HS001132

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):** 1544 W' S Tockwell, 68522

   Legal Description of Property: Township: 9 Range: 6 Section: 4 SB

   Block _____ Lot 9 SubDivsion _____ Add: _____

   ***Parcel ID** 09-04-400-058-000 SB (i.e. 99-99-999-999-999)

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

3. **Type of Present Individual Disposal System** ☒ septic system None - confirmed ☐ lagoon ☐ other

4. **Description of proposed alteration or repair:** Add 183FT INF:/TRATORS/660SqFT

5. **Current Type of Lateral-** GRAVEL/PIPE **Current Linear Ft. Of Lateral -** 188Ft

   Current Tank Gallonage- 1000

6. Print Name GARY RACICKY Address SAME Phone: 402-310-4854

Applicant Signature: Gary Racicky by Mel Hagen

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: 8/28/15 Amount $205.00 Check No. 7974 Initials SB

Revised 4/8/13

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. HS001132

System Type: Standard

Situs: 1544 W STOCKWELL ST, RURAL, NE

Issued: 8/31/2015

Expires: 8/31/2016

Description: STOCKWELL, Lot 9, W1/2 EX N396'

Owner: RACICKY, GARY L
1544 W STOCKWELL ST
LINCOLN, NE 68522

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

GAGNER CONSTRUCTION COMPANY
4810 W CLAIRE AVE
LINCOLN, NE 68523

HS001132

Application to Alter or Repair an Onsite Wastewater Treatment System

SCANNED

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):** 1544 W' S Tockwell, 68522

   Legal Description of Property: Township: 9 Range: 6 Section: 4 SB

   Block ____ Lot 9 SubDivsion ____ SB Add: ____

   ***Parcel ID** 09-04-400-058-000 (i.e. 99-99-999-999-999)

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

3. **Type of Present Individual Disposal System** ☒ septic system ☐ lagoon ☐ other
   None - confirmed

4. **Description of proposed alteration or repair:** Add 183FT INFILTRATORS/660SqFT

5. **Current Type of Lateral-** GRAVEL/PIPE **Current Linear Ft. Of Lateral -** 188ft

   Current Tank Gallonage- 1000

6. Print Name GARY RACICKY Address SAME Phone: 402-310-4854

   Applicant Signature: Gary Racicky by Mel Wagner

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 8/31/15 REVIEW: ☒ Approved ☐ Disapproved By: ____

Comments (if any): ____

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

Installation final written approval
Date 11/12/15 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: 8/28/15 Amount $205.00 Check No. 7974 Initials SB

Revised 4/8/13

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 1544 W Stockwell (no rural route) City Lincoln NE, Zip 68522

Owner Gary Racicky Addresss 1544 W Stockwell

Soil Type (SCS): _____ Percolation Rate: 42/min/in min./inch

Date of Tests 2-26 to 2-27-98 Weather: Precipitation TRACE Temperature 40-50

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	2/26	11:00	2/27	10:AM	3/27	1:45	27	3/27	2:15	30	3/4	40
2	↓		AM			↓	PM	28 1/8	↓	↓		5/8	48
3	↓					↓	↓	27 1/2	↓	↓		3/4	40
4	↓					↓	↓	28 3/4	↓	↓		3/4	40
5	↓					↓	↓	28 1/2	↓	↓		7/8	34
6	↓					↓	↓	27 3/4	↓	↓		5/8	48

Sum of Percolation Rates: 250

Average of Rates: 42/min/in

Rate Used for Calculation: _____

Person Conducting Percolation Tests

Name: Brad Southwick

Phone: 475-2462 / 430-7606

Address 17201 So 72nd
Hickman, Ne 68372

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. 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

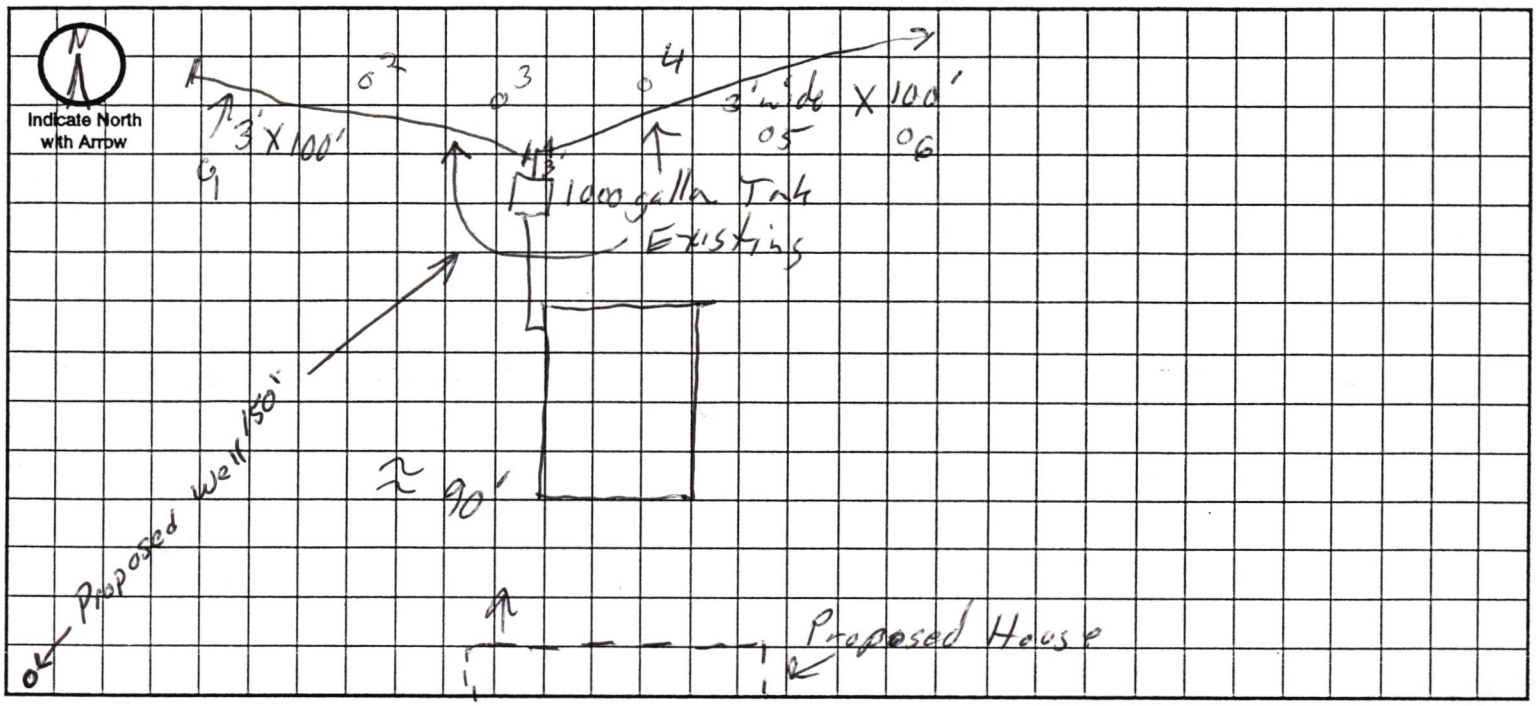
C

Permit Number:

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) 1544 W Stockwell City Lincoln NE, Zip 68522

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 42/min/in (min. per inch) Soil Type: _____ Land Slope: _____ %

Type of Absorption System: ☒ Trench ☐ Bed ☐ Other _____

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

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: _____

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

Total Length of Laterals 100 ft. Number of Trenches _____ 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 Gary Racicky Date 3-2-98

Installer Southwick Sewer & Drain Board Backhoe Date 2-28-98

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

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date _____

Gary Racicky

System Location (Indicate correct number and street)

Address 1544 W. Stockwell (no rural route) City Lincoln NE, Zip 68522

A. Building Sewer

1. Material: Sch 40 PVC
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: 135 ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line > 50 ft.
   stream NA ft.
   pressure line NA ft.
   property line 55 ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: 1
2. Capacity: ≈ 1000 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: 10 in.
8. Distances to: Well or suction line > 100 ft.
   Stream > 50 ft.
   Pressure line NA ft.
   Property line > 20 ft.

C. Distribution Box

1. Material: _____
   Number available outlets: _____
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: _____ ft.

D. Absorption Field

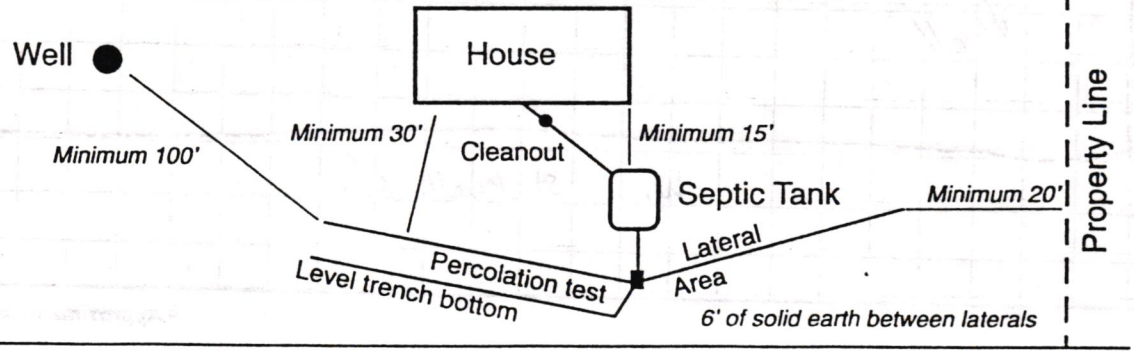
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number _____
   Length of each line: _____ ft. _____ ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width _____ ft.
   Slope _____ in/100 ft.
   Average depth _____ in
4. Filter material: _____
   Depth of material _____ in.
5. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

Indicate North with Arrow

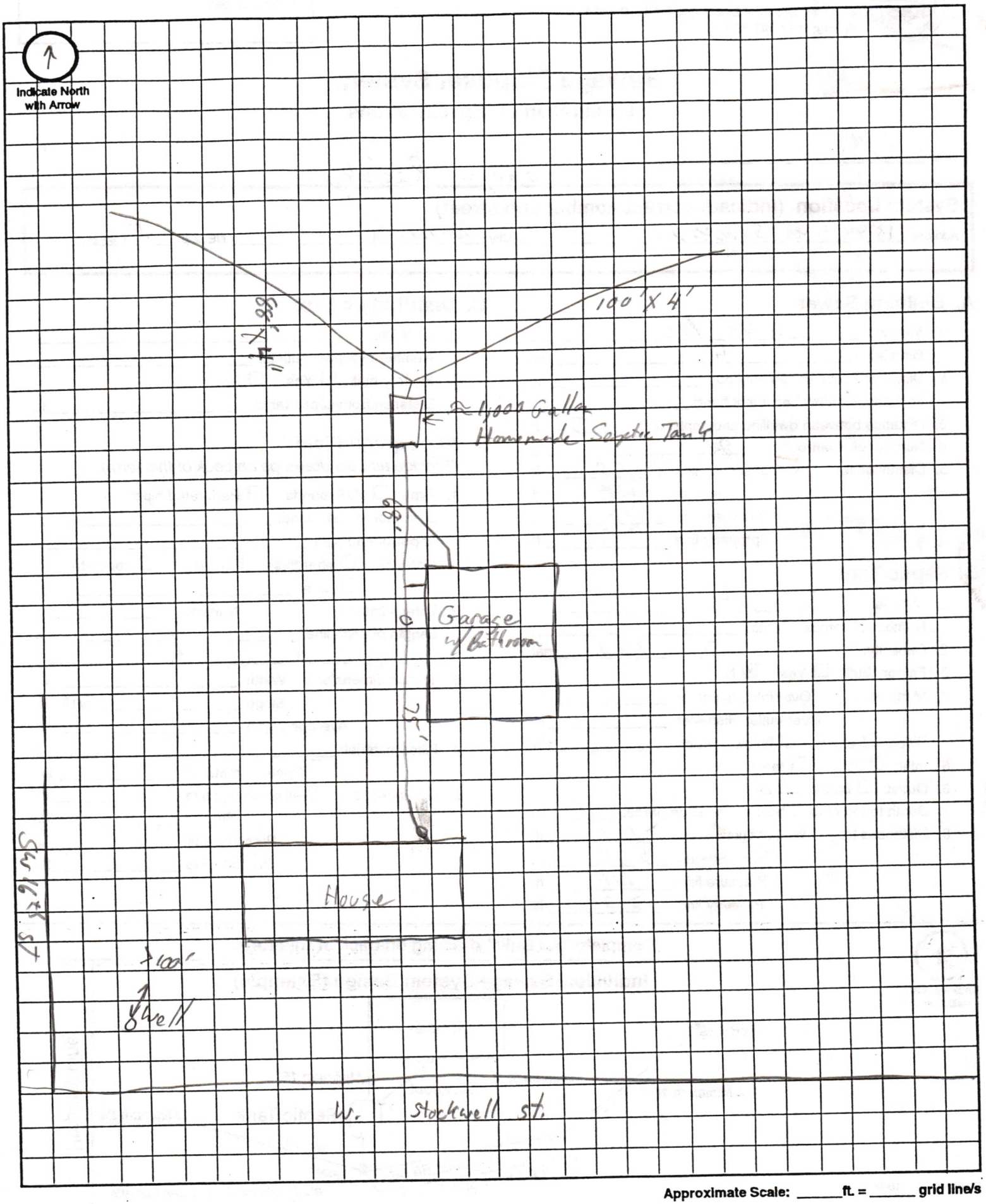
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



Approximate Scale: _____ ft. = _____ grid line/s