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. HS000559

System Type: STANDARD

Situs: 9405 W SUPERIOR ST

Legal Description: T10N-R05E-S10-Lot 19

Owner: GREGG, RICHARD D & COLLEEN K
9405 W SUPERIOR ST
LINCOLN NE
68524

Permit Fee: $190.00

Total Fees: $190.00

Issued: 11/03/2011
Expires 11/02/2012

Judith A Halstead

Judith A. Halstead, MS, Health Director

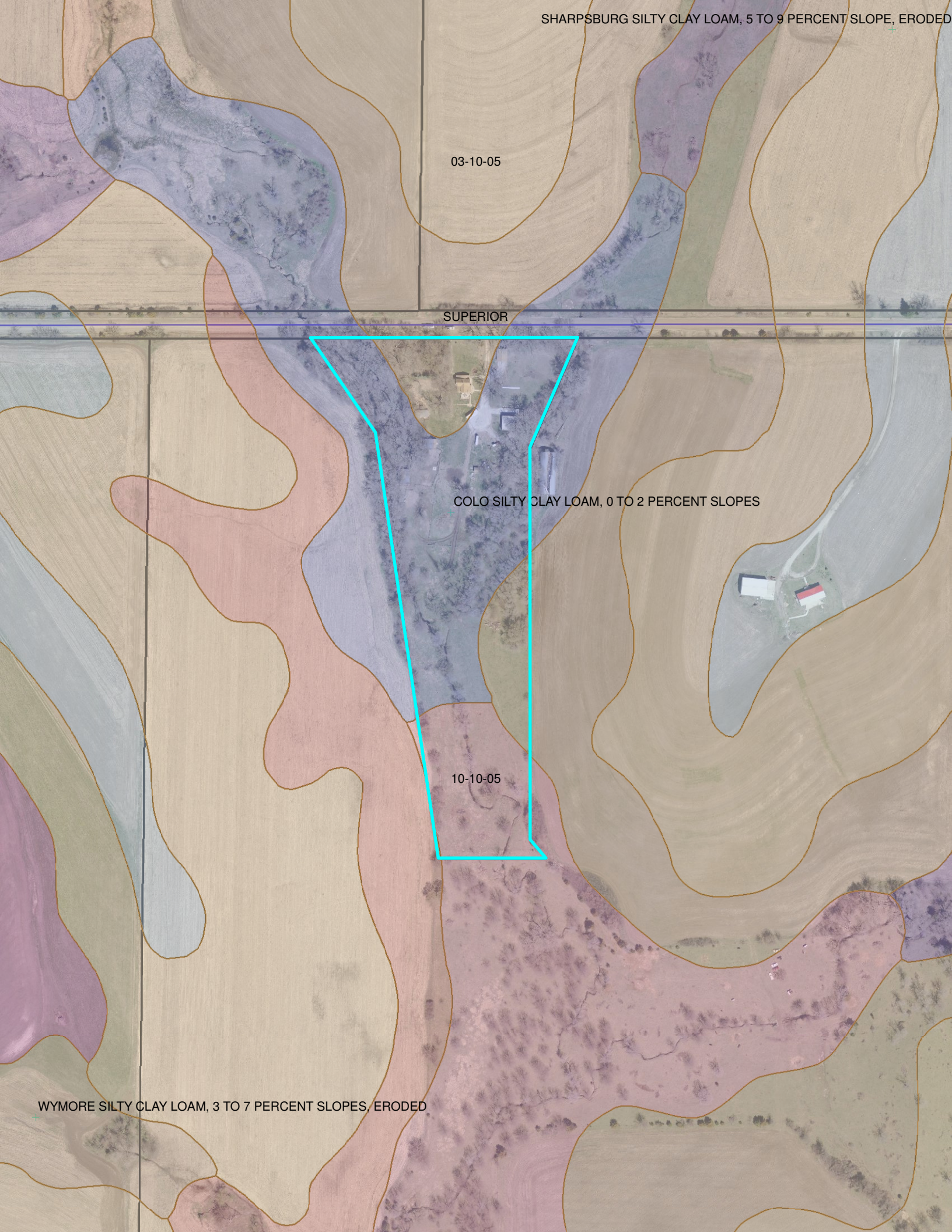
Dear Applicant:

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


SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPE, ERODED
03-10-05
SUPERIOR
COLO SILTY CLAY LOAM, 0 TO 2 PERCENT SLOPES
10-10-05
WYMORE SILTY CLAY LOAM, 3 TO 7 PERCENT SLOPES, ERODED

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

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

H60000559

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 10 Range 5 1/4 _____ 1/4 NW Section 10
   Block _____ Lot 19 Addition _____
   Parcel ID 04 - 10 - 100 - 007 - 000 (i.e. 99-99-999-999-999)
   Street Address (no rural route) 9405 W Superior St Lincoln, NE 68524

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** replace drainfield.
   210' of ADS Growelss Chambers, 3 bedroom home, percrate at 37 mpi

5. **Work to be done by:** ☐ owner ☒ contractor's name Lloyd Jakoubek 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 Rich Gregg Address 9405 W Superior St Phone: 402-416-8747

Applicant Signature (owner or lessee) Lloyd J. Jakoubek for Rich Gregg

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 11/2/11 REVIEW: ☑ Approved ☐ Disapproved By: _____

Site visits
Date 11/1/11 By D.S.
Date ____/____/____ By _____
Date ____/____/____ By _____

Installation final written approval
Date 11/1/11 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: 11/3/11 Amount 190.00 Check No. 7761 Initials BDA

Revised 3-09

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 9405 W Superior St (no rural route) City Lincoln NE, Zip 68524

Owner Rich + Colleen Gregg Addresss same

Soil Type (SCS): silt loam Percolation Rate: 37 min./inch

Date of Tests 10/27/11 to 10/28/11 Weather: Precipitation 0 Temperature 52°

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	10/27	9:00a	10/27	1:00p	10/28	12:00	6	10/28	12:30p	30	15/16	32
2	20	"	"	"	"	"	"	"	"	"	"	2 1/2	12
3	20	"	"	"	"	"	"	"	"	"	"	4	8
4	21	"	"	"	"	"	"	"	"	"	"	4	8
5	23	"	"	"	"	"	"	"	"	"	"	13/16	37
6	23	"	"	"	"	"	"	"	"	"	"	1 1/2	20

Person Conducting Percolation Tests

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

Phone: 402-783-2603 or 402-890-3870

Address 13800 NW 70th St

Raymond, NE 68428 # C1198

Sum of Percolation Rates: 117

Average of Rates: 20

Rate Used for Calculation: 37 (20 mpi 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

NOV 04 2011

D

Permit Number:

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date 11/1/11 Legal Description NW 1/4 1/4 16-10-5 Section Township Range Lot 19

Onsite System Location

Address (no rural route) 9405 W Superior St City Lincoln NE, Zip 68524

Owner Rich & Colleen Gregg Address same

A. Sewer Pipe

1. Material: old
   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 concrete
   Number of compartments: _____
2. Capacity: 1000? gal.
3. Factory built: ☐ Yes ☒ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter 24" 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: 22" in.
8. Distances to: Well or suction line 100+ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 100+ ft.

C. ☐ Distribution Box ☐ Drop Boxes

(≥ 12" inspection opening) (removable lid to inspect)

1. Material: Plastic 2 End cap
   Number available outlets: 2 per cap
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 9' +10' ft.

D. Drainfield Absorption

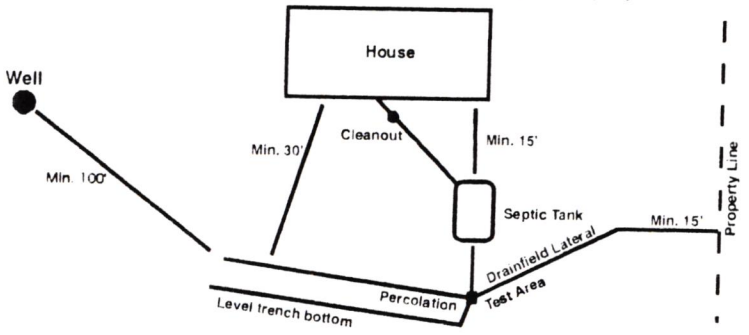
☒ Trench ☐ Bed ☐ Level Bottom

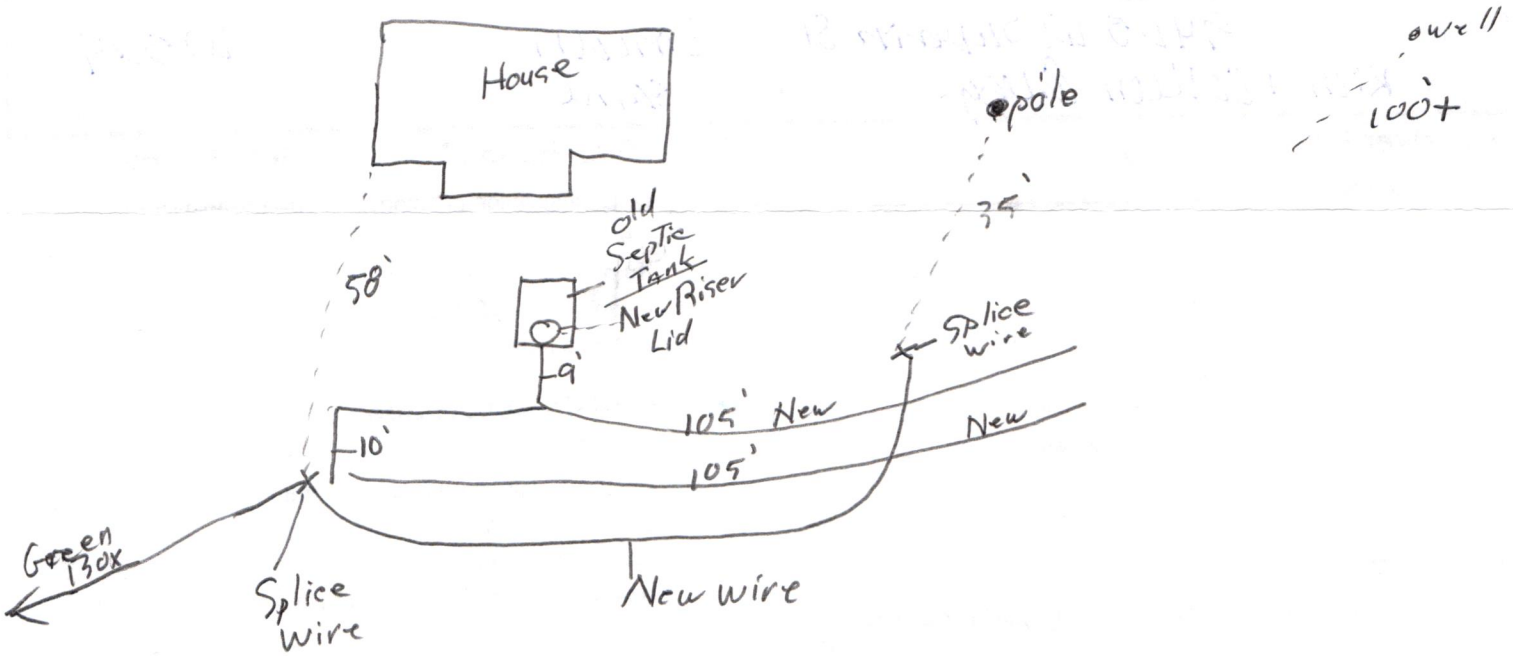
1. Type: ☐ Half rounds ☐ Perforated pipe ☐ Chambers
   Diameter or width: _____
   Number of distribution lines in bed _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other _____
2. Drainfield Laterals: Number 2
   Length of each line: 105 ft. 105 ft.
   _____ ft. _____ ft., _____ ft.
3. Drainfield dimensions: Width 34" wide 12" Tall ft.
   Distribution Pipe Slope FLAT in/100 ft.
   Average depth 24" x 30 in
4. Filter material: Soil
   Depth of material 24-30 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.

Indicate North with Arrow

Onsite Wastewater System Design (Example)





← N

11/1/2011

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