HS002476

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):** 6901 SW 44th St, Lincoln, NE 68523

   Legal Description of Property: Township: 9N Range: 6E Section: 18 SW1/4 SW1/4

   Block 2 Lot 5 SubDivsion Rolling Meadows Add:

   ***Parcel ID** 09 - 18 - 402 - 005 - 000 (i.e. 99-99-999-999-999)

2. **Property use:** ☑ Residential ☐ Commercial ☐ Other use (Describe:)
   Number of bedrooms 5 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 drainfield (390' of EZFlow/1,755sqft) and adding 1,000 gallon concrete septic tank after existing 1,250 gallon tank.

5. **Current Type of Lateral-** Infiltrator **Current Linear Ft. Of Lateral -** 333.2

   Current Tank Gallonage- 1,250

6. Print Name Darin Huss Address 6901 SW 44th St, Lincoln, NE 68523 Phone: 402-326-5425

   Applicant Signature: Darin L. Johnson Raymond Contracting Inc

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: 10/17/22 Amount $245 Check No. cc5040 Initials: JAO

Revised 4/8/13

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

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 6901 South West 40th St City Lincoln NE, Zip Neb.
(no rural route)

Owner JARIN E. HUSS Addresss 2519 South 11th Lincoln Neb. 68502

Soil Type (SCS): WYMORE SILTY CLAY LOAM. Percolation Rate: _____ min./inch

Date of Tests 15 Dec 98 to 16 Dec 98 Weather: Precipitation NONE Temperature 35°

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	36	12-15	0900	12-16	0900	12-16	0900	12"	12/16	0934	30	7/8	34 MIN/IN
2	36	12-15	0900	12-16	0900	12-16	0900	12"	12/16	0934	30	3/4	40 MIN/IN
3	36	12-15	0900	12-16	0900	12-16	0900	12"	12/16	0934	30	1/2	60 MIN/IN
4	36	12-15	0900	12-16	0900	12-16	0900	12"	12/16	0934	30	3/4	40 MIN/IN
5	36	12-15	0900	12-16	0900	12-16	0900	12"	12/16	0934	30	1/2	60 MIN/IN
6	36	12-15	0900	12-16	0900	12-16	0900	12"	12/16	0934	30	3/4	40 MIN/IN
7	36	12-15	0900	12-16	0900	12-16	0900	12"	12/16	0934	30	5/8	48 MIN/IN

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: 60

Person Conducting Percolation Tests

Name: JARIN E HUSS

Phone: (402) 474-5893

Address 2519 South 11th
Lincoln Neb. 68502

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

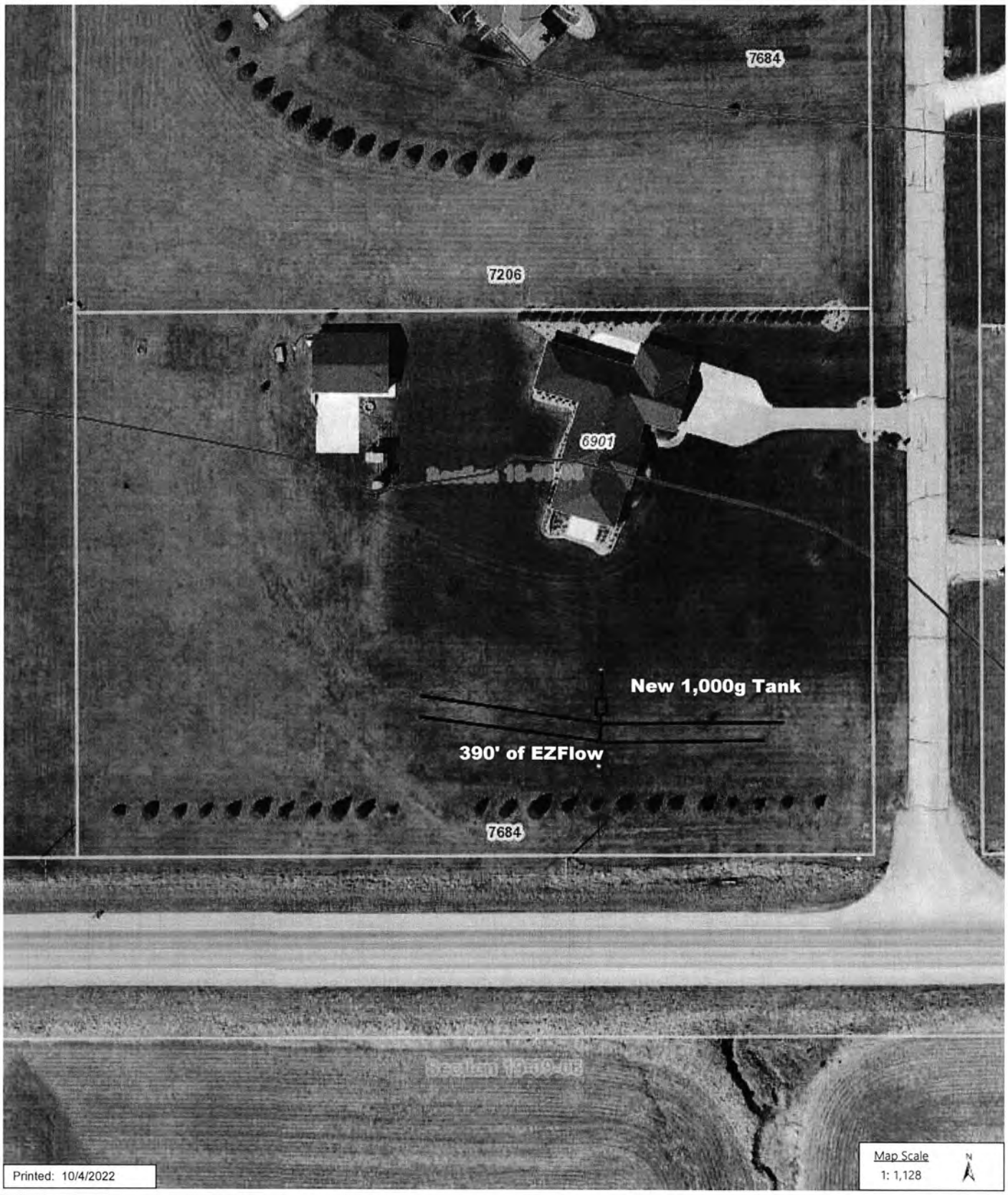
Signature of Reviewing Official Jerrold C. Hood Date DECEMBER 17, 1998

FORM 23-101 10-96

Darin Huss 402-326-5425 6901 SW 44th St, Lincoln, NE 68523

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. HS002476

System Type: Standard

Situs: No Site Address Specified

Issued: 10/24/2022
Expires: 10/24/2023

Description: ROLLING MEADOWS, BLOCK 2, Lot 5

Owner: HUSS, DARIN & AMY JOINT
REVOCABLE TRUST
6901 SW 44 ST
LINCOLN, NE 68523

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

HS002476

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   Block 2 Lot 5 SubDivsion Rolling Meadows Add:

   ***Parcel ID** 09 - 18 - 402 - 005 - 000 (i.e. 99-99-999-999-999)

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   Number of bedrooms 5 Does the system have a: ☑ Garbage Grinder ☑Large Capacity Tub

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5. **Current Type of Lateral-** Infiltrator **Current Linear Ft. Of Lateral -** 333.2

   Current Tank Gallonage- 1,250

6. Print Name Darin Huss Address 6901 SW 44th St, Lincoln, NE 68523 Phone: 402-326-5425

   Applicant Signature:

   Raymond Contracting Inc

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 10/24/22 REVIEW: ☒ Approved ☐ Disapproved By

Comments (if any): covered prior to inspection

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

Installation final written approval
Date 10/5/23 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: 10/17/22 Amount $245 Check No. cc5040 Initials JAO

Revised 4/8/13

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 = 09-18-402-005-000

Address or Legal Description or Parcel Identification Number (PID) 6901 SW 44 St, Lincoln, NE 68523

Owner: Darin & Amy Huss Address 6901 SW 44 St, Lincoln, NE 68523

A. Wastewater Piping (original)

1. Material: SDR26 Diameter: 4 in.
2. Distance between dwelling and septic tank: 105 ft.

B. Septic Tank (New)

1. Material Concrete
2. Capacity: 2000g
3. Depth to top of tank, below unfinished grade: 34 in.
4. Distance to:
   Well 100 ft. +
   Pressure line N/A ft +
   Property Line 75 ft. +
   Foundation 80 ft. +

C Distribution Box or Drop Box

Distance **and** Direction from septic tank: 12 ft. S

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: 48"
3. Length of each lateral (linear): ft. 90 ft. 100 ft. 100 ft. 100
4. Drainfield size: 1755 sq. ft. (1750 Rqd)
5. Distance to:
   Well 100 ft. +
   Pressure line N/A ft. +
   Property line 30 ft. +
   Depth of Groundwater >10'

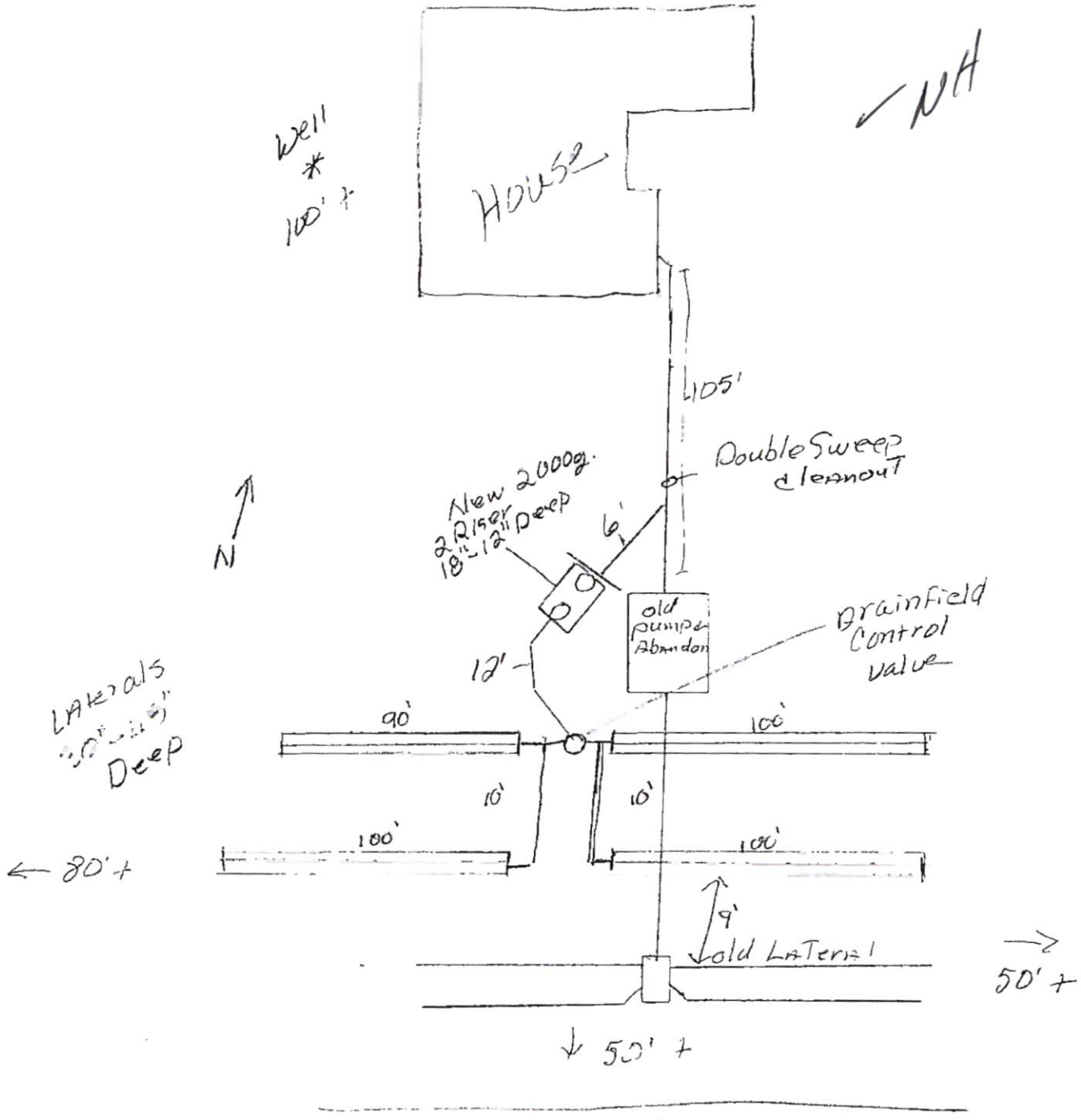
Was the Onsite Wastewater System covered prior to LLCHD inspection? ☑ Yes (Partially) ☐ No

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: Neil L. Jahnke Date: 04/21/23

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



4/21/23

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

5 Bed 1 Room yes/yes
60 mpI 390' EZ Flow
2000g Tank - Switch valve

6901 SW 44Th. ST.
Lincoln NE 68523