HS002637

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):** 585 W Waverly Rd, Raymond, NE 68428

   Legal Description of Property: Township: 11N Range: 6E Section: 15, NE1/4 NW1/4

   Block _____ Lot 3 SubDivsion _____ Add: _____

*Parcel ID 12 - 15 - 200 - 003 - 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 existing poly tank with new 1,500 gallon concrete tank.

5. **Current Type of Lateral**- Infiltrator Chambers **Current Linear Ft. Of Lateral** - 418ft/1,515sqft

   Current Tank Gallonage- 1500g

6. Print Name Todd Rivers Address 585 W Waverly Rd, Raymond, NE 68428 Phone: 402-560-3074

Applicant Signature: _____ Raymond Contracting Inc Terri L. Jahnke

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: 3/5/24 Amount $250 Check No. CC 5840 Initials JAV

Revised 4/8/13

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

A

Permit Number: 02380257601

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

☒ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address 525 "W" Waverly Rd. (no rural route) City Raymond NE, Zip 68428

Legal Description NE (1/4) 15 (Section) 11N (Township) 6E (Range) ____ (Subdivision) ____ (Addition) ____ (Block) ____ (Lot) T.L.

Geographical Location (if known): Longitude ____ Latitude ____

☒ Check if system mail address is not the same as the owner's address

B. Owner

Name Todd & Susan Rivers Signature [signature]

Address 6822 Platte Ave. City/State/Zip Lincoln NE 68507

☐ Check if owner designed system Home Phone ____ Work Phone ____

C. Contractor

Name Mel Gagner Company Name Gagner Const

Address 4810 W Claire Ave City/State/Zip Lincoln NE 68523

☒ Check if contractor designed system Work Phone 432-5698

D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name ____ Firm ____ Work Phone ____

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 5 Is there a Whirlpool Bathtub YES (NO)

☐ Commercial Establishment/Other Facility Specify ____

Design flow in gallons per day ____ Type of Wastewater: ☒ Domestic ☐ Non-Domestic.

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☒ County Resolution No. 2832

1. **Health Department** Date rec'd 12/9/02 Date frwd 12/9/02 ACTION ☒ Approved ☐ Disapproved Signature Gerald C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 12-9-02 Date frwd 12-9-02 ACTION ☒ Approved ☐ Disapproved Signature [signature]
3. **City or County Engineer** Date rec'd 12/9/02 Date frwd 12/9/02 ACTION ☒ Approved ☐ Disapproved Signature [signature] Co. Clerk

12-11-02 Faxed copy to [illegible]
12-12-02 3 drawings to [illegible]

Installation Final Written Approval

By [signature]

Date 12-16-02

Business Office Use Only

Date Rec'd 12-9-02
Amt Paid 200.00
Rec'd By ____ Cash/Check No. 3401

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

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

B

Permit Number: 023802574

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 525 "W" WAVERLY Rd. (no rural route) City RAYMOND NE, Zip 68428

Owner Todd Rivers Addresss 6822 PLATTE AV. LINCOLN NE 68507

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

Date of Tests 11-22 to 11-23 Weather: Precipitation SNOW Temperature 40

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	30	11-22	3:10	11-23	2:35	11-23	3:40	6	11-23	4:20	30	5/8	48 MIN/IN
2	36	"	"	"	"	"	"	"	"	"	"	1/2	60 MIN/IN
3	32	"	"	"	"	"	"	"	"	"	"	1/2	60 MIN/IN
4	30	"	"	"	"	"	"	"	"	"	"	5/8	48 MIN/IN
5	34	"	"	"	"	"	"	"	"	"	"	3/4	40 MIN/IN
6	29	"	"	"	"	"	"	"	"	"	"	3/4	40 MIN/IN

Person Conducting Percolation Tests

Name: Mel Eagner

Phone: 432-5698

Address 4810 "W" CLAIRE AVE LINCOLN NE 68523

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: 49

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official Jerrold C. Hood, R.E.H.S. Date December 9, 2002

FORM 23-101 10-96

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

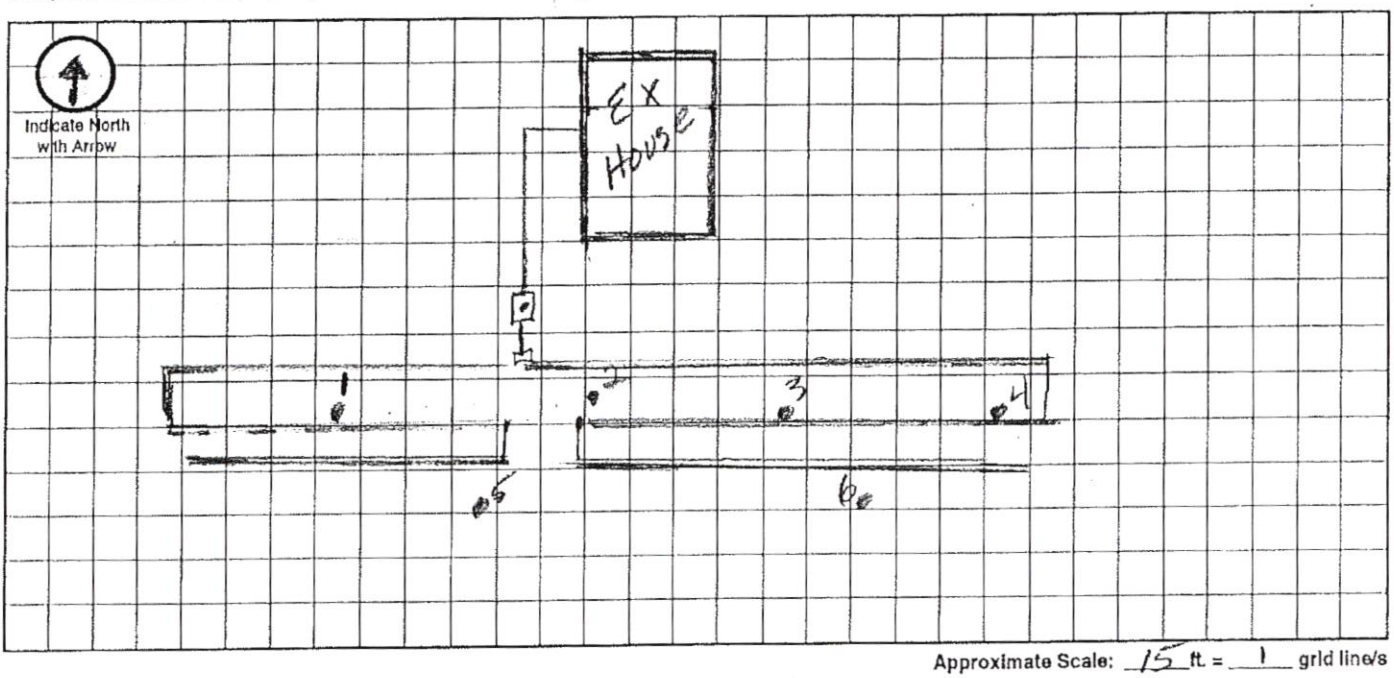
C

Permit Number: 023802574

Sewage Disposal System

Preliminary Plan Specifications

Draw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, compass direction and property lines. Indicate on drawing if residence and well are existing or proposed.



Approximate Scale: 15 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 525 "W" WAVERLY Rd. City _____ NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☒ Plastic ☐ Other _____

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate 48 (min. per inch) Soil Type: SHARPSBURG SILTY CLAY LOAM Land Slope: _____ %

Type of Absorption System: ☒ Trench ☐ Bed ☐ Other _____

Total Square Feet of Field Required: 1650 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: INFILTRATOR

Capacity of Septic Tank 15 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 413 ft. Number of Trenches 2 Trench Width 4

D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☒	500 ☒	50 ☒	NA ☐	25 ☒	20 ☒	15 ☒	25 ☒	☐
Field (ft)	100 ☒	500 ☒	50 ☒	4 ☒	30 ☒	20 ☒	30 ☒	40 ☒	☐
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

E. Required Signatures

Home Building Contractor _____ Date _____

Installer Melvin F Dayton Date 12/7/02

FORM 23-102 10-96

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

D

Permit Number: 02380257 4

Sewage Disposal System

As Built Plans & Specifications

Date Dec 11-02

System Location (Indicate correct number and street)

Address 5254 W WAVERLY Rd City RAYMOND NE, Zip 68428
(no rural route)

A. Building Sewer

1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: 24 in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: 18 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: Poly
   Number of compartments: 1
2. Capacity: 1500 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 24 in.
   Over outlet, diameter 24 in.
   Riser: ☒ above ☐ below grade 4 in.
5. Inlet: ☐ baffle ☒ tee
6. Outlet: ☐ baffle ☒ tee
7. Depth to top of tank, below unfinished grade: 18 in.
8. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. Distribution Box

1. Material: PLASTIC
   Number available outlets: 6
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 3'6" ft.

D. Absorption Field

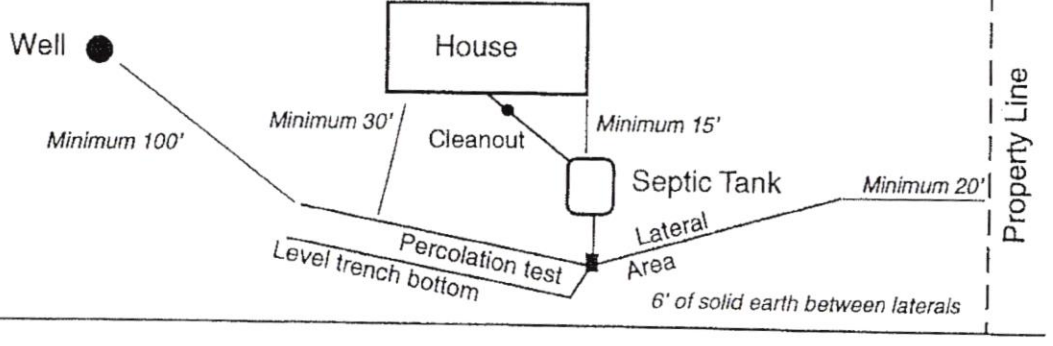
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: INFILTRATORS
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 10
   Length of each line: 62.6-25 ft. 50-37'6" ft.
   43'9"-56"3" ft. 43'9"43'9" ft., 43'9"42'6"
3. Trench dimensions: Width 4 ft.
   Slope 0 in/100 ft.
   Average depth 20 in
4. Filter material: _____
   Depth of material _____ in.
5. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

Indicate North with Arrow

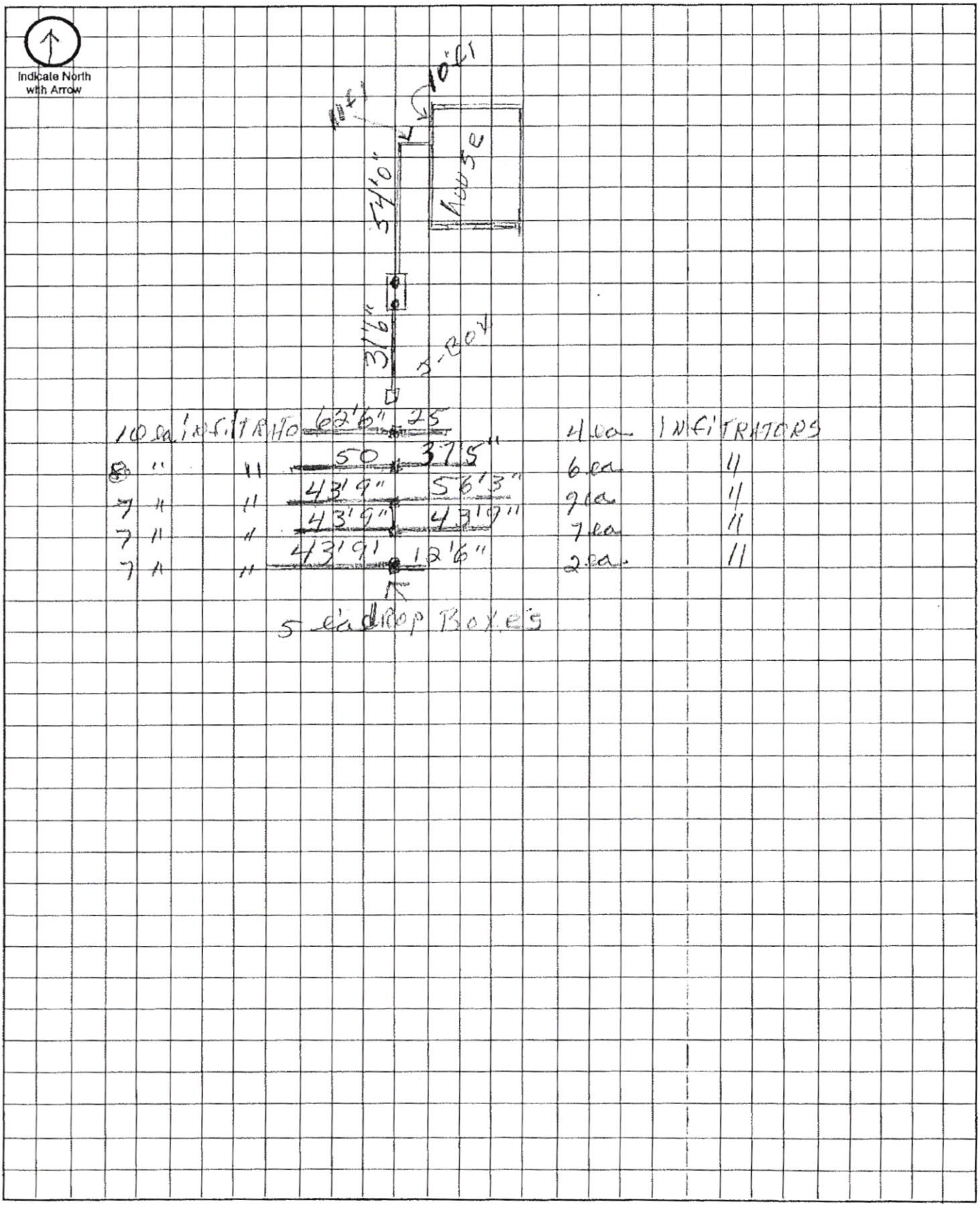
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



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

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. HS002637

System Type: Standard

Situs: No Site Address Specified

Issued: 3/15/2024

Expires: 3/15/2025

Description: S15, T11, R6, 6th Principal Meridian, LOT 3 NE

Owner: AMES RIVERS, SUSAN G TRUST, THE
585 W WAVERLY 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

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