LLCHD HS0005[illegible]

JUL 06 2011

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

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30 SCANNED

HS000517

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 7 1/4 ____ 1/4 SW Section 35
   Block ____ Lot 22 Addition ____
   Parcel ID 11e-35-200-002-000 (i.e. 99-99-999-999-999)
   Street Address (no rural route) 11200 S 84th St Lincoln, NE 68516

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 new mounted, 265' Gravelless Chambers, old laterals are gravity ½ mound + effluent is running out onto ground

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.

AG Investor LLC

Print Name Oranja Siders Address 4900 N-14th St Phone: 402-304-1309

Applicant Signature (owner or lessee) Kim Y. Jakubek for Oranja Siders

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 ____/____/____ 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: 7/7/11 Amount 185.- Check No. 7669 Initials BM

Revised 3-09

7-8-2011 10:21:50

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B

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

SCANNED

Permit Number:

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 11200 S. 84th St (no rural route) City Lincoln NE, Zip 68516

Owner AG Invest LLC Addresss 4900 N. 14th St

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

Date of Tests 6/28/11 to 6/29/11 Weather: Precipitation 0 Temperature 90°

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	24	6/28	11:30a	6/28	3:30p	6/29	3:30p	10	6/29	4:10p	30	9/16	54
2	23	"	"	"	"	"	"	"	"	"	"	9/16	54
3	34	"	"	"	"	"	"	"	"	"	"	1/2	60
4	29	"	"	"	"	"	"	"	"	"	"	5/8	48
5	25	"	"	"	"	"	"	"	"	"	"	2 15/16	10
6	25	"	"	"	"	"	"	"	"	"	"	1/2	60

Sum of Percolation Rates: 286

Average of Rates: 47.666

Rate Used for Calculation: 60 (20 min Variance)

Person Conducting Percolation Tests

Name: Terri L. Jirkovsky, Raymond Contracting, Inc.

Phone: 402-783-2003 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 _____

FORM 23-101 10-96
7-8-2011 10:21:51

LLCHD HS000517

JUL 06 2011

C

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

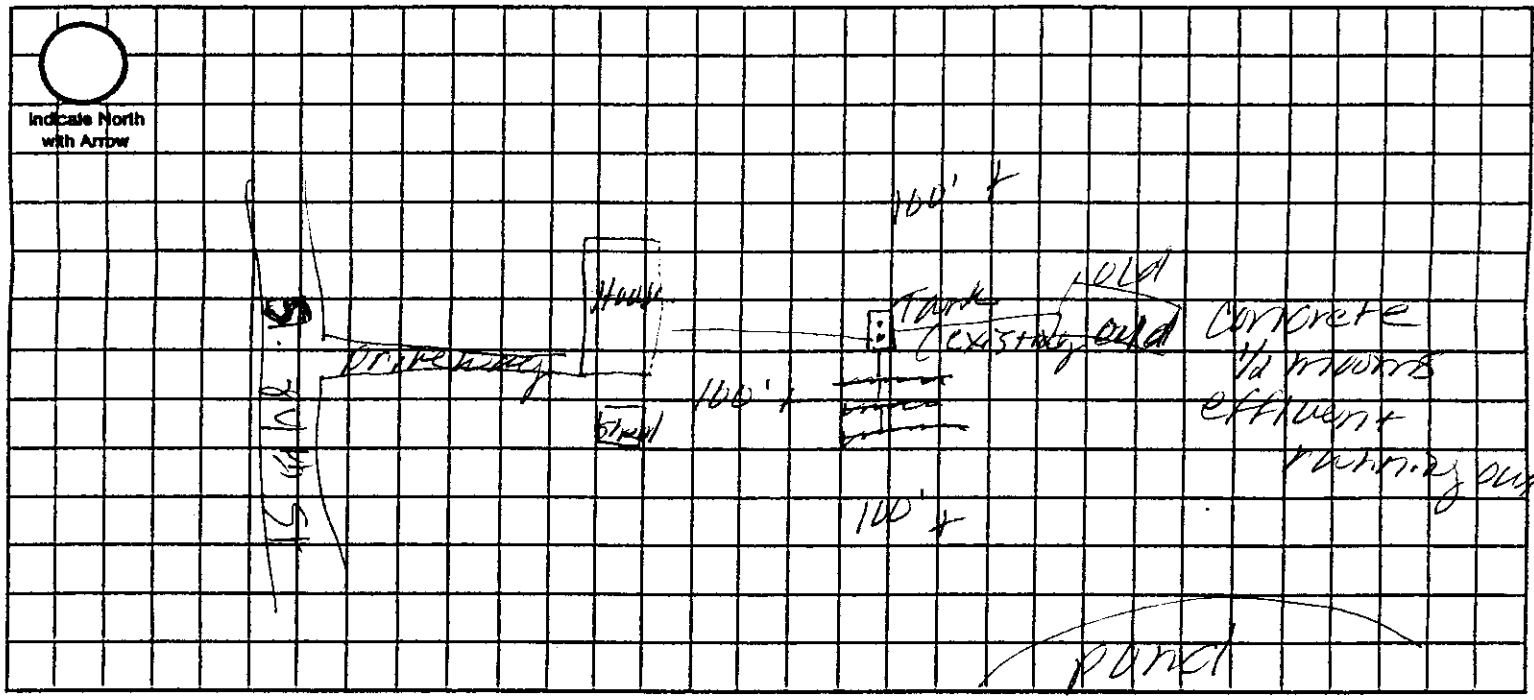
SCANNED

Permit Number:

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) 11200 S. 84th St City Lincoln NE, Zip 68516

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☒ Other use existing tank

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

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

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

Total Square Feet of Field Required: 1,050 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☒ Other Lateral Material: Graveless 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 3 Trench Width 40'

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 Ron L. Johnson Date 7/5/11

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

System Type: STANDARD

No. HS000517

Situs: 11200 S 84 ST

Permit Fee: $185.00

Legal Description: T09N-R07E-S35-Lot 22

Owner:

Total Fees: $185.00

Issued: 07/07/2011
Expires 07/06/2012

Judith A Halstead

Judith A. Halstead, MS, Health Director

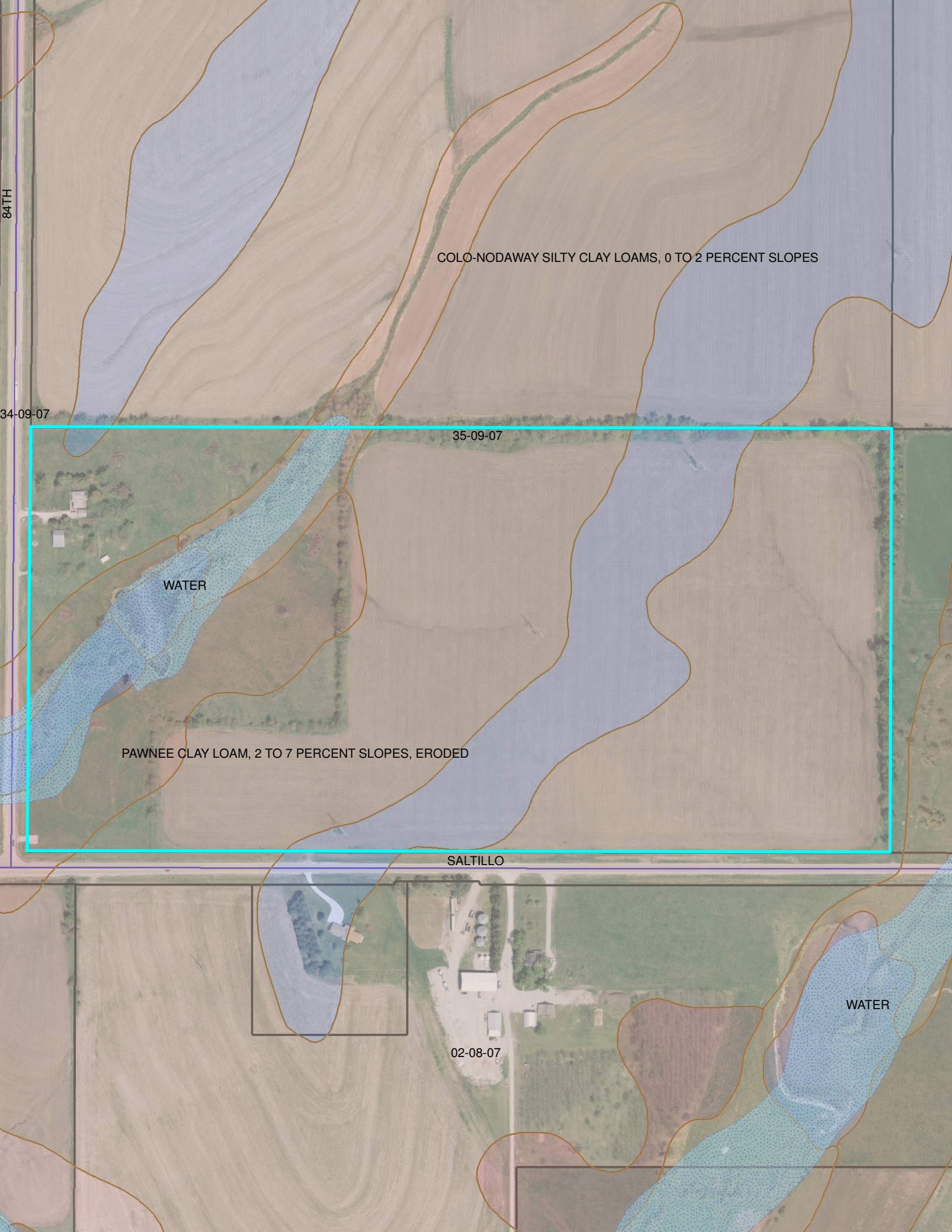
Dear Applicant:

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


84TH
COLO-NODAWAY SILTY CLAY LOAMS, 0 TO 2 PERCENT SLOPES
34-09-07
35-09-07
WATER
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
SALTILLO
WATER
02-08-07