LLCHD HS0005

AUG 30 2011

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

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

HS000541

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 NW 1/4 _____ Section 4
   Block _____ Lot 11 Addition _____
   Parcel ID 18-04-100-004-000 (i.e. 99-99-999-999-999)
   Street Address (no rural route) 14700 Country Ln, Lincoln, NE 68517

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 - 350' based on 4 bedroom & 60 mpi perc rate

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 David Benes Address 14700 Country Ln Phone: 402-416-4100

Applicant Signature (owner or lessee) Ron L. Jakoubek for David Benes

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 8/30/11 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: 8/31/11 Amount 185.- Check No. 7715 Initials BH

Revised 3-09

9-7-2011 11:22:58

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 14700 Country Ln (no rural route) City Lincoln NE, Zip 68517

Owner David Benes Addresss same

Soil Type (SCS): Aksarben silty clay loam Percolation Rate: 60 min./inch

Date of Tests 8/22/11 to 8/23/11 Weather: Precipitation 0 Temperature 86°

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	23	8/22	11:30a	8/22	3:00p	8/23	11:30a	6	8/23	12:00p	30	1/2	60
2	36	"	"	"	"	"	"	"	"	"	"	1/2	60
3	25	"	"	"	"	"	"	"	"	"	"	13/16	37
4	26	"	"	"	"	"	"	"	"	"	"	5/8	48
5	20	"	"	"	"	"	"	"	"	"	"	9/16	54
6	43	"	"	"	"	"	"	"	"	"	"	9/16	54

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

Sum of Percolation Rates: 313
Average of Rates: 52
Rate Used for Calculation: 60 (Administrative)

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96
9-7-2011 11:23: 0

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. HS000541

System Type: STANDARD

Situs: 14700 COUNTRY LN

Legal Description: T11N-R07E-S04-Lot 11

Owner: BENES, DAVID
14700 COUNTRY LN
LINCOLN NE
68517

Permit Fee: $185.00

Total Fees: $185.00

Issued: 08/31/2011
Expires 08/30/2012

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

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

SEP 12 2011

D

Permit Number: HS000541

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date 9/6/11 Legal Description NW 1/4 4 1/4 - 11 Section - 7 Township Range Lot 11

Onsite System Location

Address (no rural route) 14700 Country Ln City Lincoln NE, Zip 68517

Owner David Benes Address Same

A. Sewer Pipe

1. Material: old pipe.
   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~~ New Riser over in.
   ~~Over outlet, diameter~~ middle in.
   Riser: ☐ above ☐ below grade At 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: 5 Enderp Drop Boxes.
   Number available outlets: 2 per crap
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 14' + 9' + 9' + 9' ft.

D. Drainfield Absorption

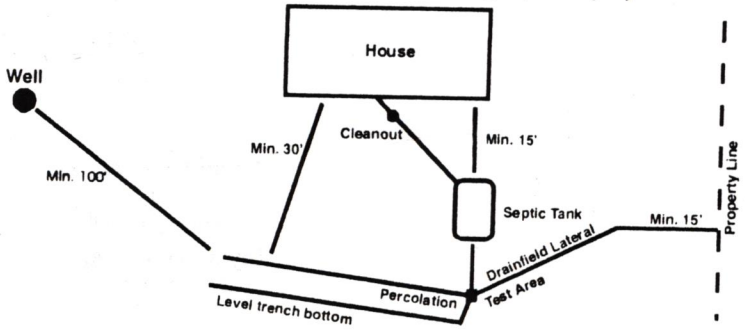
☑ Trench ☐ Bed ☐ Level Bottom

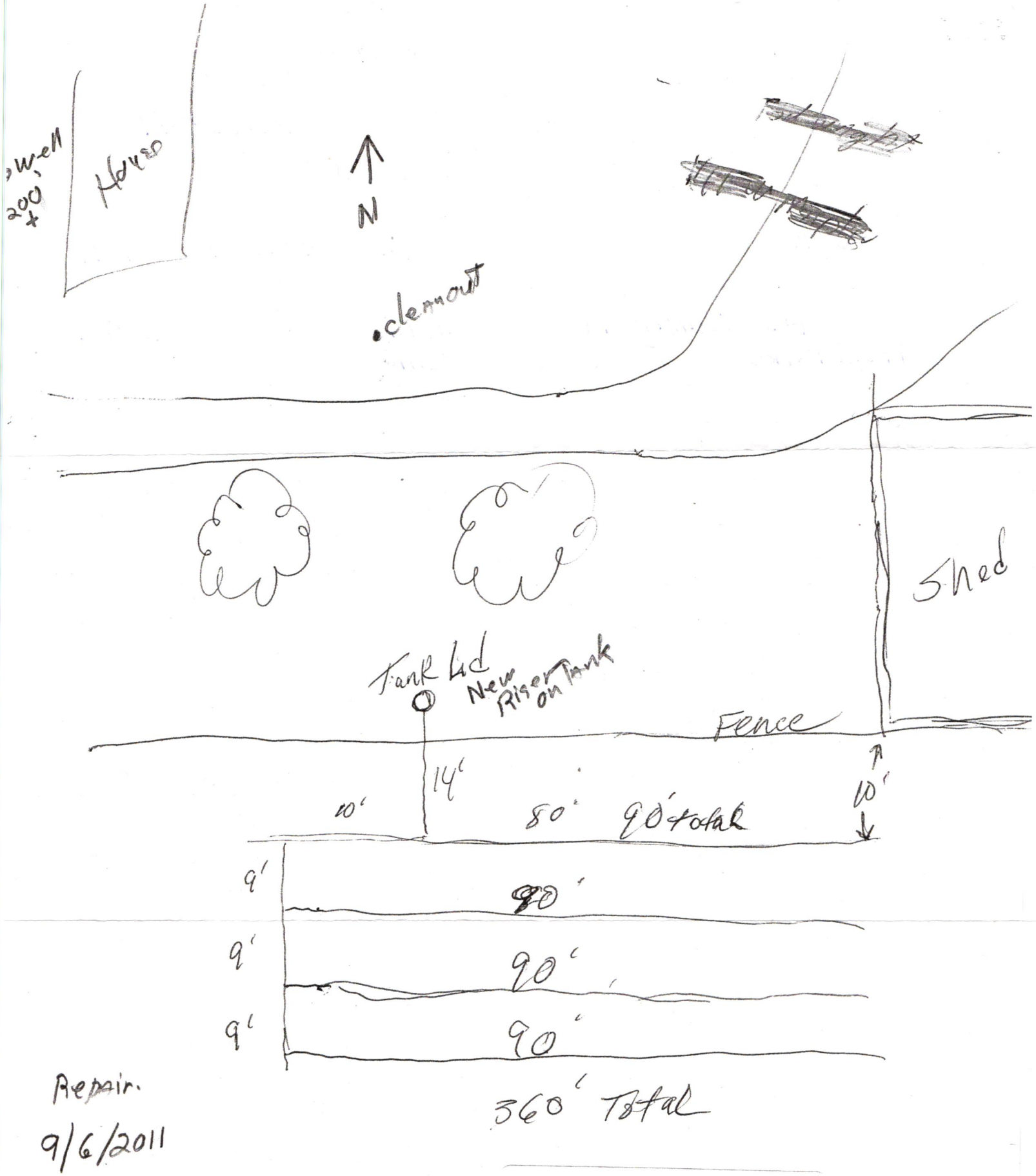
1. Type: ☑ Half rounds ☐ Perforated pipe _ ☐ Chambers
   Diameter or width: _____
   Number of distribution lines in bed _____
   Material: ☑ fiberglass ☑ plastic ☐ concrete
   ☐ other _____
2. Drainfield Laterals: Number 4
   Length of each line: 90' ft. 90' ft.
   90 ft. 90' ft., _____ ft.
3. Drainfield dimensions: Width 40" ft.
   Distribution Pipe Slope Flat in/100 ft.
   Average depth 28" - 36" in
4. Filter material: Dirt
   Depth of material 28" - 36" in.
5. Distances to: Well or suction line 100+ ft.
   Pressure line 100+ ft.
   Property line 100+ 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





Repair.

9/6/2011

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