Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

009914

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit
SEWAGE SYSTEM REPAIR
SEWAGE REPAIR

Permit # 07390086501

Issued 04/10/07
Expires 04/10/08
Revenue Code 3157

Establishment
JIMMY R MONNIER
T11N R6E SEC 16 QTR NE
OAK LOT 6
1501 W WAVERLY RD-RAYMOND

FEES: $160.00

Permittee
JIMMY R MONNIER
1301 W WAVERLY RD
RR 1 BOX 132A
RAYMOND NE 68428

TOTAL: $160.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

LINCOLN LANCASTER COUNTY HEALTH DEPARTMENT

0739008650 1
rdf

Application to Alter, Extend or Repair an Individual Sewage Disposal System

☐ Municipal Code 24.38 ☐ County Resolution Number 2832

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.

LCR 548

1. **Legal description of property:**
   Township 11 Range 6 Section 16 1/4 Section NE
   Block ____ Lot 6 Addition ____
   Parcel ID 12 - 16 - 200 - 002 - 060 (i.e. 99-99-999-999-999)
   Street Address 1501 W Waverly Rd Raymond, NE 68428

2. **Property use:** ☒ residential ☐ commercial ☐ other use
   Number of bedrooms 3 Describe ____

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

4. **Description of proposed alteration, extension or repair** added 100' of laterals, Infiltrator Quick 4 chambers

5. **Work to be done by:** ☐ owner ☒ contractor's name Lloyd Jakaubek, Raymond Contracting, Inc

6. **Estimated project:**
   a. Repair, replace or minor extension with a cost less than $400 (no fee required).
   b. Total cost is greater than $400 (Return fee with this application)
   c. A "construction permit" is required if the use, operation, location, or type of the system is being change.

Print Name Jimmy Monnier Address 1301 W Waverly Rd Raymond. NE 68428 Phone 402-783-3756
Applicant Signature (owner or lessee) Kimmy Monnier

Please include the permit fee ($~~100~~ 160.00) with this application
Fee must be included before the application will be processed. Incomplete information will delay processing

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HEALTH DEPARTMENT USE ONLY

Date received 4/9/07 REVIEW: ☑ Approved ☐ Disapproved By: ____

Site visits
Date 4/8/07 By ____
Date ____/____/____ By ____
Date ____/____/____ By ____

Installation final written approval
Date 4/9/07 By ____

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

Business Office Use Only
Received: Date: 4/10/07 Amount 160.00 Check No. 6405 Initials ____

White - Division Copy Pink - Business Office Revised 9/00

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 4/9/07

System Location (Indicate correct number and street)

Address 1501 W Waverly Rd. (no rural route) City Raymond NE, Zip 68428

A. Building Sewer (old)

1. Material: Sch 40
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: 102 ft.
4. Number of clean-outs: unknown
5. Distances to: well or suction line 100+ ft.
   stream 100+ ft.
   pressure line 100+ ft.
   property line 100+ ft.

B. Septic Tank (old)

1. Material: concrete.
   Number of compartments: 1
2. Capacity: 1000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☐ above ☐ below grade center Manhole in. 24" at grade.
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 100+ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 100+ ft.

C. Distribution Box (New)

1. Material: Plastic
   Number available outlets: 4
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 6' ft.

D. Absorption Field (New)

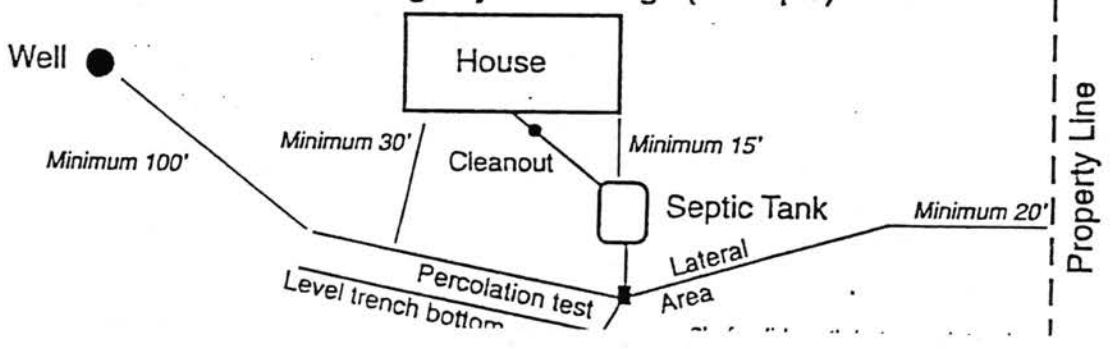
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: 12" Tall 34" wide
   or perforated pipe: _____
   Material: ☒ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 2
   Length of each line: 36 New ft. 72 'New ft.
   54 'old ft. 54' old. ft., _____ ft.
3. Trench dimensions: Width 4' ft.
   Slope Flat in/100 ft.
   Average depth 30-36" in
4. Filter material: Dirt
   Depth of material 30"-36" in.
5. Distances to: Well or suction line 100+ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 100+ ft.

Indicate North with Arrow

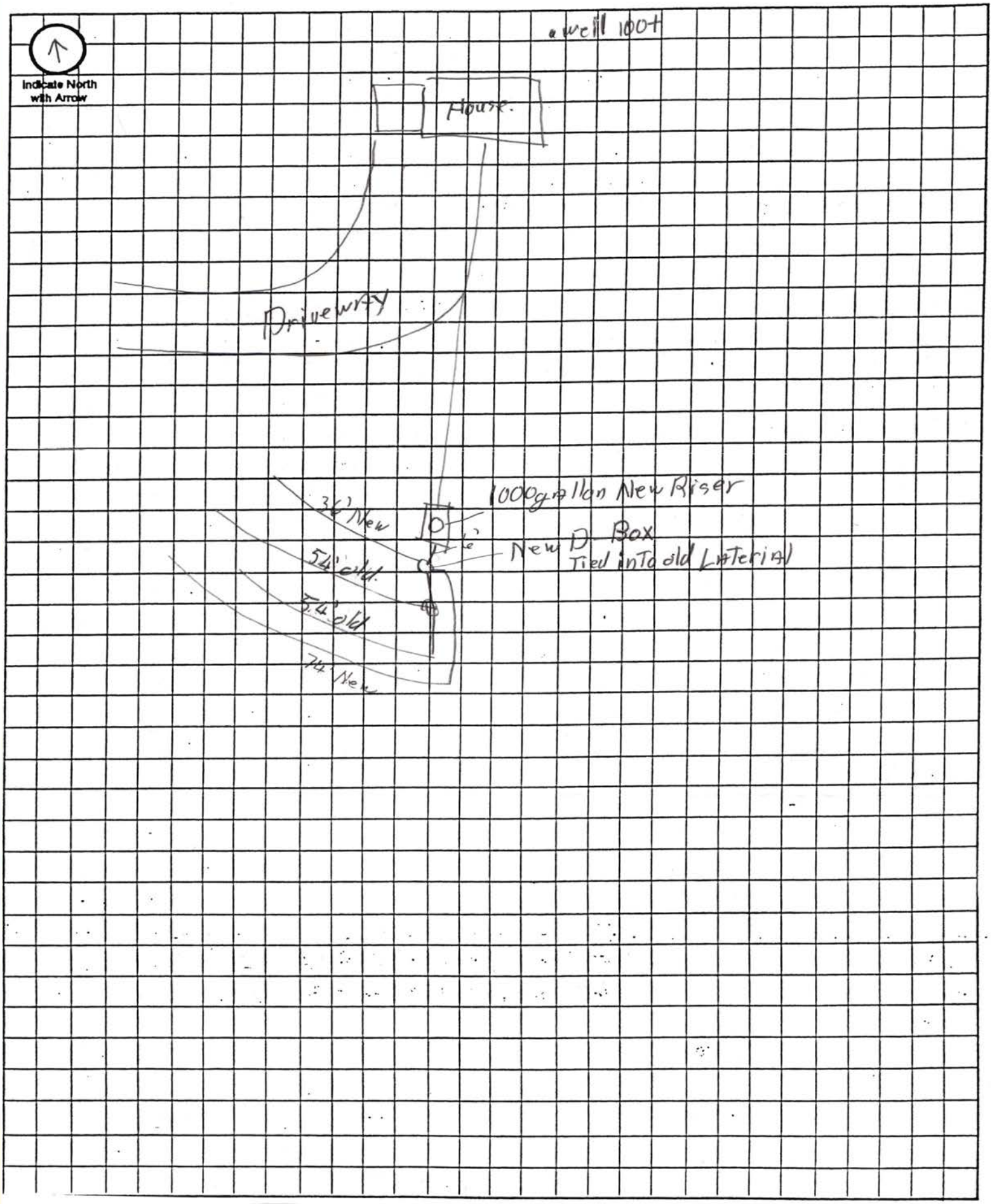
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2277-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

6 MONTHS — THIS PERMIT EXPIRES

JIM R. MONNIER — ISSUED TO

1819 S.W. 12TH ST. LINCOLN, NE 68522 — ADDRESS

T11N; R6E; Sec. 16 — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE NEW CONSTRUCTION

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 60.00	$	$	$ 60.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
	110.16	148.14	6-2

RECEIPTED BY — DATE — AMOUNT

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH

ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. _____

20109-0977

FORM 20103-0477
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

A

FILING FEE: $ 60.00

FILE NO. 2777-C

DATE: _____

The undersigned hereby requests SITE CLEARANCE and PERMIT to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

1. Legal description of property: Twp. 11N ; Range 6E ; Section ~~E½ NE¼~~ ~~W½ NW¼ - 15~~ ~~E½ NW¼ - 15~~ - 16
   Block _____ : Lot _____ : Addition _____
   Street Address _____

2. Property Use: Residential ☑ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 2 . Describe _____

3. Type of Individual Sewage Disposal System: Septic Tank ☐ ; Other ☐

4. Distance to public sewer: _____ ft. WILL INSTALL WHATEVER PERC TEST INDICATES

Jim B Morrison
Signature of Applicant (Owner or Lessee)

~~8[illegible]~~ 1819 SW 12th St. Lincoln
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 11/28/88. Date Frwd. 11/28/88. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 11/28/88 Date Frwd. 11/28/88 ACTION: Approved ☑ Disapproved ☐ Signature: Mel Hoddy

3. City or County Engineer: Date Rec'd. 11/28/88. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 12/2/88 by: L.C.H.
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 12/21/88 By: Jerrold Hood

White: Health Dept. Copy
Yellow: Engineers Copy
Pink: Bldg. Inspector's Copy

FORM 23-43

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
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 11 ; Range 6 E ; Section & ¼ Section E½ NE¼ - 16 (S½ E½ NW¼ - 15, W½ NW¼ - 15)
Property Dimensions: _____ ft. x _____ ft. Area: 197 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☒ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 11-25 to 11-26 . Weather: Precip. Cloudy Rain Temp. 32° To 38°

OWNER: Jim R. Monnier

Address: 1819 SW 12th St. Lincoln 68522

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	36	11-25	1:00Pm	11-26	1:Pm	11-26	1 Pm	12	5PM 26	11 ½	240	½	30 - ⅛
2	36	11-25	1 Pm	11-26	1 Pm	11-26	1.02Pm	12	5:02-26	11 ½	240	½	30 - ⅛
3	36	11-25	1 Pm	11-26	1 PM	11-26	1:04	12	5:04-26	11 ¼	240	¾	30 - ¼
4	36	11-25	1 Pm	11-26	1 Pm	11-26	1:06	12	5:06-26	5 ¾	240	6 ¼	30 - ½
5	36	11-25	1 Pm	11-26	1 Pm	11-26	1:08	12	5:08-26	6 ¼	240	5 ¾	30 - ½
6	36	11-25	1 Pm	11-26	1 Pm	11-26	1:10	12	5:10-26	9 ⅝	240	2 ⅜	30 - ⅜
7	36	11-25	1 Pm	11-26	1 Pm	11-26	1:12	12	5:12-26	9 ⅝	240	2 ⅜	30 - ½

Richard J Monnier
Signature of Person Conducting Test

Address BT1 Box 138 Bayard Ne Phone 476 6766

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

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): _____

Date: _____

Approved Percolation Rate (a)
A. 120 min./inch
B. _____ min./inch
C. _____ min./inch

_____
Signature of Reviewing Official

Retest

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
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 11 ; Range 6E ; Section & ¼ Section S½E½NW¼ 15 W½NW¼ 15 E½NE¼ 16
Property Dimensions: _____ ft. x _____ ft. Area: 197 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☒ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 11-28-88 to 11-29-88 . Weather: Precip. ¼" min Temp. 41 .

OWNER: Jim Monnier
Address: 1819 SW 12th Lincoln

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	36	11-28	2:30PM	11-29	2:30PM	11-29	4:30PM	12"	5:00PM	10"	30	2"	
2	36	"	"	"	"	"	4:32	12	5:02	11"	30	1"	
3	36	"	"	"	"	"	4:34	12	5:04	10½"	30	1½"	
4	36	"	"	"	"	"	4:36	12	5:06	10¼"	30	1¾	
5	36	"	"	"	"	"	4:38	12	5:08	10½"	30	1½"	
6	36	"	"	"	"	"	4:40	12	5:10	10¼"	30	1¾"	
7	36	"	"	"	"	"	4:42	12	5:12	9¾"	30	2¼"	
8	36	"	"	"	"	"	4:44	12	5:14	4"	30	8"	Drop
9	36	"	"	"	"	"	4:46	12	5:16	10½"	30	1½"	

Richard L. Monnier
Signature of Person Conducting Test

Address RT 1 Box 138 Raymond, Ne. Phone 476 6766

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

(Do not write below this line)

REVIEWING ACTION

Remarks: Retest different spot
Soil Type (SCS): Shappsburg Silty Clay Loam
Date: November 30, 1988

Approved Percolation Rate (a)
A. 18 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
Signature of Reviewing Official

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

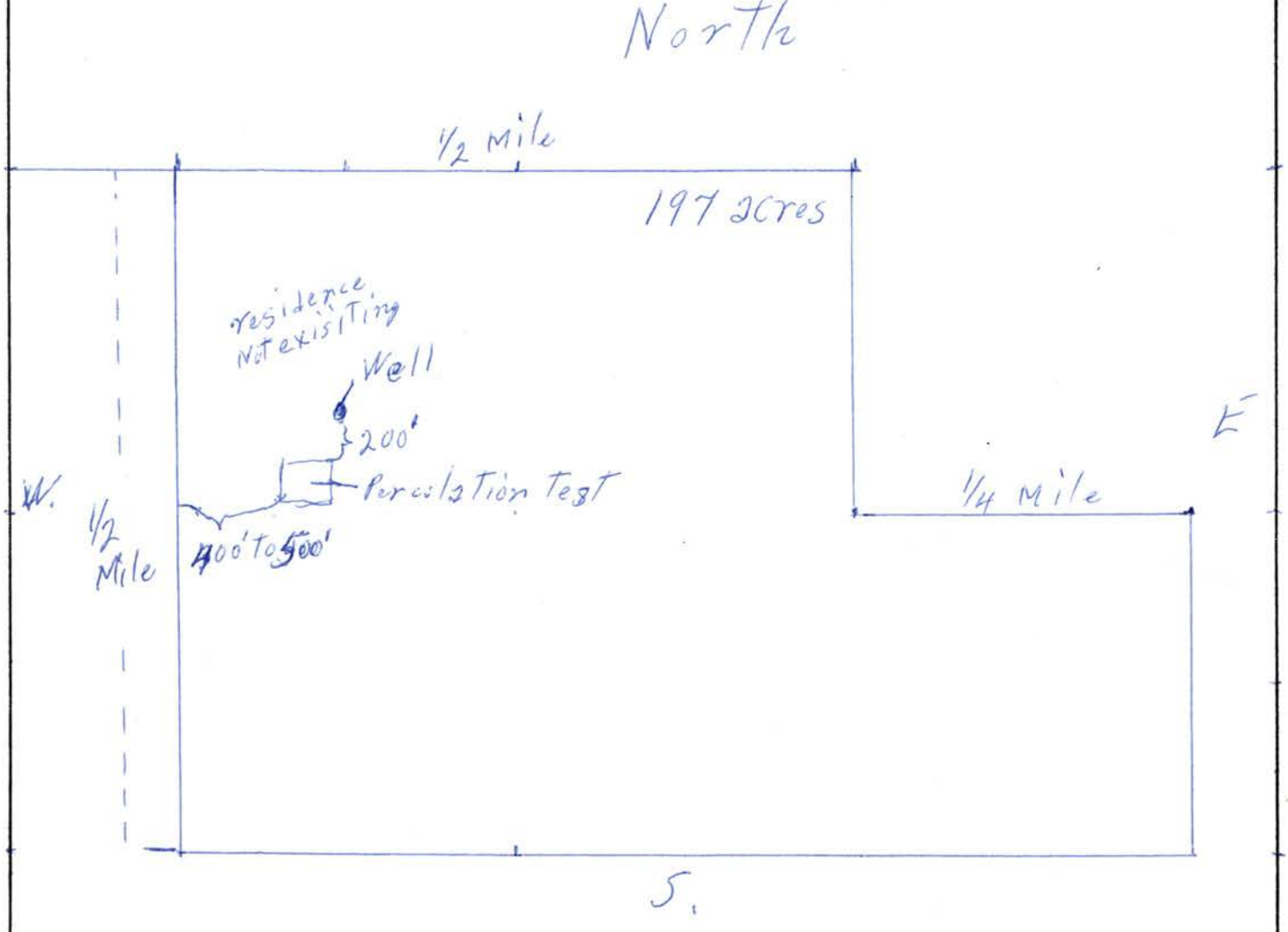
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO._____

Indicate on sketch if residence and well are exisiting or proposed.



REVIEWING ACTION

Remarks :_____

Date: November 30, 1988

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 101 ft.
3. With a Trench Width of 48 in.
4. Total Area of Lateral needed ~~404~~ sq.ft.

Gerrold C. Hood
Signature of Reviewing Official

RECEIVED DEC 2 1 1988

N ↑

Richard Mannier

