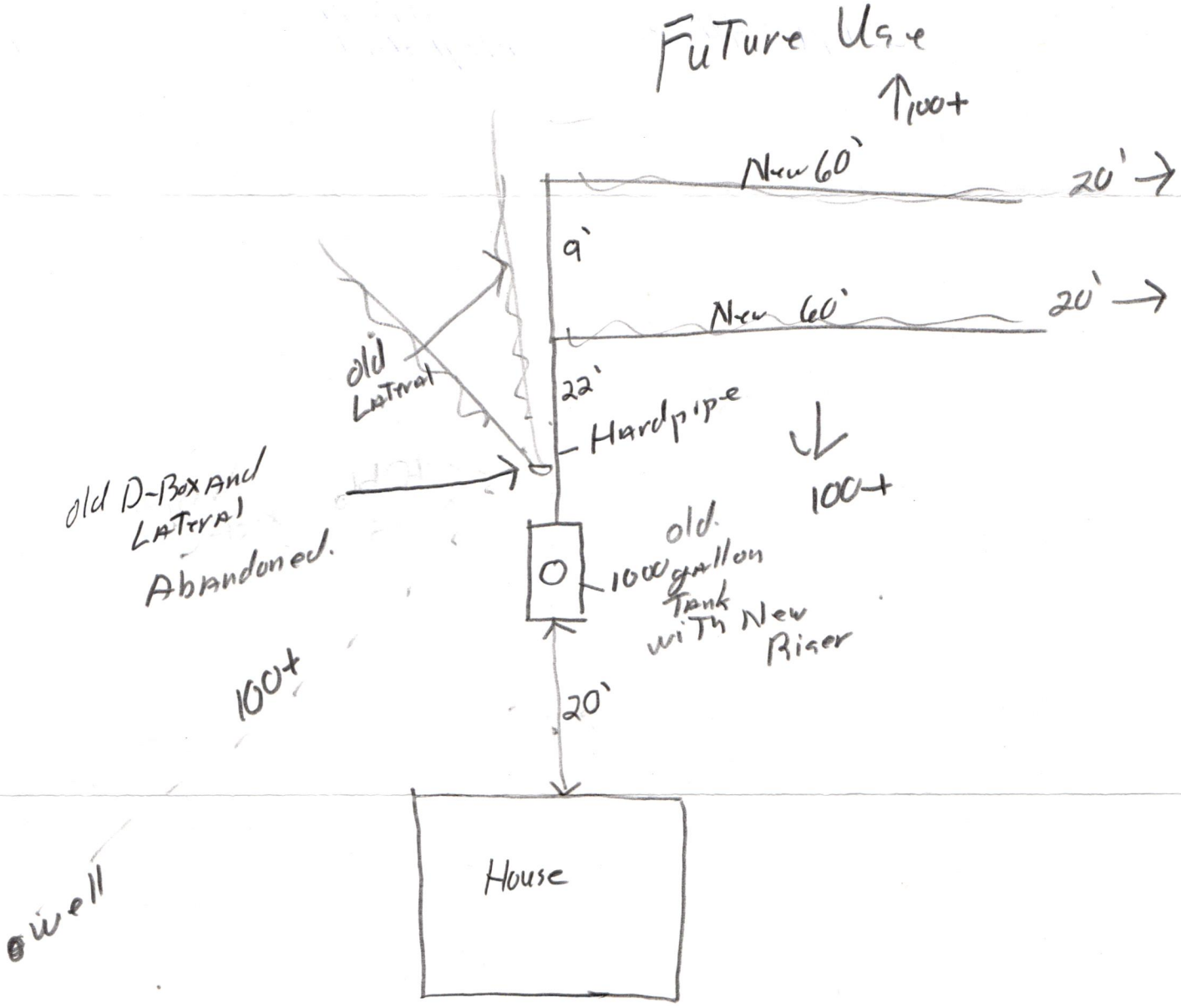
Indicate North with Arrow

Onsite Wastewater System Design (Example)



Raymond Contracting, Inc.
Lloyd J Jakoubek
13800 NW 70th St
Raymond, NE 68428
402-783-2663

6/24/11



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SCANNED

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Applicant Signature (owner or lessee) Kimi L. Jakubek For Gary Stiles

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Revised 3-09