HS002138

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):** 14920 Plum Ridge Rd, Lincoln, NE 68527

   Legal Description of Property: Township: 10N Range: 8E Section: 22-NW

   Block _____ Lot 41 SubDivsion _____ Add: _____

   ***Parcel ID** 23 - 22 - 100 - 008 - 000 (i.e. 99-99-999-999-999)

2. **Property use:** ☑ Residential ☐ Commercial ☐ Other use (Describe: _____)
   Number of bedrooms 4 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 320' of EZFlow (1,440sqft), based on percolation rate of 60 mpi.

5. **Current Type of Lateral-** unknown **Current Linear Ft. Of Lateral -** 540

   Current Tank Gallonage- 1,500 gallon

6. Print Name Kent Dodson Address 631 Hazelwood Dr, Lincoln, NE 68510 Phone: 402-499-1433

   Applicant Signature: _____ Kent Dodson, 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: 11/13/20 Amount $235.00 Check No. cc 0287 Initials JAO

Revised 4/8/13

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 14920 Plum Ridge Rd (no rural route) City Lincoln NE, Zip 68527

Owner Kent Dodson Address 14920 Plum Ridge Rd, Lincoln, NE 68527

Date of Tests 10/1/20 to 10/2/20 Weather: Precipitation 0 Temperature 57°

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	24	10/1	10:30a	10/2	12:00p	10/2	3:30p	6	10/2	4:00p	30	1-1/2	20
2	32	"	"	"	"	"	"	6	"	"	"	2	15
3	24	"	"	"	"	"	"	6	"	"	"	1/2	60
4	36	"	"	"	"	"	"	6	"	"	"	9/16	53
								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: 148
Average of Rates: 37
Rate Used for Calculation: 60 (20 mpi variance)

Soil type (NRCS Maps/Other) Judson SL
Groundwater Depth >8'

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official _____ Date _____

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

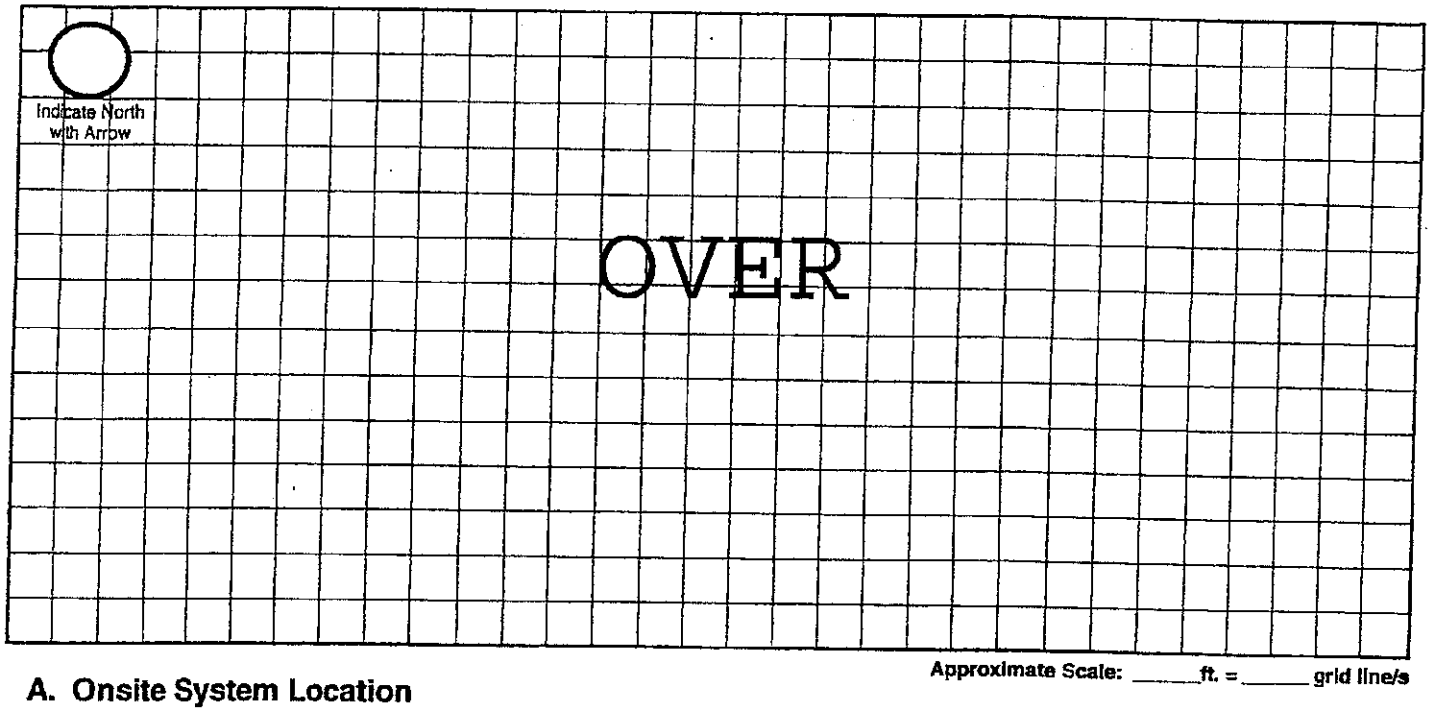
C

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) 14920 Plum Ridge Rd City Lincoln NE, Zip 68527

B. Proposed Septic Tank/s (Existing)

Septic Tank Cap. 1500 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 (New)

Percolation Rate 60 (min/inch = mpi) No. of Bedrooms 4 Soil Type SL/CL Land Slope_____%

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 1,440 sq.ft.

Total length of laterals 320 Type of distribution: ☐ Perforated pipe ☐ Half-Round ☐ Chamber ☒ Other EZFlow 1203H

No. of absorption trenches 4 Width 38" 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

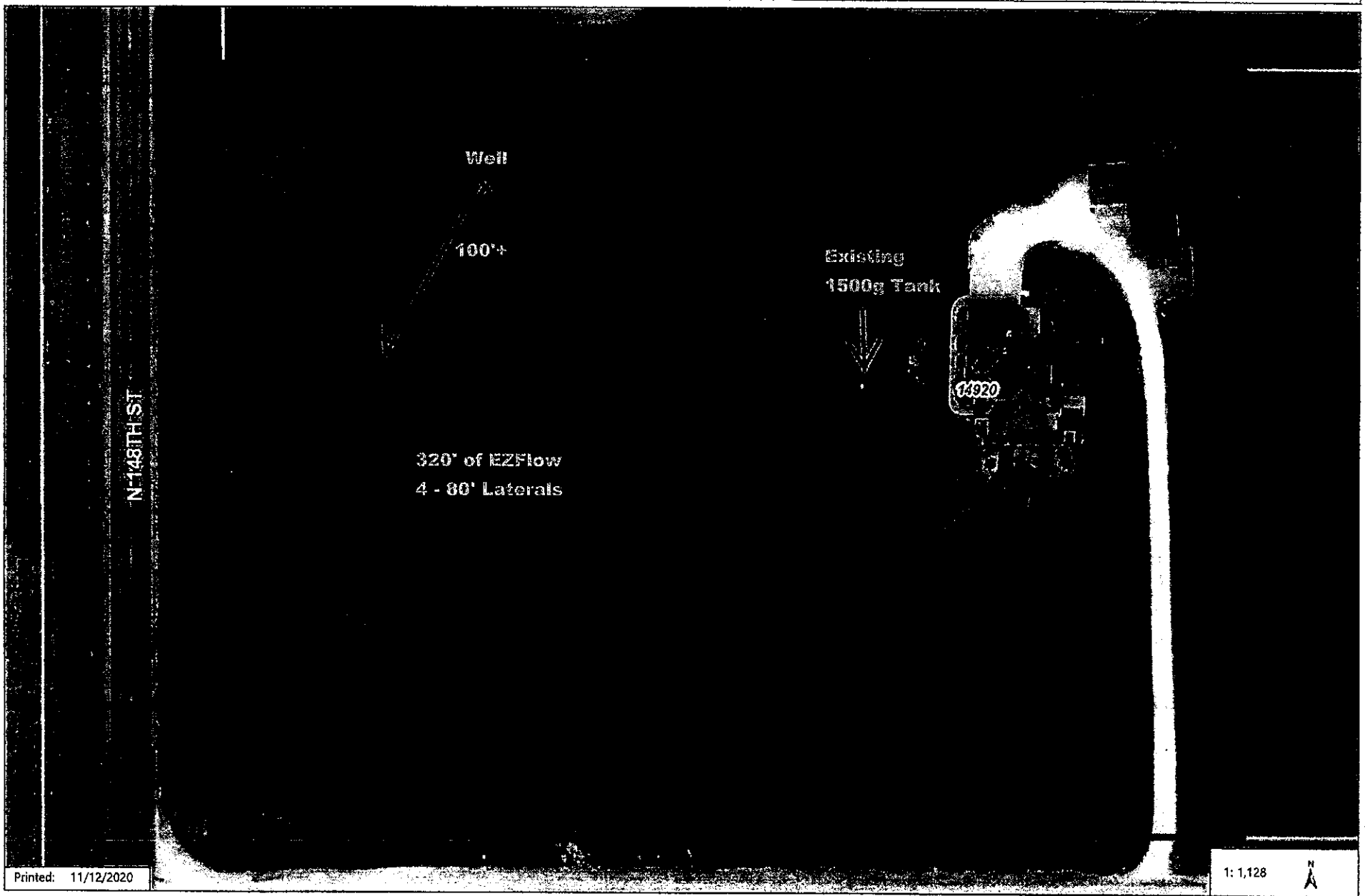
Home Building Contractor Existing Building Date _____

Installer Kevin L. Johnson Date 11/12/20

14920 Plum Ridge Rd, Lincoln, NE 68527

GIS Viewer
CITY OF LINCOLN - LANCASTER COUNTY, NE

City of Lincoln\Lancaster County GIS Map



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 assessor@lancaster.ne.gov and you will be directed to the appropriate department.

Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3131 O Street Lincoln, Nebraska 68510-1514

ON-SITE WASTE WATER SYSTEM
ALTERATION PERMIT
No. HS002138

System Type: Standard

Situs: No Site Address Specified

Issued: 11/13/2020

Expires: 11/13/2021

Description: S22, T10, R8, 6th Principal Meridian, LOT 41 NW

Owner: DODSON, KENT E LIVING TRUST
ATTN: KENT E & LOIS J DODSON
14920 PLUMRIDGE RD
LINCOLN, NE 68527

Patricia D. Lopez

Patricia D. Lopez, RN, MSN, Interim Health Director

Dear Applicant:

The above document is your permit to alter an existing On-site Waste Water System at the location listed. Please contact this office once the alteration is complete to obtain final approval before use.

Patricia D. Lopez

Patricia D. Lopez, RN, MSN
Health Director

RAYMOND CONTRACTING INC
13800 NW 70TH ST
RAYMOND, NE 68428

SCANNED HS002138

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):** 14920 Plum Ridge Rd, Lincoln, NE 68527

   Legal Description of Property: Township: 10N Range: 8E Section: 22-NW

   Block ____ Lot 41 SubDivsion ____ Add: ____

   ***Parcel ID** 23 - 22 - 100 - 008 - 000 (i.e. 99-99-999-999-999)

2. **Property use:** ☑ Residential ☐ Commercial ☐ Other use (Describe: ____)
   Number of bedrooms 4 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 320' of EZFlow (1,440sqft), based on percolation rate of 60 mpi.

5. **Current Type of Lateral-** unknown **Current Linear Ft. Of Lateral -** 540

   Current Tank Gallonage- 1,500 gallon

6. Print Name Kent Dodson Address 631 Hazelwood Dr, Lincoln, NE 68510 Phone: 402-499-1433

   Applicant Signature: [signature] Kent Dodson, 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 11/13/20 REVIEW: ☑ Approved ☐ Disapproved By: [signature]

Comments (if any): ____

Site visits
Date 12/1/20 By DS
Date ____/____/____ By ____

Installation final written approval
Date 12/2/20 By [signature]

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: 11/13/20 Amount $235.00 Check No. CC 0287 Initials JAO

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: H500 2138

Onsite Wastewater Treatment System

Inspection Sheet

Date 12/2/20 Legal Description ____ ¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 14920 Plum Ridge 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 1,440 Sq. Ft. Tank Size 1,500 existing gals

Total length of laterals 320 Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☒ Other (describe) E2 Flow

No. of Absorption Laterals 4 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 ____ Lateral #2 ____

NA

Lateral #3 ____ Lateral #4 ____

Comments:

Installed prior to Inspection - Installer Called in 11/30/20

Inspections prior to Final Approval
Initial DC Date 12/1/20

Follow-Up ____ Date ____

Follow-Up ____ Date ____

Installation Final Written Approval
By Doug Brauer

Date 12/2/20

Field Note Drawing (See Reverse Side):

Updated 4/15