HS002418

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, a
agrees to comply with LMC 24.38 or County Resolution 02-0030.

1. **Street Address (No Rural Route):** 6900 SW 44th St, Lincoln, NE 68523

   Legal Description of Property: Township: 9N Range: 6E Section: 18-SE-SE

   Block 5 Lot 7 SubDivsion Rollign Meadows Add:

   *Parcel ID 09 - 18 - 405 - 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 ☑ Large Capacity Tub

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

4. **Description of proposed alteration or repair:** Replacing failing drainfield with 220' of EZFlow (990
   based on a percolation rate of 47 mpi.

5. **Current Type of Lateral-** perf pipe w/gravel **Current Linear Ft. Of Lateral -** 300'

   Current Tank Gallonage- 1,250

6. Print Name Michael Sullivan Address 6900 SW 44th St, Lincoln, NE 68523 Phone: 402-432-043

   Applicant Signature: Michael Sullivan Eric L Johnson #1198 Raymond Cont

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 processin

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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: / / Amount Check No Initials

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
3140 N Street
Lincoln NE 68510
(402)-441-8022

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED: BLOCK 5 LOT 7 ROLLING MEADOWS

Location: Township _____; Range _____; Section & ¼ Section _____.
Property Dimensions: _____ ft. x _____ ft. Area: _____ acres. (Attach Sheet C with sketch of property).

Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .

Dates of Tests: OCT. 24, 1996 to OCT. 25, 1996. Weather: Precip. 0 Temp. 64.

OWNER: _____

Address: _____

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	24"	10/24	3:00PM	10/25	4:00PM	10/25	4:00PM	6"	4:30PM	5 3/8	30	3/8"	48 MIN/IN
2	"	"	"	"	"	"	"	"	"	5 1/4	"	5/8"	48 MIN/IN
3	"	"	"	"	"	"	"	"	"	5 1/2	"	3/4"	40 MIN/IN
4	"	"	"	"	"	"	"	"	"	5 1/2	"	1/2"	60 MIN/IN
5	"	"	"	"	"	"	"	"	"	5 3/8	"	3/4"	40 MIN/IN
6	"	"	"	"	"	"	"	"	"	5 3/8	"	5/8"	48 MIN/IN

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

Signature of Person Conducting Test

Address 4200 SW 112TH Phone 797-2109
DENTON, NE 68339

(Do not write below this line)

REVIEWING ACTION

Approved Percolation Rate (a)
A. 47 min./inch
B. _____ min./inch
C. _____ min./inch

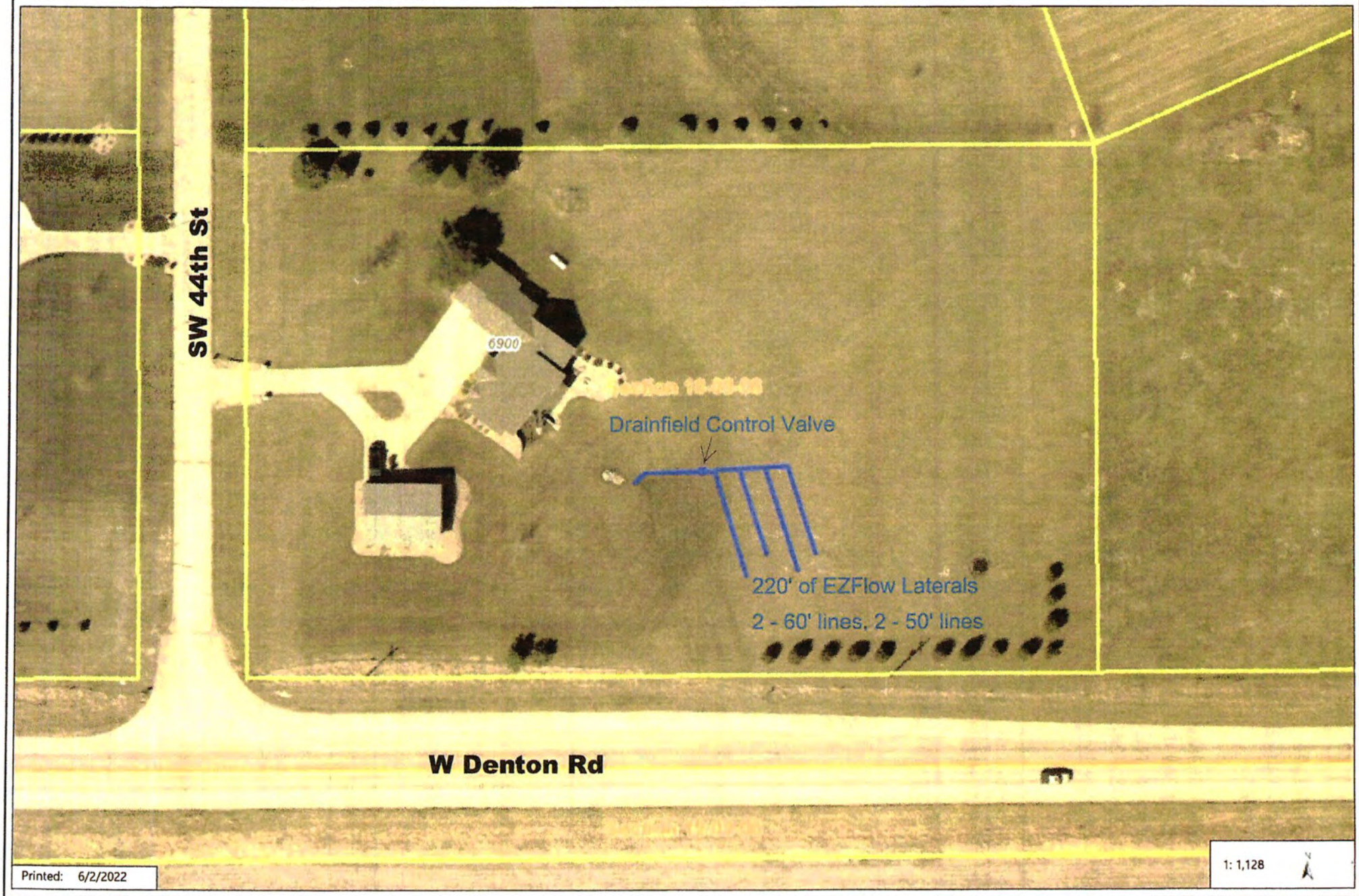
Remarks: _____
Soil Type (SCS): Sharpsburg Silty clay loam
Date: OCTOBER 30, 1996

Signature of Reviewing Official

6900 SW 44th St, Lincoln, NE 68523

GIS Viewer
CITY OF LINCOLN - LANCASTER COUNTY, NE

City of Lincoln\Lancaster County GIS Map



Printed: 6/2/2022

1: 1,128

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. HS002418

System Type: Standard

Situs: No Site Address Specified

Issued: 6/13/2022

Expires: 6/13/2023

Description: ROLLING MEADOWS, BLOCK 5, Lot 7

Owner: SULLIVAN, MICHAEL R & ANGELA K
6900 SW 44 ST
LINCOLN, NE 68522

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

TERRI JAKOUBEK
13800 NW 70TH ST
RAYMOND, NE 68428

SCANNED

HS002418

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HEALTH DEPARTMENT USE ONLY

☑ Municipal Code 24.38 ☐ County Resolution Number 02-30

Date received 6/13/22 REVIEW: ☑ Approved ☐ Disapproved By

Comments (if any):

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

Installation final written approval
Date 5/11/23 By
+ see D-sheet

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 6/13/22 Amount ____ Check No ____ Initials ____

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

D

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 = 09-18-405-007-000

Address or Legal Description or Parcel Identification Number (PID) 6900 SW 44th St, Lincoln, NE 68523

Owner: Michael R Sullivan Address 6900 SW 44th St, Lincoln, NE 68523

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: 1,250 gallons
3. Depth to top of tank, below unfinished grade: 12 in.
4. Distance to:
   Well 20 ft. +
   Pressure line N/A ft +
   Property Line 20 ft. +
   Foundation 20 ft. +

C Distribution Box or Drop Box

Distance **and** Direction from septic tank: 70 ft. E
(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: 4 Depth: 2-1/2' -3'
3. Length of each lataral (linear): ft. 50 ft. 60
   ft. 60 ft. 50
4. Drainfield size: 990 sq. ft. (990 Req'd)
5. Distance to:
   Well 100 ft. +
   Pressure line N/A ft. +
   Property line 50 ft. +
   Depth of Groundwater >10'

✓

Was the Onsite Wastewater System covered prior to LLCHD inspection? ☑ Yes (Partially) ☐ 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: Marie L. Jahnke Date: 6/17/22

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

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

6/17/22
6900 SW 44th St
Lincoln. NE 68523
3 Bedroom
No disposal
Yes oversized Tub

