HSO01116

Application to Alter or Repair an Onsite Wastewater Treatment System

AUG 10 2015

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):** 12550 W Beam Hill Rd, Denton, NE 68339

   Legal Description of Property: Township: 9N Range: 5E Section: 29 NW

   Block ____ Lot 16 SubDivsion ____ Add: ____

   ***Parcel ID** 03 - 29 - 100 - 004 - 000 (i.e. 99-99-999-999-999)

2. **Property use:** ☒ Residential ☐ Commercial ☐ Other use (Describe: ____)
   Number of bedrooms 4 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:** Replace 220' of failing/saturated drainfield.

5. **Current Type of Lateral-** Chambers **Current Linear Ft. Of Lateral -** 440'

   Current Tank Gallonage- 1,250

6. Print Name James Grendell Address 12550 W Beam Hill Rd, Denton, NE 68339 Phone: 402-617-1312

Applicant Signature: [signature]

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: 8 / 11 / 15 Amount $205.00 Check No. 8708 Initials SB

Revised 4/8/13

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Business Office Use Only
Received. Date: ____/____/____ Amount ____ Check No. ____ Initials ____

Revised 6/8/13

HS001116

AUG 10 2015

SOIL ABSORPTION TEST DATA REPORT

Location: Precinct _____ Section _____ Township _____ Range _____ 1/4 Section _____

Owner: Jim Grendell

Address: SW 126th & West Beam Hill Road Northside Corner lot

Property Dimensions: _____ acres

Soil Type: Silty Clay ____ Silty Clay Loam ____ Sandy Loam ____ Silty Loam ____ Clay Loam X Sandy Clay ____

Dates of Tests: 8-23-03 to 8-24-03. **Weather:** Precip. Ø Temp. 90's

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.
		Pre-Saturation Period				Percolation Readings					Results	
		Start		End		Start			End			Water
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 (in.)	Time (Hr. Min.)	Water Level (in.)	Elapsed Time (Min.)	Level Drop (in.)
1	36	8-23	2:00 pm	8-23	6:00 pm	8-24	3:00 pm	6	3:30 pm	5¼	30	¾
2	36	8-23	2:00 pm	8-23	6:00 pm	8-24	3:00 pm	6	3:30 pm	5¼	30	¾
3	36	8-23	2:00 pm	8-23	6:00 pm	8-24	3:00 pm	6	3:30 pm	5½	30	½
4	36	8-23	2:00 pm	8-23	6:00 pm	8-24	3:00 pm	6	3:30 pm	5¼	30	¾
5	36	8-23	2:00 pm	8-23	6:00 pm	8-24	3:00 pm	6	3:30 pm	5¼	30	¾
6	36	8-23	2:00 pm	8-23	6:00 pm	8-24	3:00 pm	6	3:30 pm	5½	30	½

Sum of Water Level Drops (in.) [Column m]: 4

Average of Water Level Drops (in.) [Column m]: _____

Inches per Minute: 4/4

PERSON CONDUCTING TEST:

Name: Justyn Peterson

Address: 742 1st Street Milford, NE 68405

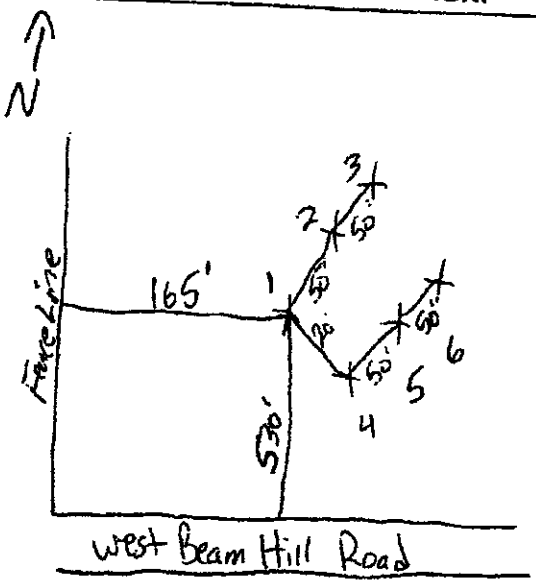
Phone: (402)-761-4414

Signature: Justyn R. Peterson

SKETCH SHOWING HOLE LOCATION:

Square Feet of Lateral per Bedroom: _____

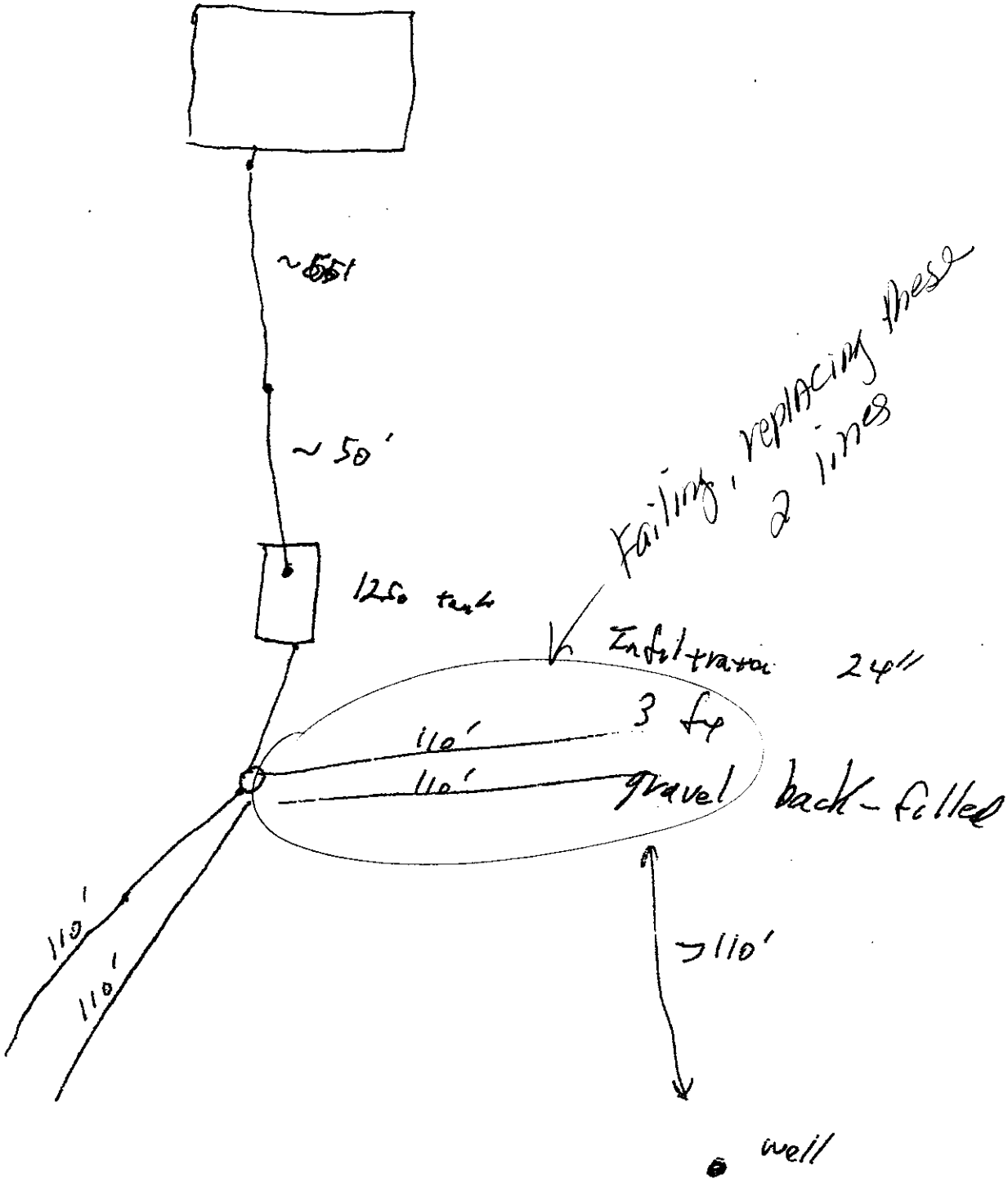
contact Jerry Hood 441-8029



Official's Signature

over

Field Notes


~ 55'
~ 50'
failing, replacing these 2 lines
125 tank
Infiltrator 24"
3 ft
gravel back-filled
110'
110'
110'
110'
110'
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
ALTERATION PERMIT
No. HS001116

System Type: Standard

Situs: 12550 W BEAM HILL RD, RURAL, NE

Issued: 8/17/2015

Expires: 8/17/2016

Description: S29, T9, R5, 6th Principal Meridian, LOT 16 NW

Owner: GRENDELL, JAMES A
12550 W BEAM HILL RD
DENTON, NE 68339

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

RAYMOND CONTRACTING
13800 NW 70TH ST
RAYMOND, NE 68428

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

Exhibit 5

Permit Number: H5001116

Onsite Wastewater Treatment System

Inspection Sheet

Date 10/5/17 Legal Description 9/5 - 29 - 6W6
¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 12550 W. Bem Hill City _____

Owner _____ Address _____

Mark One: ☑ Dwelling ☐ Non-dwelling

☐ New System ☑ Alteration [☐ Tank Only ☐ Trench Only] ☐ Lateral Only

☐ Temporary modification (Describe problem causing discharge and reason for temporary modification): _____

Drainfield Absorption System:

☑ Lateral ☐ Bed ☐ Non-standard (engineer-designed and NDEQ approved) ☐ Holding Tank ☐ Trench

Total square feet of drainfield 799 Sq. Ft. Tank Size N/O gals

Total length of laterals 220 Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☐ Other (describe) _____

No. of Absorption Laterals 2 new Width 3' No. of Drop Boxes 0 Distribution Box 1

Leveling Method Used Laser level

Setbacks (Check the Boxes Below if the Required Setback has been Satisfied):

Distance From	Private Well	Public Well	Surface Water	Ground water	Pressure Water Lines	Property Lines
~~Tank (ft)~~	~~50 ☐~~	~~500 ☐~~	~~50 ☐~~	~~NA ☐~~	~~10 ☐~~	~~5 ☐~~
Field (ft)	100 ☑	500 ☑	50 ☐	~~40 ☐~~	~~25 ☐~~	5 ☑

N/O

Geographical Coordinates to 6 Decimals:

Tank _____

Lateral #1 _____ Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Inspections prior to Final Approval
Initial NH Date 10/20/17

Follow-Up _____ Date _____

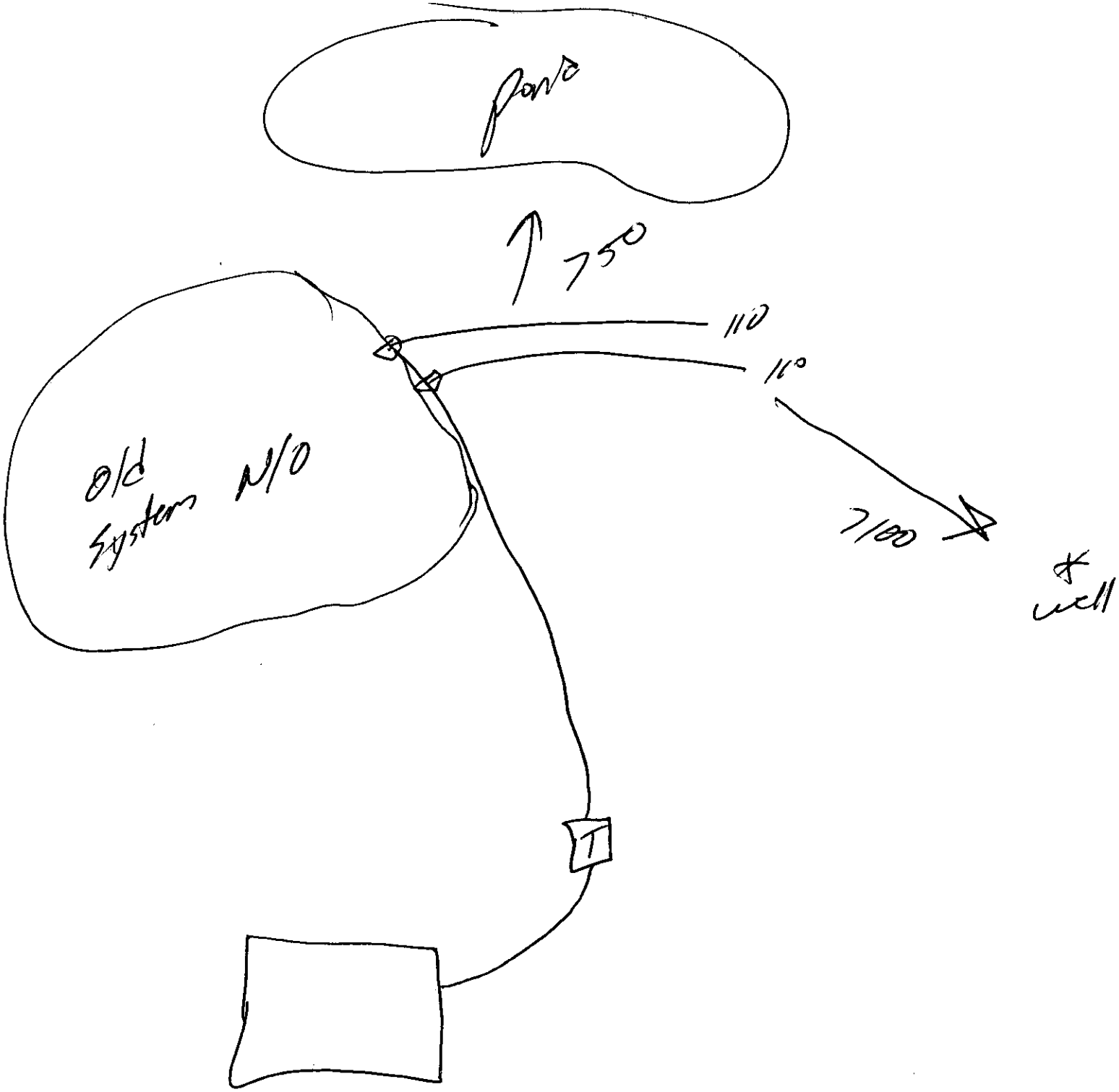
Follow-Up _____ Date _____

Installation Final Written Approval
By _____

Date 10/5/17

Comments:
left existing system & added 200 lin ft of Infiltrators

Field Note Drawing (See Reverse Side):


pond
750
110
11°
7100
old system N/O
T
well

OCT 09 2015

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

D Exhibit 4

Permit Number: HS0011116

Onsite Wastewater Treatment System
As-Built Description and Drawing

Type of Onsite Wastewater System: ☐ Lagoon (Skip to Back Page) ☒ Subsurface Septic ☐ Mound

Onsite Wastewater System Location

Address or Legal Description or Parcel Identification Number (PID) 12550 W Beam Hill Rd Denton NE 68339

Owner: Jim Brendell Address Same

A. Wastewater Piping

1. Material: Sch 40 Diameter: 4 in.
2. Distance between dwelling and septic tank: 100+ ft.

B. Septic Tank

1. Material concrete
2. Capacity: 1250 3 Riser
3. Depth to top of tank, below unfinished grade: 36 in.
4. Distance to:
   Well 100 ft.
   Pressure line 100 ft
   Property Line 100 ft.
   Foundation 100 ft.

C Distribution Box or Drop Box (Switching Valve)

Distance and Direction from septic tank: 6 ft. N

D. Drainfield/Absorption Field

☑ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☑ Chamberless ☐ Other
   Material brand and inside width of Chamberless:
   ADS ARC 36 29"
2. Number of Laterals: 4 old, 2 new
3. Length of each lateral (linear): ft. 110 ft. 110 ft. 110 ft. 110 ← old ft. 110 ft. 110 ← new
4. Drainfield size: 1,320 sq. ft. ← old 800 sq ft new
5. Distance to:
   Well 100+ ft.
   Pressure line 100+ ft.
   Property line 100+ ft.
   Depth of Groundwater 8'+

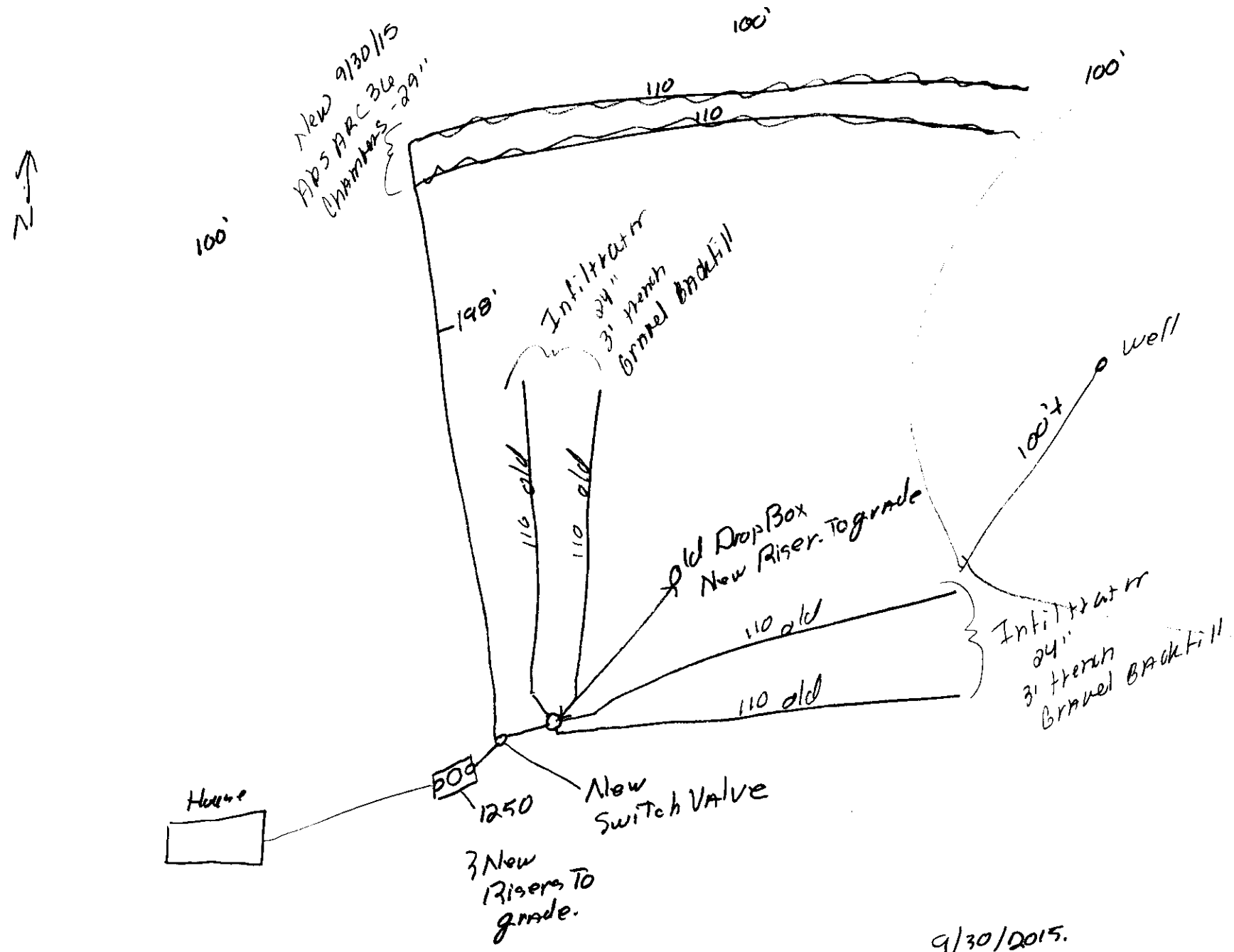
Was the Onsite Wastewater System covered prior to LLCHD inspection? ☒ Yes ☐ No (partially)

If Yes, the Certified Professional must sign below for final approval:

I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: Kevin L. Johnson Date: 9/30/15

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



9/30/2015.

Raymond Contracting, Inc.
Lloyd J Jakoubek
13800 NW 70th St
Raymond, NE 68428
402-783-2663