DEC 10 2015

HS001181

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):** 7433 SW 27th St, Lincoln, NE 68523

   Legal Description of Property: Township: 9N Range: 6E Section: 20-NE1/4

   Block ____ Lot 3 SubDivsion Whispering Pines Add: 2nd

   ***Parcel ID** 09 - 20 - 203 - 003 - 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

4. **Description of proposed alteration or repair:** Add 100' of drainfield

5. **Current Type of Lateral-** Unknown **Current Linear Ft. Of Lateral -** 100'

   Current Tank Gallonage- 1,000

6. Print Name Theodore Forke Address ~~2626 High St~~, Lincoln, NE ~~68502~~ Phone: 770-309-7359
   8544 Echo Ct. Lincoln, NE 68520

   Applicant Signature: Theodore Forke

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: 12/10/15 Amount $210.00 Check No. 8801 Initials SB

Revised 4/8/13

Whispering Pines Lot 3

FORM 20105-0477
SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

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

B

Test Location
SW. 27th + Newton Rd, ½ miles So. west side

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 9N ; Range 6E ; Section & ¼ Section 20 NE
Property Dimensions: _____ ft. x _____ ft. Area: 20+ acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ■ .
Dates of Tests: 7-22-95 to 7-23-95. Weather: Precip. 0 Temp. 80°.

OWNER: Ted Forke

Address: _____

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
		Pre-Saturation Period				Percolation Readings						Results	
		Start		End		Start			End				
Hold No.	Hole Depth (in.)	Date (Mo./ Day)	Time (Hr./ Min.)	Date (Mo./ Day)	Time (Hr./ Min.)	Date (Mo./ Day)	Time (Hr./ Min.)	Water Level (in.)	Time (Hr./ Day)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1	36"	7-22	1:00 pm	7-23	8:00 Am	7-23	8:00 Am	6"	12:00 pm	5"	30m	1"	30
2	36"	7-22	1:00 pm	7-23	8:00 Am	7-23	8:00 Am	6"	12:00 pm	5"	30m	1"	30
3	36"	7-22	1:00 pm	7-23	8:00 Am	7-23	8:00 Am	6"	12:00 pm	5 1/4"	30m	3/4"	40
4	36"	7-22	1:00 pm	7-23	8:00 Am	7-23	8:00 Am	6"	12:00 pm	5 1/2"	30m	1/2"	60
5	36"	7-22	1:00 pm	7-23	8:00 Am	7-23	8:00 Am	6"	12:00 pm	5 3/8"	30m	5/8"	48
6	36"	7-22	1:00 pm	7-23	8:00 Am	7-23	8:00 Am	6"	12:00 pm	5 1/2"	30m	1/2"	60

Mike Howland
Signature of Person Conducting Test

Address 2700 Dawn Ave Lincoln, NE Phone 464-0638

Sum of Percolation Rates: 258
Average of Rates: 45
Mean of Rates: _____

using 60
(60 min variance)

(Do not write below this line)

REVIEWING ACTION

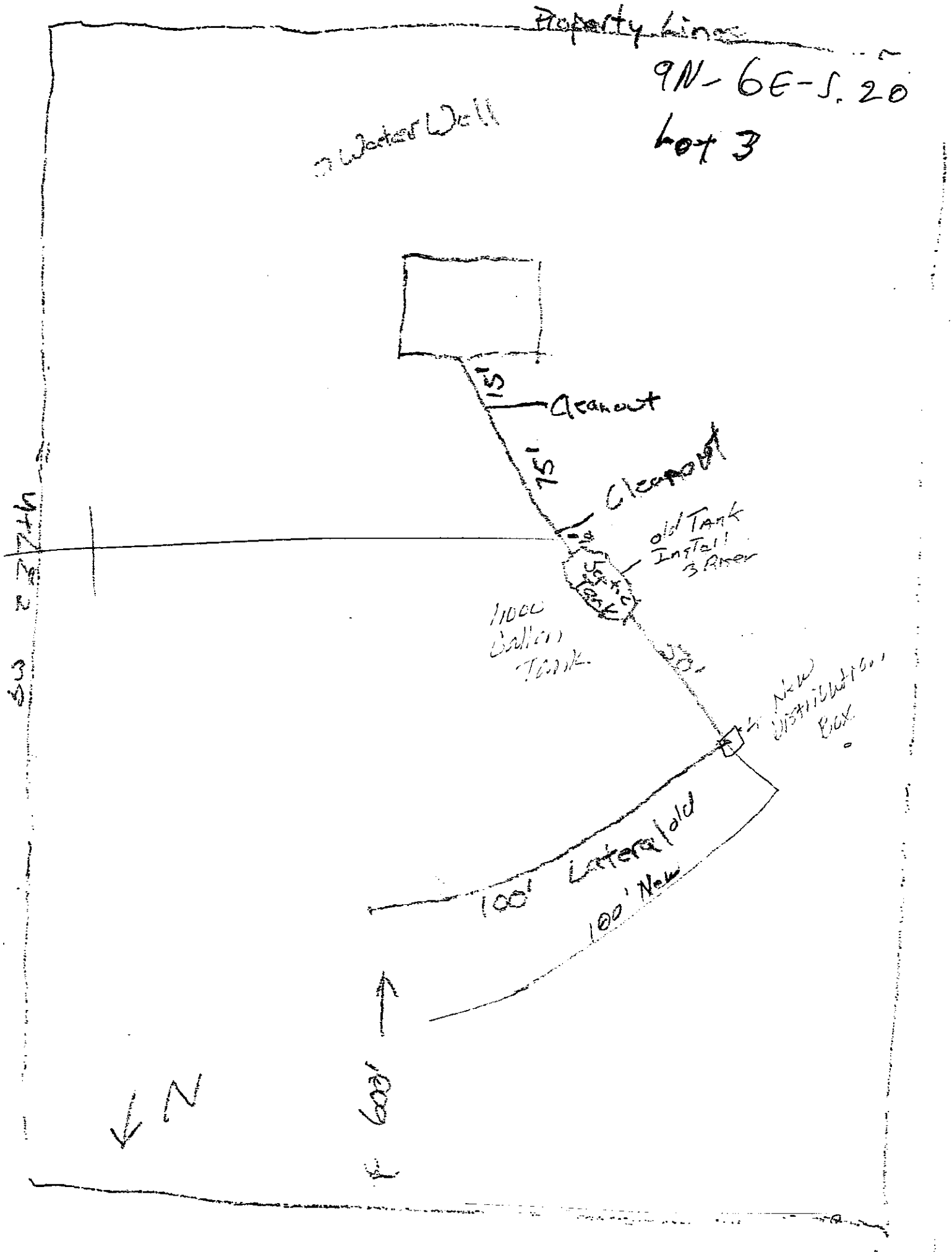
Remarks: _____

Soil Type (SCS): Morrill Clay Loam

Date: July 31, 1995

Approved Percolation Rate (a)
A. 40 min./inch
B. _____ min./inch
C. _____ min./inch

Gerrald C. Hood
Signature of Reviewing Official


Property Lines
9N-6E-S.20
Lot 3
Water Well
15'
Cleanout
75'
Cleanout
old Tank
Install
3 Amer
Septic Tank
1000 Gallon Tank
New Distribution Box
100' Lateral old
100' New
Leach Field
N

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. HS001181

System Type: Standard

Situs: 7433 SW 27 ST, RURAL, NE

Issued: 12/14/2015

Expires: 12/14/2016

Description: WHISPERING PINES 2ND ADDITION, Lot 3

Owner: OSAGE HILL FARM LLC
2636 HIGH ST
LINCOLN, NE 68502

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

D Exhibit 4

Permit Number: H5001181

Onsite Wastewater Treatment System
As-Built Description and Drawing

Type of Onsite Wastewater System: ☐ Lagoon (Skip to Back Page) ☒ Subsurface Septic ☐ Mound

Onsite Wastewater System Location 09-20-203-603-000

Address or Legal Description or Parcel Identification Number (PID) 7433 SW 27th St Lincoln, NE 68523

Owner: Theodore Fooke Address 8544 Echo Ct Lincoln, NE 68520

A. Wastewater Piping

1. Material: SDR-26 Diameter: 4 in.
2. Distance between dwelling and septic tank: 75+ ft.

B. Septic Tank

1. Material: old concrete, (very good shape)
2. Capacity: 1000 g
3. Depth to top of tank, below unfinished grade: 36" in.
4. Distance to:
   Well 100+ ft.
   Pressure line 100+ ft.
   Property Line 106+ ft.
   Foundation 75+ ft.

C Distribution Box or Drop Box

Distance **and** Direction from septic tank: 46 ft. N

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☒ Perforated Pipe ☒ Chamberless ☐ Other
   Material brand and inside width of Chamberless: old Perforated pipe, New ADS 29" ARC36
2. Number of Laterals: 2
3. Length of each lateral (linear): ft. 100' ft. 160' ft. _____ ft. _____ 40 mpI
4. Drainfield size: 663 sq. ft. Needs 550 ☐
5. Distance to:
   Well 100+ ft.
   Pressure line 100+ ft.
   Property line 100+ ft.
   Depth of Groundwater 100+

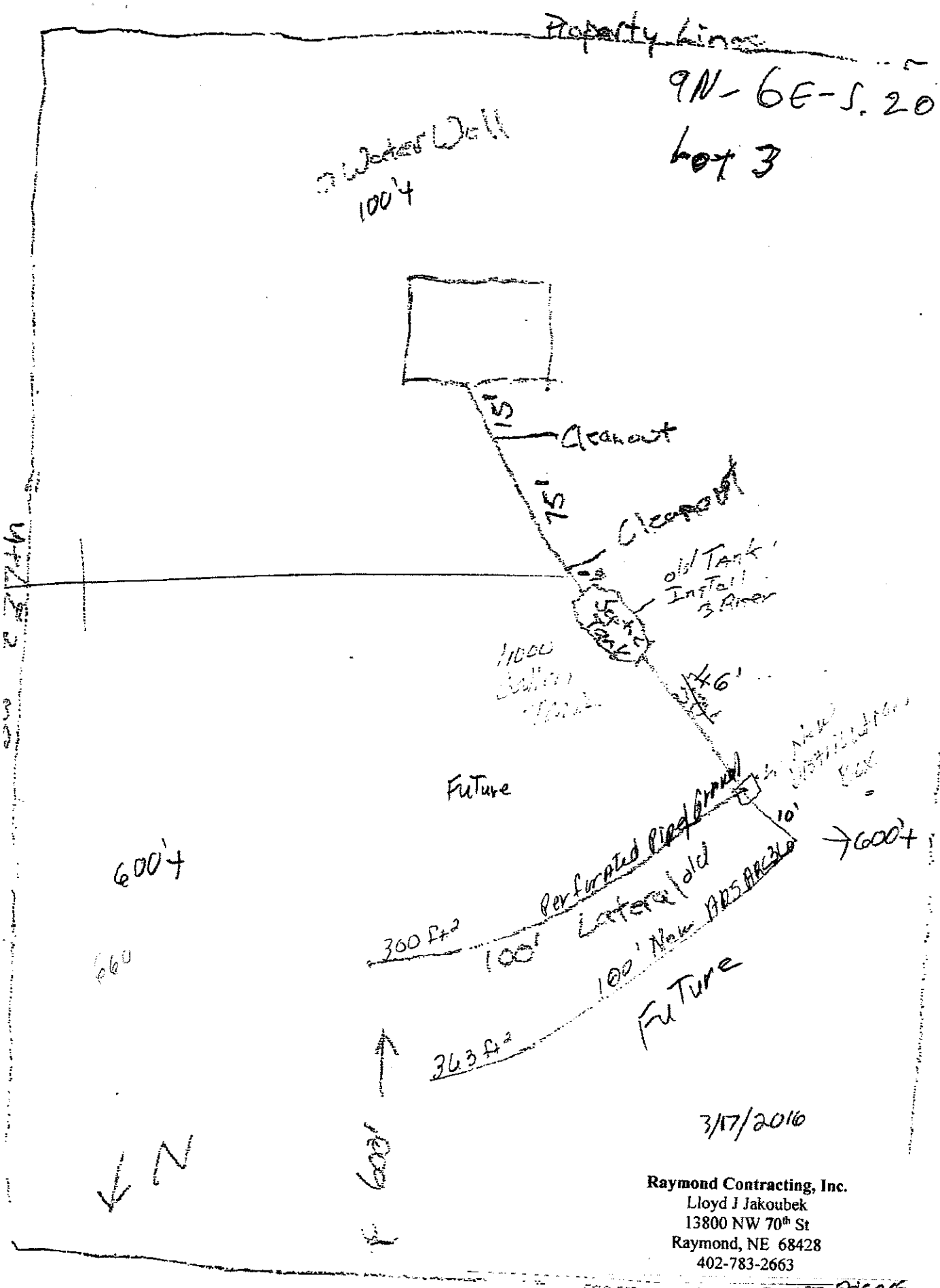
Was the Onsite Wastewater System covered prior to LLCHD inspection? ☒ Yes ☐ No partially

If Yes, the Certified Professional must sign below for final approval:

I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: Lloyd Jakowlek Date: 3/17/2016

Complete As-Built drawing on the back of this form.



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

Add D-Box, 3 Risers, Inlet & Tank

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

Exhibit 5

DC 3/28/16

Permit Number: H-5001181

Onsite Wastewater Treatment System

Inspection Sheet

Date 3/28/16 Legal Description ¼ ¼ 20/9/6 Lot 3 Section/Township/Range

Onsite System Location

Address (no rural route) 7433 SW 27th City Lincoln

Owner Theodore Faulk 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 Added 100' feet - 100' existing = 663 - needed 550 Sq. Ft. Tank Size 1,000 gals

Total length of laterals 200' Type of Distribution: ☒ Chamber ☐ Perforated Pipe ☐ Other (describe)

Ave 96

No. of Absorption Laterals 2 Width 3.625 No. of Drop Boxes — Distribution Box 1

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 ☐	25 ☑	5 ☐

Geographical Coordinates to 6 Decimals:

Tank NA

Lateral #1 Lateral #3

Lateral #2 Lateral #4

Comments:

Installer - Jakondek

Inspections prior to Final Approval
Initial DC Date 3/12/16

Follow-Up Date

Follow-Up Date

Installation Final Written Approval
By Doug Thun
Date 3/12/16

Field Note Drawing (See Reverse Side):

DEC 10 2015

HS00 1181

SCANNED

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):** 7433 SW 27th St, Lincoln, NE 68523

   Legal Description of Property: Township: 9N Range: 6E Section: 20-NE1/4

   Block ____ Lot 3 SubDivsion Whispering Pines Add: 2nd

   ***Parcel ID** 09 - 20 - 203 - 003 - 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

4. **Description of proposed alteration or repair:** Add 100' of drainfield

5. **Current Type of Lateral-** Unknown **Current Linear Ft. Of Lateral -** 100'

   Current Tank Gallonage- 1,000

6. Print Name Theodore Forke Address ~~2636 High St~~, Lincoln, NE ~~68502~~ 8544 Echo Ct. Lincoln, NE 68520 Phone: 970-309-7359

   Applicant Signature: Theodore Forke

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 12/14/15 REVIEW: ☒ Approved ☐ Disapproved By: ____

Comments (if any): ____

Site visits
Date 3/17/16 By DS.
Date ____/____/____ By ____

Installation final written approval
Date 03/18/16 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: 12/10/15 Amount $210.00 Check No. 8801 Initials SB

Revised 4/8/13