HS002288

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):** Mark Homes 4230 W Raymond Rd

Legal Description of Property: Township: 12 Range: 6 Section: 31

Block _____ Lot 8 SubDivsion Sun Use Acres Add: _____

***Parcel ID** 13-31-403-005-000 (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 crushed Lateral, if can may need to install new Laterials.

5. **Current Type of Lateral-** Infiltator **Current Linear Ft. Of Lateral -** 300

Current Tank Gallonage- 1500

6.Print Name Harry Muhlbach Address 14277 N 56 Lincoln NE 68514 Phone: 402-430-7304

Applicant Signature: Harry M Muhlbach

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: 9/22/21 Amount #240.00 Check No. 5882 Initials LC

Revised 4/8/13

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. HS002288

System Type: Standard

Situs: No Site Address Specified

Issued: 9/22/2021

Expires: 9/22/2022

Description: SUN USE ACRES REPLAT OF SUN USE ACRES, Lot 8

Owner: THIELE, JASON & RACHEL
4230 W RAYMOND RD
RAYMOND, NE 68428

Patricia D. Lopez

Patricia D. Lopez, RN, MSN, 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

HARRY MUHLBACH
14277 N 56 ST
LINCOLN, NE 68504

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

Alteration

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

Onsite Wastewater System Location

Address or Legal Description or Parcel Identification Number (PID) 4230 W Raymond Rd

Owner: Mark Homes Address 4230 W Raymond Rd Raymond, Ne

A. Wastewater Piping

1. Material: Sch 40 PVC Diameter: 4 in.
2. Distance between dwelling and septic tank: 140 ft.

B. Septic Tank

1. Material Concrete
2. Capacity: 1500 gal
3. Depth to top of tank, below unfinished grade: 18 in.
4. Distance to:
   Well 300 ft.
   Pressure line 80 ft
   Property Line 200 ft.
   Foundation ____ ft.

C ~~Distribution Box~~ or Drop Box

Distance and Direction from septic tank: 30 ft. So

D. Drainfield/Absorption Field

☑ Trench ☐ Bed

1. Type: ☑ Perforated Pipe ☐ Chamberless ☐ Other
   Material brand and inside width of Chamberless: Eadlow / gravel 4ft wide Trench
2. Number of Laterals: 2
3. Length of each lateral (linear): ft. 140 ft. 140 ft. ____ ft. ____
4. Drainfield size: 1120 sq. ft. (990 Req'd)
5. Distance to:
   Well 300 ft.
   Pressure line 100 ft.
   Property line 100 ft.
   Depth of Groundwater 10 Plus ft

NA

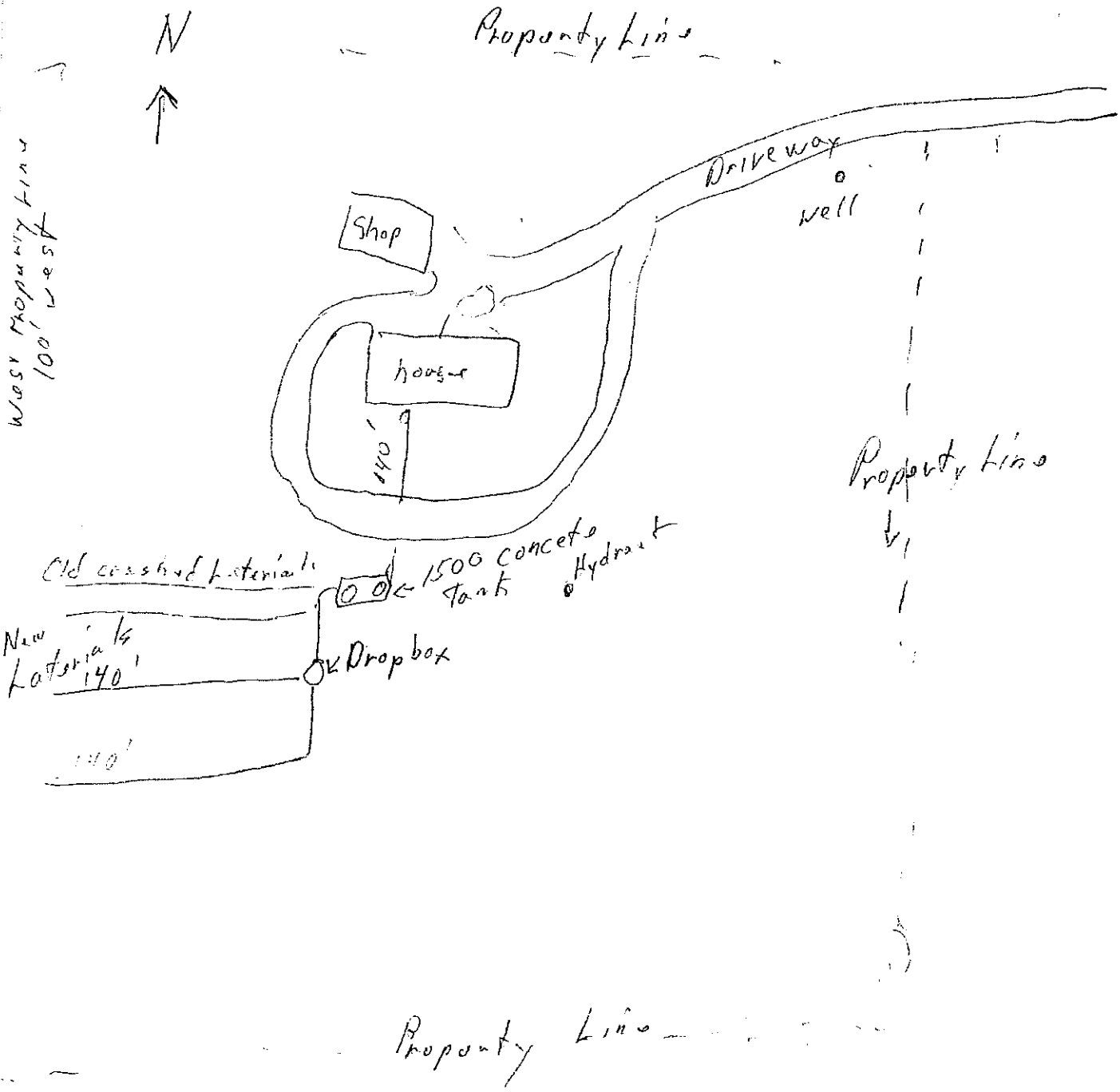
Was the Onsite Wastewater System covered prior to LLCHD inspection? ☑ Yes ☐ No

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: Gary Muellbach Date: 9-20-21

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


N
Property Line
West Property Line
100' West
Driveway
well
Shop
house
140'
Property Line
Old crushed Laterials
1500 concrete tank
Hydrant
New 4" Laterials
140'
Drop box
140'
Property Line

HS002288

SCANNED

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Block ____ Lot 8 SubDivsion Sun Use Acres Add: ____

***Parcel ID** 13 - 31 - 403 - 005 - 000 (i.e. 99-99-999-999-999)

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

4. **Description of proposed alteration or repair:** Replace crushed Lateral, if can may need to install new Laterials.

5. **Current Type of Lateral-** Infiltator **Current Linear Ft. Of Lateral -** 300

Current Tank Gallonage- 1500

6. Print Name Harry Muhlbach Address 14277 N 56 Lincoln NE 68514 Phone: 402-430-7304

Applicant Signature: Harry Muhlbach

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 9/22/21 REVIEW: ☒ Approved ☐ Disapproved By: ____

Comments (if any): ____

Site visits
Date ___/___/___ By ____
Date ___/___/___ By ____

LLCHD Did not inspect prior to cover

Installation final written approval
Date 9/25/21 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: 9/22/21 Amount #240.00 Check No. 5882 Initials LC

Revised 4/8/13

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

SCANNED

A

Permit Number H5000643

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

Include Form B and C. Submit correct fee with this Application

3 acres or more required for: ☒ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Wastewater Treatment System in conformance with appropriate regulations.

PLEASE PRINT OR TYPE

A. Onsite System Location

Address 4230 Raymond Rd (no rural route) City Raymond, NE Zip 68428

Legal Description _____ Sunrise Acres 8

1/4 1/4 Section Township Range Subdivison Addition Block Lot

Geographical Location (if known): Lat/Long:_____ PID_____

B. Owner

Name Mark Homes Signature Mark Homes

Address 4230 Raymond Rd City/State/Zip Raymond, NE 68421

Home Phone 402-432-0251 Work Phone _____

C. Certified Installer

Name: Tom King Signature Tom King

Address 1151 Saunders Ave City/State/Zip Lincoln, NE 68521

Work Phone 402-486-0606

D. Engineer

☐ **Check and complete if engineer designed system** P.E. License Number:_____

Designer Name_____ Firm_____ Work Phone_____

E. This system will serve a

☒ Residential Dwelling Number of Bedrooms 3 Is there a Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 9

☐ Commercial Establishment/Other Facility Specify_____ Design flow in gallons per day 300

Type of Wastewater ☒ Domestic ☐ Non-Domestic Well Permit Applied for ☐ Yes ☐ No ☐ Not Applicable

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☒ County Resolution No. 02-30

1. Health Department
Site visits _____
Date rec'd 7/16/12
Date frwd 7/16/12
ACTION ☒ Approved ☐ Disapproved
Signature _____

2. Supt. Bldg. Insp. or Village Clerk
Comments _____
Date rec'd _____
Date frwd _____
ACTION ☐ Approved ☐ Disapproved
Signature _____

3. City or County Engineer
Comments _____
Date rec'd _____
Date frwd _____
ACTION ☐ Approved ☐ Disapproved
Signature _____

Installation Final Written Approval
By _____
Date 11/26/12

Business Office Use Only
Date Received 7-17-12 Amount Paid #345.00
Received By B.H. Cash/Check No 20187

White - Health Department Yellow - Engineer Pink - Building & Safety

Form A Updated: 5/10

SCANNED

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

A

Permit Number

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

Include Form B and C.
Submit correct fee
with this Application

3 acres or more required for: ☒ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Wastewater Treatment System in conformance with appropriate regulations.

PLEASE PRINT OR TYPE

A. Onsite System Location

Address 4230 Raymond Rd (no rural route) City Raymond NE Zip 68428

Legal Description Sunrise Acres 9

1/4 1/4 Section Township Range Subdivison Addition Block Lot

Geographical Location (if known): Lat/Long: PID

B. Owner

Name Mark Homes Signature Mark Homes

Address 4230 Raymond Rd City/State/Zip Raymond, NE 68428

Home Phone 402-432-0251 Work Phone

C. Certified Installer

Name: Tom King Signature

Address 1151 Saunders Ave City/State/Zip Lincoln, NE 68521

Work Phone 402-486-0606

D. Engineer ☐ Check and complete if engineer designed system P.E. License Number:

Designer Name Firm Work Phone

E. This system will serve a

☒ Residential Dwelling Number of Bedrooms 4 Is there a Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 9

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day 300

Type of Wastewater ☒ Domestic ☐ Non-Domestic Well Permit Applied for ☐ Yes ☐ No ☐ Not Applicable

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☐ County Resolution No. 02-30

1. Health Department
Site visits
Date rec'd
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd 7-13-12
Date frwd 7-13-12
ACTION ☒ Approved ☐ Disapproved
Signature Everett Nissen

3. City or County Engineer
Comments
Date rec'd
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature

Installation Final Written Approval
By
Date

Business Office Use Only
Date Received Amount Paid
Received By Cash/Check No.

White - Health Department Yellow - Engineer Pink - Building & Safety

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

B

Permit Number:

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

SCANNED

PLEASE PRINT OR TYPE

Sun Use Acres Replat Lot 8

System Location (Indicate correct number and street)

Address _____ City Raymond NE, Zip 68428
(no rural route)

Owner Stan Stoki Address 1340 N. 167th St Lincoln, NE 68505

Soil Type (SCS): Sharpsburg Percolation Rate: 48 min./inch

Date of Tests 3/18/09 to 3/19/09 Weather: Precipitation 0 Temperature 62°

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	40	3/18	2:15p	3/18	4:15p	3/19	3:00p	6	3/19	3:30p	30	7/8	34
2	23	"	"	"	"	"	"	"	"	"	"	5/8	48
3	24	"	"	"	"	"	"	"	"	"	"	1 1/2	20
4	33	"	"	"	"	"	"	"	"	"	"	2 1/4	13
5	37	"	"	"	"	"	"	"	"	"	"	5/8	48
6	37	"	"	"	"	"	"	"	"	"	"	15/16	32

Person Conducting Percolation Tests

Name: Terri Jakoubek, Raymond Contracting Inc
Phone: 402-783-2663 or 402-890-3870
Address 13800 NW 70th St
Raymond, NE 68428 # C1198

Sum of Percolation Rates: 195
Average of Rates: 33
Rate Used for Calculation: 48 (20mpi variance)

2nd Day Test Ran From 11:30am to 3:30pm

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-95

SCANNED

Soil Map—Lancaster County, Nebraska
(Stan Stoki)



Map Scale: 1:2,280 if printed on A size (8.5" x 11") sheet.

N

Meters 0 20 40 80 120

Feet 0 50 100 200 300

From W Fence line
1 - 136'
2 - 160'
3 - 50'
4 - 58'
5 - 176'
6 - 140'

From S edge of proposed House
1 - 250'
2 - 250'
3 - 250'
4 - 260'
5 - 260'
6 - 260'

USDA Natural Resources Conservation Service

Web Soil Survey 2.1
National Cooperative Soil Survey

3/30/2009
Page 1 of 3