HS002492

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):** 8801 Davey Road

   Legal Description of Property: Township: 12 Range: 7 Section: 26

   Block _____ Lot 22 SubDivsion _____ Add: _____

   ***Parcel ID** 19 - 26 - 100 - 011 - 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:** Install new 1060 gallon tank due to concrete old tank falling apart

5. **Current Type of Lateral** Existing **Current Linear Ft. Of Lateral** - Existing

   Current Tank Gallonage 1060

6. Print Name Trevor McDonald Address P.O. Box 85372 Lincoln, NE 68501 Phone: 402-770-9397

   Applicant Signature: _____

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
3131 "N" Street, Lincoln, NE 68510
Phone: (402) 441-8643

Business Office Use Only
Received: Date: 11/28/22 Amount $245 Check No. 1612 Initials _____

Revised 2/18

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

Address or Legal Description or Parcel Identification Number (PID) 19-26-100-011-000

Owner: Gary & Lisa Juilfs Address 8801 Davey Rd

A. Wastewater Piping

1. Material: SDR26 Diameter: 4 in.
2. Distance between dwelling and septic tank: 18 ft.

B. Septic Tank

1. Material Plastic
2. Capacity: 1060 gallon
3. Depth to top of tank, below unfinished grade: 12 in.
4. Distance to:
   Well over ~~100~~ 50 ft.
   Pressure line over 50 ft
   Property Line over 100 ft.
   Foundation 18 ft.

C Distribution Box or Drop Box

Distance **and** Direction from septic tank: ____ ft. E

D. Drainfield/Absorption Field

☐ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☐ Other
   Material brand and inside width of Chamberless: Existing
2. Number of Laterals: ____
3. Length of each lataral (linear): ft.____ ft.____ ft.____ ft.____
4. Drainfield size: ____ sq. ft.
5. Distance to:
   Well ____ ft.
   Pressure line ____ ft.
   Property line ____ ft.
   Depth of Groundwater ____

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

If Yes, the Certified Professional must sign below for final approval:

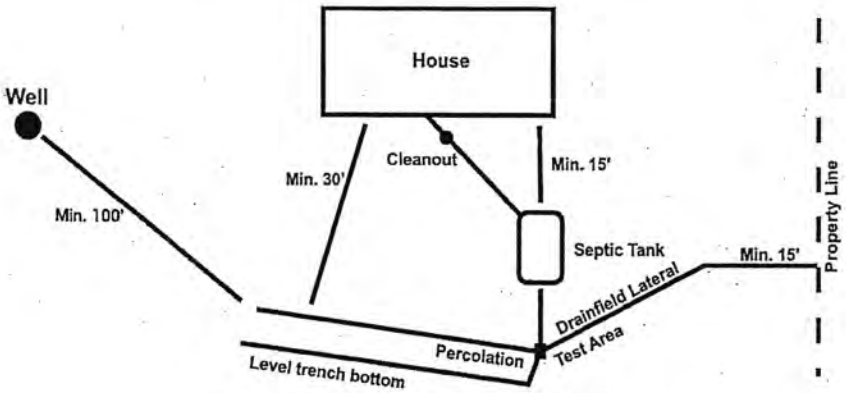
I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: Tim Rudd Date: 11/28/22

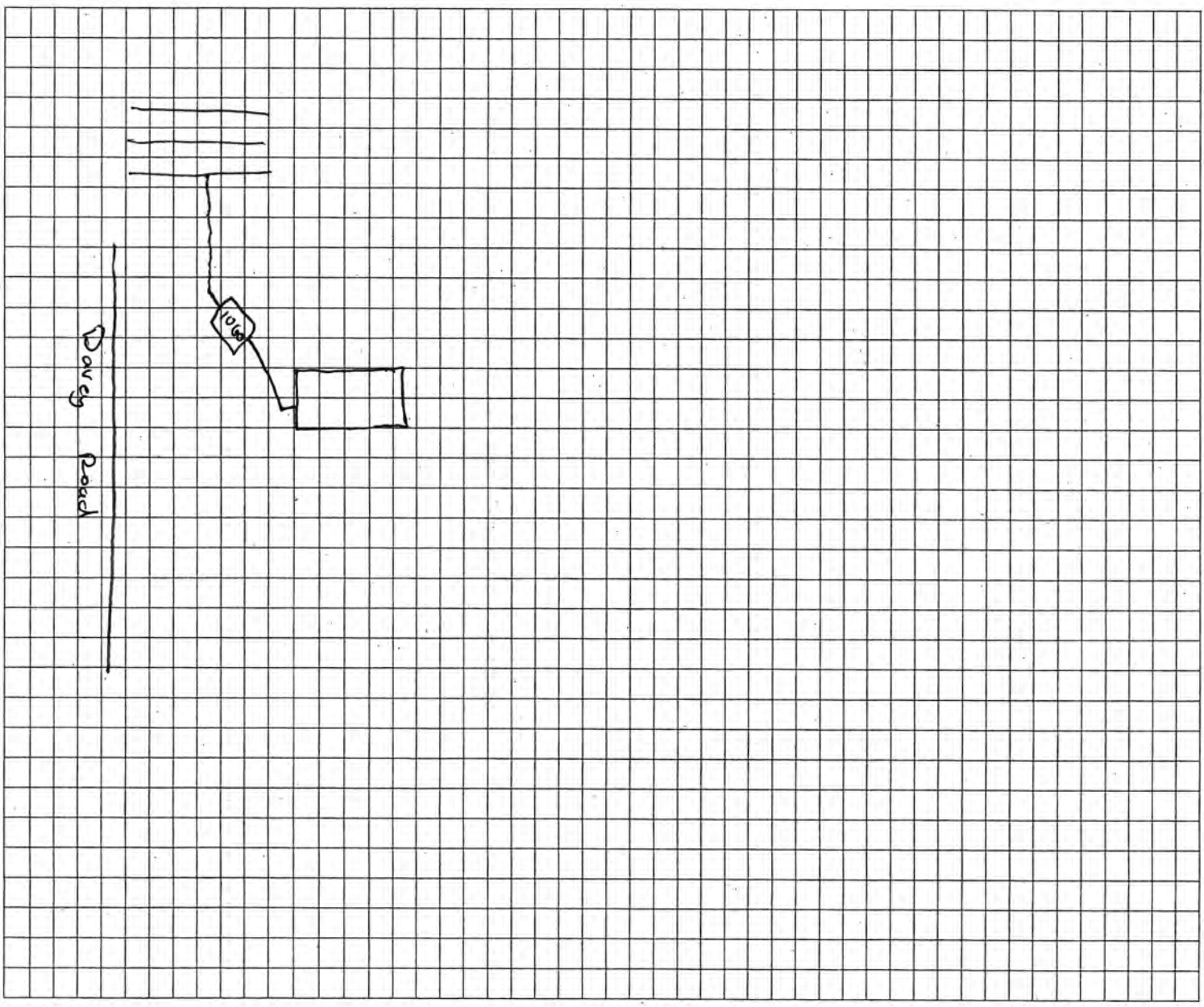
Complete As-Built drawing on the back of this form.

Indicate North
w/ Arrow Here:

Onsite Wastewater System Design (Example)



*Note-If Lagoon, show all applicable dimensions



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. HS002492

System Type: Standard

Situs: No Site Address Specified

Issued: 11/30/2022

Expires: 11/30/2023

Description: S26, T12, R7, 6th Principal Meridian, LOT 22 N1/2

Owner: JUILFS, GARY H & LISA K
8801 DAVEY RD
LINCOLN, NE 68517

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

TREVOR MCDONALD
PO BOX 85372
LINCOLN, NE 68501

SCANNED

H5002492

Application to Alter or Repair an Onsite Wastewater Treatment System

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   Number of bedrooms 3 Does the system have a: ☐ Garbage Grinder ☐ Large Capacity Tub

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5. **Current Type of Lateral** Existing **Current Linear Ft. Of Lateral** - Existing

   Current Tank Gallonage 1060

6. Print Name Trevor McDonald Address P.O. Box 85372 Lincoln, NE 68501 Phone: 402-770-9397

   Applicant Signature: Trevor McDonald

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 11/23/22 By NH * noone on site yet.
Date ____/____/____ By _____

Installation final written approval
Date 11/30/22 By _____

Return application to:

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 "N" Street, Lincoln, NE 68510
Phone: (402) 441-8643

Business Office Use Only

Received: Date: 11/28/22 Amount $245 Check No. 1612 Initials _____

Revised 2/18

SCANNED

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

D

Permit Number:

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☐ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☐ Other
   Material brand and inside width of Chamberless: Existing
2. Number of Laterals: ____
3. Length of each lateral (linear): ft.____ ft.____ ft.____ ft.____
4. Drainfield size: ____ sq. ft.
5. Distance to:
   Well ____ ft.
   Pressure line ____ ft.
   Property line ____ ft.
   Depth of Groundwater ____

NH Tank replacement after hours VM

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

If Yes, the Certified Professional must sign below for final approval:

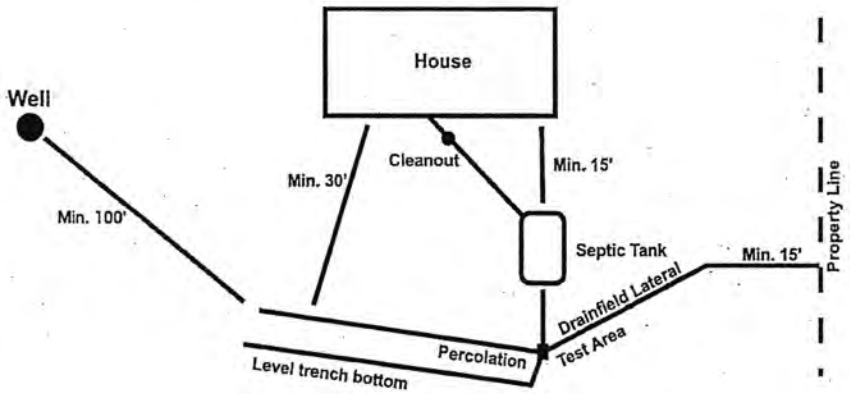
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Certified Professional Signature: Tim Rudloff Date: 11/28/22

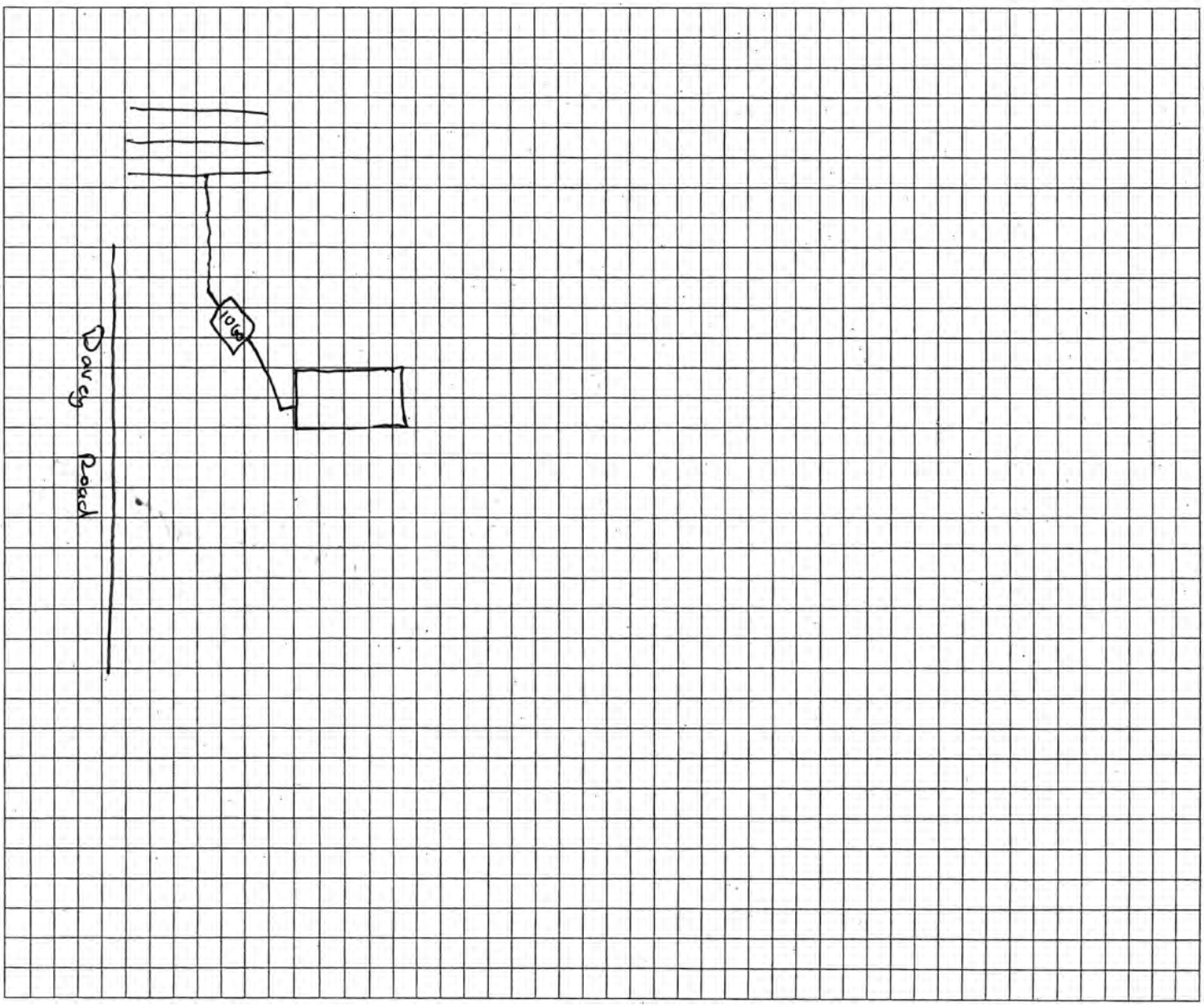
Complete As-Built drawing on the back of this form.

Indicate North
w/ Arrow Here:

Onsite Wastewater System Design (Example)



*Note-If Lagoon, show all applicable dimensions



LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

3140 "N" STREET
Lincoln, NE 68510-1514
(402) 441-8000

NON TRANSFERABLE

PERMIT

Permit No. 98390060301

SEWAGE SYSTEM REPAIR
EXTEND SEWER

Issued 11/02/98
Expires 05/02/99
Revenue Code 3157

PAID

Establishment
GARY JUILFS
T12N R7E SEC 26
N 1/2 LOT 22
8801 DAVEY RD

FEES: $50.00

TOTAL $50.00

Permittee
GARY JUILFS
8801 DAVEY RD
LINCOLN NE 68517-9781

Issued By Health Director
Lincoln-Lancaster County Health Department

008242

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

Individual Sewage Disposal System
Application to Alter, Extend or Repair

❒Municipal Code 24.38 ❒County Resolution Number 2832

Date: 10-29-98	File No.: 983900603

The undersigned hereby applies for a permit to: ❒ **ALTER** ☒ **EXTEND** ❒ **REPAIR** an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

Cr 3825

1. **Legal description of property:**
   Township 12N Range 7E Section 26 1/4 Section N1/2
   Block _____ Lot 22 Addition _____

   Street Address 8801 DAVEY RD LINCOLN, NE 68517-9781

2. **Property use:** ☒ residential ❒ commercial ❒ other use
   Number of bedrooms 2 Describe _____

3. **Type of Present Individual Disposal System:** ☒ septic tank ❒ lagoon ❒ other

4. **Description of proposed alteration, extension or repair:** ADD Drain field

5. **Work to be done by:** ❒ owner ☒ contractor's name Mike Dietze Waverly Plumbing & Well

6. **Estimated project:** a. Repair, replace or minor extension with a cost of less than $400.00 (no fee required).
   b. Total cost is greater than $400.00 (Return fee with this application).
   c. A "construction permit" is required if the use, operation, location, or type of the system is being changed.

Print Name GARY JUILFS Address 8801 DAVEY RD. Phone 785-2258
Applicant Signature (owner or lessee) Gary Juilfs

Please include the permit fee ($50.00) with this application

(Please do not write below this line)

Date rec'd 10-29-98 REVIEW: ☒ approved ❒ disapproved By: Ron Mayhew

Site visits:
Date 6-2-99 By mm
Date _____ By _____
Date _____ By _____

Installation final written approval

Date 6-3-99 By Ron Mayhew

Return to: Lincoln-Lancaster County Health Department - Environmental Health Division
3140 "N" Street, Lincoln, NE. 68510
441-8022

10/29/98
$50.00
Ck 6788

White - EH Pink - Business Office Revised 1/98

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 8801 DAVEY RD (no rural route) City LINCOLN NE, Zip 68517

Owner GARY JUELFS Addresss 8801 DAVEY RD

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

Date of Tests 9/17/98 to 9/18/98 Weather: Precipitation NONE Temperature 78°

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	9/17	0830	9/17	1230	9/18	1145	11 1/4	9/18	1218	33	1	33 mpi
2	36	9/17	0830	9/17	1230	9/18	1145	10 3/8	9/18	1218	33	7/8	38
3	35	9/17	0830	9/17	1230	9/18	1145	13 1/4	9/18	1218	33	1	33
4	36	9/17	0830	9/17	1230	9/18	1145	11 1/4	9/18	1218	33	3/4	44
5	36	9/17	0830	9/17	1230	9/18	1145	11 7/8	9/18	1218	33	7/8	38
6	35	9/17	0830	9/17	1230	9/18	1145	12 1/4	9/18	1218	33	3/4	44
													230

Person Conducting Percolation Tests

Name: GARY JUELFS

Phone: 785-2258

Address 8801 DAVEY RD LINCOLN NE 68517

Sum of Percolation Rates: 230

Average of Rates: 38 mpi

Rate Used for Calculation: 38

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks 3 bdrm 3ft = 281
4ft = 211

Signature of Reviewing Official Ron Maynard Date 10-28-98

FORM 23-101 10-96

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

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date _____

System Location (Indicate correct number and street)

Address 8801 (no rural route) City Lincoln NE, Zip 68517

A. Building Sewer

1. Material: _____
   Diameter: _____ in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: _____ ft.
4. Number of clean-outs: _____
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: 01
2. Capacity: 1000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☐ above ☐ below grade _____ in.
5. Inlet: ☐ baffle ☐ tee
6. Outlet: ☐ baffle ☒ tee
7. Depth to top of tank, below unfinished grade: _____ in.
8. Distances to: Well or suction line 100 Plus ft.
   Stream NA ft.
   Pressure line NA ft.
   Property line NA ft.

C. Distribution Box

1. Material: _____
   Number available outlets: 5
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 167 ft.

D. Absorption Field

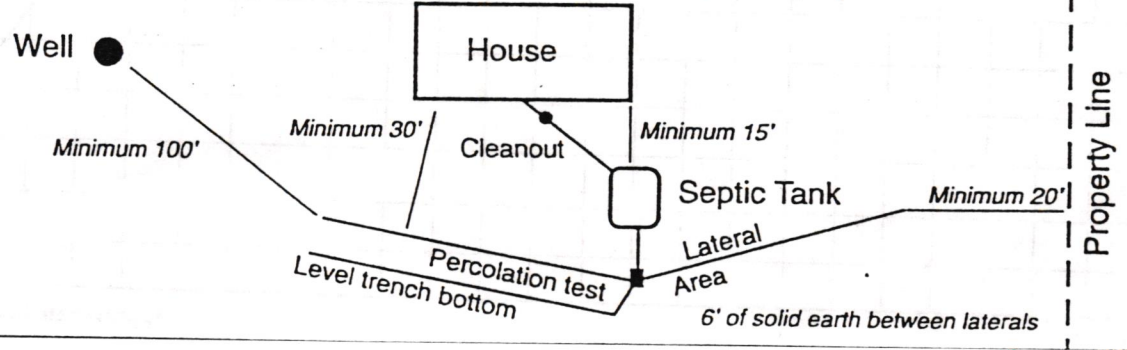
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: INFILTER
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 3
   Length of each line: 42 ft. 42 ft.
   _____ ft. _____ ft., 34 ft.
3. Trench dimensions: Width 4 ft.
   Slope 0 in/100 ft.
   Average depth 36 in
4. Filter material: GRAVEL
   Depth of material _____ in.
5. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line 20' ft.

Indicate North with Arrow

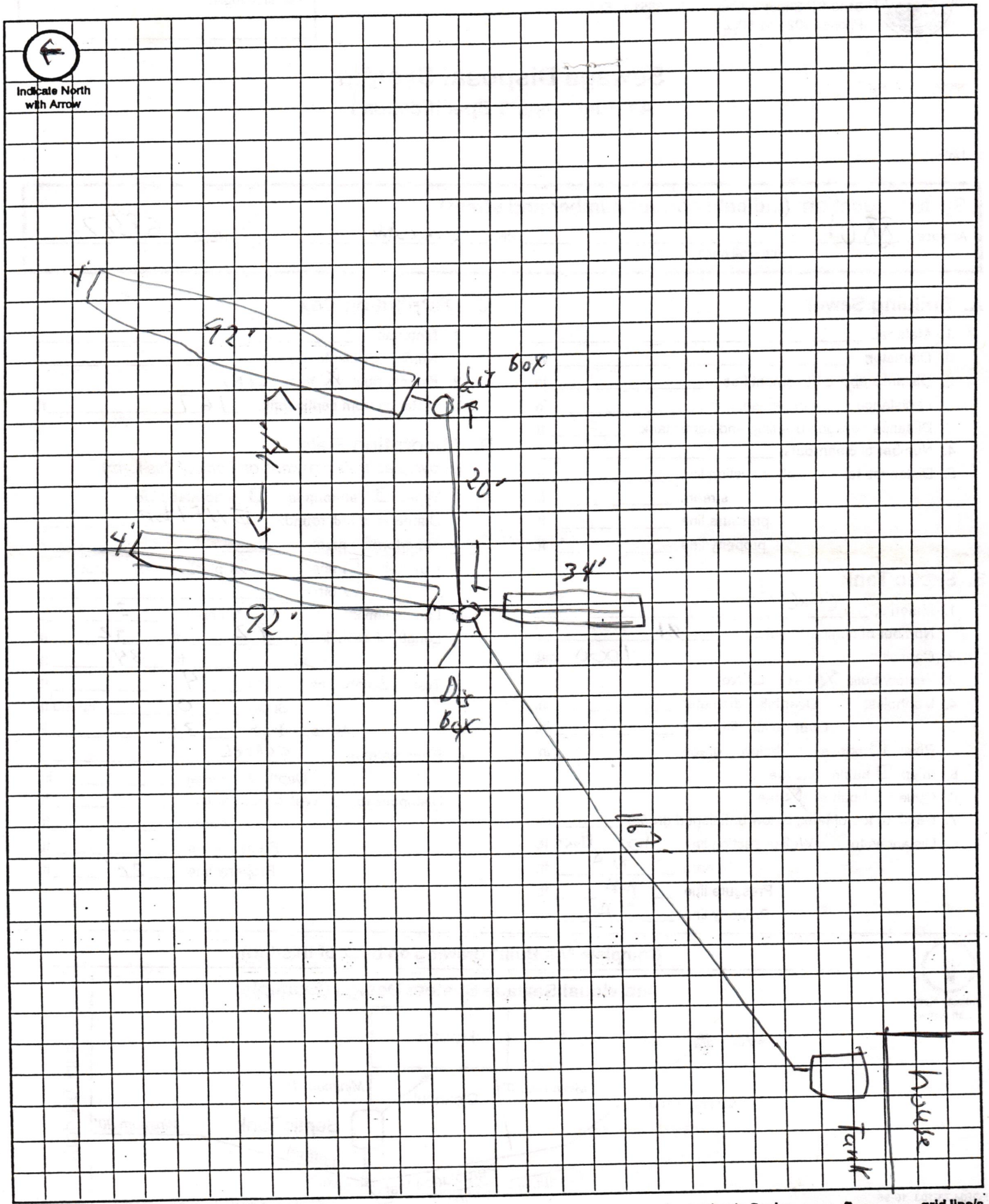
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



Approximate Scale: _____ ft. = _____ grid line/s

NEBRASKA — SHEET NUMBER 10

