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

DK 3/28/ JP

D Exhibit 4

Permit Number: HS 001212

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 05-23-300-007-000

Address or Legal Description or Parcel Identification Number (PID) 8100 W McKelvie, Malcolm, NE 68402

Owner: Don Densberger Address Same

A. Wastewater Piping

1. Material: existing Diameter: ____ in.
2. Distance between dwelling and septic tank: ____ ft.

B. Septic Tank

1. Material ____ existing
2. Capacity: 1,000
3. Depth to top of tank, below unfinished grade: ____ in.
4. Distance to:
   Well 100 ft. +
   Pressure line N/A ft
   Property Line 160 ft. +
   Foundation 50 ft. +

C Distribution Box or Drop Box

Distance **and** Direction from septic tank: 2 ft. W

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☒ Other
   Material brand and inside width of Chamberless: EZ Flow 1203H (new)
2. Number of Laterals: 2 New / 2 old
3. Length of each lateral (linear): ft. 100 ft. 56 ← old
   ft. 100 ft. 100 ← new
4. Drainfield size: 900 sq. ft. (new)
5. Distance to:
   Well 100 ft. +
   Pressure line N/A ft.
   Property line 50 ft. +
   Depth of Groundwater 7 Ft

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.

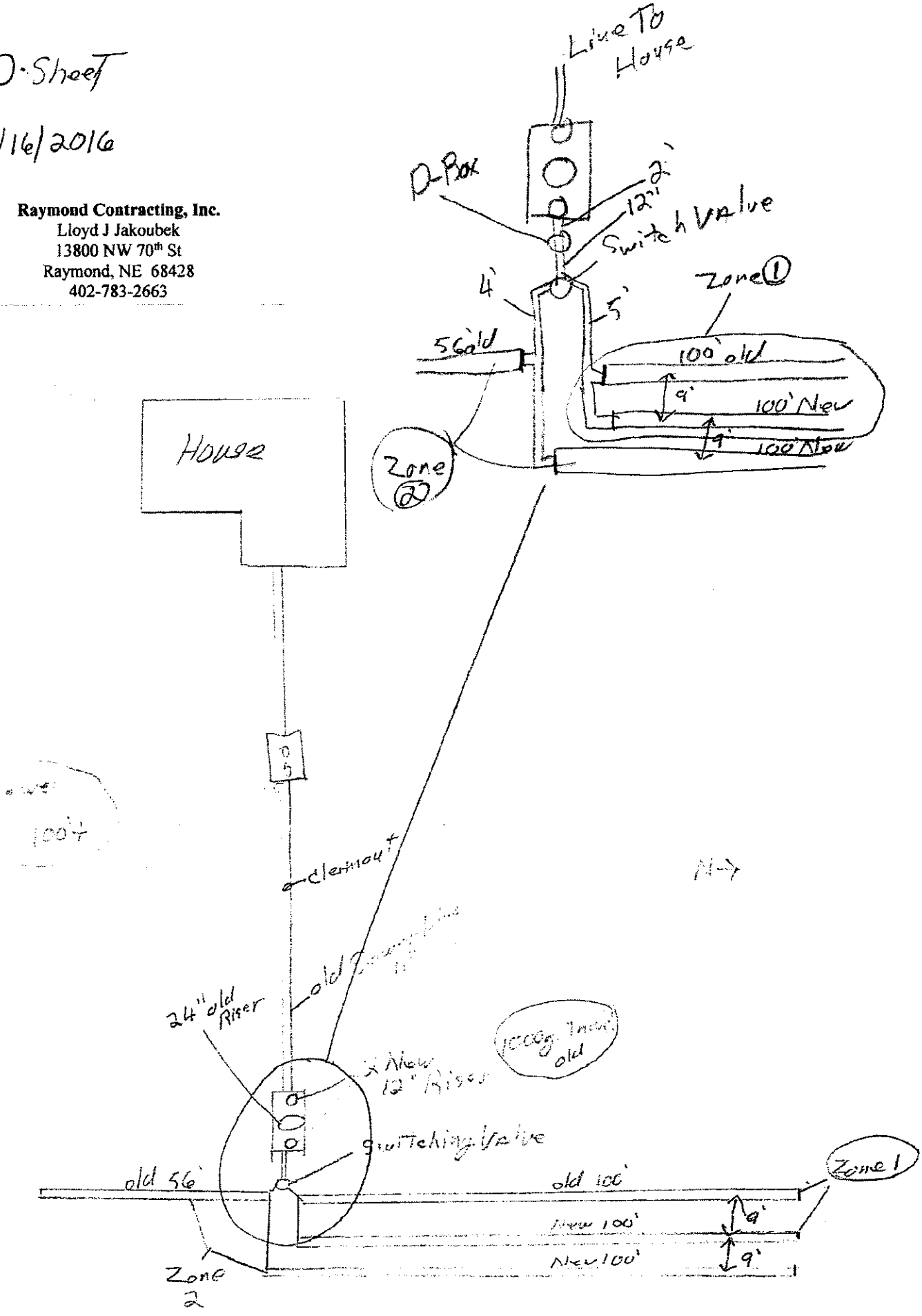
Certified Professional Signature: Nina M. Gallentine Date: 3/16/16

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

D-Sheet

3/16/2016

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



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

Exhibit 5

Permit Number: HS001212

Onsite Wastewater Treatment System

Inspection Sheet

Date 3/16 Legal Description ¼ ¼ 23/T11/R5 Section/Township/Range

Onsite System Location

Address (no rural route) 8100 W. Michelvie Rd City Malcom NE

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 900 Sq. Ft. Added Tank Size 1000 gals

Total length of laterals ~~350~~ 200' Type of Distribution: ❑ Chamber ❑ Perforated Pipe ☒ Other (describe) EZ Flow

No. of Absorption Laterals ~~2~~ 2 Width 3 ft No. of Drop Boxes — Distribution Box 1 (Switching Valve)

Leveling Method Used _____

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 _____

Lateral #1 _____ Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Inspections prior to Final Approval
Initial _____ Date _____
Follow-Up _____ Date _____
Follow-Up _____ Date _____

Installation Final Written Approval
By [signature]
Date 3/16/16

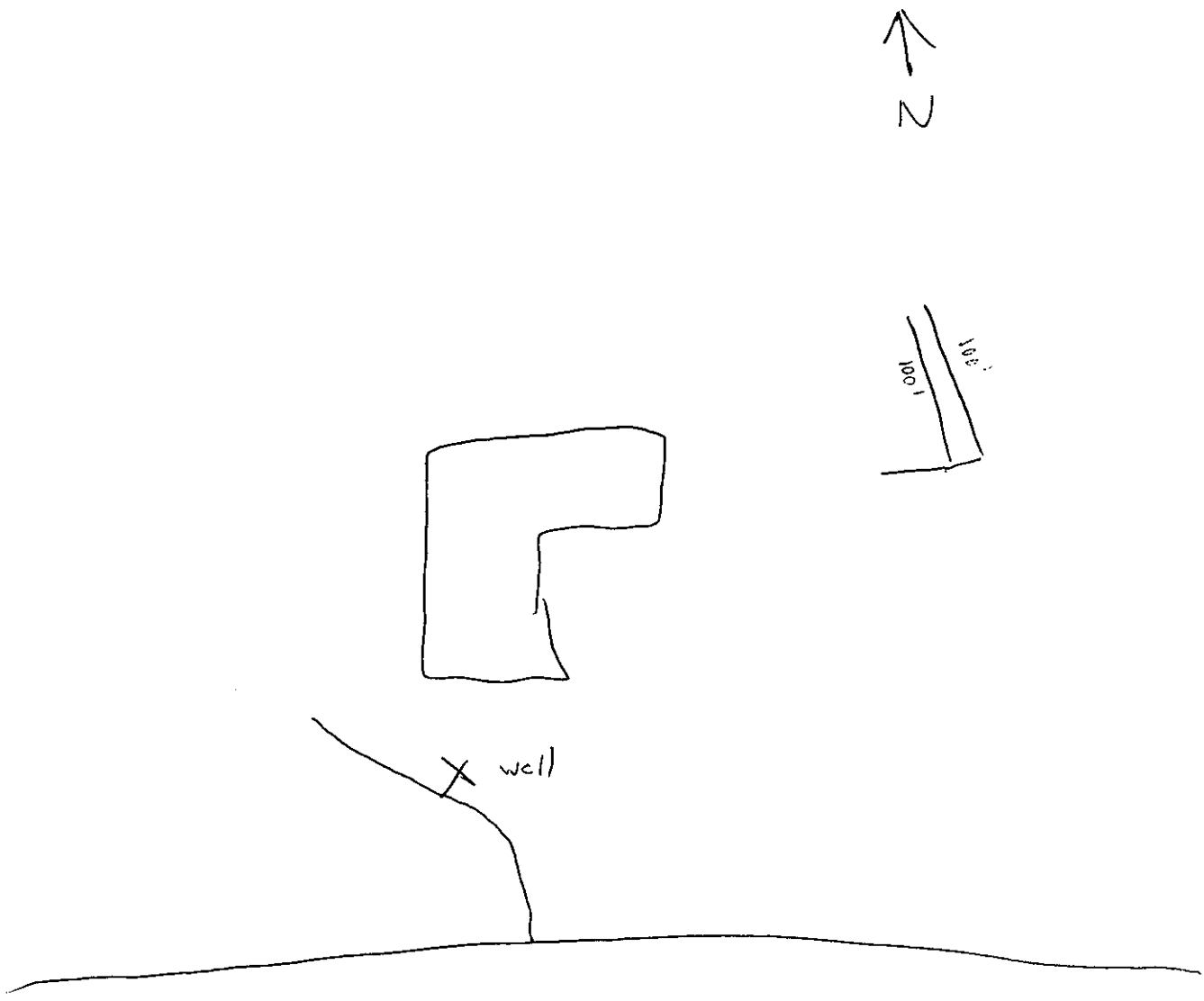
Comments:

- Adding 200' ft of lateral
- 2 old laterals added 2 more

Field Note Drawing (See Reverse Side):

* System Installed Prior to inspection - DH

Updated 4/15


N
100'
100'
well

HS001212

Raymond Contracting, Inc.
Lloyd J Jakoubek
13800 NW 70th St
Raymond, NE 68428
402-783-2663
402-890-6009

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):** 8100 W McKelvie Rd, Malcolm, NE 68402

   Legal Description of Property: Township: 11N Range: 5E Section: 23 SW1/4

   Block ____ Lot 9 SubDivsion ____ Add: ____

   ***Parcel ID** 05 - 23 - 300 - 007 - 000 (i.e. 99-99-999-999-999)

2. **Property use:** ☒ Residential ☐ Commercial ☐ Other use (Describe: ____)
   Number of bedrooms 3 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 existing failing drainfield with 200' of Infiltrator EZFlow 1203H based on a percolation rate of 21 minutes per inch.

5. **Current Type of Lateral-** concrete 1/2 moons **Current Linear Ft. Of Lateral -** 156'

   Current Tank Gallonage- 1,000

6. Print Name Don Densberger Address 8100 W McKelvie, Malcolm, NE 68402 Phone: 402-430-8048

   Applicant Signature: Don Densberger Ron Jakoubek

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 3/16/16 REVIEW: ☒ Approved ☐ Disapproved By: ____

Comments (if any): ____

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

Installation final written approval
Date 3/28/16 By ____

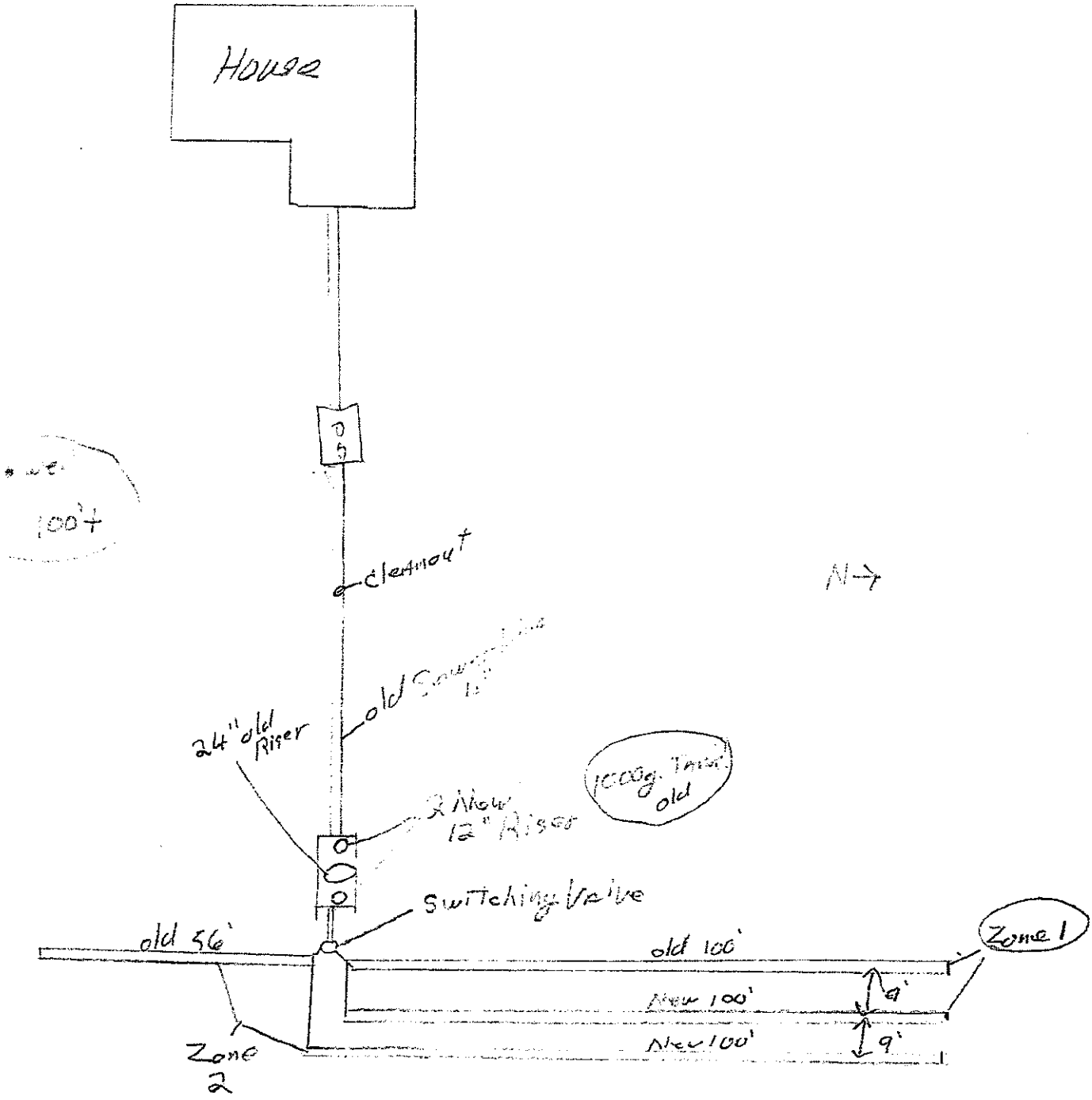
Return application to:
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: (402) 441-8643

Business Office Use Only

Received: Date: ___/___/___ Amount ____ Check No. ____ Initials ____

Revised 4/8/13

HS001212


House
100'+
cleanout
N→
old Sewer line
24" old Riser
2 New 12" Riser
1000g. Tank old
Switching Valve
old 56'
old 100'
Zone 1
New 100'
9'
New 100'
9'
Zone 2

H.S. 00/212 Don Densberger Old W Interstate

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

FILE NO. 2351

PROPERTY WHERE SOIL TESTED:

Location: Township 11 North; Range 5 East; Section & ¼ Section 23.
Property Dimensions: 385 ft. x 307 ft. Area: 2.713 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐; Silty Clay Loam ☒; Sandy Loam ☐; Silt Loam ☐; Clay Loam ☐.
Dates of Tests: 5-6-86 to 5-7-86. Weather: Precip. 0 Temp. 65°.

OWNER: Don & Becky Densberger

Address: Rt. 2 [illegible]

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./ Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1	36"	5-6	5:00 pm	5-7	4:00 pm	5-7	4:00 pm	6"	8:00 pm	4 3/4"	30m	1 1/4"	24
2	36"	5-6	5:00 pm	5-7	4:00 pm	5-7	4:00 pm	6"	8:00 pm	4 1/4"	30m	1 3/4"	17
3	36"	5-6	5:00 pm	5-7	4:00 pm	5-7	4:00 pm	6"	8:00 pm	4 1/4"	30m	1 3/4"	17
4	36"	5-6	5:00 pm	5-7	4:00 pm	5-7	4:00 pm	6"	8:00 pm	4 1/4"	30m	1 3/4"	17
5	36"	5-6	5:00 pm	5-7	4:00 pm	5-7	4:00 pm	6"	8:00 pm	4 1/4"	30m	1 3/4"	24
6	36"	5-6	5:00 pm	5-7	4:00 pm	5-7	4:00 pm	6"	8:00 pm	4 1/4"	30m	1 1/4"	24

Mike Hoagland
Signature of Person Conducting Test
Address 2701 N 27th Lot 22 Phone 441-0628

Sum of Percolation Rates: 123
Average of Rates: 20.5
Mean of Rates: 21

(Do not write below this line)

REVIEWING ACTION

Remarks:
Soil Type (SCS): Sharpsburg Silty Clay Loam
Date: June 23, 1986

Approved Percolation Rate (a)
A. 19 min./inch
B. _____ min./inch
C. _____ min./inch

Gerald C. Hoodj
Signature of Reviewing Official