HS 001606

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):** 2120 Waverly Rd, Raymond, NE 68428

   Legal Description of Property: Township: 11N Range: 6E Section: 12 SE

   Block ____ Lot 6 SubDivsion 6th Principal Meridian Add: ____

   ***Parcel ID** 12 - 12 - 400 - 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:** Homeowner intends to tie exisitng system into new home. The system has a current drainfield size of 840sqft, short 210sqft of the 1,050sqft required for a 3 bedroom home with a percolation rate of 60mpi. Plan to add 50' of EZFlow 1203H bundles (225sqft) as well as install new risers on the exsiting 1,000 gallon septic tank and replace the drop box.

5. **Current Type of Lateral-** Chambers in gravel **Current Linear Ft. Of Lateral -** 210

   Current Tank Gallonage- 1,000

6. Print Name Jeremy Lewis Address 2120 Waverly Rd, Raymond, NE 68428 Phone: 402-430-1707

Applicant Signature: ____ Rene L. Jakowski Raymond Contracting 2/28/18

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: 02/28/18 Amount $220.00 Check No. 9340 Initials

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: 00380217

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 2120 Waverly Rd - (no rural route) City Raymond NE, Zip 68428

Owner Ron Schied Address

Soil Type (SCS): Sharpsburg Silty Clay Loam Percolation Rate: 60 min./inch

Date of Tests 4/2 & 4/5 Weather Precipitation None Temperature 80° & 60°

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"~~	~~4/2~~	~~10:00~~	~~4/5~~	~~4:00~~	4/3	4:45	~~6"~~	4/3	8:45	~~30~~	~~3/8~~	~~STAY OUT~~
~~2~~	"	"	"	"	"	"	"	"	"	"	"	~~3/8~~	~~OF THIS AREA~~
3	"	"	"	"	"	"	"	"	"	"	"	1/2	60 min/inch
4	"	"	"	"	"	"	"	"	"	"	"	3/4	40 min/inch
5	"	"	"	"	"	"	"	"	"	"	"	5/8	
6	"	4/4	4:00	4/5	4:00	4/5	3:45	"	4/5	7:45	"	2	15 min/inch
7	"	4/4	"	"	"	"	"	"	"	"	"	2 1/8	

Person Conducting Percolation Tests

Name: Ron & Rick Schied

Phone: (402) 476-7192

Address Rt 1 Box 148 Raymond NE 68428

Sum of Percolation Rates:

Average of Rates:

Rate Used for Calculation: 60

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official: Jerrold C. Wood R.E.H.S. Date: APRIL 6, 2000

FORM 23-101 10-96

SCANNED

HS 001606

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   Applicant Signature: ____ Rick L. Jahnke Raymond Contracting 2/28/18

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): System must be located out of floodplain

Site visits
Date 7/18/18 By DS
Date ___/___/___ By ____

Installation final written approval
Date 7/___/___ By DS

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: 02/28/18 Amount $220.00 Check No. 9340 Initials ____

Revised 4/8/13

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

Exhibit 5

Permit Number: 4500606

Onsite Wastewater Treatment System

Inspection Sheet

Date 7/20/18 Legal Description ¼ ¼ 12/11/6 Lot 6 Section/Township/Range

Onsite System Location

Address (no rural route) 2120 Waverly Rd. 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 added 210' to existing 840 Sq. Ft. Tank Size 1,000 gals to bring system to current standards

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

No. of Absorption Laterals Width No. of Drop Boxes 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 NA Lateral #3

Lateral #2 Lateral #4

Comments:

Inspections prior to Final Approval
Initial DS. Date 7/18/18

Follow-Up Date

Follow-Up Date

Installation Final Written Approval
By Dan Mitchell
Date 7/20/18

Field Note Drawing (See Reverse Side):

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

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

Onsite Wastewater System Location PID = 13-31-300-011-000

Address or Legal Description or Parcel Identification Number (PID) 15305 NW 48th St, Raymond, NE 68428

Owner: Duane Dubas Address Same

A. Wastewater Piping

1. Material: SDR26 Diameter: 4 in.
2. Distance between dwelling and septic tank: 12 ft.

B. Septic Tank

1. Material Concrete
2. Capacity: 1,000
3. Depth to top of tank, below unfinished grade: 12 in.
4. Distance to:
   - Well N/A ft.+
   - Pressure line N/A ft
   - Property Line 500 ft.+
   - Foundation 15 ft.+

C Distribution Box or Drop Box

Distance and Direction from septic tank: 17 ft. N

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☒ Other
   Material brand and inside width of Chamberless: EZFlow 1203H Bundles
2. Number of Laterals: 2
3. Length of each lateral (linear): ft. 50 ft. 50 ft. ____ ft. ____
4. Drainfield size: 450 sq. ft.
5. Distance to:
   - Well N/A ft.+
   - Pressure line N/A ft.
   - Property line 20 ft.+
   - Depth of Groundwater >8'

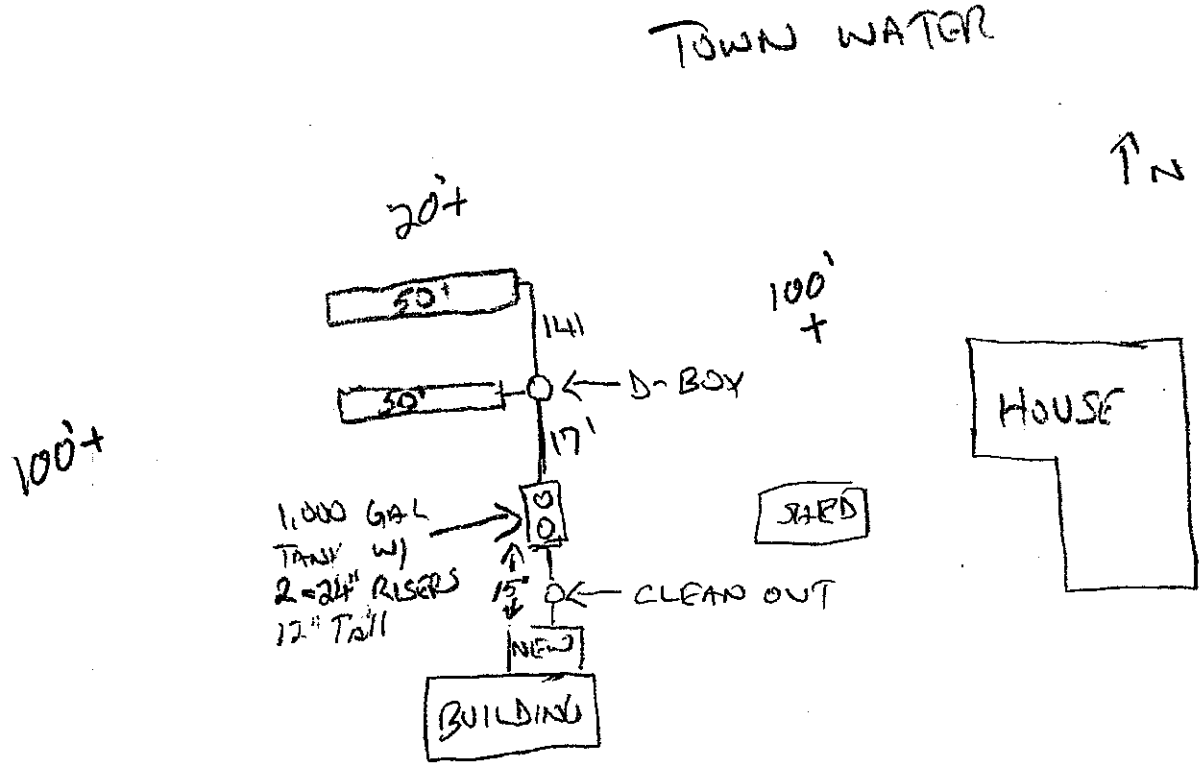
Was the Onsite Wastewater System covered prior to LLCHD inspection? ☒ Yes ☐ No

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

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: [signature] Date: 7/18/18

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



7/18/18

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