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. HS000684

System Type: STANDARD

Situs: 1733 WAVERLY RD

Legal Description: T11N-R06E-S13-Lot 17

Owner: CLARK, RUTH
1733 WAVERLY RD
RAYMOND NE
68428

Permit Fee:	$195.00
Total Fees:	$195.00
Issued:	11/05/2012
Expires	11/05/2013

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 HS000684

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

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

HS000684

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 6e 1/4 ____ 1/4 NW Section 13
   Block ____ Lot 17 Addition ____
   Parcel ID 12-13-160-007-000 (i.e. 99-99-999-999-999)
   Street Address (no rural route) 1733 Waverly Rd, Raymond, NE 68428
2. **Property use:** ☒ residential ☐ commercial ☐ other use
   Number of bedrooms 3 Describe No oversized tub or Garbage disposal
3. **Type of Present Individual Disposal System** ☒ septic system ☐ lagoon ☐ other
4. **Description of proposed alteration, extension or repair** add drainfield, 190' of 40" wide trench, ADS Graveless Chambers. Perc rate of 26 min.; test attached. Using existing 1,000 Gallon tank
5. **Work to be done by:** ☐ owner ☒ contractor's name Lloyd Jakowlek, 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 Ruth Clark Address same Phone: 402-432-6008

Applicant Signature (owner or lessee) Kevin Jakowlek for Ruth Clark

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 11/2/12 REVIEW: ☒ Approved ☐ Disapproved By: ____

Site visits
Date 11/2/12 By ____
Date ____/____/____ By ____
Date ____/____/____ By ____

Installation final written approval
Date 11/5/12 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: 11/5/12 Amount 195.00 Check No. 7994 Initials BA

Revised 3-09

11-5-2012 10:55: 6

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 1733 W Waverly Rd (no rural route) City Raymond NE, Zip 68428

Owner Ruth Clark Addresss Same

Soil Type (SCS): Wymore - sandy Percolation Rate: 26 min./inch

Date of Tests 6/25/12 to 6/26/12 Weather: Precipitation 0 Temperature 84°

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	25	6/25	2:30p	6/25	6:30p	6/26	12:30p	6	6/26	12:30p	10	2	5
2	25	"	"	"	"	"	"	"	"	"	"	7/8	11
3	29	"	"	"	"	"	"	"	"	"	"	1 11/16	6
4	21	"	"	"	"	"	"	"	"	"	"	2	5
5	27	"	"	"	"	"	"	"	"	"	"	3/4	13
6	26	"	"	"	"	"	"	"	"	"	"	3/8	26

Person Conducting Percolation Tests

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

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

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

Sum of Percolation Rates: 156

Average of Rates: 11

Rate Used for Calculation: 26 (20% Variance)

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____