JUN 01 2015

H5001074

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

☐ 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 11 n Range 6e 1/4 ____ 1/4 SE Section 8
   Block ____ Lot 21 Addition ____
   Parcel ID 12-08-400-002-002 (i.e. 99-99-999-999-999)
   Street Address (no rural route) 12305 NW 27th St, Raymond, NE

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

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

4. **Description of proposed alteration, extension or repair** Replace failing drainfield - perc rate 44 mpi, adding 165' of new laterals (ADS ARC36 Chambers).

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 Bryce ~~Bryce~~ Wendland Address 12305 NW 27th St, Raymond, NE Phone: 402-304-0313

Applicant Signature (owner or lessee) [signature]

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 ____/____/____ 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: 6/2/15 Amount 205.00 Check No. 8644 Initial LC

Revised 3-09

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

B

Permit Number: HS001674

Onsite Wastewater Treatment System

Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 12305 NW 27th St (no rural route) City Raymond NE, Zip 68428

Owner Bryce Wendland Address Same

Date of Tests 4/30/15 to 5/1/15 Weather: Precipitation 0 Temperature 73

Percolation Test Data Table

A.	B.	C. D. E. F. Saturation/Swelling Time				G. H. I. J. K. Water Level Drop Last 30 mins of 4 hr or last 10 mins of 1 hr					L. M. N. Results		
		Start		End		Start		Initial	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 Interval	Water Level Drop (in)	Percolation Rates (Min/in = mpi)
1	30	4/30	8:30am	4/30	12:30pm	5/1	5:30pm	6	5/1	6:00pm	30	1-1/4	24
2	23	"	"	"	"	"	"	6	"	"	"	11/16	44
3	24	"	"	"	"	"	"	6	"	"	"	1-1/2	20
								6					
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Terri L Jakoubek, Raymond Contracting, Inc.

Phone: 402-783-2663 or 402-890-6009

Address 13800 NW 70th St

Raymond, NE 68428 Cert #1198

Sum of Percolation Rates: 88

Average of Rates: 29

Rate Used for Calculation: 44 (20 mpi variance)

Soil type (NRCS Maps/Other) Judson Silt Loam

Groundwater Depth >6.7'

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Comments (Soil type, groundwater, floodplain, etc.)

Signature of Reviewing Official Date

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

ON-SITE WASTE WATER SYSTEM
ALTERATION PERMIT
No. HS001074

System Type: Standard

Situs: 12305 NW 27 ST, RURAL, NE

Issued: 6/5/2015

Expires: 6/5/2016

Description: S8, T11, R6, 6th Principal Meridian, LOT 21 SE

Owner: WENDLAND, BRYCE E & AMY L
12305 NW 27 ST
RAYMOND, NE 68428

Judith A Halstead
Judith A. Halstead, MS, Health Director

Dear Applicant:

The above document is your permit to alter an existing On-site Waste Water System at the location listed. Please contact this office once the alteration is complete to obtain final approval before use.

Judith A Halstead
Judith A. Halstead, MS
Health Director

RAYMOND CONTRACTING
13800 NW 70 ST
RAYMOND, NE 68428

SCANNED JUN 01 2015

H5001074

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   Street Address (no rural route) 12305 NW 27th St, Raymond, NE

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   Number of bedrooms 2 Describe ____

3. **Type of Present Individual Disposal System** ☒ septic system ☐ lagoon ☐ other 31 years

4. **Description of proposed alteration, extension or repair** Replace failing drainfield - perc rate 44 mpi, adding 165' of new laterals (ADS ARC36 Chambers).

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HEALTH DEPARTMENT USE ONLY

Date received 6/5/15 REVIEW: ☑ Approved ☐ Disapproved By: [signature]

Site visits
Date 06/02/15 By DS
Date ___/___/___ By ____
Date ___/___/___ By ____

Installation final written approval
Date 06/05/15 By [signature]

Return application to:
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street, Lincoln, NE 68510
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Business Office Use Only

Received: Date: 6/2/15 Amount 205.00 Check No. 8644 Initial LC

Revised 3-09

SCANNED

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

JUN 09 2015

D

Permit Number: HS001074

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date 6/2/2015 Legal Description SE 1/4 SE 1/4 8-11N-4E Section Township Range Lot 21

Onsite System Location

Address (no rural route) 12305 NW 27th St City Raymond NE, Zip 68428

Owner Bryce Wendland Address same

A. Sewer Pipe

1. Material: clay and SDR 26
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: ? 16 in.
3. Distance between dwelling and septic tank: 75' ft.
4. Number of clean-outs: Ø
5. Distances to: well or suction line 100 ft.
   stream 100 ft.
   pressure line 100 ft.
   property line 100 ft.

B. Septic Tank

☐ Label with Manufacturer, address and gallon capacity

1. Material: concrete
   Number of compartments: one
2. Capacity: 1000 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter 24" cem/rr 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: 16 in.
8. Distances to: Well or suction line 100 ft.
   Stream 100 ft.
   Pressure line 100 ft.
   Property line 160 ft.

C. ☑ Distribution Box ☐ Drop Boxes

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

1. Material: 3 Distribution Boxes. 1-Switch valve
   Number available outlets: _____
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 35' +26' ft.

D. Drainfield Absorption

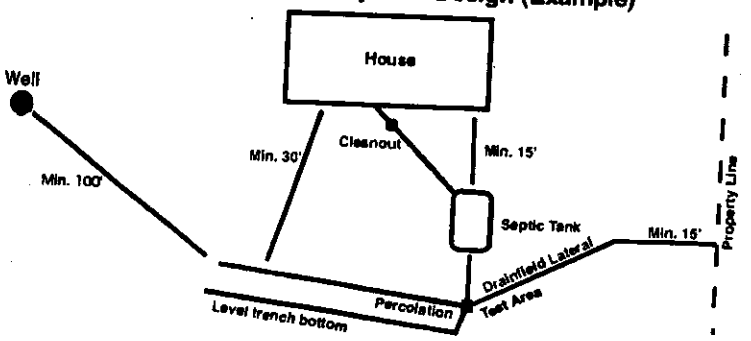
☑ Trench ☐ Bed ☐ Level Bottom

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 7
   Length of each line: New 2-35' ft. 1-40 ft.
   1-45 ft. 100' old? ft., _____ ft.
3. Drainfield dimensions: Width New 40" old? ft.
   Distribution Pipe Slope Flat in/100 ft.
   Average depth 28-32 in
4. Filter material: Soil
   Depth of material 28-32 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

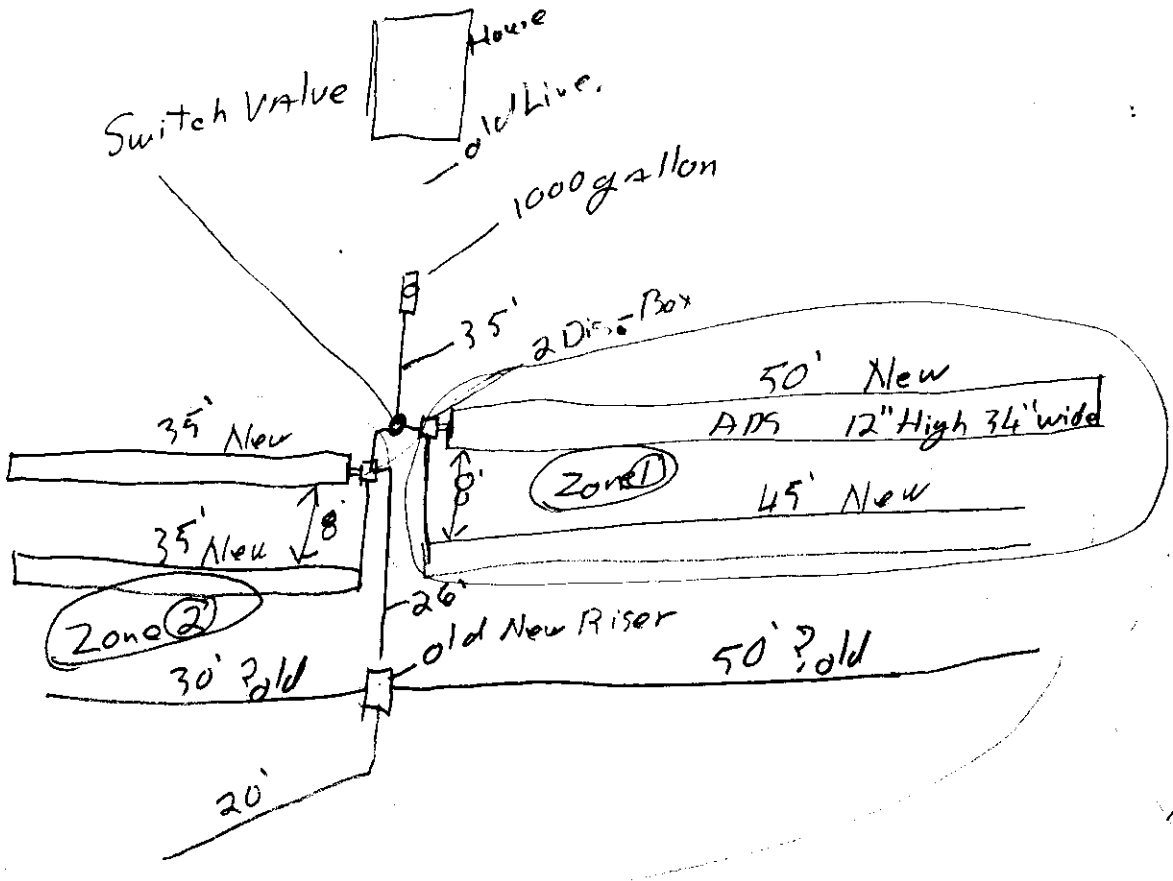


2 Bed Room + disposal.

6/3/2015

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

N→



LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2316-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

OCTOBER 24, 1986 — THIS PERMIT EXPIRES

WILLIAM HELLERICH/RALPH E. ABEBOUT, 436 SO. 6 STREET, ALBION, NE 68620
ISSUED TO — ADDRESS

T11N; R6E; Sec 8; 12505 NW 27 St
LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE ALTER, EXTEND OR REPAIR

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 30.00	$	$	$ 30.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
	110.16	148.14	6-2

RECEIPTED BY: MC — DATE: 4-23-86 — AMOUNT

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH
ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. 2832

20109-0977

FORM HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Ave.
Lincoln, Nebraska 68502 (Phone: 471-7800)

FILE NO. 2316-C

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: 4-21-86

The undersigned hereby applies for a permit to ALTER ☐, EXTEND ☒, or REPAIR ☐ an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. Legal description of property: Twp. 11N ; Range 6E ; Section 8 ;
Block ____ ; Lot ____ ; Addition ____
Street Address 12505 NW 27th

2. Property Use: Residential ____ ☒; Commercial ____ ☐
No. Bedrooms ____ Describe ____
Other Use ☐
Describe ____

3. Type of existing Individual Sewage Disposal System: Septic Tank ☐; Other ☒

4. Description of proposed alteration, extension or repair: Lis-Box 100' half moon Tile

5. Work to be done by: Owner ☐ ; or Contractor ☒ , Bureau Plumbing
Contractor's Name

6. Estimated cost of project:

a. Materials	$	
b. Labor	$	
c. Other	$	
TOTAL	$	850.00

Wm Hellerich - Seller Ralph E. Adams
Signature of Applicant (owner or lessee)

436 So. 6th Albion Neb. 68620
Address

(Do not write below this line)

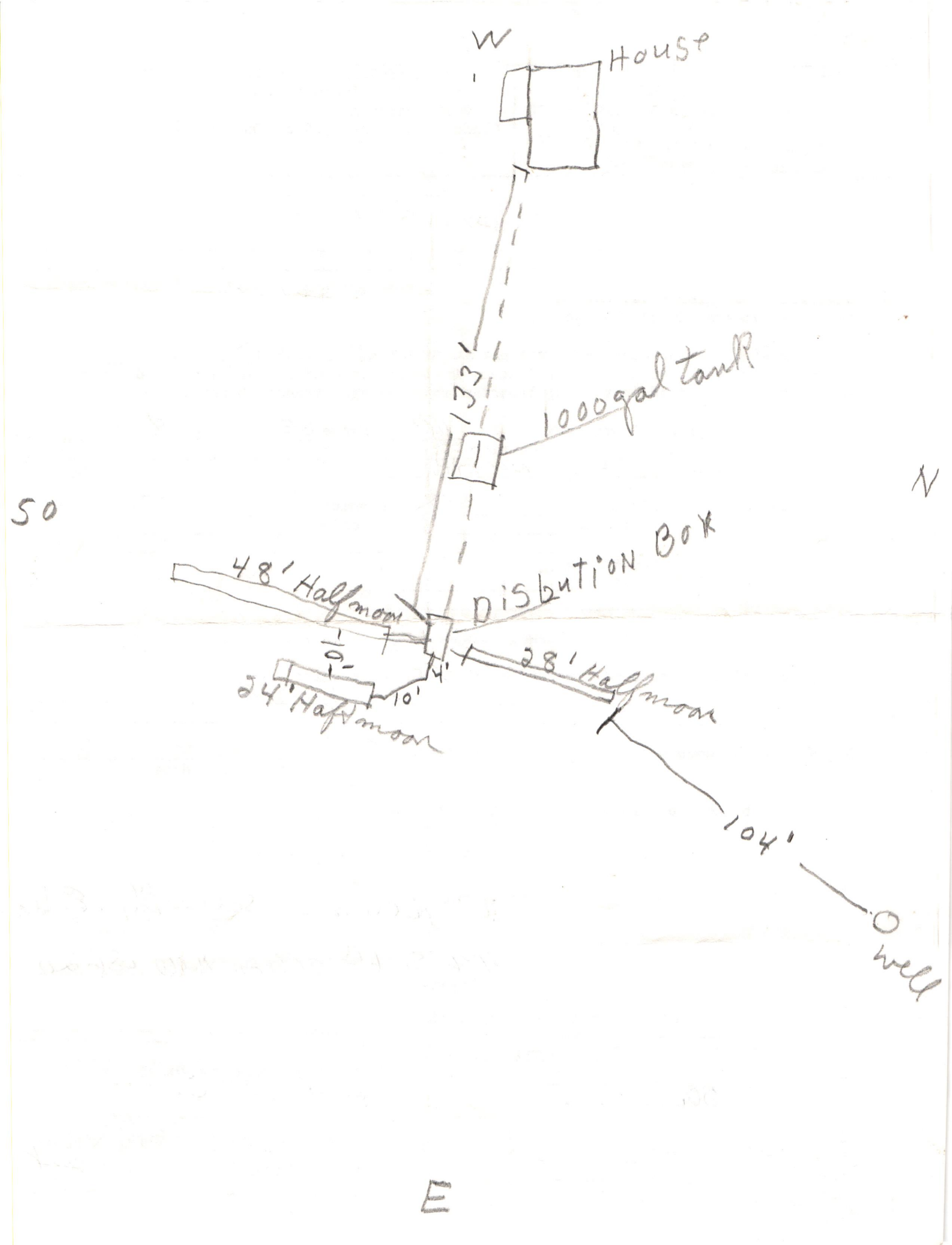
REVIEWING ACTION

1. Date Rec'd: ____
Filing Fee: $ 30.00

2. Site Visits:
Date: 4-22-86 by: rm
Date: ____ by: ____
Date: ____ by: ____

3. Date: Approved ☒; Disapproved ☐
by: Jerold C. Hood
PROVISIONAL

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 4-24-86 by: Kim Margrave


W
House
33'
1000gal tank
1
N
50
48' Half moon
Distribution Box
9'
4'
10'
24' Half moon
28' Half moon
104'
well
E