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

DEC 12 2014

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

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_____ Range_____ 1/4_____ 1/4_____ Section _____
   Block_____ Lot_____ Addition_____
   Parcel ID 08-09-100 - 001 - 000 4/4 (i.e. 99-99-999-999-999)
   Street Address (no rural route) 13200 SW 29th Martell Ne. 68404

2. **Property use:** ☒ residential ☐ commercial ☐ other use
   Number of bedrooms 4 Describe_____

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

4. **Description of proposed alteration, extension or repair** Add 200' of Infiltrators

5. **Work to be done by:** ☐ owner ☒ contractor's name Gagner 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 _____ Address _____ Phone: _____

Applicant Signature (owner or lessee)_____

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

---

HEALTH DEPARTMENT USE ONLY

Date received____/____/____ REVIEW: ☐ Approved ☐ Disapproved By:_____

Site visits
Date ____/____/____ By_____
Date ____/____/____ By_____
Date ____/____/____ By_____

Installation final written approval
Date 12/12/14 By Doug Smith

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: 12/12/14 Amount $205.00 Check No. 7751 Initials SB

HS001009

Revised 3-09

DEC 1 2 2014

B

Permit Number: HS001009

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 3200 SW 29th (no rural route) City Martell NE, Zip Ne. 68404

Owner Ryan Mazzulla Idress 3200 SW 29th

Date of Tests 12-1-14 to 12-2-14 Weather: Precipitation 0 Temperature 60°

Percolation Test Data Table

A.	B.	C. D. E. F. Saturation/Swelling Time				G. H. I. J. K. Water Level Drop Last 30 mins of 4 hr or last 10 mins of 1 hr					L. M. N. Results		
		Start		End		Start		Initial	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 Interval	Water Level Drop (in)	Percolation Rates (Min/in = mpi)
1	33	12-1	8 Am	12-2	10 Am	12-2	10 Am	6	12-2	10:30	30	1/4	60
2	32	"	"	"	"	"	"	6	"	"	"	1/2	60
3	34	"	"	"	"	"	"	6	"	"	"	5/8	48
								6					
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Mel Gagner

Phone: 402 432 5698

Address 4810 W Claire Ave

Lincoln NE 68523

Sum of Percolation Rates: 168

Average of Rates: 56

Rate Used for Calculation: 56

Soil type (NRCS Maps/Other)

Groundwater Depth

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Comments (Soil type, groundwater, floodplain, etc.)

Signature of Reviewing Official Date

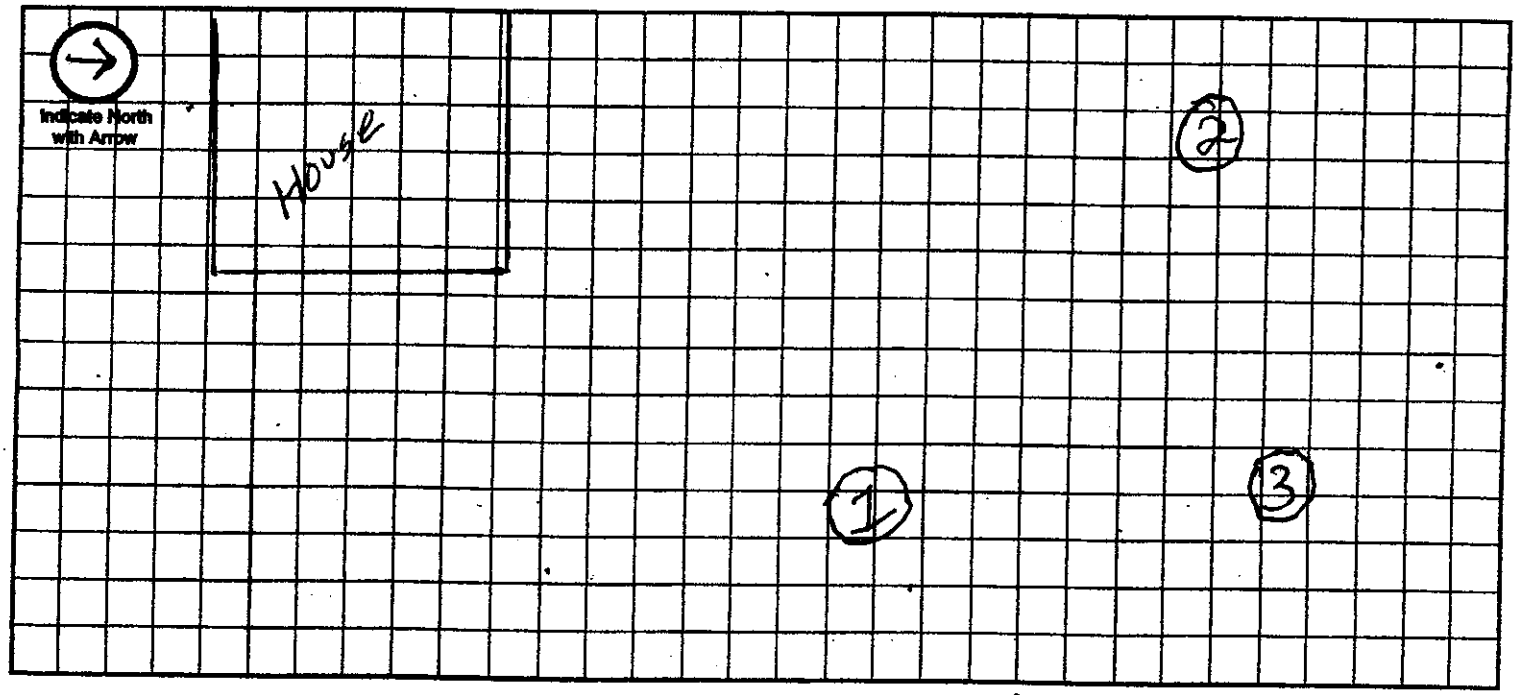
DEC 1 2 2014

C

Permit Number: HSO01009

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: _____ ft. = _____ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 3200 SW 29th City Murtell NE, Zip NE 68404

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☒ Plastic ☐ Other Exst.

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

Percolation Rate 56 (min. per inch) Soil Type: _____ Land Slope: _____ %

Type of Absorption System: ☒ Trench ☐ Bed ☐ Other Infiltrator Quick 4 P/25

Total Square Feet of Field Required: 750 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: Infiltrator Quick 4

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

Total Length of Laterals 200 ft. Number of Trenches 3 Trench Width 3.75

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 J Yoder Date 3 Dec 14

DEC 1 2 2014

13200 SW 29th
Martell Ave.
P.L.
Exst. Pipe ?
80'
New Riser & Conc. Lid on Exst. tank
4'
8'
7'
7'
? Exst.
100' new
64' new
36' new
f. tank
N 40° 40.860
W 096° 45.642

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. HS001009

System Type: Standard

Situs: 13200 SW 29 ST, RURAL, NE

Issued: 12/15/2014

Expires: 12/15/2015

Description: S9, T8, R6, 6th Principal Meridian, LOT 18 NW

Owner: MAZZULLA, MELISSA
13200 SW 29 ST
MARTELL, NE 68404

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 COMPANY INC
4810 W CLAIRE AVE
LINCOLN, NE 68523

SCANNED

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

DEC 12 2014

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

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 8 Range 6 1/4 SE 1/4 ____ Section 9 SB
   Block ____ Lot 18 Addition ____
   Parcel ID 08-09-100-001-000 4th (i.e. 99-99-999-999-999)
   Street Address (no rural route) 13200 SW 29th Martell Ne. 68404

2. **Property use:** ☒ residential ☐ commercial ☐ other use
   Number of bedrooms 4 3 bdrms as per ASI-MH Describe ____

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

4. **Description of proposed alteration, extension or repair** Add 200' of Infiltrators
   + No whirlpool (high capacity) or Garbage Grinder
   + Septic Tank at least 1000 gal - as per contractor -

5. **Work to be done by:** ☐ owner ☒ contractor's name Gagner 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 ____ Address ____ Phone: ____

Applicant Signature (owner or lessee) ____

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

HEALTH DEPARTMENT USE ONLY

Date received 12/5/14 REVIEW: ☑ Approved ☐ Disapproved By: ____

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

Installation final written approval
Date 12/12/14 By Ron Smith

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: 12/12/14 Amount $205.00 Check No. 7751 Initials SB

HS001009

Revised 3-09