HS001849

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):** 6300 Stable Ln, Lincoln, NE 68523

   Legal Description of Property: Township: 9N Range: 6E Section: 16-NW

   Block 3 Lot 7 SubDivsion Equestrian Estates Add: 1st

   ***Parcel ID** 09 - 16 - 109 - 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 (no) ☐Large Capacity Tub (no)

3. **Type of Present Individual Disposal System** ☒ septic system ☐ lagoon ☐ other

4. **Description of proposed alteration or repair:** Relocate and replace drainfield with 220' (990sqft) of EZFlow & risers to septic tank.

5. **Current Type of Lateral** - perforated pipe and gravel **Current Linear Ft. Of Lateral** - 300'

   Current Tank Gallonage - 1000

6. Print Name Stephen Loos Address 6300 Stable Ln, Lincoln, NE 68523 Phone: 402-420-2495

   Applicant Signature: Stephen Loos

   Derrick Jakoubek, Raymond Contracting

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: 06/26/19 Amount $225.00 Check No. 9655 Initials AV

for $220 + $5 cash

Revised 4/8/13

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. _____

PROPERTY WHERE SOIL TESTED:

Location: Township _____; Range _____; Section & ¼ Section _____.
Property Dimensions: _____ ft. x _____ ft. Area: 3 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☒.
Dates of Tests: 3/22/94 to 3/23/94. Weather: Precip. 0 Temp. 60°.
7/20/94 — 7/21/94 OWNER: Steve & Nancy Loos
Address: 6300 STABLE LANE

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"	3/22	12 pm	3/23	12:38	3/23	12:30	6"	4:30	5"	30"	1"	
2	"	"	"	"	"	"	~	"	"	5 3/4"	"	1/4"	
3	"	"	"	"	"	"	"	"	"	5 5/8"	"	3/8"	
4	"	"	"	"	"	"	"	"	"	5 1/4"	"	3/4"	
5	"	"	"	"	"	"	"	"	"	5 1/8"	"	7/8"	
6	"	"	"	"	"	"	"	"	"	5 1/2"	"	1/2"	
7	"	7/20	1 pm	7/21	2 pm	7/21	2 pm	"	6:30	5"	"	1"	
8	"	7/20	"	"	"	"	"	"	"	5 5/8"	"	3/8"	
9	"	7/20	"	"	"	"	"	"	"	5 1/4"	"	3/4"	
10	"	7/20	"	"	"	"	"	"	"	5 3/8"	"	5/8"	

Dennis E. Gabe
Signature of Person Conducting Test
Address 1201 D St Apt D Phone 476-0786 (460-0695)

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

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Wymore Silty Clay Loam
Date: July 27, 1994

Approved Percolation Rate (a)
A. 44 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
Signature of Reviewing Official

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

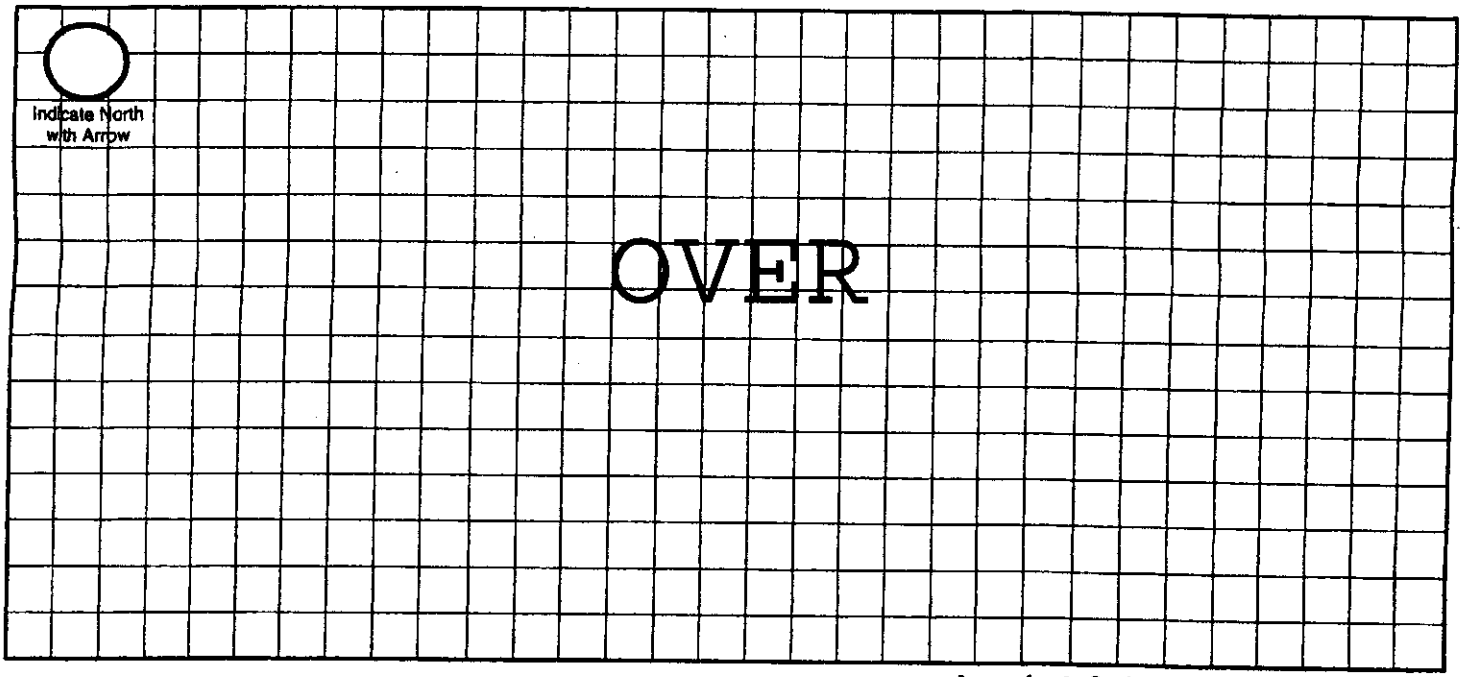
C

Permit Number:

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) 6300 Stable Ln City Lincoln NE, Zip 68523

B. Proposed Septic Tank/s (Using existing 1,000 gallon tank)

Septic Tank Cap. 1,000 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 44 (min/inch = mpi) No. of Bedrooms 3 Soil Type Wymore SCL Land Slope _____%

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 990 sq.ft.

Total length of laterals 220' Type of distribution: ☐ Perforated pipe ☐ Half-Round ☐ Chamber ☒ Other EZFlow 1203H

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 _____

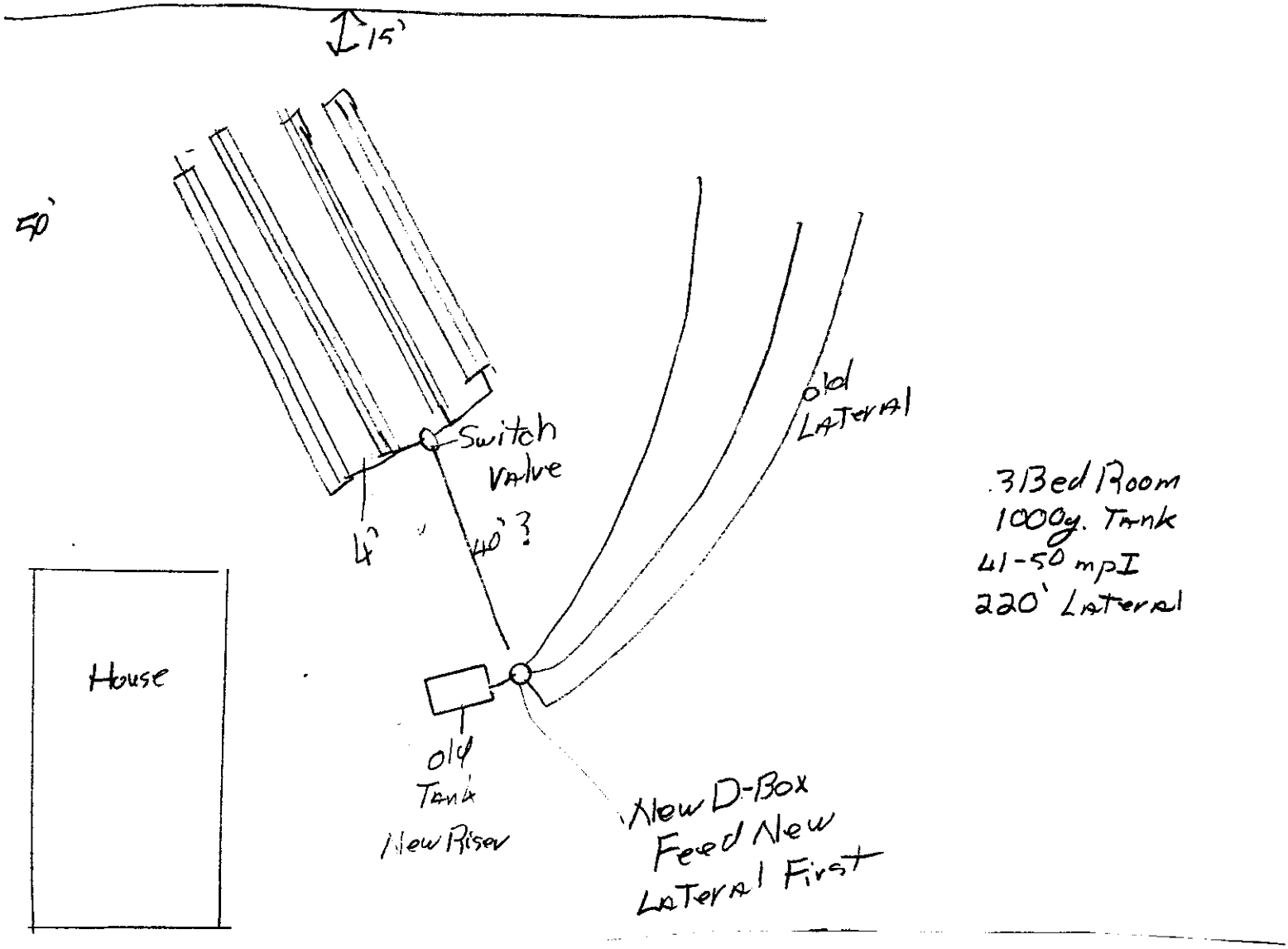
E. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

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 4/26/19



3 Bed Room
No Tub
No Garbage
} 1000g.

Steve, Nancy Loos.
6300 Stable Ln.
Lincoln NE 68428
c 402-430-0824

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

SCANNED

HS001849

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Date ___/___/___ By ___

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Date 6/28/19 By
works.
8/6/19

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for $220 + $5 cash

Revised 4/8/13

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 = 09-16-109-007-000

Address or Legal Description or Parcel Identification Number (PID) 6300 Stable Ln, Lincoln, NE 68523

Owner: Stephen Loos Address Same

Existing **A. Wastewater Piping**

1. Material: Class 160 Diameter: 4 in.
2. Distance between dwelling and septic tank: 55 ft.

Existing **B. Septic Tank**

1. Material Concrete
2. Capacity: 1,000g
3. Depth to top of tank, below unfinished grade: 15 in.
4. Distance to:
   Well N/A ft.+
   Pressure line N/A ft
   Property Line 75 ft.+
   Foundation 50 ft.+

New **C Distribution Box or Drop Box**

Distance and Direction from septic tank: 70 ft. NE
(Drainfield Control Valve)

New **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: 3
3. Length of each lateral (linear): ft. 90 ft. 80 ft. 50 ft.
4. Drainfield size: 990 sq. ft.
5. Distance to:
   Well N/A ft.+
   Pressure line N/A ft.
   Property line 7 ft.+
   Depth of Groundwater >8'

ppp vs Perk / Had 1 run test to 24" deep

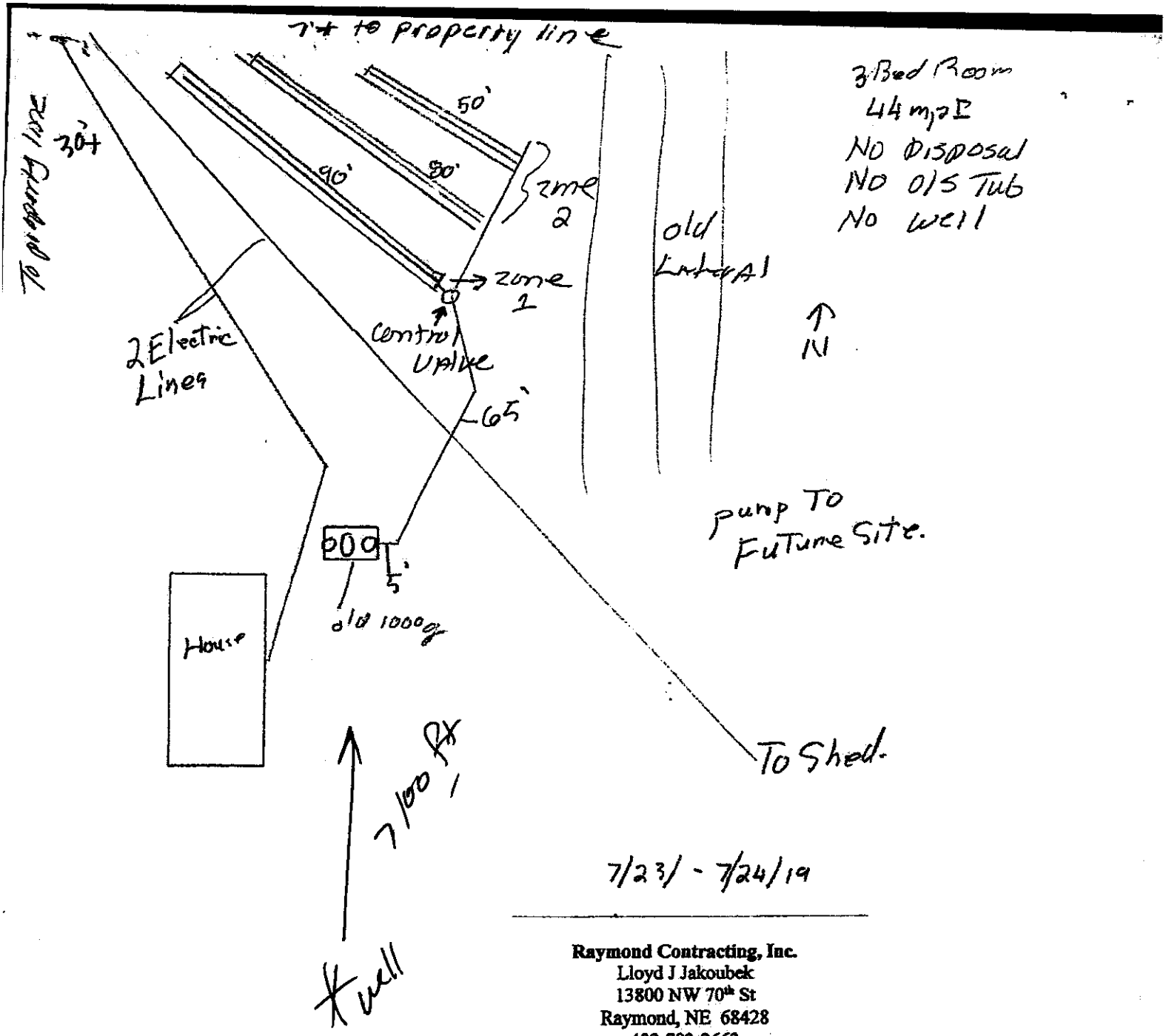
Was the Onsite Wastewater System covered prior to LLCHD inspection? ☒ Yes ☐ No (Partially)

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: [signature] Date: July 24, 2019

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



7/23/ - 7/24/19

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

Case #: **HC19000952**

WATER SEWAGE COMPLAINT SERVICE RECORD

Created by JONEAL on 05/10/2019

Assigned: NHARTMAN

Dept: HEALTH/WATER/NA/NA/NA/N

Call Requested: N Called: N

Address: **6300 STABLE LN**

Location:

Requestor: Citizen - ANONYMOUS, LINCOLN, NE,

Nature: PUMPING SEWAGE EVERY MORNING

Item	Reported	Allegation	To Wit
1	05/10/2019	Sewage Discharge	

DATE	ITEM	ACTION TAKEN AND RESULTS

- Contacted by owner. He stated that he had sent in the signed permit information to Raymond Contracting - permit application for repair Received - Closed - DH

-