APR 2 5 2016

HS001236

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):** 4801 S Folsom St

Legal Description of Property: Township: 9N Range: 6E Section: 10 NW

Block ____ Lot 1 SubDivsion Kalnins Add: ____

***Parcel ID** 09 - 10 - 103 - 001 - 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 drainfield with 290' of new ADS ARC36 Chambers based on a percolation rate of 60 minutes per inch (1,052sqft), add new risers to the septic tank and a new drop box.

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

Current Tank Gallonage- 1,000

6. Print Name Gary Christensen Address 4801 Folsom St, Lincoln, NE 68523 Phone: 402-421-6364

Applicant Signature: Gary Christensen Rick L. Johnson C1198

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: 4/26/16 Amount $210.00 Check No. 8875 Initials SB

Revised 4/8/13

APR 2 5 2016

B

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

Permit Number: HS09236

Onsite Wastewater Treatment System

Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 4801 S Folsom St (no rural route) City Lincoln NE, Zip 68523

Owner Gary Christensen Address Same

Date of Tests 3/31/16 to 4/1/16 Weather: Precipitation Trace Temperature 38°

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	40	3/31	9:30a	3/31	1:30p	4/1	4:30p	6	4/1	5:00p	30	1-7/8	16
2	22	"	"	"	"	"	"	6	"	"	"	1/2	60
3	40	"	"	"	"	"	"	6	"	"	"	3/4	40
4	30	"	"	"	"	"	"	6	"	"	"	3/4	40
								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: 156

Average of Rates: 39

Rate Used for Calculation: 60 (20 mpi variance)

Soil type (NRCS Maps/Other) Wymore Silty Clay Loam

Groundwater Depth >7'

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official Date

APR 2 5 2016

C

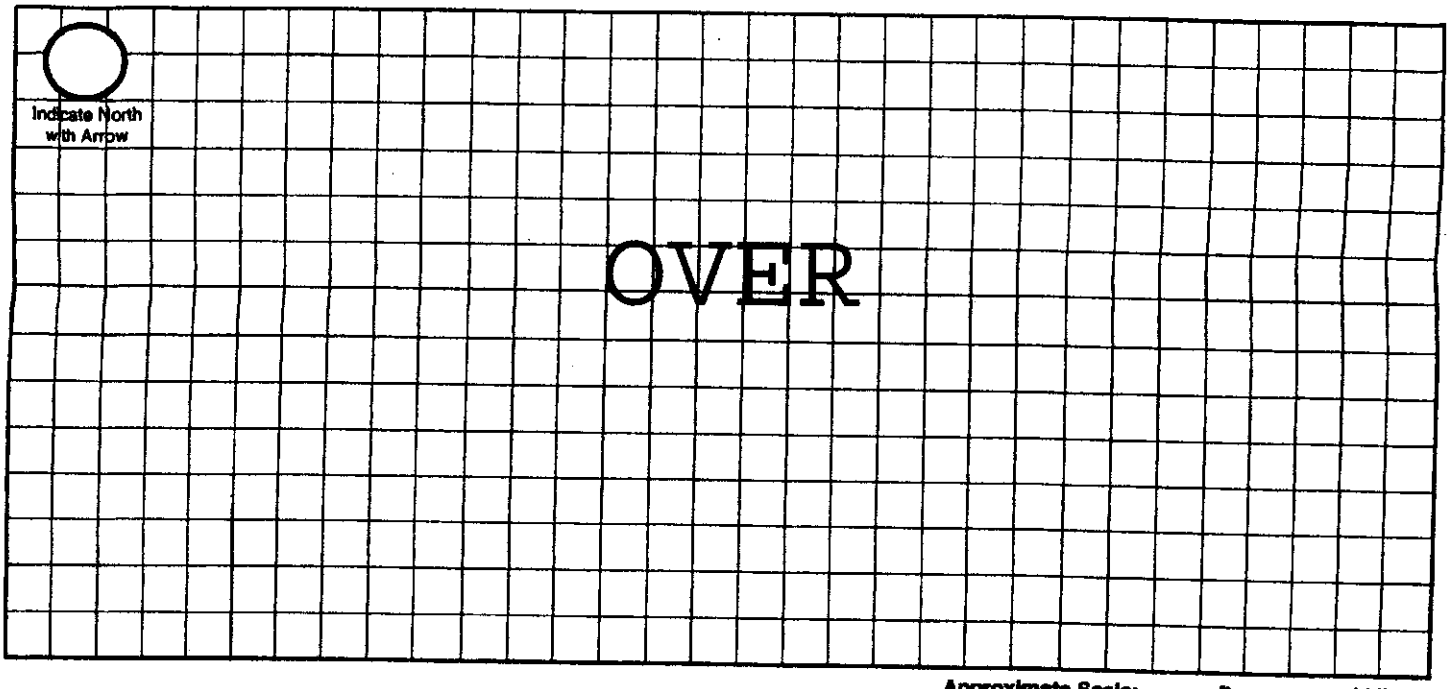
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

Permit Number: HS001236

Onsite Wastewater Treatment System

Preliminary Plan Specifications

Draw a plot plan showing onsite system sewer lines, drop of distribution boxes, tank, drainfields, percolation test holes, well, residence, direction of groundwater flow, property lines, and reserve area for replacement onsite system.



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

A. Onsite System Location

Address (no rural route) 4801 S Folsom St City Lincoln NE, Zip 68523

B. Proposed Septic Tank/s

Septic Tank Cap. Existing gals Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____ ☐ Lagoon (Max. seepage 1/8" per day)

C. Reserve Area for Replacement Onsite System

☐ Drainfield Absorption Area (percolation test required) ☒ Lagoon

D. Drainfield Absorption System

Percolation Rate 60 *(min/inch = mpi)* No. of Bedrooms 3 Soil Type Silty Clay Loam Land Slope 3-6 %

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 1,051 sq.ft.

Total length of laterals 290' Type of distribution: ☐ Perforated pipe ☐ Half-Round ☒ Chamber ☐ Other

No. of absorption trenches 4 Width 40" No. of drop boxes 1 Distrubtion Box _____

No. of absorption beds _____ Width _____ No of Distribution lines per bed _____

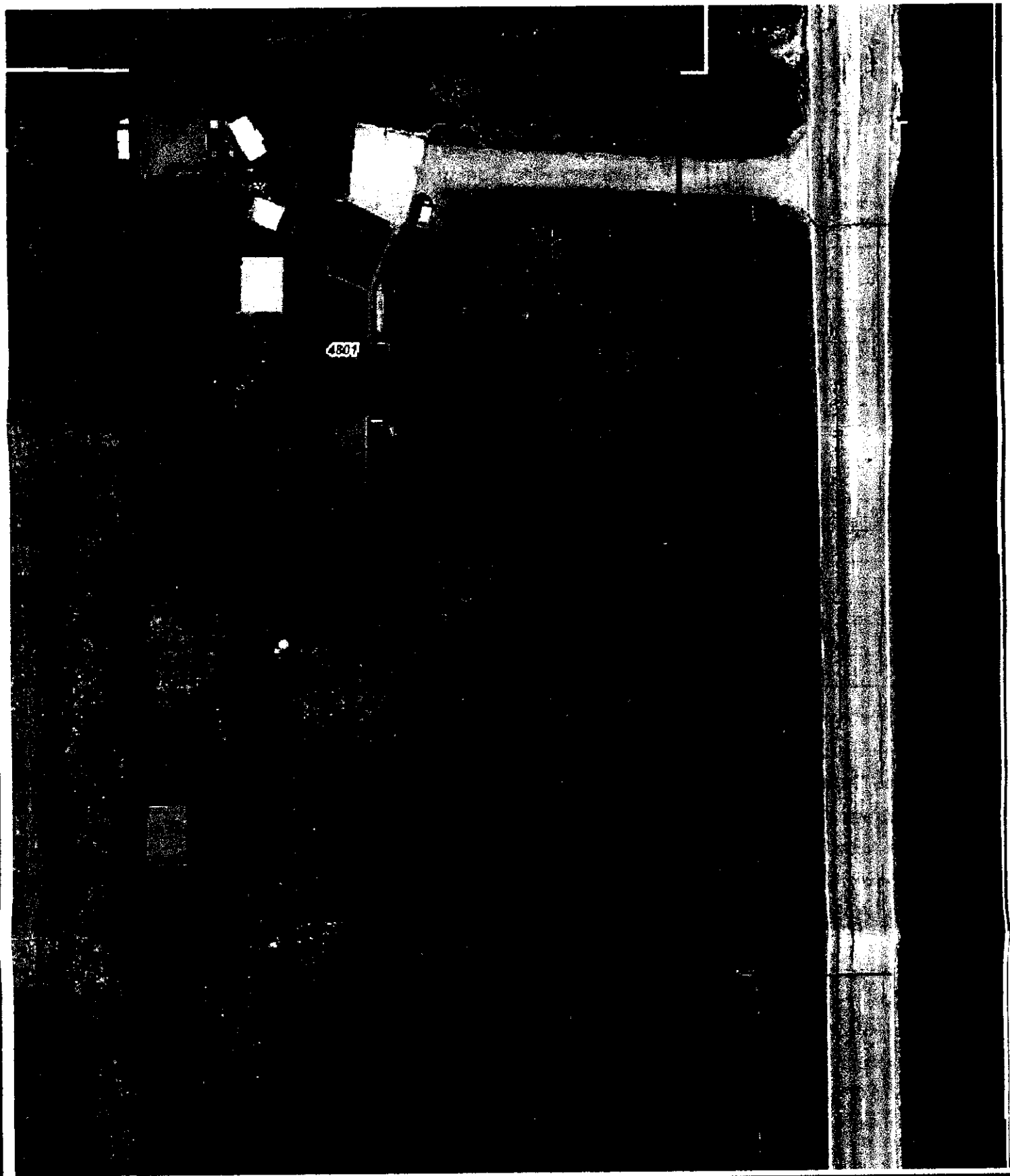
E. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

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 ☐	☐

F. Required Signatures

Home Building Contractor Existing Home Date _____

Installer [signature] Date 4/21/16



Lancaster County/City of Lincoln GIS Map

Gary Christensen 4801 S Folsom St, Lincoln, NE 68523

N
W E
S

Printed: Apr 21, 2016

DISCLAIMER: The information is presented on a best-efforts basis, and should not be relied upon for making financial, survey, legal or other commitments. If you have questions or comments regarding the data displayed on this map, please email ags@lincoln.ne.gov and you will be directed to the appropriate department.

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

8/2
6/30/16
gr

Exhibit 5

Permit Number: HS001236

Onsite Wastewater Treatment System

Inspection Sheet

09-10-103-001-000

Date 6/28/16 Legal Description ____ ¼ ____ ¼ 10 / 9 / 6 Section/Township/Range

Onsite System Location

Address (no rural route) 4601 S. Folsom 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 1,052 Sq. Ft. Tank Size 1,000 gals

Total length of laterals 290' Type of Distribution: ☒ ~~Chamber~~ ☐ Perforated Pipe ☐ Other (describe) ____

No. of Absorption Laterals 4 Width 3.625 factor No. of Drop Boxes 1 Distribution Box ____

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 ____

Lateral #1 N/A

Lateral #2 ____

Lateral #3 ____

Lateral #4 ____

Inspections prior to Final Approval
Initial DS Date 6/22/16

Follow-Up ____ Date ____

Follow-Up ____ Date ____

Installation Final Written Approval
By Doug Dunn
Date 6/28/16

Comments:

Field Note Drawing (See Reverse Side):

ITS001236

APR 25 2016

SCANNED

Application to Alter or Repair an Onsite Wastewater Treatment System

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   ***Parcel ID** 09 - 10 - 103 - 001 - 000 (i.e. 99-99-999-999-999)

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   Current Tank Gallonage- 1,000

6. Print Name Gary Christensen Address 4801 Folsom St, Lincoln, NE 68523 Phone: 402-421-6364

Applicant Signature: Gary Christensen

Rick L. Johnson C1198

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 4/27/16 REVIEW: ☒ Approved ☐ Disapproved By: _____

Comments (if any): _____

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

Installation final written approval
Date ____/____/____ By _____

Return application to:

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Business Office Use Only

Received: Date: 4/26/16 Amount $210.00 Check No. 8875 Initials SB

Revised 4/8/13

APR 2 5 2016

C

SCANNED

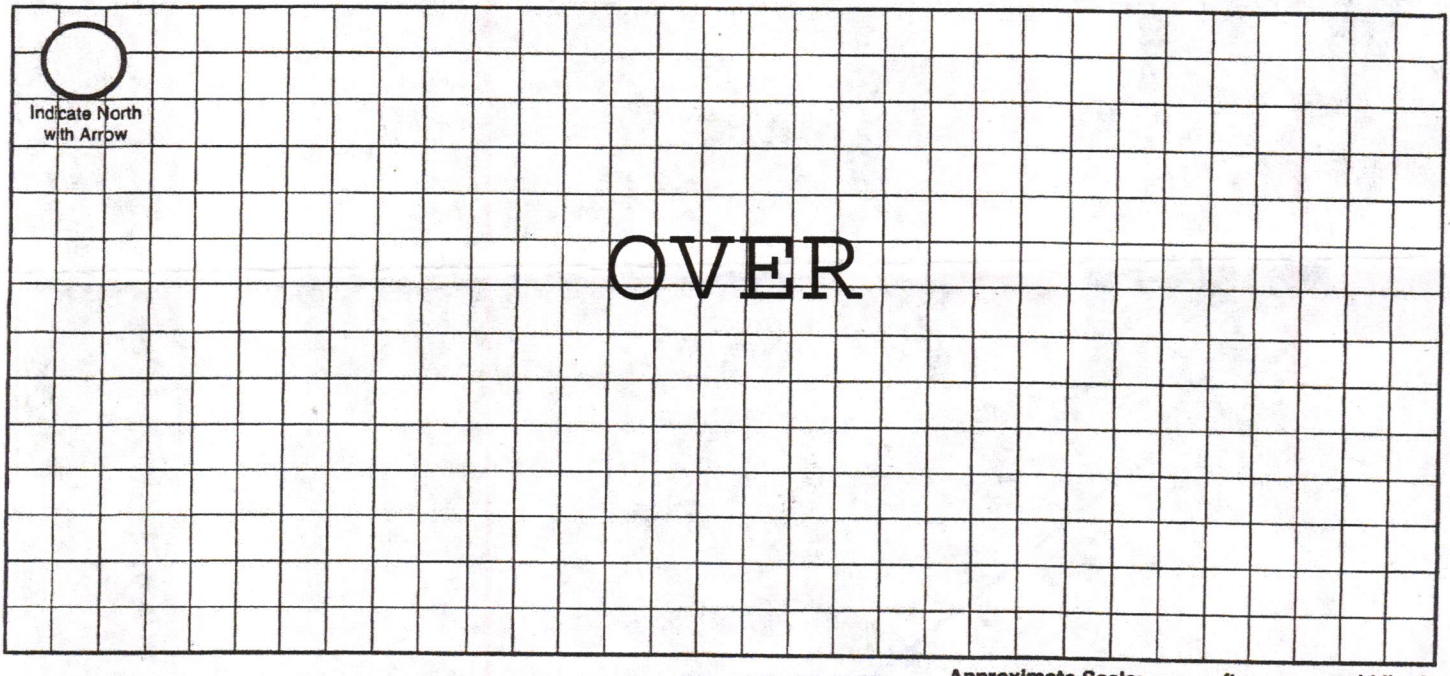
Lincoln-Lancaster County Health Department
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3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

Permit Number: HS001236

Onsite Wastewater Treatment System

Preliminary Plan Specifications

Draw a plot plan showing onsite system sewer lines, drop of distribution boxes, tank, drainfields, percolation test holes, well, residence, direction of groundwater flow, property lines, and reserve area for replacement onsite system.



Approximate Scale: _____ft. = _____ grid line/s

A. Onsite System Location

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B. Proposed Septic Tank/s

Septic Tank Cap. Existing gals Tank Material: ☒ Concrete ☐ Plastic ☐ Other_____ ☐ Lagoon(Max. seepage 1/8" per day)

C. Reserve Area for Replacement Onsite System

☐ Drainfield Absorption Area (percolation test required) ☒ Lagoon

D. Drainfield Absorption System

Percolation Rate 60 (min/inch = mpi) No. of Bedrooms 3 Soil Type Silty Clay Loam Land Slope 3-6 %

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 1,051 sq.ft.

Total length of laterals 290' Type of distribution: ☐ Perforated pipe ☐ Half-Round ☒ Chamber ☐ Other

No. of absorption trenches 4 Width 40" No. of drop boxes 1 Distrubtion Box_____

No. of absorption beds_____ Width_____ No of Distribution lines per bed_____

E. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

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Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

F. Required Signatures

Home Building Contractor Existing Home Date _____

Installer [signature] Date 4/21/16



Lancaster County/City of Lincoln GIS Map

Gary Christensen 4801 S Folsom St, Lincoln, NE 68523

N
W E
S

Printed: Apr 21, 2016

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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:

Onsite Wastewater Treatment System
As-Built Description and Drawing

9-6-5.10

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

Onsite Wastewater System Location PID = 09-10-102-001-000

Address or Legal Description or Parcel Identification Number (PID) 4801 S. Folsom St Lincoln 68523

Owner: Gary Christenson Address Same

A. Wastewater Piping

1. Material: pvc - old/existing Diameter: 4 in.
2. Distance between dwelling and septic tank: 35 ft.

B. Septic Tank

1. Material Concrete (existing)
2. Capacity: 1,250 Gallons
3. Depth to top of tank, below unfinished grade: 24 in.
4. Distance to:
   Well 52 ft.
   Pressure line N/A ft
   Property Line 20 ft.
   Foundation 20 ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: 189 ft. S

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☒ Chamberless ☐ Other
   Material brand and inside width of Chamberless: ADS ARC 36
2. Number of Laterals: 4
3. Length of each lateral (linear): ft. 75 ft. 70 ft. 75 ft. 70
4. Drainfield size: 1,051 sq. ft.
5. Distance to:
   Well 100 ft. +
   Pressure line N/A ft.
   Property line 5 ft.
   Depth of Groundwater >8'

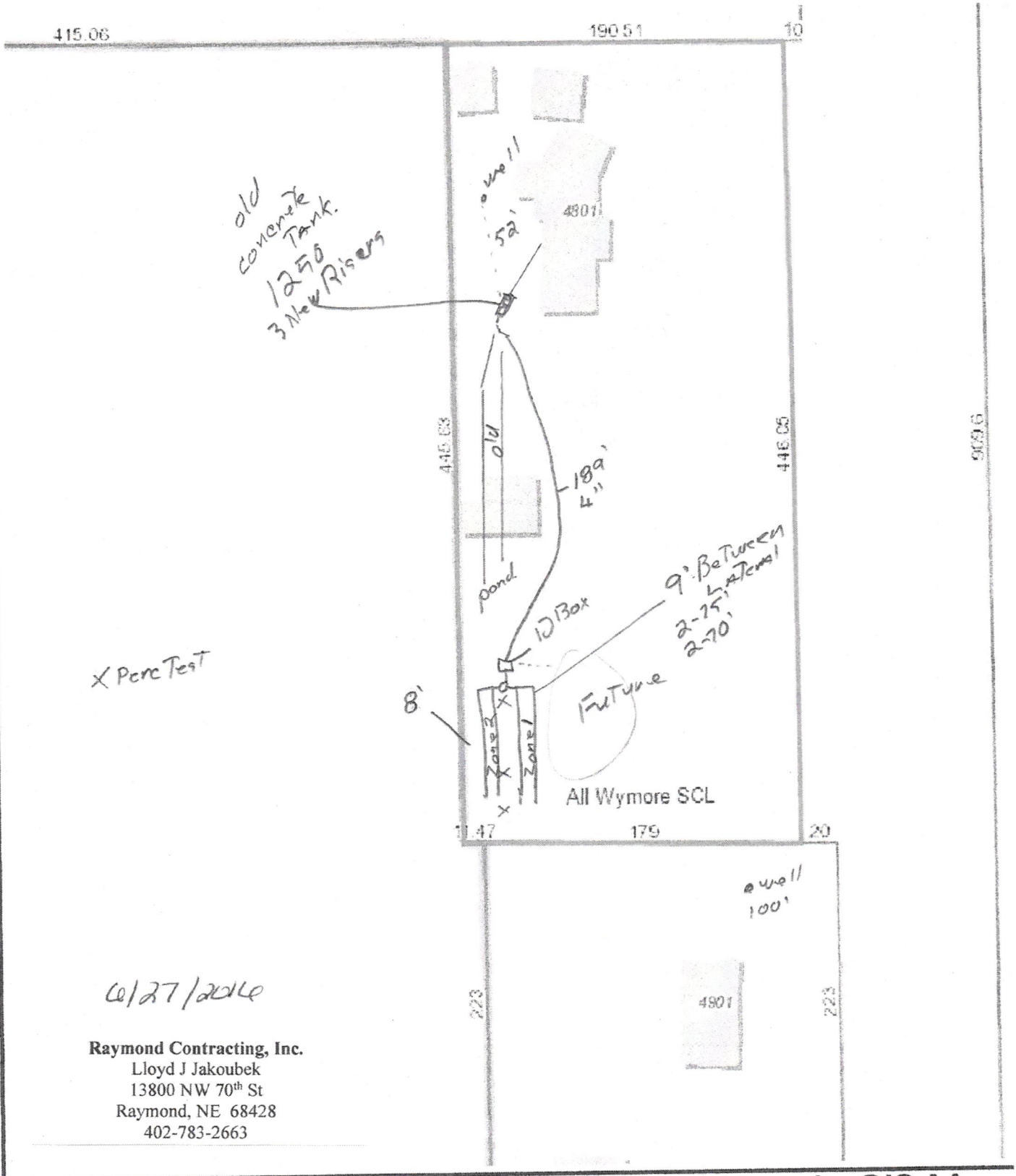
Was the Onsite Wastewater System covered prior to LLCHD inspection? ☒ Yes ☐ No partially

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: Kevin Jakobek Date: 6/27/16

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

Lancaster County/City of Lincoln GIS Map

N
W E
S

Parcel ID:	09-10-103-001-000
Owner:	CHRISTENSEN, GARY L & MICHELE D
Address:	4801 S FOLSOM ST, RURAL, NE
Legal:	KALNINS ADDITION, Lot 1

Printed: Jun 30, 2016

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data displayed on this map, please email ags@lincoln.ne.gov and you will be directed to the appropriate department.