HS001129

AUG 27 2015

Application to Alter or Repair an Onsite Wastewater Treatment System

The applicant is applying for a permit to: ☒ALTER ☐REPAIR an existing Onsite Wastewater Treatment System, and agrees to comply with LMC 24.38 or County Resolution 02-0030.

1. **Street Address (No Rural Route):** 7100 SW 49th St. Denton, NE 68339

   Legal Description of Property: Township: 9N Range: 6E Section: 19 - NW

   Block 1 Lot 2 SubDivsion Yankee Lake Add:

   *Parcel ID 09 - 19 - 101 - 002 - 000 (i.e. 99-99-999-999-999)

2. **Property use:** ☒ Residential ☐ Commercial ☐ Other use (Describe:)
   Number of bedrooms 4 Does the system have a: ☐ Garbage Grinder ☐ Large Capacity Tub

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

4. **Description of proposed alteration or repair:** Replace deteriorating distribution box with drainfield switching valve & 2 new distribution boxes. Also, add 50' of drainfield to bring system into compliance with Title 124.

5. **Current Type of Lateral-** Chambers w/gravel **Current Linear Ft. Of Lateral** - 300

   Current Tank Gallonage- 1,250

6. Print Name Scott & Kari Graves Address 7100 SW 49th St. Denton, NE 68339 Phone: 402-797-2451

   Applicant Signature: Kari Graves Rui Le Jamoulle

Please contact LLCHD for the current permit fee for this application
Fee must be included before the application will be processed. Incomplete information will delay processing.

HEALTH DEPARTMENT USE ONLY

☐Municipal Code 24.38 ☐County Resolution Number 02-30

Date received ___/___/___ REVIEW: ☐ Approved ☐ Disapproved By:

Comments (if any):

Site visits
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: (402) 441-8643

Business Office Use Only
Received: Date: 8/27/15 Amount $205.00 Check No. 8717 Initials SB

Revised 4/8/13

7100 SW 49th B AUG 27 2015

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

Permit Number: 9938021 27

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address _____ (no rural route) City _____ NE, Zip _____

Owner _____ Addresss _____

Soil Type (SCS): SHARPSBURG & WYMORE SILTY CLAY LOAM Percolation Rate: 60 min./inch

Date of Tests _____ to _____ Weather: Precipitation _____ Temperature _____

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"	6-19-99	9:00 am	6-19	2:00 pm	6-20	11:30	6"	6-20	3:00 pm	30	1/2	60 MIN/IN
2	36"	6-19	9:20	6-19	2:00 pm	6-20	11:30	6"	6-20	3:00	30	1/2	60 MIN/IN
3	36"	6-19	10:00	6-19	2:00 pm	6-20	11:30	6"	6-20	3:00	30	1/2	60 MIN/IN
4	36"	6-19	11:00	6-19	3:30 pm	6-20	11:30	6"	6-20	3:00	30	2 1/2	12 MIN/IN
5	36"	6-19	11:20	6-19	3:35 pm	6-20	11:30	6"	6-20	3:00	30.	2 1/2	13 MIN/IN
6	36"	6-19	12:00	6-19	3:40 pm	6-20	11:30	6"	6-20	3:00	30	1	30 MIN/IN

Person Conducting Percolation Tests

Name: Scott Graves

Phone: (402) 474-4309

Address 2660 S. 11th Lincoln NE 68502

Sum of Percolation Rates: 235

Average of Rates: 39

Rate Used for Calculation: 60 MIN/IN

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. Date OCTOBER 4, 1999

FORM 23-101 10-96

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. HS001129

System Type: Standard

Situs: 7100 SW 49 ST, RURAL, NE

Issued: 8/28/2015

Expires: 8/28/2016

Description: YANKEE HILL LAKE SUB, BLOCK 1, Lot 2

Owner: GRAVES, SCOTT S & KARI J
7100 SW 49 ST
DENTON, NE 68339

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 70TH ST.
RAYMOND, NE 68428

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

Exhibit 5

Permit Number: H300129

Onsite Wastewater Treatment System

Inspection Sheet

Date 10/26/15 Legal Description 9-6-19 BK1, Lot 2

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 2100 SW 49th City _____

Owner _____ Address _____

Mark One: ☒ Dwelling ☐ Non-dwelling

☐ New System ☒ Alteration [☐ Tank Only ☐ Trench Only] ☐ Lateral Only

☐ Temporary modification (Describe problem causing discharge and reason for temporary modification): _____

Drainfield Absorption System:

☒ Lateral ☐ Bed ☐ Non-standard (engineer-designed and NDEQ approved) ☐ Holding Tank ☐ Trench

Total square feet of drainfield 299 Sq. Ft. Tank Size 1250 gals – N/O

Total length of laterals N/O Type of Distribution: ☒ Chamber ☐ Perforated Pipe ☐ Other (describe) _____

No. of Absorption Laterals N/O Width 3 No. of Drop Boxes 0 Distribution Box witnessed 2 installed

Leveling Method Used laser

Setbacks (Check the Boxes Below if the Required Setback has been Satisfied):

Distance From	Private Well	Public Well	Surface Water	Ground water	Pressure Water Lines	Property Lines
Tank (ft)	50 ☒	500 ☒	50 ☒	NA ☒	10 ☒	5 ☒
Field (ft)	100 ☒	500 ☒	50 ☒	4 ☒ N/O	25 ☒	5 ☒

Geographical Coordinates to 6 Decimals:

Tank _____

Lateral #1 N/O Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments:
Owner has an R/O system. Disconnected the R/O to septic, leveled D-Boxes & added 575+ ft to meet standard.

Field Note Drawing (See Reverse Side):

Inspections prior to Final Approval
Initial 10/27/15 Date 11/2

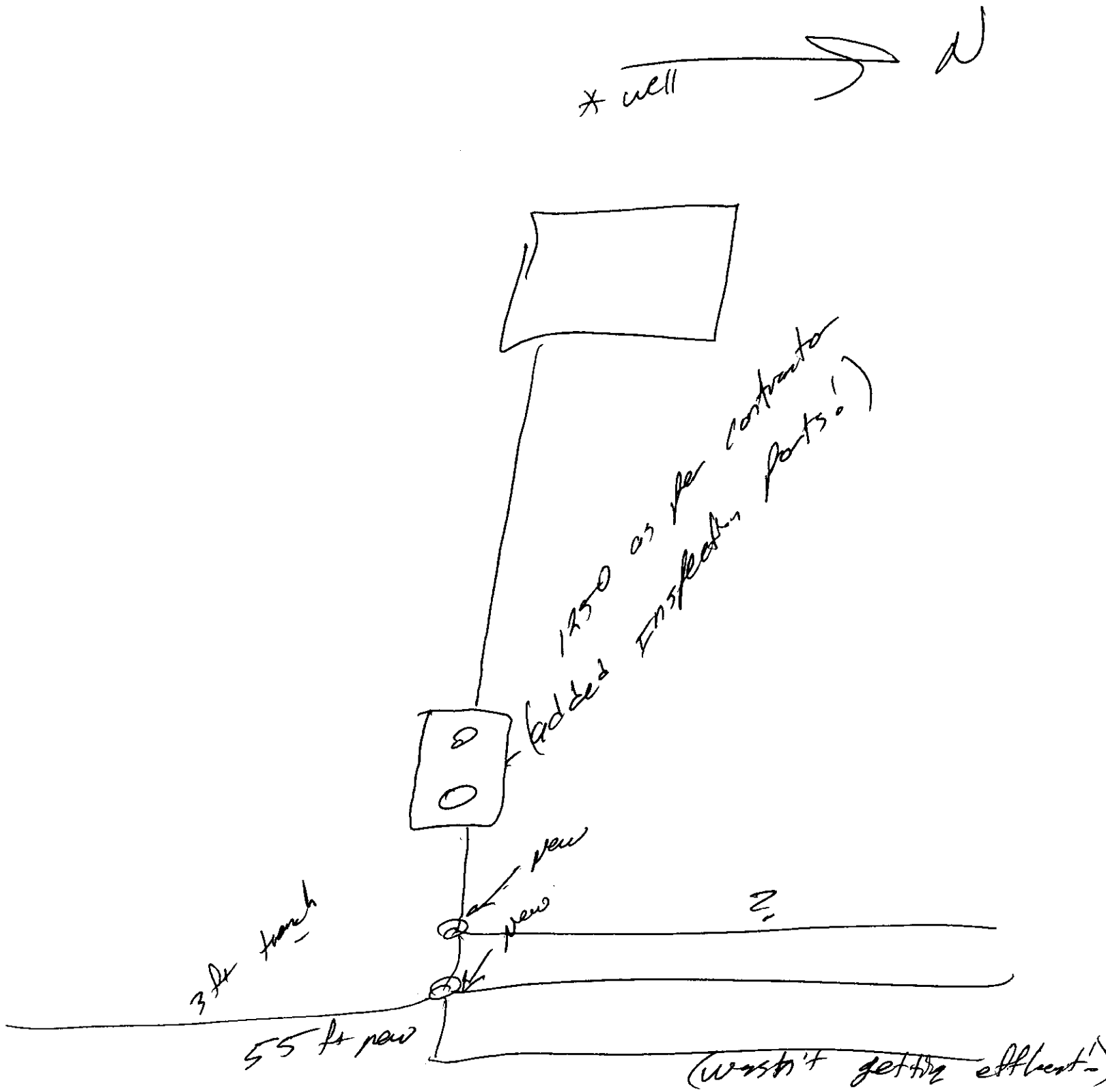
Follow-Up _____ Date _____

Follow-Up _____ Date _____

~~Installation Final Written Approval~~
By _____

Date 10/29/15

Updated 4/15


* well
N
1250 as per contract
(added Inspection ports!)
new
new
3 ft trench
55 ft new
(wasn't getting effluent!)

OCT 28 2015

JUL 13 2000

D

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

Permit Number: HS6011129

Sewage Disposal System
As Built Plans & Specifications

Date 7-11-00

System Location (Indicate correct number and street)

Address Scott Kain Graves (no rural route) 7400 SW 42nd City _____ NE, Zip _____

A. Building Sewer

1. Material: Class 160
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 18 in.
3. Distance between dwelling and septic tank: 77' ft. 40
4. Number of clean-outs: 1
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank

1. Material: precast
   Number of compartments: _____
2. Capacity: 1250 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☐ above ☐ below grade _____ in.
5. Inlet: ☐ baffle ☐ tee
6. Outlet: ☐ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 8 in.
8. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. Distribution Box

1. Material: 2 plastic Drop Boxes
   Number available outlets: _____
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 17' 10 & 12 ft.

Added Drainfield Control Valve 10/22/15

D. Absorption Field

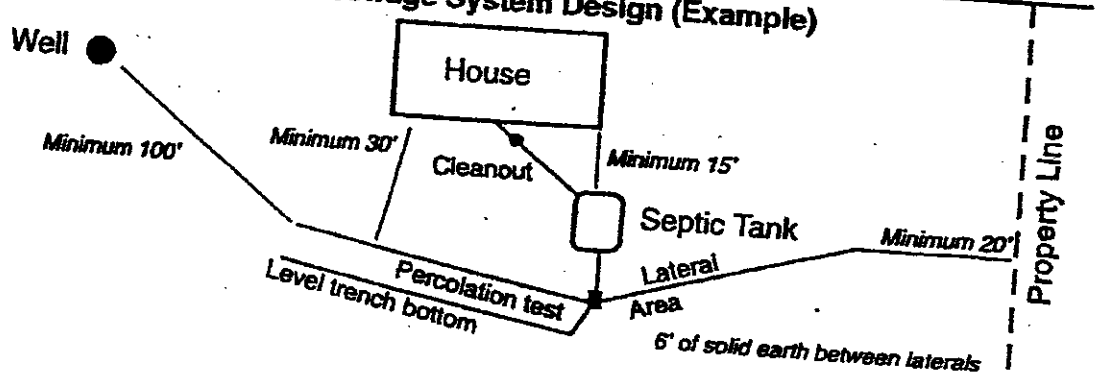
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: Infiltrator 16"
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 3
   Length of each line: 100 ft. 100 ft.
   100 ft. _____ ft. 55 → ft. new 10/22/15
3. Trench dimensions: Width 4 ft.
   Slope 3 in/100 ft. ADS
   Average depth 24-32 in AR-36
4. Filter material: Rock Gravel Chamber
   Depth of material 16" in. No Gravel
5. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

Indicate North with Arrow

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

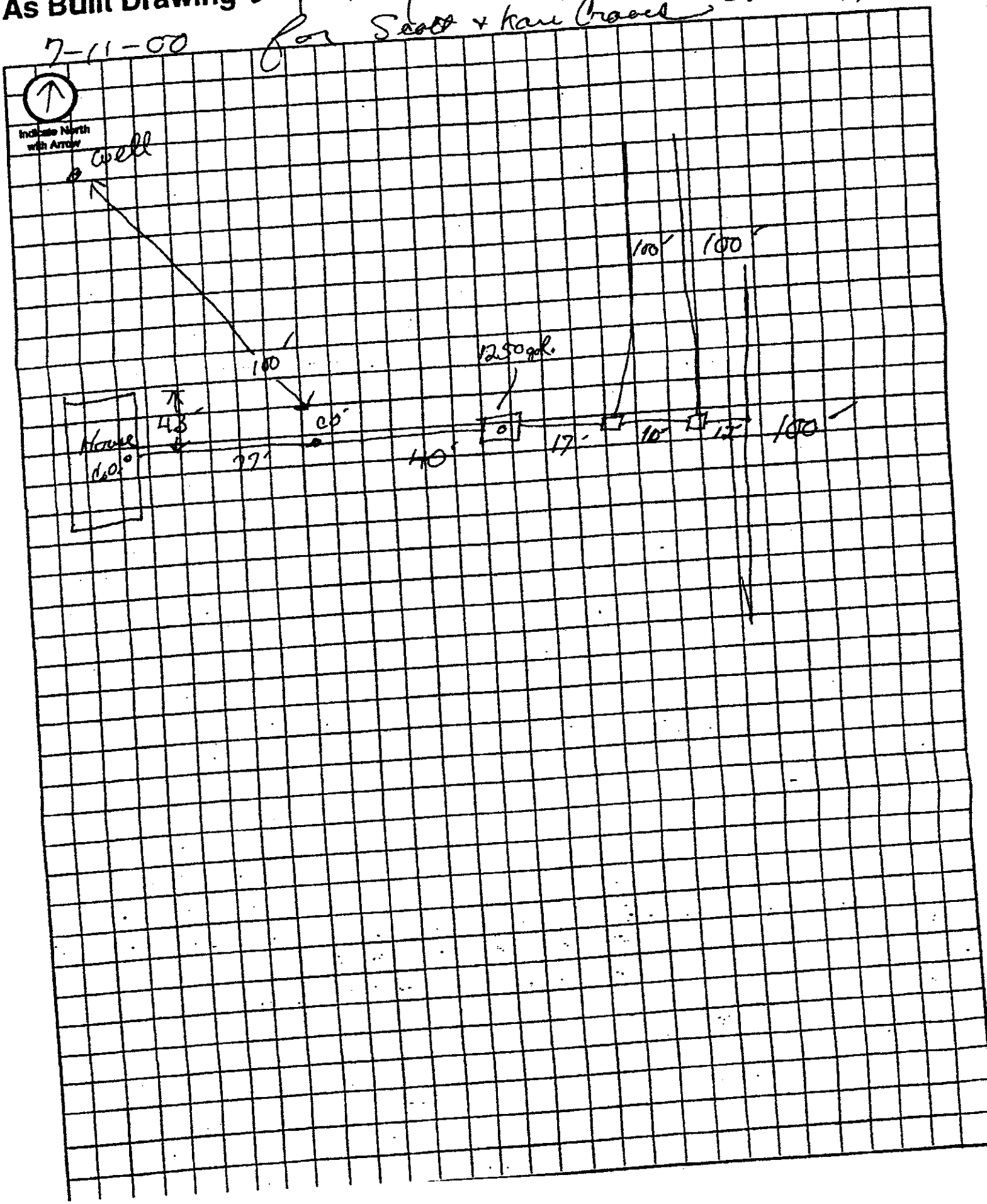
Individual Sewage System Design (Example)

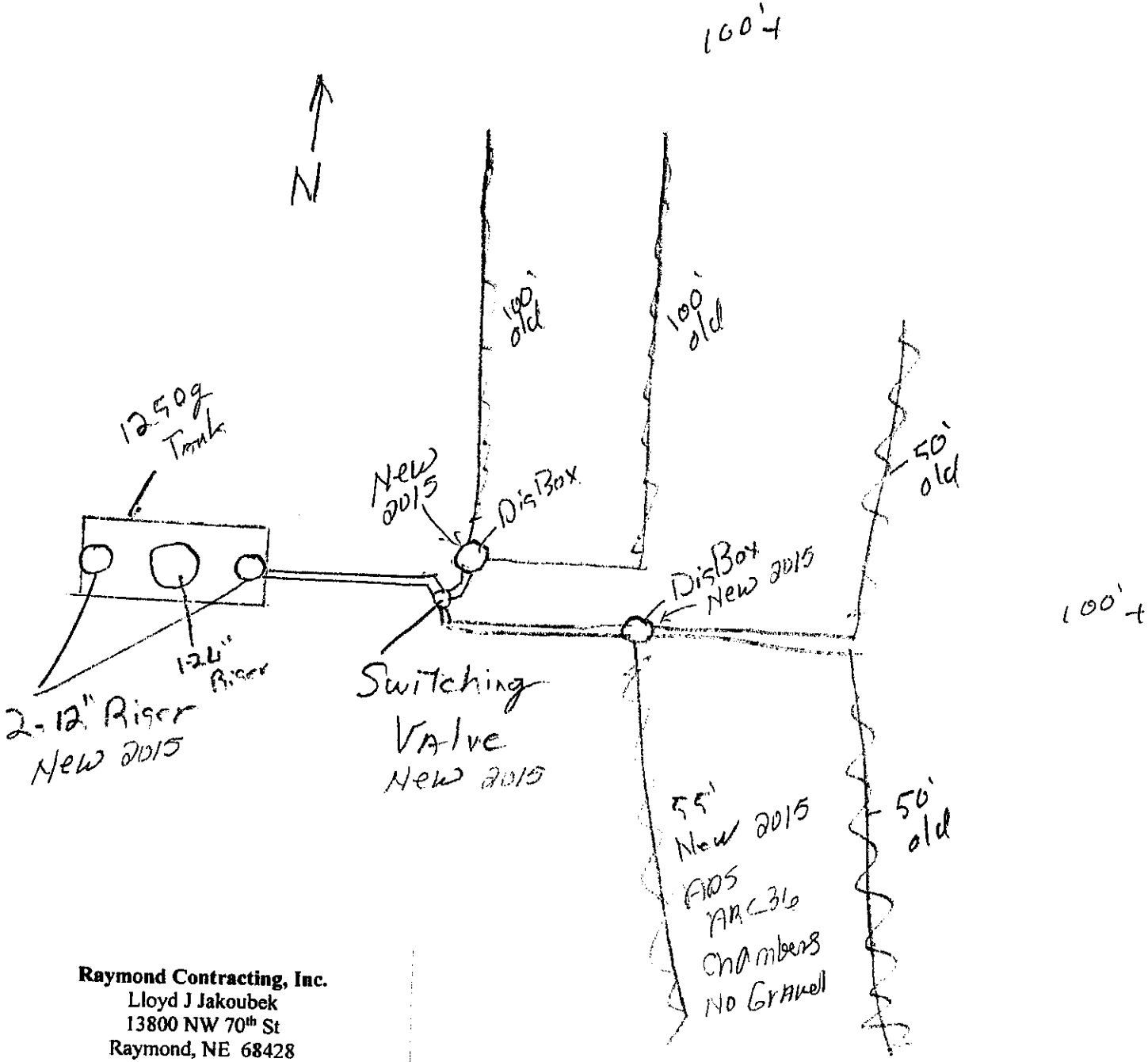


M 23-103 10-96

As Built Drawing by Larry Schwenk 7/00 SW 49th

7-11-00 for Scott + Kari Crooks





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

10/22/15

SCANNED

#S001129

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Business Office Use Only
Received: Date: 8/27/15 Amount $205.00 Check No. 8717 Initials SB

Revised 4/8/13

Spoke w/ Terri J. 3,625 is current lateral dimension, used the difference in what was installed & new standard to figure how much additional lateral product to install ie. 55.2 ft. to bring system up to current standard