MAY 22 2013

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

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

H5000758

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 10N Range 7E 1/4 NE 1/4 _____ Section 14
   Block _____ Lot 66 6PM Addition _____
   Parcel ID ____-____-_____-_____-_____ (i.e. 99-99-999-999-999)
   Street Address (no rural route) 9230 Leighton Ave. Lincoln NE 68507

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** Add 350ft of INFILTRATOR 1400sqft.

5. **Work to be done by:** ☐ owner ☒ contractor's name Eagler Const

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 ~~MIKE~~ MELINDA HIND Address 9230 LEIGHTON AVE Phone: 402-350-6856

Applicant Signature (owner or lessee) Mike Hind by Mel Eagler

Please contact LLCHD for the permit fee for 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 5/22/13 REVIEW: ☒ Approved ☐ Disapproved By: _____

Site visits
Date ____/____/____ By _____
Date ____/____/____ By _____
Date ____/____/____ By _____

Installation final written approval
Date 5/22/13 By _____

Return application to:
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: 441-8643

Business Office Use Only

Received: Date: 5/29/13 Amount 195.— Check No. 7187 Initials BH

Revised 3-09

Property
125'
10'
50'
100'
100'
100'
120'
52'
64'
56'
Ditch
B
B
Box
25'
45'
Well
38'
W.C.O.
23'
30'
House
102'
Livingston Ave.
9230 Livingston Ave.
N
proposed well

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

ON-SITE WASTE WATER SYSTEM REPAIR PERMIT
No. HS000758

System Type: Standard

Situs: 9230 LEIGHTON AVE, RURAL, NE

Issued: 5/31/2013

Expires: 5/29/2014

Description: S14, T10, R7, 6th Principal Meridian, LOT 66 NE

Owner: HIND, MICHAEL A & MELINDA K
9230 LEIGHTON AVE
LINCOLN, NE 68507

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 repair is complete to obtain final approval before use.

Judith A Halstead
Judith A. Halstead, MS
Health Director

GAGNER CONSTRUCTION
4810 W. CLAIRE AVE
LINCOLN, NE 68523-9324

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 471-8000

NON TRANSFERABLE

P E R M I T

Permit
SEWAGE INSTALLATION

No. 92380088001

Issued 07/17/92
Expires 01/17/93
Revenue Code 18754

Establishment
MATTHEW WOLLAM-BERENS
T10N R7E SEC 14 QTR NE
LOT 66
9230 LEIGHTON AVE

FEES: $150.00

TOTAL $150.00

Permittee
MATTHEW WOLLAM-BERENS
4611 MADISON AV
LINCOLN NE 68504

Issued By M. Jane Ford
Health Director

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

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: $_____

FILE NO._____

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. 10N ; Range 7E ; Section NE #14 ;
   Block _____ : Lot 66 I.T. : Addition _____
   Street Address 9230 Leighton Ave

2. Property Use: Residential ☑ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe 2-story 2 1/2 bath

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

4. Distance to public sewer: No sewer ft.

Matthew Wollam-Berens
Signature of Applicant (Owner or Lessee)

4611 Madison Ave. Lincoln, NE 68504
Address

(Do not write below this double line) (475-2422) Jims Cellular 432-0590

1. Health Department: Date Rec'd. 7/16/92 . Date Frwd. 7/17/92 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 7/17/92 . Date Frwd. 7/17/92 . ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]

3. City or County Engineer: Date Rec'd. 7-17-92 . Date Frwd. 7-17-92 . ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]

REMARKS OR REASONS FOR DISAPPROVAL_____

Site Visits:
Date: 8-13-92 by: [illegible]
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 8-14-92 By: Lon Mogus

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

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 10 ; Range 7 ; Section & ¼ Section NE #14.
Property Dimensions: 525 ft. x 405 ft. Area: 5.379 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: _____ to _____. Weather: Precip. Ø Temp. 82°.

OWNER: Matthew Wolkin-Berens

Address: 9230 Leighton Ave.

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	33	6/21	3:00 PM	6/21	7:00 PM	6/22	4:30	6.0	8:30	5.0	30	-1.0	30
2	33	6/21	3:06	6/21	7:06	6/22	4:28	6.0	8:32	5.5	30	-1/2	60
3	33	6/21	3:12	6/21	7:12	6/22	4:26	6.0	8:34	5 5/8	30	-3/8	80
4	33	6/21	3:18	6/21	7:18	6/22	4:20	6.0	8:36	4.5	30	-1.5	20
5	33	6/21	3:24	6/21	7:24	6/22	4:22	6.0	8:38	5 5/8	30	-3/8	80
6	33	6/21	3:30 PM	6/21	7:30 PM	6/22	4:24	6.0	8:40	5 1/2	30	-1/2	60

Sum of Percolation Rates: 330
Average of Rates: 55
Mean of Rates: _____

Matthew Wolkin-Berens
Signature of Person Conducting Test

Address 4611 Madison Ave Lincoln, NE 68504 Phone 464-3342

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): _____

Date: JULY 16, 1992

Approved Percolation Rate (a)
A. 44 min./inch
B. _____ min./inch
C. _____ min./inch

Gerrold 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 ☐

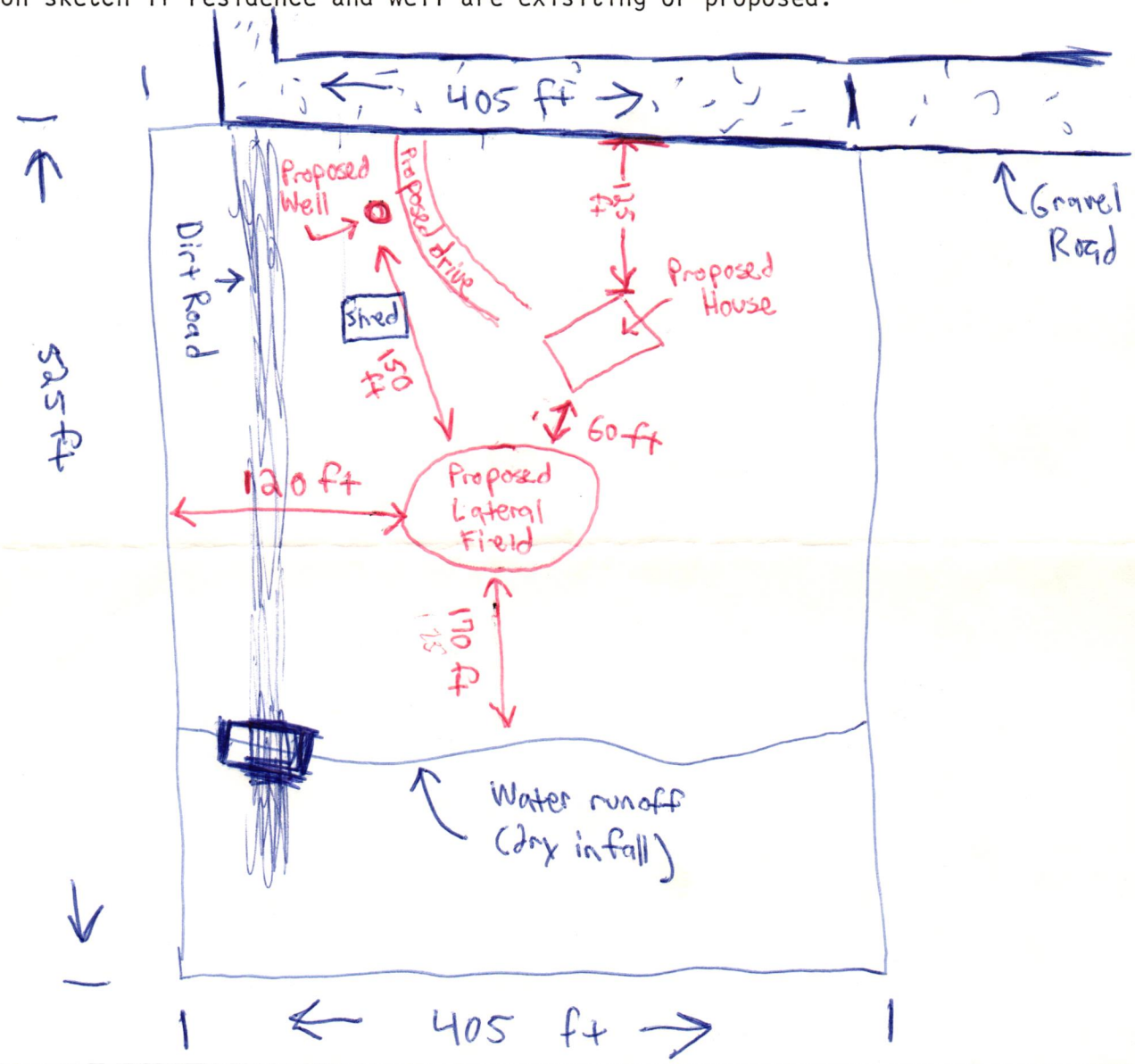
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

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: _____

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed 893 sq.ft.

Gerrold C. Hood
Signature of Reviewing Official

9230 Leighton Ave. Wellmann Plumbing.

FORM 20104-0477
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

D

DATE: 8-13-92

FILE NO. _____

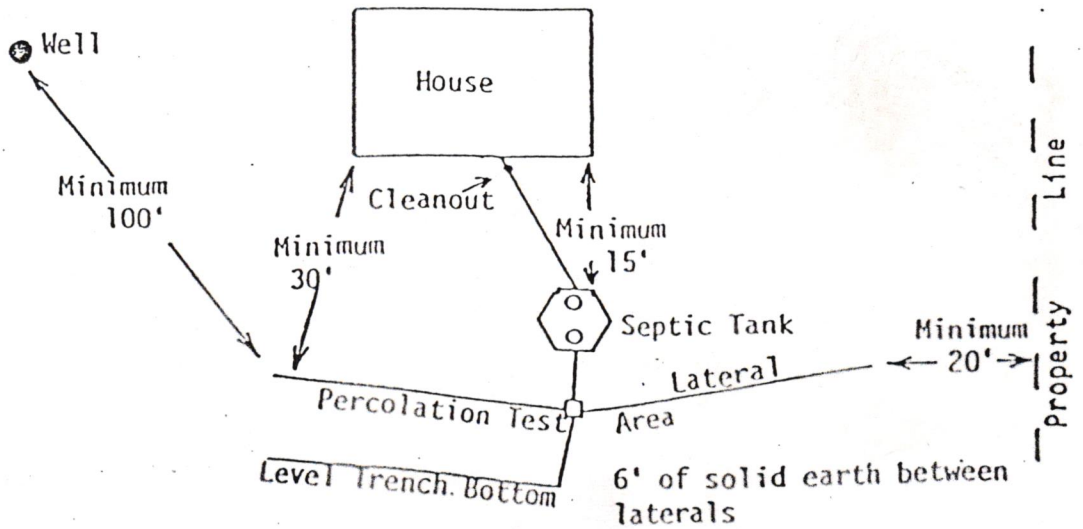
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material Sch #40; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 12 in.
3. Distance between dwelling and septic tank 106 ft.
4. Number of clean-outs 2.
5. Distances to:
Well or Suction Line 200 ft.; Stream 85 ft.; Pressure Line _____ ft.; Property Line 220 ft.

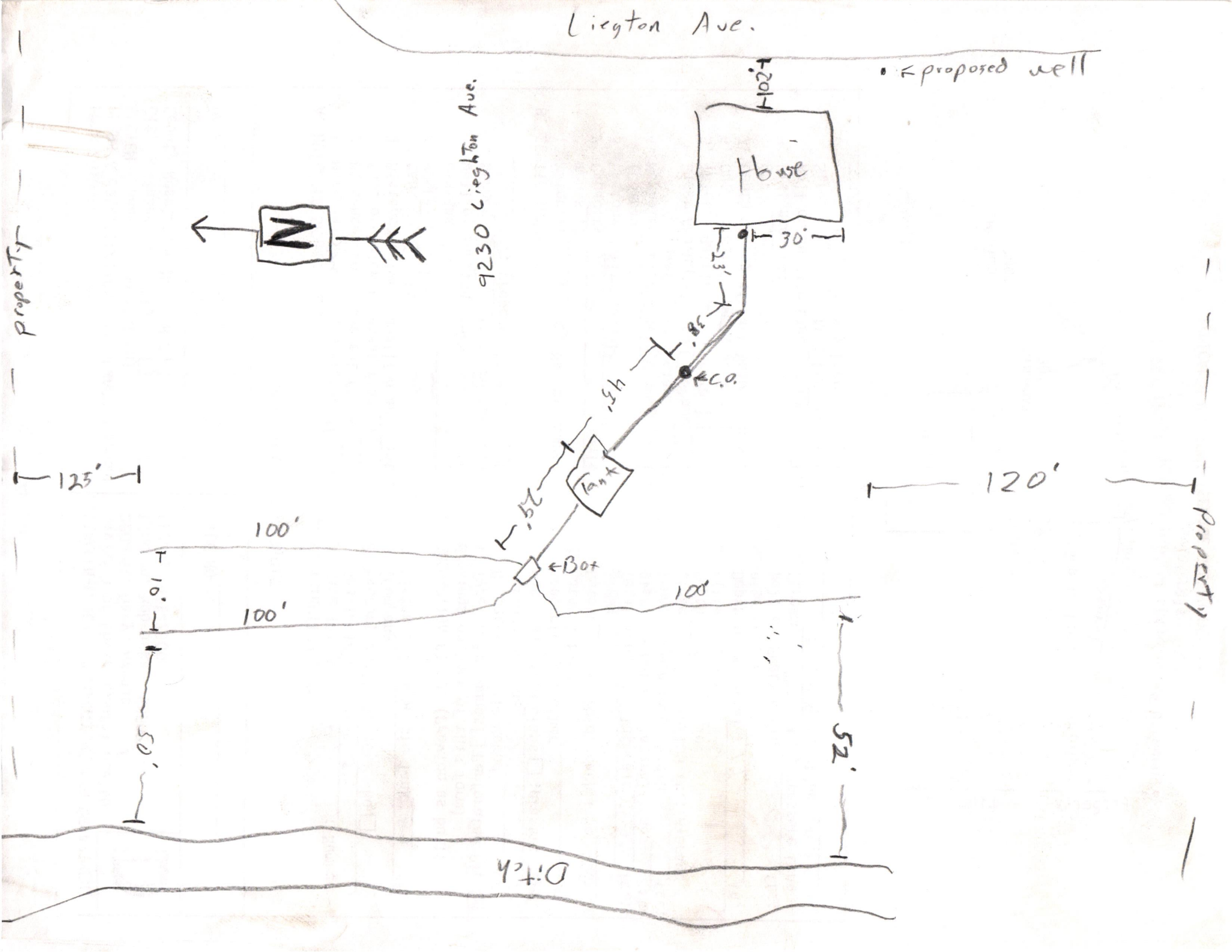
B. SEPTIC TANK:
1. Material concrete; No. of compartments 3.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☑ No ☐
(Company Precast)
4. Manholes: Over Inlet; diam. 24 in.
Over Outlet; diam. _____ in.
Riser Above ☑ Below ☐ Grade 3 in.
5. Inlet: Baffle ☑; or Tee ☐
6. Outlet: Baffle ☑; or Tee ☐
7. Depth of top of tank below finished grade 30 in.
8. Distances to:
Well or Suction Line 200 ft.; Stream 75 ft.; Pressure Line _____ ft.; Property Line 220 ft.

C. DISTRIBUTION BOX:
1. Material Plastic; Number - available outlets 5.
2. Factory Built: Yes ☑ No ☐
(Company ?)
3. Distance from Septic Tank 29' 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 4".
Material: fiberglass ☐; plastic ☑; concrete ☐; other _____.
2. Lateral Lines:
Number 3; Length of each line 100, 100, 100, _____, _____ ft.;
Total length of laterals 300 ft.;
Distance between lateral lines _____ ft.
3. Trench dimensions: Width 3 ft.;
Slope 3" in/100 ft.; Average Depth 40 in.
4. Filter Material: Gravel
Depth of Material 14 in.
5. Distances to:
Well or Suction Line 200 ft.; Stream 50 ft.; Pressure Line _____ ft.; Property Line 120 ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN


Liegton Ave.
• ← proposed well
9230 Liegh Ton Ave.
House
102'
30'
23'
.8'
.5'
C.O.
Tank
Bot
N
property
property
125'
120'
100'
100'
100'
10'
85'
52'
Ditch

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

FOR PROPERTY IN **LANCASTER COUNTY** ONLY

25

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

MAKE CHECK PAYABLE TO: "Lincoln-Lancaster County Health Department" or "LLCHD"

☒ Enclosed is $200.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 9230 Leighton Ave

Parcel ID 17 - 14 - 200 - 019 - 000 (i.e. 99-99-999-999-999)

NE Twp 10 Range 7E Section 17 1/4 ___ 1/4 ___ Block ___ Lot 66 Addition ___

Directions to Property NO - 84th TO Leighton, EAST TO approx 92ND ST, North on ackley road.

Location of Well FRONT YARD Tap Location: Inside ☐ Outside ☒

Location of Sewage System Northwest of House, Raised mounds Year Installed 1992

Site Hazards (dogs, etc.) Dogs In house or Kennel

	NAME	ADDRESS	PHONE
Present Owner:	Mathew + Erin Wollam-Boren	9230 Leighton Ave Lincoln NE 68507	464-3342-H 730-1797-C 467-8398-W
~~Tenant/Buyer~~:			
Return to:	Byron Yurth Woods BROS	7141 A ST. Lincoln Ne 68510	434-3830 434-3801 (Fax)
Signature of Applicant	Robert D. Putnam for Michael & Melinda Kind	Address 3737 So. 27th Lincoln, NE. 68502	Date 4/25/05

X

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 4/26/05 Amount $200.00 Check No. 7803 Initials ___

DATA ENTRY Date ___/___/___ Case No. ___ Initials ___

106

PRELIMINARY STATUS--By Ron Maryuart **DATE:** 4/28/05

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐ 5
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 0.6 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☒
Provisional	☐
Disapproved	☐

Additional Site Visits

Date ___/___/___ by ___

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: Recommend checking to see if septic tank needs pumping and that septic tank is watertight.

See Attached Letter ☐

FINAL STATUS

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

Approved by Ron Maryuart, RS Date 5/3/05

Approval or disapproval is based on State and local 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 operations.

White - Applicant after approval Yellow - Environmental Health Pink - Business Office

Revised/Reprint: 9-00