Application to Alter, Extend or Repair an Onsite Wastewater Treatment System

SCANNED

LINCOLN LANCASTER COUNTY HEALTH DEPARTMENT

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

HS000433

The undersigned hereby applies for a permit to: ☐ **ALTER** ☐ **EXTEND** ☑ **REPAIR** an existing wastewater treatment system, complying with appropriate Ordinance or Resolution, as marked above with drawings attached.

1. **Legal description of property:**
   Township 11 Range 8 1/4 ____ 1/4 ____ Section 22
   Block ____ Lot 14 Addition ____
   Parcel ID ____-____-____-____-____ (i.e. 99-99-999-999-999)
   Street Address (no rural route) 14940 McKelvie Rd Waverly NE 68462

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

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

4. **Description of proposed alteration, extension or repair** Added 264 FT of Laterals - 4 Ft wide by 264 Long 2 Trenches -

5. **Work to be done by:** ☐ owner ☑ contractor's name Doug LoFtus - LoFtus Septic

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 permit is required if the use, operation, location, or type of system is changed.

Print Name Dale Schumacher Address 14940 McKelvie Rd Phone: 402-786-2722

Applicant Signature (owner or lessee) ____

Please include the permit fee ($~~150~~ 185.00) 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 11/2/10 REVIEW: ☑ Approved ☐ Disapproved By: ____

Site visits
Date 11/2/10 By DS
Date ____/____/____ By ____
Date ____/____/____ By ____

Installation final written approval
Date 11/2/10 By ____

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

Business Office Use Only

Received: Date: 11/8/10 Amount [redacted] Check No. [redacted] Initials [redacted]

White - Division Copy Pink - Business Office Revised 9-05

Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3140 N Street Lincoln, NE 68510-1514

ON-SITE WASTE WATER SYSTEM
REPAIR PERMIT

No. HS000433

System Type: STANDARD

Situs: 14940 MCKELVIE RD

Legal Description: T11N-R08E-S22-Lot 14

Owner: SCHUMACHER, DALE L & JEARLYN R
14940 MCKELVIE RD
WAVERLY NE
68462

Permit Fee:	$185.00
Total Fees:	$185.00
Issued:	11/08/2010
Expires	11/08/2011

Judith A Halstead

Judith A. Halstead, MS, Health Director

Dear Applicant:

The above document is your permit to repair an existing On-site Waste Water System at the location listed. Please contact this office once repairs are complete to obtain final approval before use.

Judith A Halstead

Judith A. Halstead, MS
Health Director

LOFTUS SEPTIC
410 COUNTY RD C
ASHLAND NE 68003

LLCHD HS000433

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HEALTH DEPARTMENT USE ONLY

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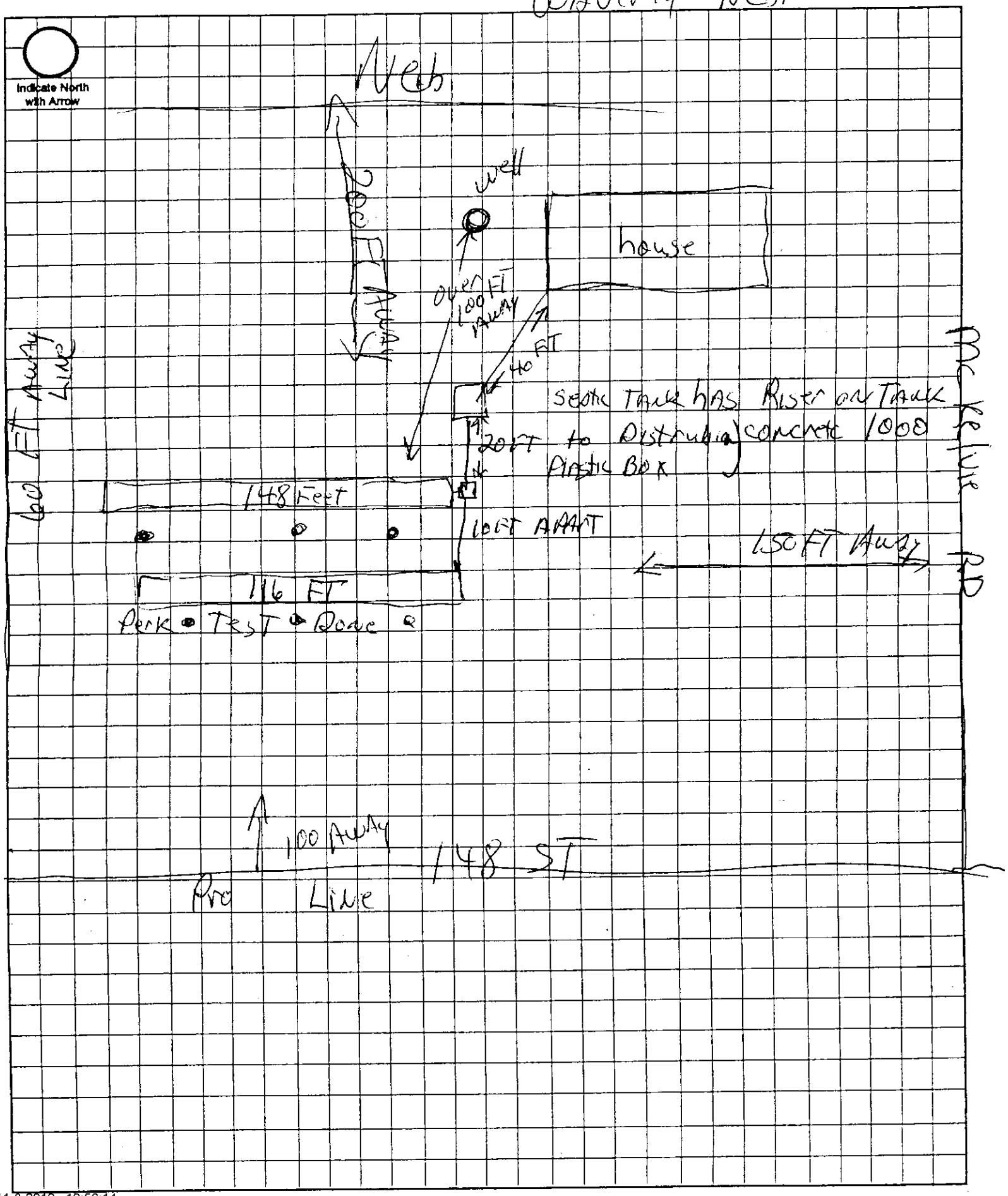
White - Division Copy Pink - Business Office Revised 9-05

11-8-2010 10:56:13

LLCHD HS000433

As Built Drawing

Dale Schumacher
14940 McKelvie Rd
Waverly Nebr



11-8-2010 10:56:14

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

Soil Percolation Test Data Sheet for Absorption System

Owner Information:

Owner Name Dale Schumacher Phone (402-786-2722)

Address 14940 McKelvie Rd City Waverly State NE Zip 68462

Location: (Attach a sketch of the property showing test hole locations.)

____ ¼ Sec. of the ____ ¼ Sec., Section ____, Township ____ N, Range ____,

Lot # ____, Subdivision ____, County Lancaster

Soil Type: (Check one.)

Sand ____ Silt ____ Clay ✓ Sandy Clay ____ Loamy Sand ____

Silty Clay ____ Silty Clay Loam ____ Sandy Loam ____ Silt Loam ____

Dates of Test:

Start Date 10-29- to End Date 10-30-2010

Weather Conditions:

Precipitation 0 Avg. Temp. 60's °F

Percolation Test Measurements and Data

a	b	c	d	e	f	g	h	i	j	k	l	m	n
		Pre-saturation Period				Percolation Readings (last period)					Results		
		Start		End		Start			End				
Hole No.	Hole Depth (in.)	Date (Mo./Day)	Time (Hr./Min)	Date (Mo./Day)	Time (Hr./Min)	Date (Mo./Day)	Time (Hr./Min)	Water Level (inch)	Time (Hr./Min)	Water Level (inch)	Elapsed Time (minutes)	Drop in Water Level (inches)	**Percolation Rate** (l ÷ m) (Minutes per inch)
1	24	10-29	4hrs with			10-30	1:30	6	2:00	5.5	30	.5	60
2	24	10-29	12 inch of			10-30	1:35	6	2:05	5.5	30	.5	60
3	24	10-29	water hole			10-30	1:40	6	2:10	3.75	30	.625	48
4	24	10-29				10-30	1:45	6	2:15	5.5	30	.5	60
5	24	10-29				10-30	1:45	6	2:15	3.75	30	.625	48
6	24	10-29				10-30	1:50	6	2:20	3.75	30	.625	48

Tests must be performed by a certified onsite professional, a professional engineer or a registered environmental health specialist.

Douglas J Zahn

(Signature of certified onsite professional, professional engineer, or R.E.H.S.)

Certificate or License # C1155

Address 410 co Rd C

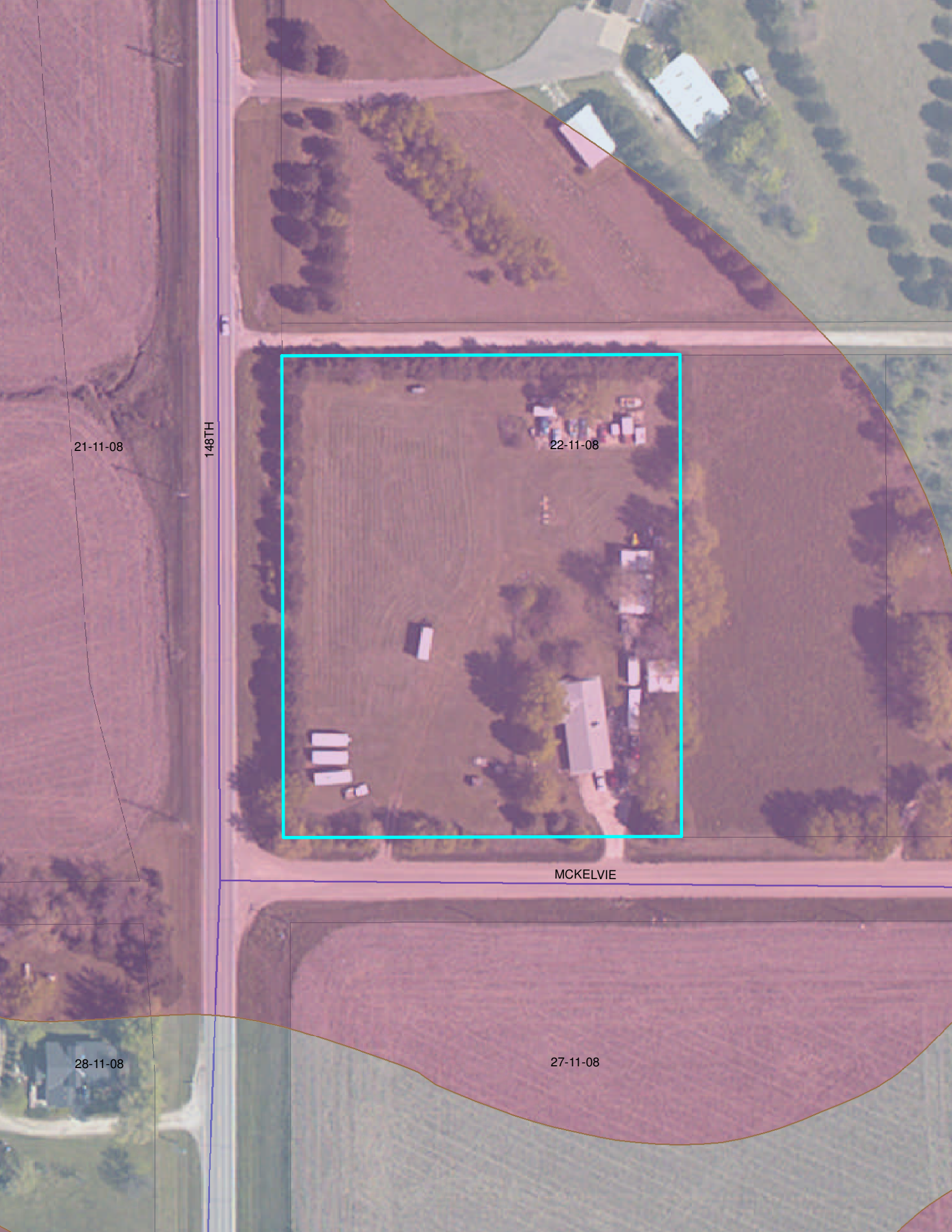
City Ashland St. NE Zip 68003

Phone (402) 944-7636

Sum of Percolation Rates = 324

Avg. of Percolation Rates* = 54
(sum of rates ÷ number of tests)
(minutes per inch)

* If rates vary by more than 20 min/in., do not average. Use slowest rate measured for sizing soil absorption area.


21-11-08
148TH
22-11-08
MCKELVIE
28-11-08
27-11-08

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St. Marys Avenue Phone (402) 471-7800 Lincoln, Nebraska 68502

REAL ESTATE TRANSFER / LOAN APPROVAL

This form must be completed and returned to request a real estate transfer inspection.

MAKE CHECKS PAYABLE TO: Lincoln-Lancaster County Health Department.

☒ Evaluation of the Individual Water System Date: 2/6/91

☒ Evaluation of the Sewage Disposal System ☒ Enclosed is $150.00

Legal Description of Property: TWP. 11 North; RANGE 8E; SECTION 22 - SW¼; BLOCK ____

LOT 147; ADDITION _____; Street Address 14940 McKelvie Rd. Waverly, NE 68462

Directions to Property O St to 148th; turn north; go 6 miles to McKelvie Rd.; turn east. First house on north side of road.

Location of Well north of house Tap Location: Inside ☐ Outside ☒

Location of Sewage System NW corner of yard Year Installed 1973

	NAME	ADDRESS	PHONE
Present Owner:	Frank + Julia Prochaska	3702 N. 22nd Lincoln, NE 68521	474-0072
Tenant/Buyer:	Dale + Jearlyn Schumacher	14940 McKelvie Rd, Waverly NE	786-2722
Return to:	Provident Savings	440 S. 13th Lincoln, NE 68508	474-5559

NOTE: Allow two weeks for processing. Incomplete information will delay processing.

Signature of Applicant Jearlyn Schumacher Address 14940 McKelvie Rd. Waverly, NE 68462

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HEALTH DEPARTMENT USE ONLY

Date Received FEBRUARY 7, 1991 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 2-8-91

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM: 2		SITE VISIT:
Construction	☒	☒	Approved:	☐	Date 2-8-91 by rm
Bacteria	☒	☐	Provisional:	☒	Date 2-14-91 by rm
Nitrate	☒	☐	Disapproved:	☐	Date _____ by ____

Comments: If corral has heavy livestock use, fence must be 100 ft from well. Well does not have a sanitary seal. Must have a drawing of the septic system to be certain components are far enough away from well. See Attached Letter ☐
Standing water from recent snow melt prevented a thorough inspection of septic subsurface laterals for possible malfunction.

FINAL STATUS Corrections Made

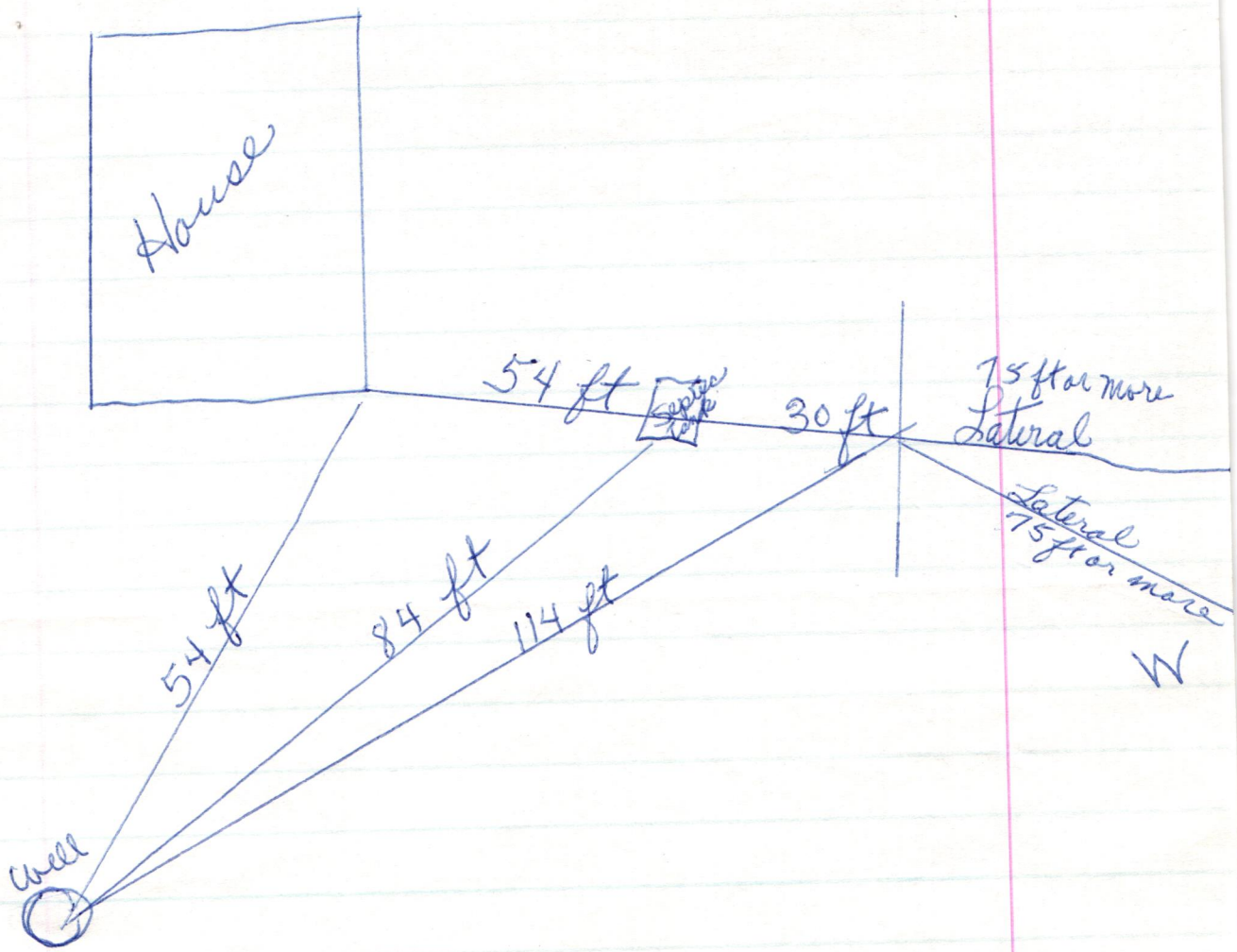
WATER SYSTEM:	SEWAGE DISPOSAL SYSTEM:	
Approved: ☒	Approved: ☐	Provisional Approval: ☒

APPROVED BY Ron Margenau DATE 2-28-91

Approval or disapproval is based on written standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operation. WELLS - Nebraska Safe Drinking Water Act,
- Standards for A Private Well in Nebraska

FG.4120 INDIVIDUAL SEWAGE SYSTEMS - County Resolution #2832

50



The Sanitary Seal on cap is being put on by Dietze Waverly Plumbing + Well Co

Thank you
Frank Prochaska

APPLICATION FOR WELL REGISTRATION AND SAMPLING

DATE: 12-9-94

Legal Description of Property 22-11-8

Directions to Property 148th McKelvie E. ½ on N. end

Land Owners		Send Results to:	
Name:	Dale + Jearlyn Schumacher	Name:	
Address:	14940 McKelvie Rd.	Address:	
Phone:	786-2722	Phone:	

Land Owners Signature Jearlyn Schumacher

I hereby authorize the Health Department to inspect, sample, and register the well on the above property.

Well Data: Please fill in the following information as thoroughly as possible. Leave blank any areas that are unknown.

Approximate Depth of well	100'-150
Casing Material	Steel
Casing Diameter	5"
Is well located in a pit	NO
Type of pump	Sub-

POINT SOURCES - DISTANCE WITHIN 1/2 MILE OF WELL FROM: UPHILL/DOWNHILL FROM WELL

HOUSE FOUNDATION	_____ (distance)	FEET	U/D
CESSPOOL	_____	FEET	U/D
SEPTIC TANK	>50	FEET	U/D
SEWAGE DISTRIBUTION FIELD	>100	FEET	U/D
WASTE STABILIZATION LAGOON	_____	FEET	U/D
BARN YARD	_____	FEET	U/D
NEAREST WELL	_____	FEET	U/D
NEAREST PASTURELAND	_____	FEET	U/D
NEAREST CROPLAND	_____	FEET	U/D
SHOP	_____	FEET	U/D
GRAINERY	_____	FEET	U/D
FUEL TANKS	_____	FEET	U/D
OTHER POTENTIAL CONTAMINATION SOURCE	_____	FEET	WHAT? _____