APR 2 2 2015

HS 001058

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):** 201 W. Old Cheney

Legal Description of Property: Township: 9 Range: 6 Section: 15

Block _____ Lot 32 SubDivsion _____ Add: _____

***Parcel ID** 09-15-200-003-000 (i.e. 99-99-999-999-999)

2. **Property use:** ☑ Residential ☐ Commercial ☐ Other use (Describe: _____)
Number of bedrooms 2 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:** repair broken main from tank to laterials check laterial for working

5. **Current Type of Lateral-** pvc pipe **Current Linear Ft. Of Lateral -** 200'

Current Tank Gallonage- 1000

6.Print Name _____ Address _____ Phone: _____

Applicant Signature: Nancy Mulbeck

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: 4/22/15 Amount $205.00 Check No. 7509 Initials SB

Revised 4/8/13

APR 2 2 2015

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

D

Permit Number: HS001058

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date _____ Legal Description _____
1/4 1/4 Section Township Range

Onsite System Location

Address (no rural route) _____ City _____ NE, Zip _____

Owner _____ Address _____

A. Sewer Pipe

1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: 48 in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: 25 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line 250 ft.
   stream — ft.
   pressure line — ft.
   property line 20 ft.

B. Septic Tank

☐ Label with Manufacturer, address and gallon capacity

1. Material: _____
   Number of compartments: _____
2. Capacity: _____ gal.
3. Factory built: ☐ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☐ above ☐ below grade _____ in.
5. Inlet: ☐ baffle ☐ tee ☐ 6" dia. inspection pipe
6. Outlet: ☐ baffle ☐ tee ☐ 6" dia. inspection pipe
7. Depth to top of tank, below unfinished grade: _____ in.
8. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. ☐ Distribution Box ☑ Drop Boxes

(≥ 12" inspection opening) (removable lid to inspect)

1. Material: PVC
   Number available outlets: 4
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 20' ft.

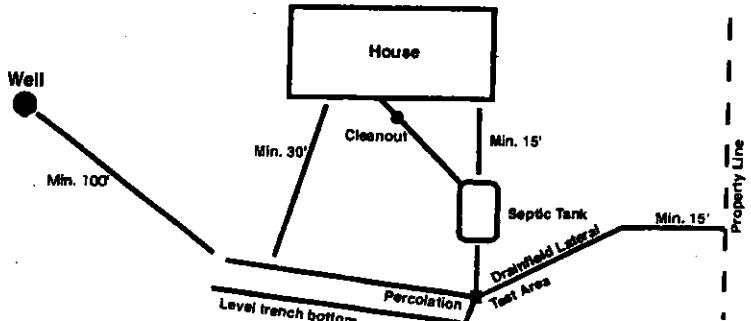
D. Drainfield Absorption

☐ Trench ☐ Bed ☑ Level Bottom

1. Type: ☐ Half rounds ☐ Perforated pipe ☑ Chambers
   Diameter or width: 36"
   Number of distribution lines in bed 3
   Material: ☐ fiberglass ☑ plastic ☐ concrete
   ☐ other _____
2. Drainfield Laterals: Number 3
   Length of each line: 67 ft. 67 ft.
   120 ft. _____ ft., _____ ft.
3. Drainfield dimensions: Width 46 ft.
   Distribution Pipe Slope 8/14 in/100 ft.
   Average depth 2 in
4. Filter material: Loam Clay
   Depth of material 140 in.
5. Distances to: Well or suction line 230 ft.
   Pressure line — ft.
   Property line 20 ft.
   House or building 120 ft.
   Lake or Stream — ft.

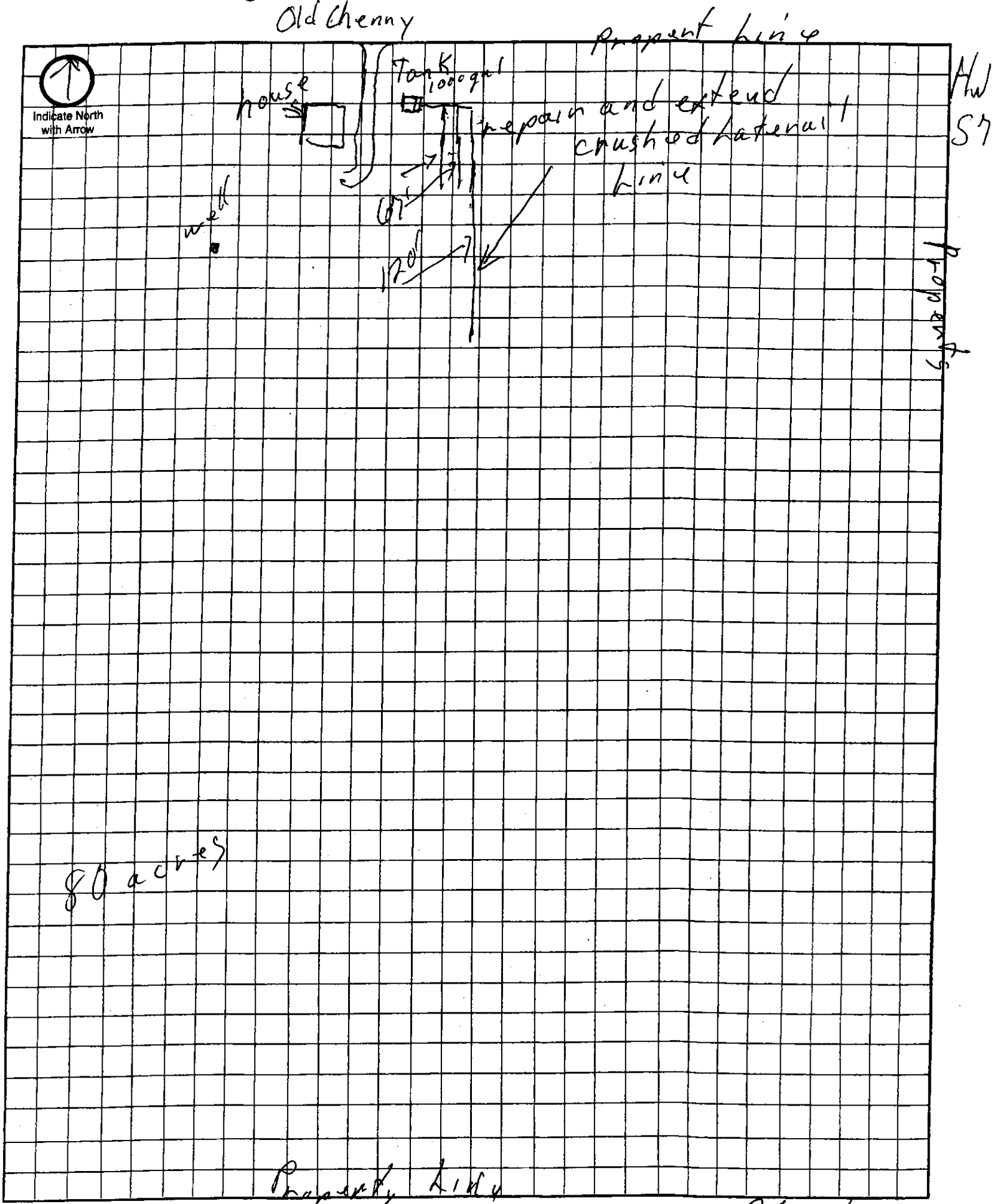
Complete As-Built drawing on the back fo this form.

Onsite Wastewater System Design (Example)



Indicate North with Arrow

As Built Drawing



APR 2 2 2015 SCANNED HS 001058

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Applicant Signature: Harry Mulbeck

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HEALTH DEPARTMENT USE ONLY

☐Municipal Code 24.38 ☐County Resolution Number 02-30

Date received 4/22/15 REVIEW: ☑ Approved ☐ Disapproved By: DS

Comments (if any): _____

Site visits (?)
Date 4/27/15 By Doug Anderson
Date ___/___/___ By _____

Installation final written approval
Date 4/27/15 By Doug Anderson

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: 4/22/15 Amount $205.00 Check No. 7509 Initials SB

Revised 4/8/13

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

ON-SITE WASTE WATER SYSTEM
ALTERATION PERMIT
No. HS001058

System Type: Standard

Situs: 201 W OLD CHENEY RD, RURAL, NE

Issued: 4/29/2015

Expires: 4/29/2016

Description: S15, T9, R6, 6th Principal Meridian, LOT 32 NE

Owner: BEYNON, DAVID J TRUST
6209 BARBARA LN
LINCOLN, NE 68512

Judith A Halstead
Judith A. Halstead, MS, 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.

Judith A Halstead
Judith A. Halstead, MS
Health Director

HL MUHLBACH CONSTRUCTION
5701 VINE ST
LINCOLN, NE 68505

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

B

Permit Number:

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 201 W old Cheney (no rural route) City Lincoln NE, Zip

Owner Elizabeth Beynon (Beynon Farm Products Corp) Address 6209 Barbara Ln, Lincoln, Ne

Date of Tests 1-3 15 to 1-3-15 Weather: Precipitation — Temperature 40°

Percolation Test Data Table

A.	B.	C.	D.	E.	F.	G.	H.	I.	J.	K.	L.	M.	N.
		Saturation/Swelling Time				Water Level Drop: Last 30 mins of 4 hr or last 10 mins of 1 hr					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)	Initial Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time Interval	Water Level Drop (in)	Percolation Rates (Min/in – mpi)
1		Top	4" frozen			1-3	9:00AM	6	1-3	1:00PM	30m	1.2	50
2		ground	moist under			11	9:05AM	6	11	1:05PM	30m	1.0	60
3	Frost					11	9:10AM	6	11	1:10PM	30m	1.2	50
4						11	9:15AM	6	11	1:15PM	30m	1.1	54.5
5						11	9:20AM	6	11	1:20PM	30m	1.4	46.1
6						11	9:25AM	6	11	1:25PM	30m	1.4	46.1
								6					
								6					

Depth of hole 40"

Person Conducting Percolation Test

Name: Harry Muhlbach

Phone: 402-430-1304

Address 3701 Vine St Lincoln, Ne 68505

Sum of Percolation Rates: 304.9
Average of Rates: 51.1
Rate Used for Calculation: 54

Soil type (NRCS Maps/Other) Nodaway-Zook silty clay loams Some Wymore

Groundwater Depth 15'

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official Date

Onsite Form B 12_06