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. HS000537

System Type:	STANDARD
Situs:	9403 W ROCK CREEK RD
Legal Description:	T12N-R05E-S22-Lot 4
Owner:	REYNOLDS, ROGER D & KAREN A 9403 W ROCK CREEK RD VALPARAISO NE 68065

Permit Fee:	$185.00
Total Fees:	$185.00
Issued:	08/26/2011
Expires	08/25/2012

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

LLCHD HS0005

AUG 23 2011

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

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

HS000537

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 12 Range 5 1/4 ____ 1/4 NW Section 22
   Block ____ Lot 4 Addition ____
   Parcel ID 04-22-100-002-000 (i.e. 99-99-999-999-999)

   Street Address (no rural route) 9403 W Rock Creek Rd, Valparaiso, NE 68065

2. **Property use:** ☒ residential ☐ commercial ☐ other use
   Number of bedrooms 4 Describe ____

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

4. **Description of proposed alteration, extension or repair** replace drainfield, 60 mpi per c rate, 4 bedroom home = 350'

5. **Work to be done by:** ☐ owner ☒ contractor's name Lloyd Trabaudo, 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 Roger Reynolds Address Same as Above Phone: 402-336-9121

Applicant Signature (owner or lessee) Rick L. Dabrowski for Roger Reynolds

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 8/23/11 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: 8/26/11 Amount 185.00 Check No. 7712 Initials BA

Revised 3-09

8-26-2011 12:21:57

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

B

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 9403 W Rock Creek Rd (no rural route) City Valparaiso NE, Zip 68065

Owner Roger & Karen Reynolds Addresss Same

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

Date of Tests 8/10/11 to 8/11/11 Weather: Precipitation 0 Temperature 88°

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	20	8/10	9:10a	8/10	1:10pm	8/11	12:15p	0	8/11	12:45p	30	1/2	60
2	18	"	"	"	"	"	"	"	"	"	"	3/4	40
3	22	"	"	"	"	"	"	"	"	"	"	5/8	48
4	22	"	"	"	"	"	"	"	"	"	"	1/2	60
5	20	"	"	"	"	"	"	"	"	"	"	1 1/2	20
6	24	"	"	"	"	"	"	"	"	"	"	2 5/8	41

Sum of Percolation Rates: 239

Average of Rates: 40

Rate Used for Calculation: 60 (20 mi variance)

Person Conducting Percolation Tests

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

Phone: 402-783-2003 or 402-890-3870

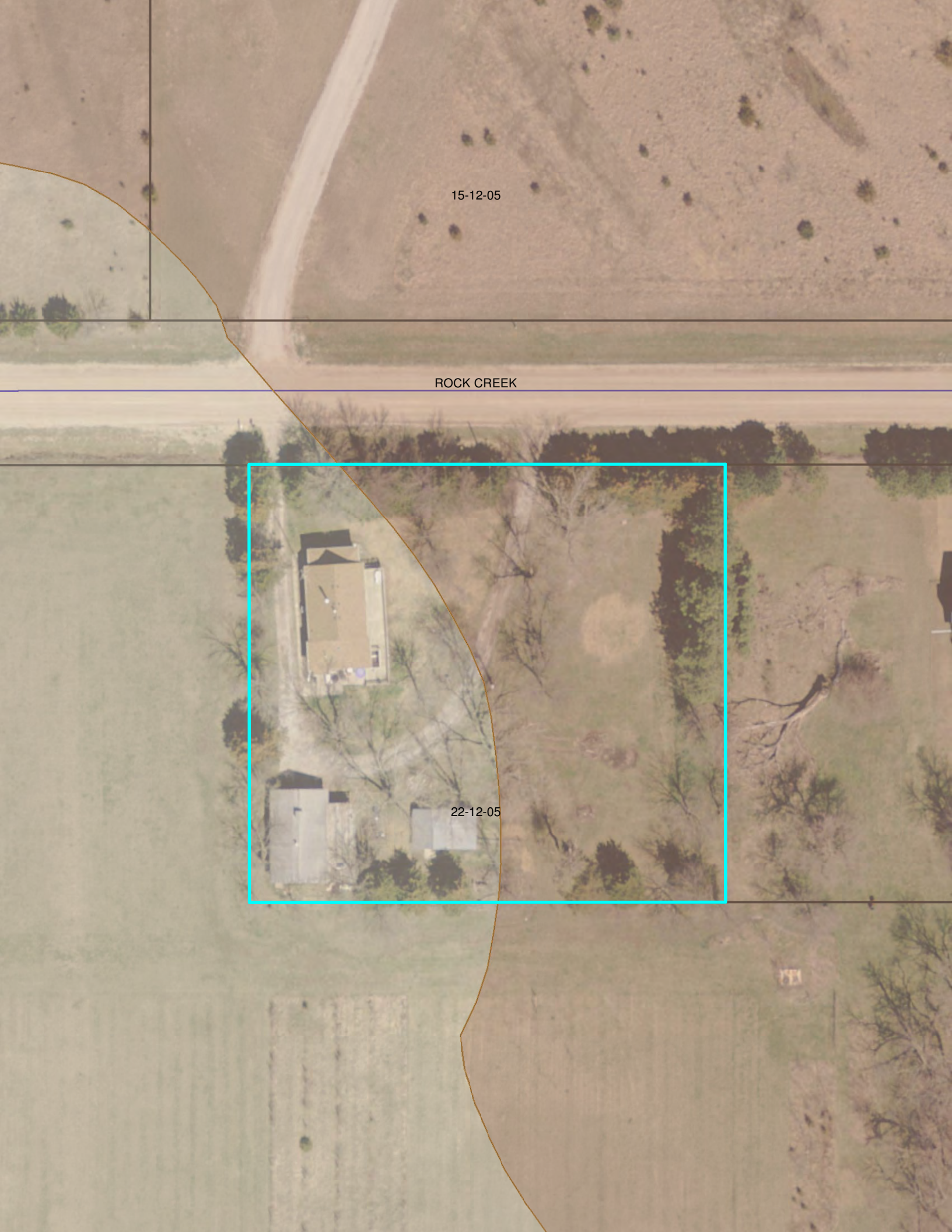
Address 13800 NW 70th St
Raymond, NE 68428 # C1198

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____


15-12-05
ROCK CREEK
22-12-05

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 8/25/11 Legal Description NW (1/4) 1/4 22 (Section) - 12 (Township) - 5 (Range) 1 of 4

Onsite System Location

Address (no rural route) 9403 W Rock Creek Rd City Valparaiso NE, Zip 68065

Owner Roger + Karen Reynolds 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: _____
2. Capacity: 1000 gallon 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: 1 Spliter Box - 4 End cap Drop Boxes
   Number available outlets: 3 per cap
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 36' From Spliter Box ft.

D. Drainfield Absorption

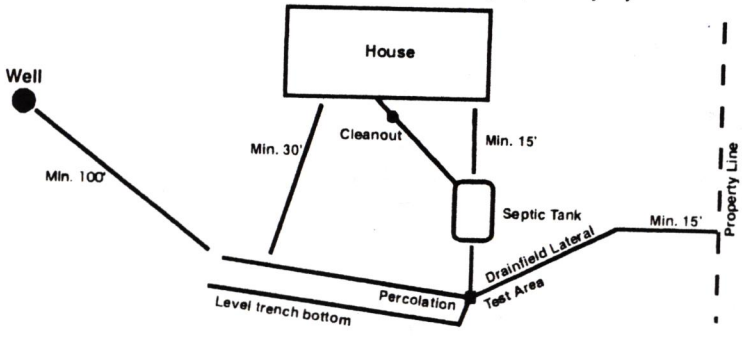
☑ Trench ☐ Bed ☐ Level Bottom

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: 32old/84old ft. 115old ft.
   105New 125new ft. 65New ft., 6New ft.
3. Drainfield dimensions: Width 40" ft.
   Distribution Pipe Slope Flat in/100 ft.
   Average depth 30"-18" in
4. Filter material: _____
   Depth of material 30"-18" in.
5. Distances to: Well or suction line 100+ ft.
   Pressure line 100+ ft.
   Property line 5'-15' ft.
   House or building 100+ ft.
   Lake or Stream 100+ ft.

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

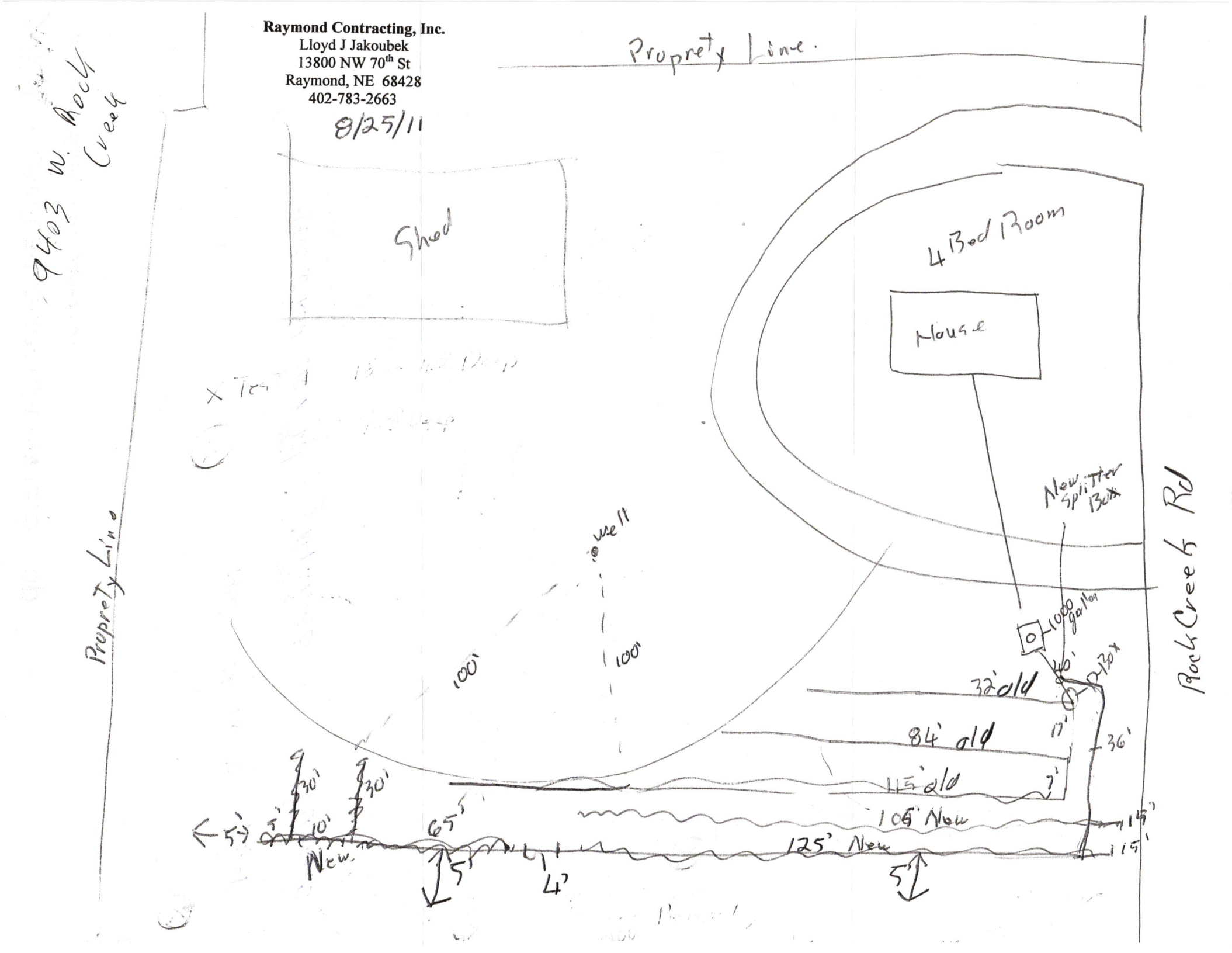
Indicate North with Arrow

Onsite Wastewater System Design (Example)



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

8/25/11



AUG 23 2011

SCANNED

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

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

#5000537

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:**
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   Block ____ Lot 4 Addition ____
   Parcel ID 04-22-100-002-000 (i.e. 99-99-999-999-999)
   Street Address (no rural route) 9403 W Rock Creek Rd, Valparaiso, NE 68065

2. **Property use:** ☒ residential ☐ commercial ☐ other use
   Number of bedrooms 4 Describe ____

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

4. **Description of proposed alteration, extension or repair** replace drainfield, 60 mpi per crate, 4 bedroom home = 350'

5. **Work to be done by:** ☐ owner ☒ contractor's name Lloyd Jahnke, 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 Roger Reynolds Address Same as Above Phone: 402-326-9121

Applicant Signature (owner or lessee) Ronald Jahnke for Roger Reynolds

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 8/23/11 REVIEW: ☑ Approved ☐ Disapproved By: ____

Site visits
Date ____/____/____ By ____
Date ____/____/____ By ____
Date ____/____/____ By ____

Installation final written approval
Date 8/29/11 By Doug Meier

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: 8/26/11 Amount 185.00 Check No. 7712 Initials BA

Revised 3-09

SCANNED

B

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

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 9403 W Rock Creek Rd (no rural route) City Valparaiso NE, Zip 68065

Owner Roger & Karen Reynolds Addresss Same

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Date of Tests 8/10/11 to 8/11/11 Weather: Precipitation 0 Temperature 88°

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Address 13800 NW 70th St
Raymond, NE 68428 # C1198

Sum of Percolation Rates: 239

Average of Rates: 40

Rate Used for Calculation: 60 (20 min variance)

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

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 8/25/11 Legal Description NW 1/4 1/4 22-12-5 Section Township Range 1of4

Onsite System Location

Address (no rural route) 9403 W Rock Creek Rd City Valparaiso NE, Zip 68065

Owner Roger & Karen Reynolds Address Same

A. Sewer Pipe

1. Material: old Line
   Diameter: _____ in.
2. Distance above basement floor: _____ in.
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☐ Label with Manufacturer, address and gallon capacity

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3. Factory built: ☐ Yes ☐ No
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   Riser: ☐ above ☐ below grade _____ in.
5. Inlet: ☐ baffle ☐ tee ☐ 6" dia. inspection pipe
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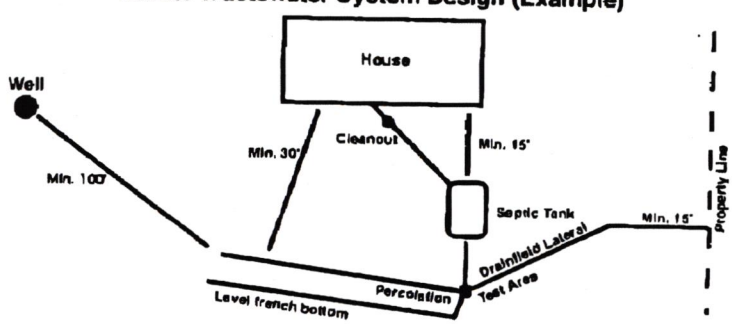
D. Drainfield Absorption

☑ Trench ☐ Bed ☐ Level Bottom

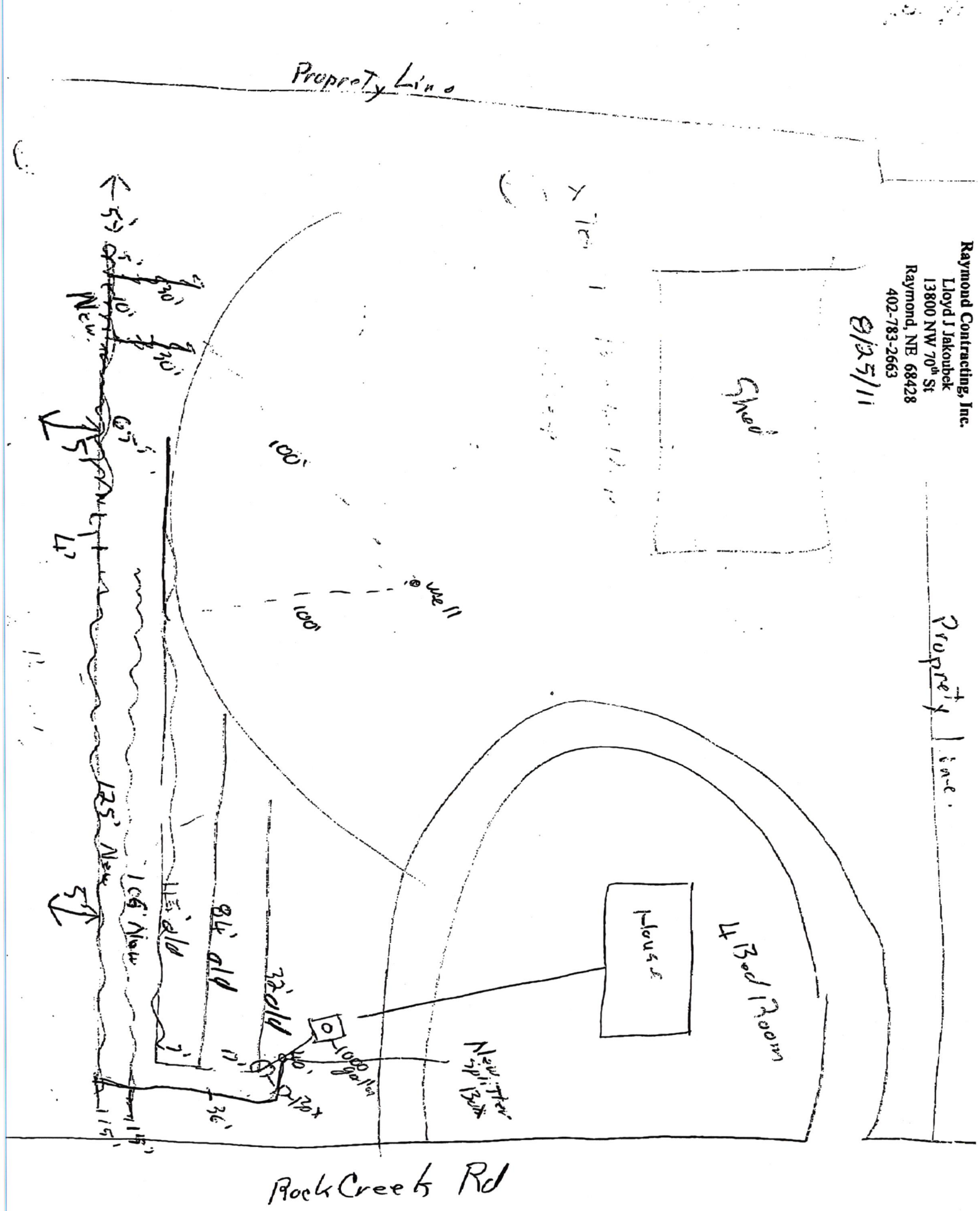
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2. Drainfield Laterals: Number _____
   Length of each line: 32old/84old ft. 115old ft.
   107New 125new ft. 6'New ft., 6'New ft.
3. Drainfield dimensions: Width 40" ft.
   Distribution Pipe Slope Flat in/100 ft.
   Average depth 30"-18" in
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   Property line 5'-15' 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


Property Line
Raymond Contracting, Inc.
Lloyd J Jakoubek
13800 NW 70th St
Raymond, NE 68428
402-783-2663
8/25/11
Shed
100'
Well
House
4 Bed Room
Property Line
New 1000 gallon Septic Tank
New Septic Field
84' old
125' New
Rock Creek Rd