# Application to Alter or Repair an Onsite Wastewater Treatment System

HS001708

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):** 16700 NW 48th St, Raymond, NE 68428

   **Legal Description of Property:** Township: 12N Range: 6E Section: 30-SE

   Block ____ Lot 45 SubDivsion ____ Add: ____

   ***Parcel ID** 13 - 30 - 400 - 006 - 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 failing drainfield. New drainfield will be 900sqft, with 200ft of EZFlow 1203H Bundles. Absorption area based on a percolation rate of 34 minutes per inch.

5. **Current Type of Lateral-** Not Known **Current Linear Ft. Of Lateral -** Approx 100'

   **Current Tank Gallonage-** 1,000

6. Print Name Scott & Kim McIntyre Address 16700 NW 48th St, Raymond, NE 68428 Phone: 402-783-9069

   Applicant Signature: Scott McIntyre Ryan Johnson Raymond Contractors

**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.

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**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: 07/23/18 Amount $220 Check No. 9436 Initials JMD

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

**B**

Permit Number:

# Onsite Wastewater Treatment System

## Soil Evaluation Report

PLEASE PRINT OR TYPE

### Onsite System Location

Address 16700 NW 48th St (no rural route) City Raymond NE, Zip 68428

Owner Scott & Kim McIntyre Address Same

Date of Tests 7/2/18 to 7/3/18 Weather: Precipitation 0 Temperature 90°

### Percolation Test Data Table

| A. | B. | C. | D. | E. | F. | G. | H. | I. | J. | K. | L. | M. | N. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Saturation/Swelling Time | | | | Water Level Drop Last 30 mins of 4 hr or last 10 mins of 1 hr | | | | | 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) | Initial Water Lev (in.) | Date (Mo/Da) | Time (Hr/Min) | Elapsed Time Interval | Water Level Drop (in) | Percolation Rates (Min/in = mpi) |
| 1 | 20 | 7/2 | 11:30a | 7/2 | 1:30p | 7/3 | 12:00p | 6 | 7/3 | 12:30p | 30 | 7/8 | 34 |
| 2 | 25 | " | " | " | " | " | " | 6 | " | " | " | 1 | 30 |
| 3 | 20 | " | " | " | " | " | " | 6 | " | " | " | 2-1/2 | 12 |
| 4 | 25 | " | " | " | " | " | " | 6 | " | " | " | 1-1/8 | 27 |
| | | | | | | | | 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: 103

Average of Rates: 26

Rate Used for Calculation: 34 (20 mpi variance)

Soil type (NRCS Maps/Other) Silt Loam - Sandy

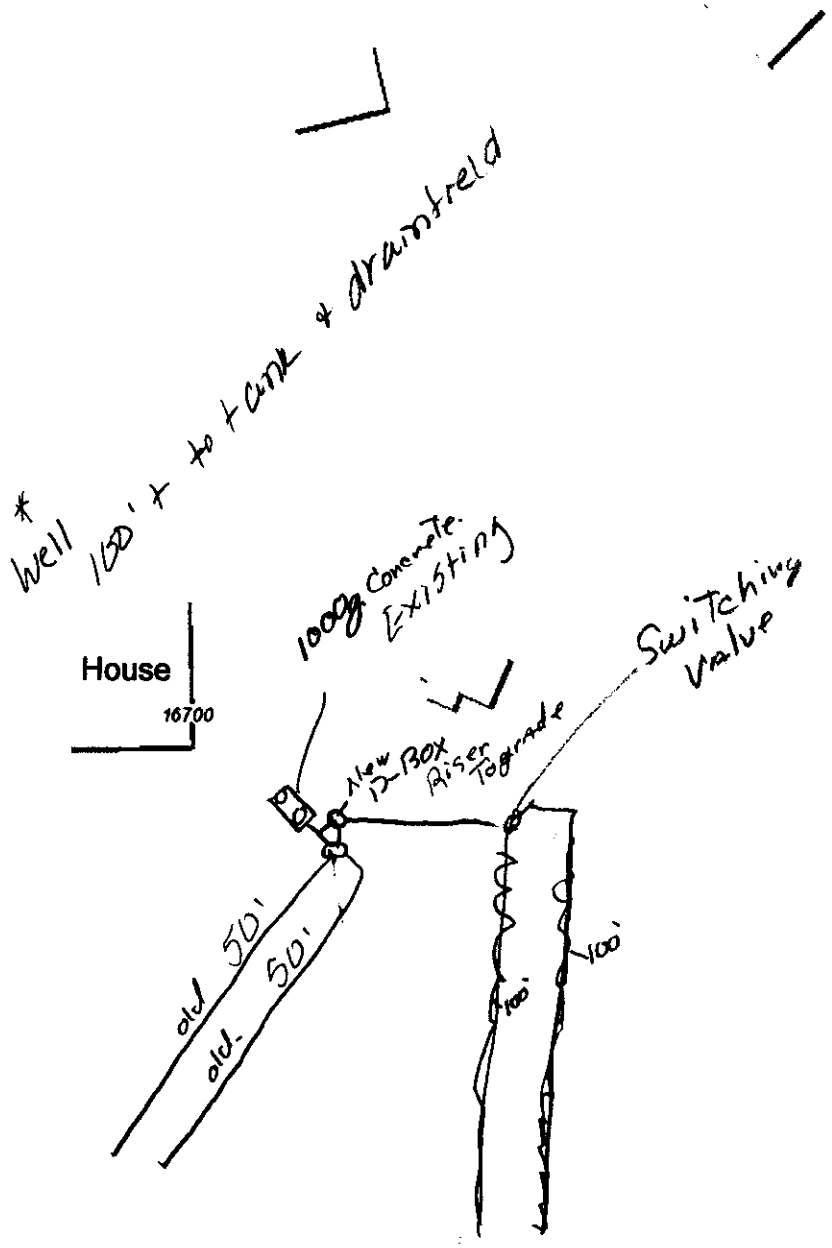
Groundwater Depth >8'

***DO NOT WRITE BELOW THIS LINE***

### Reviewing Action

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

Signature of Reviewing Official _____ Date _____




# Lancaster County/City of Lincoln GIS Map

N
W E
S

**Scott & Kim McIntyre 16700 NW 48th St, Raymond, NE 68428**

Printed: Jul 19, 2018

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.

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HS001708

SCANNED

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**HEALTH DEPARTMENT USE ONLY**

☐ Municipal Code 24.38 ☒ County Resolution Number ~~02-30~~

Date received 7 24 18 REVIEW: ☒ Approved ☐ Disapproved By: [signature]

Comments (if any): ____

**Site visits** date unknown
Date ___/___/___ By DS
Date ___/___/___ By ____

**Installation final written approval**
Date 8 / 2 / 18 By [signature]

**Return application to:**

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

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***Business Office Use Only***

Received Date 07 / 23 / 18 Amount $220 Check No. 9436 Initials [initials]

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

Exhibit 5

Permit Number: HS001708

# Onsite Wastewater Treatment System

## Inspection Sheet

Date 8/2/18 Legal Description ¼ ¼ 30/12/6 Section/Township/Range

**Onsite System Location**

Address (no rural route) 16700 NW 48th City

Owner Address

Mark One: ☒ Dwelling ☐ Non-dwelling

☒ New System ☐ Alteration Repair [☐ 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. Tank Size 1000 gals

Total length of laterals 200 Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☐ Other (describe) E2 Flow

No. of Absorption Laterals 2 Width 4.5 Factor 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

Lateral #1 N/A Lateral #3

Lateral #2 Lateral #4

Comments:

Inspections prior to Final Approval
Initial D.L Date 8/2/2018

Follow-Up Date

Follow-Up Date

Installation Final Written Approval
By Doug Lamb
Date 8/2/18

Field Note Drawing (See Reverse Side):

Updated 4/15

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 = 13-30-400-006-000

Address or Legal Description or Parcel Identification Number (PID) 16700 NW 48th St, Raymond, NE 68428

Owner: Scott & Kim McIntyre Address Same

### A. Wastewater Piping Existing

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

### B. Septic Tank Existing

1. Material Concrete
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 100 ft. +
   Foundation 20 ft. +

### C Distribution Box or Drop Box

Distance and Direction from septic tank: 1 ft. S

Drainfield Control Valve

### 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 lataral (linear): ft. 100 ft. 100 ft. _____ ft. _____
4. Drainfield size: 900 sq. ft.
5. Distance to:
   Well 100 ft. +
   Pressure line N/A ft.
   Property line 10 ft. +
   Depth of Groundwater >10'

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: _____ Date: July 31, 2018

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