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

JUN 13 2014

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

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 N Range 5E 1/4 ____ 1/4 NE Section 22
   Block ____ Lot 2 Addition North Branched Oak Estates
   Parcel ID 06-22-201-002-000 (i.e. 99-99-999-999-999)
   Street Address (no rural route) 15989 NW 84th St., Raymond, NE 68428

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 fiberglass septic tank that was damaged by a fire.

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 Tom Walker Address 15989 NW 84th St Phone: 402-617-2027

Applicant Signature (owner or lessee) Ronald L. Jakowlek for Tom

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: 6/16/14 Amount 200.00 Check No. 8399 Initials SB

Revised 3-09

Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3140 N Street Lincoln, Nebraska 68510-1514

ON-SITE WASTE WATER
SYSTEM REPAIR PERMIT
No. HS000916

System Type: Standard

Situs: 18989 NW 84 ST, RURAL, NE

Issued: 6/19/2014

Expires: 6/19/2015

Description: NORTH BRANCHED OAK ESTATES, Lot 2, ACRES 3.75

Owner: WALKER, THOMAS J & JENNIFER J
18989 NW 84 ST
RAYMOND, NE 68428

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 repair is complete to obtain final approval before use.

Judith A Halstead
Judith A. Halstead, MS
Health Director

RAYMOND CONTRACTING
13800 NW 70TH ST
RAYMOND, NE 68428

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HEALTH DEPARTMENT USE ONLY

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

Installation final written approval
Date 6/20/14 By ____
*System was buried prior to inspection - okd

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Revised 3-09

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Date 6/20/14 By ____
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Business Office Use Only

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H S000916

Revised 3-09

Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

007975

Permit
SEWAGE INSTALLATION
SEWAGE INSTALLATION

Permit # 05380305801

Issued 07/11/05
Expires 07/11/06
Revenue Code 3157

Establishment
ASPEN BUILDERS
T12N R5E SEC 22
NORTH BRANCHED OAK LOT 2
NW 84 STREET

FEES: $200.00

Permittee
ASPEN BUILDERS
1640 NORMANDY CT
APT A
LINCOLN NE 68512

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

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

JUL 0 8 2005

A

Permit Number: 0538030580 1

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

☒ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address 18,989 ~~18,885~~ NW 84th St City Raymond NE, Zip 68428

Legal Description 18,889 ~~1880~~ (no rural route) 22 12N 5E North Branched Oak Estates 2 ~~28~~
1/4 | 1/4 | Section | Township | Range | Subdivision | Addition | Block | Lot

Geographical Location (if known): Longitude _____ Latitude _____

☒ Check if system mail address is not the same as the owner's address

B. Owner

Name Aspen Builders Inc. Signature _____

Address 1640 Normandy Ct. Ste A City/State/Zip Lincoln NE 68512

☐ Check if owner designed system Home Phone _____ Work Phone 423-6811

C. Contractor

Name Bob Benes Company Name Aspen Builders Inc.

Address 1640 Normandy Ct. Ste A City/State/Zip Lincoln NE 68512

☒ Check if contractor designed system Work Phone 423-6811

D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name _____ Firm _____ Work Phone _____

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 3 Is there a Whirlpool Bathtub YES (NO)

☐ Commercial Establishment/Other Facility Specify _____

Design flow in gallons per day _____ Type of Wastewater: ☒ Domestic ☐ Non-Domestic.

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☒ County Resolution No. 2832

1. **Health Department** 10-26-05, new Well drawing
   Date rec'd 7/11/05 Date frwd _____
   ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood

2. **Supt. Bldg. Insp. or Village Clerk**
   Date rec'd 7/11/05 Date frwd _____
   ACTION ☒ Approved ☐ Disapproved Signature _____

3. **City or County Engineer**
   Date rec'd 7-11-05 Date frwd 7-11-05
   ACTION ☒ Approved ☐ Disapproved Signature Larry D. Worrell

Installation Final Written Approval

By Ron Magnuson

Date 11-1-05

Business Office Use Only
Date Rec'd 07/11/05
Amt Paid 200.00
Rec'd By S Cash/Check No. 10449

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

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

B

Permit Number: 053803058

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address NW 84th St. (no rural route) City Raymond NE, Zip 68428

Owner Aspen Builders Inc Addresss 1640 Normandy Ct. Ste A Lincoln 68512

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

Date of Tests 6-28 to 6-29 Weather: Precipitation Dry Temperature 80°

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	36	6-28	~~AM~~	6-28	10 AM	6-28	10:10	17"	6-28	10:40	30	9/16	53
2	36						10:12	18"		10:42		5/8	48
3	36						10:15	19"		10:45		1/2	60
4	36						10:17	13"		10:47		9/16	53
5	36						10:20	18"		10:50		1/2	60
6	36						10:22	15"		10:52		1/2	60

Person Conducting Percolation Tests

Name: Bob Bowers, Dennis Hershman

Phone: 423-6811

Address 1640 Normandy Ct
Lincoln, NE

Sum of Percolation Rates: 334

Average of Rates: 55.6

Rate Used for Calculation: 60

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

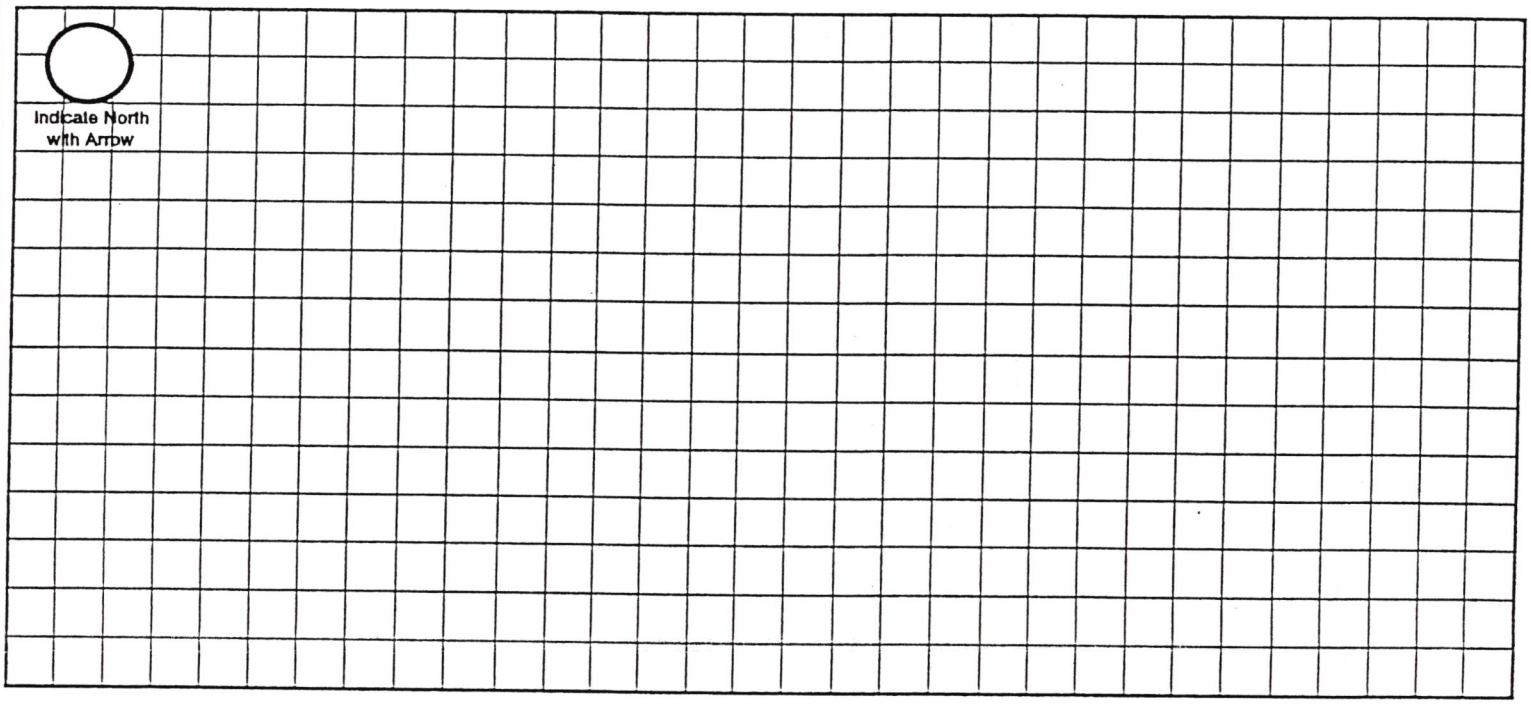
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 053803058

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) NW 84th St City Raymond NE, Zip 68428

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 60 (min. per inch) Soil Type: _____ Land Slope: 4:1 %

Type of Absorption System: ☒ Trench ☐ Bed ☐ Other gravelless chamber

Total Square Feet of Field Required: 1050 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☒ Other Lateral Material: gravelless chamber

Capacity of Septic Tank 1000 gals Number of Absorption Beds: ~~2~~ Number of Distribution Laterals per Bed _____

Total Length of Laterals 234 ft. Number of Trenches 2 Trench Width 3'

D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

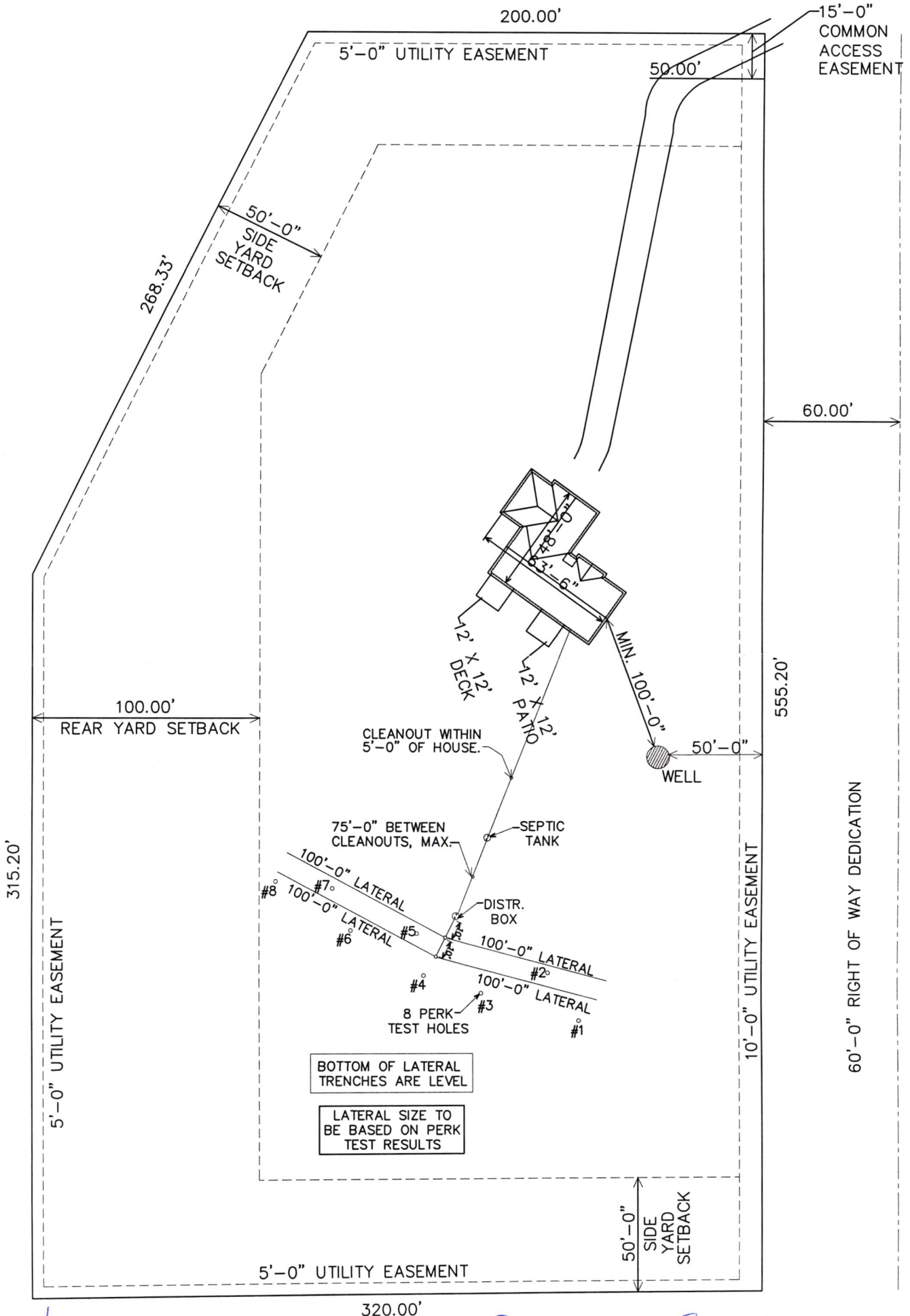
Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☒	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
Field (ft)	100 ☒	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
Lagoon (ft)	100 ☒	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

E. Required Signatures

Home Building Contractor _____ Date 11-5-05

Installer _____ Date _____

FORM 23-102 10-96



N↑ Lot 2 North Branch Oak Estates
No Scale. Aspen Builders.

NOV 1 8 2005

D

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

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 11-15-05

System Location (Indicate correct number and street)

Address 18989 NW 84th St. (no rural route) City Raymond NE, Zip 68428

A. Building Sewer

1. Material: PVC
   Diameter: 4" in.
2. Distance above basement floor: ____ in.
   or distance below basement floor: 10" in.
3. Distance between dwelling and septic tank: 73' ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line 250 ft.
   stream — ft.
   pressure line 100 ft.
   property line 100 ft.

B. Septic Tank

1. Material: prc
   Number of compartments: 1
2. Capacity: ____ gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter ____ in.
   Over outlet, diameter ____ in.
   Riser: ☒ above ☐ below grade 10 in.
5. Inlet: ☐ baffle ☒ tee
6. Outlet: ☐ baffle ☒ tee
7. Depth to top of tank, below unfinished grade: 18 in.
8. Distances to: Well or suction line 300 ft.
   Stream — ft.
   Pressure line 150 ft.
   Property line 100 ft.

C. Distribution Box

1. Material: PVC
   Number available outlets: 4
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 200 ft.

D. Absorption Field

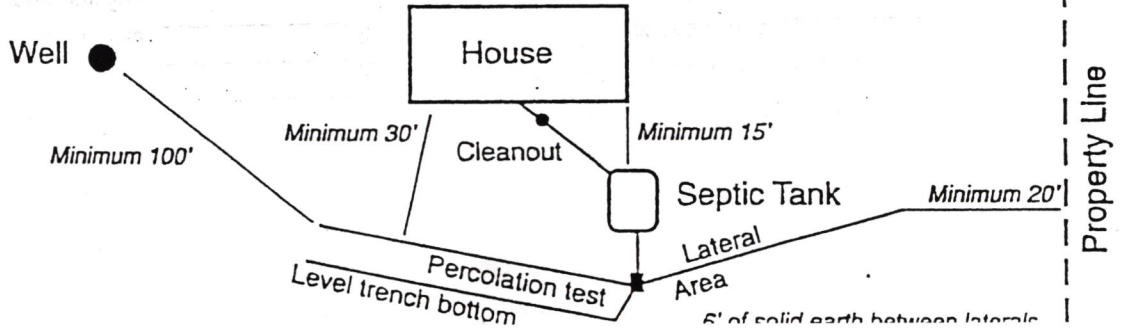
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: 34" HO graveless
   or perforated pipe: ____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☒ other graveless chambers
2. Lateral lines: Number 2
   Length of each line: 117 ft. 117 ft.
   ____ ft. ____ ft., ____ ft.
3. Trench dimensions: Width 3' ft.
   Slope 0 in/100 ft.
   Average depth 24" in
4. Filter material: —
   Depth of material — in.
5. Distances to: Well or suction line 200 ft.
   Stream 100 ft.
   Pressure line 300 ft.
   Property line 50 ft.

Indicate North with Arrow

Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



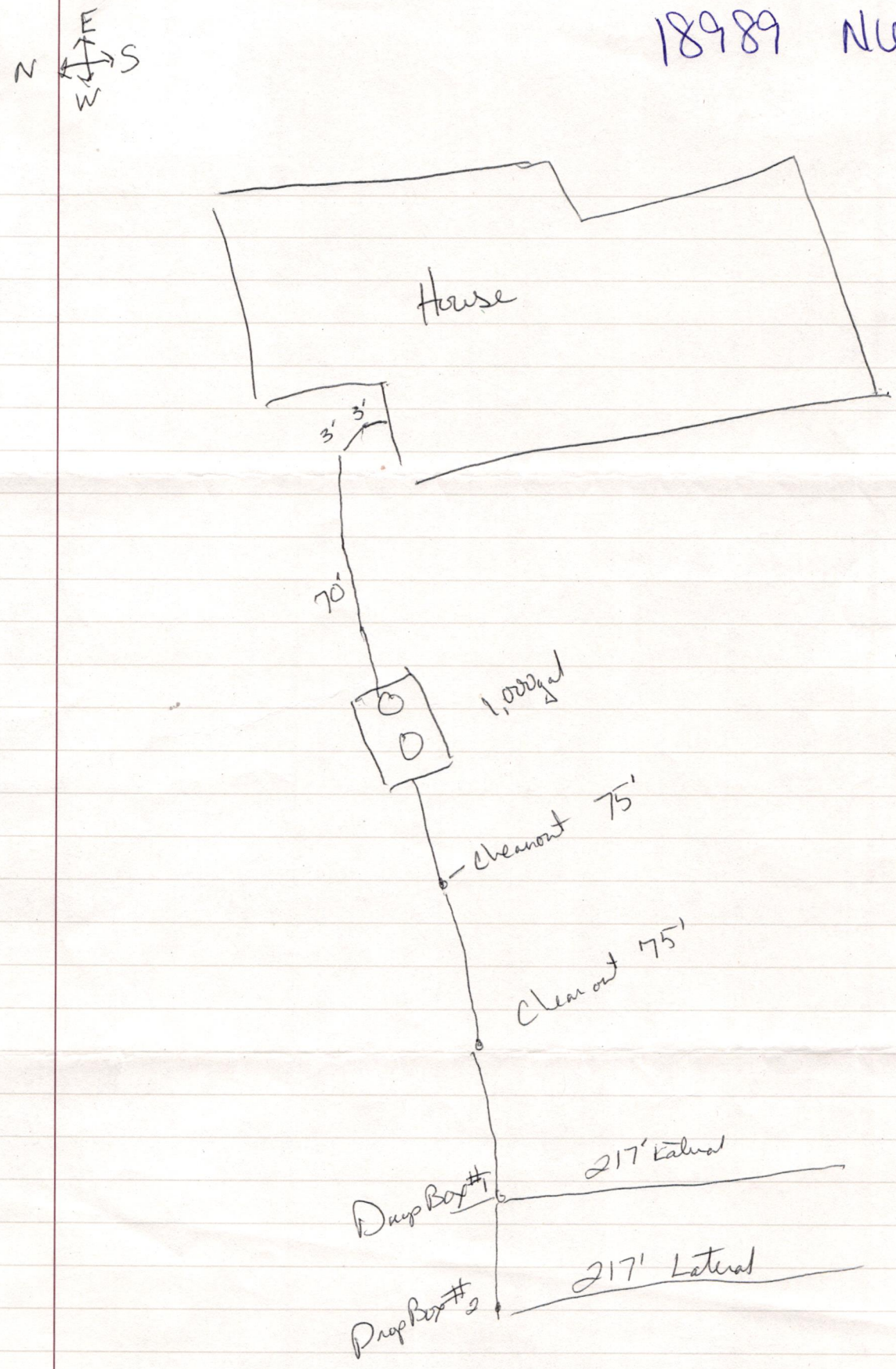
FORM 23-103 10-96

As Built Drawing

Indicate North with Arrow

See attached drawing

18989 NW 8th


N
E
S
W
House
3'
3'
70'
1,000gal
Cleanout 75'
Clean out 75'
217' Lateral
Drop Box #1
217' Lateral
Drop Box #2