#S002522

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):** 10655 W Mill Rd, Malcolm, NE 68402

   Legal Description of Property: Township: 11N Range: 5E Section: 9 SE1/4 NW1/4

   Block _____ Lot 38 SubDivsion _____ Add: _____

   ***Parcel ID** 05 - 09 - 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 failing drainfield with 250' of EZ Flow (1100sqft) based on a 40mpi percolation rate.

5. **Current Type of Lateral-** Infiltrator H10 **Current Linear Ft. Of Lateral -** 262.5

   Current Tank Gallonage- 1500g

6. Print Name Layne Gissler Address 10655 W Mill Rd, Malcolm, NE 68402 Phone: 402-440-4384

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 ____/____/____ 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: 4/10/23 Amount $245 Check No. cc 5040 Initials JAF

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 10655 W Mill Rd (no rural route) City Malcolm NE, Zip 68402

Owner James Wahrelmann Addresss 6128 NW 6th St Lincoln, NE 68521

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

Date of Tests 5-24-04 to 5-25-05 Weather: Precipitation 0 Temperature 68°

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	27	5-24	10:30a	5-24	2:30p	5-25	11:45a	6	5-25	1:45p	30	3/8	0.38/30 = 79
2	26	"	"	"	"	"	"	"	"	1:45p	"	1/4	0.25/30 = 120
3	27	"	"	"	"	"	"	"	"	3:45p	"	3/4	0.75/30 = 40
4	28	"	"	"	"	"	"	"	"	"	"	3	3.00/30 = 10
5	27	"	"	"	"	"	"	"	"	"	"	1 3/4	1.75/30 = 17
6	27	"	"	"	"	"	"	"	"	"	"	3 7/8	3.88/30 = 8

Person Conducting Percolation Tests

Name: Terri Jakoubek or Raymond Contracting, Inc.

Phone: 402-783-2663 or 402-890-3870

Address 13800 NW 70th St
Raymond, NE 68428

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: _____

#1 & 2 had water in the holes overnight

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

G & A

BACKHOE SERVICE

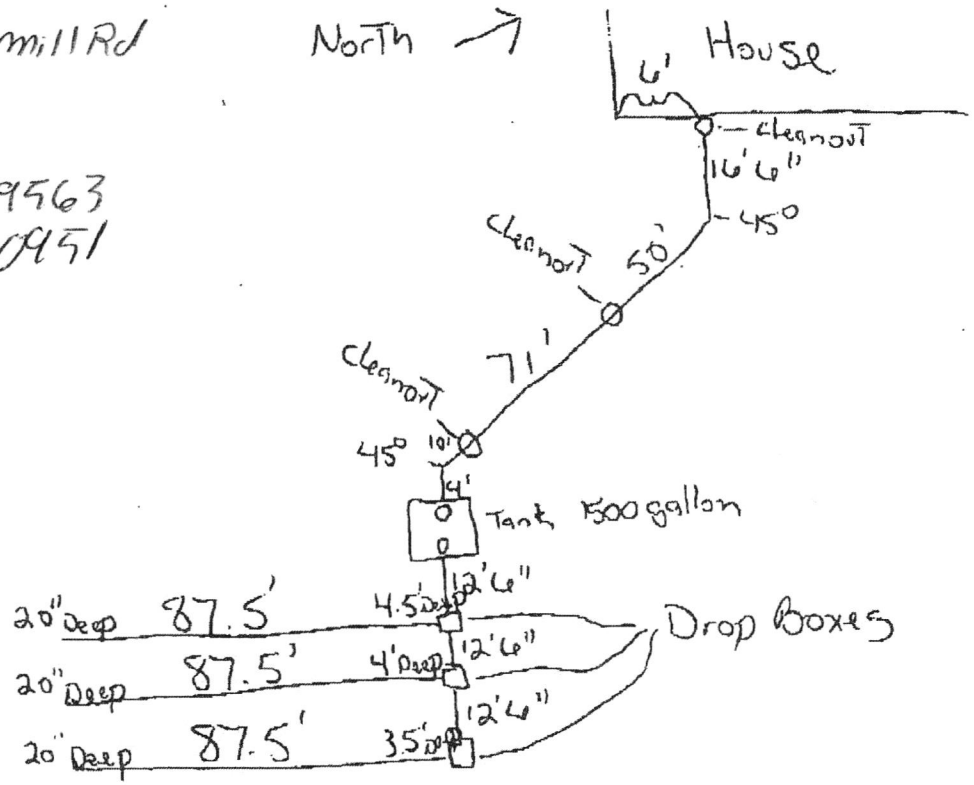
Gordon Lukes - Owner/Operator
2319 South 214th Street
Eagle, NE 68347-1995
Bus. (402) 781-2400
Cell. (402) 450-2409
Fax. (402) 781-2411

09/05/04

To Ron Marquart,
This is the as built drawing for a Septic System @ 10655 West Mill Road for JimWarrelmann. 1500 Gallon tank with risers to grade. Infiltrator H10 laterals 1050 sq. ft with 3 drop boxes.

Malcolm Nee
10655 W Mill Rd

Jim - 796-9563
314-0951



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. HS002522

System Type: Standard

Situs: No Site Address Specified

Issued: 4/13/2023

Expires: 4/13/2024

Description: S9, T11, R5, 6th Principal Meridian, LOT 38 NW

Owner: LAG FAMILY TRUST
10655 W MILL RD
MALCOLM, NE 68402

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

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

SCANNED

HS002522

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):** 10655 W Mill Rd, Malcolm, NE 68402

   Legal Description of Property: Township: 11N Range: 5E Section: 9 SE1/4 NW1/4

   Block _____ Lot 38 SubDivsion _____ Add: _____

   ***Parcel ID** 05 - 09 - 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 failing drainfield with 250' of EZ Flow (1100sqft) based on a 40mpi percolation rate.

5. **Current Type of Lateral-** Infiltrator H10 **Current Linear Ft. Of Lateral -** 262.5

   Current Tank Gallonage- 1500g

6. Print Name Layne Gissler Address 10655 W Mill Rd, Malcolm, NE 68402 Phone: 402-440-4384

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 4/14/23 REVIEW: ☑ Approved ☐ Disapproved By: _____

Comments (if any): _____

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

Installation final written approval
Date 4/28/23 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: 4/10/23 Amount $245 Check No. cc 5040 Initials _____

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 =

Address or Legal Description or Parcel Identification Number (PID) 10655 W Mill Rd, Malcolm, NE 68402

Owner: Layner Gissler / LAG Family Trust Address 10655 W Mill Rd, Malcolm, NE 68402

A. Wastewater Piping (Existing)

1. Material: Unknown Diameter: 4 in.
2. Distance between dwelling and septic tank: 151.5 ft.

B. Septic Tank (Existing)

1. Material Concrete
2. Capacity: 1500g
3. Depth to top of tank, below unfinished grade: ? in.
4. Distance to:
   Well 100 ft. +
   Pressure line N/A ft +
   Property Line 100 ft. +
   Foundation 100 ft. +

C Distribution Box or Drop Box

Distance **and** Direction from septic tank: 6 ft. SE
(Drainfield Control Valve)

D. Drainfield/Absorption Field (New)

☑ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☑ Other
   Material brand and inside width of Chamberless: EZFlow 1203H Bundles
2. Number of Laterals: 3 Depth: 20"
3. Length of each lateral (linear): ft. 90 ft. 90 ft. 30 ft.
4. Drainfield size: 1,125 sq. ft. (1,080 Paid)
5. Distance to:
   Well 100 ft. +
   Pressure line N/A ft. +
   Property line 100 ft. +
   Depth of Groundwater >8'

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

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

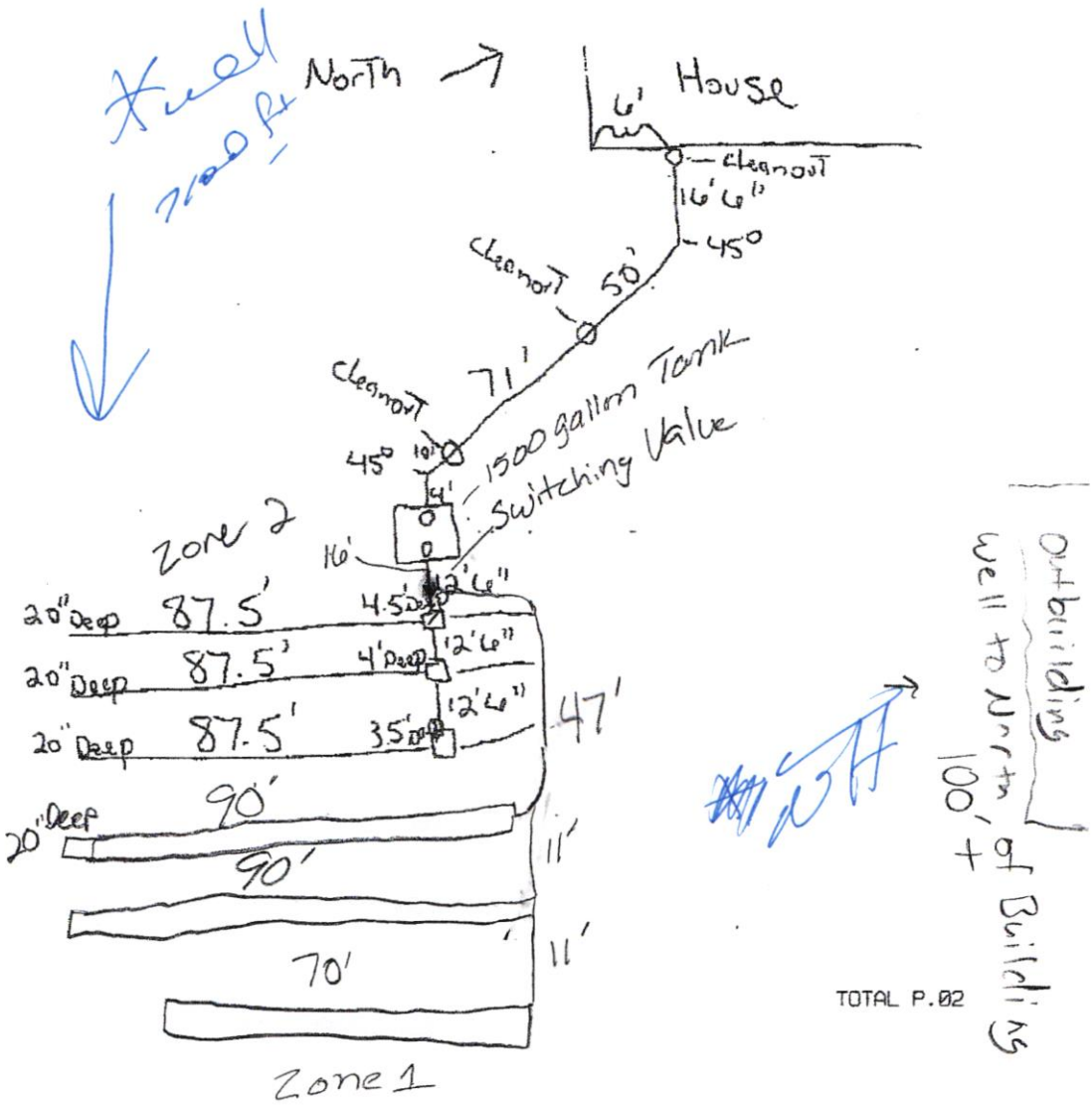
I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: Neri L. Jakovcek Date: 4/11/23

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

09/05/04

To Ron Marquart, original install info
This is the as built drawing for a Septic System @ 10655 West Mill Road for JimWarrelmann. 1500 Gallon tank with risers to grade. Infiltrator H10 laterals 1050 sq. ft with 3 drop boxes.



New Drainfield installed 4/11/23 (highlighted in yellow)

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