HS001140

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):** 6401 NW 105th St, Malcolm, NE 68402

   Legal Description of Property: Township: 11N Range: 5E Section: 33-SW

   Block _____ Lot 41 SubDivsion _____ Add: _____

   ***Parcel ID** 05 - 33 - 300 - 011 - 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:** Add riser to septic tank, install new distribution box, Replace drainfield (190' of ADS ARC36, percolation rate of 60 mpi).

5. **Current Type of Lateral**- concrete 1/2 moons **Current Linear Ft. Of Lateral** - 132'

   Current Tank Gallonage- 1,000

6. Print Name Gayle Cooper Address 6401 NW 105th St, Malcolm, NE 68402 Phone: 402-796-2434

Applicant Signature: _____ Gayle L. Cooper

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: ____/____/____ Amount _____ Check No. _____ Initials _____

Revised 4/8/13

AUG 12 1987

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. 2547-C

PROPERTY WHERE SOIL TESTED:

Location: Township 11 ; Range FORTH 5 ; Section & ¼ Section SOCTION 23 SOUTHWEST QUARTER
Property Dimensions: 329 ft. x 1320 ft. Area: 10 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☒ .
Dates of Tests: 8-8-87 to 8-9-87 . Weather: Precip. 0 Temp. 80° .
Hole-1 had water in From Pre-test

OWNER: Gayle + Linda Cooper
Address: 801 Holder Dr. 481-1490

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	36"	8-8	5:00 pm	8-9	12:00 pm	8-9	12:00 pm	6"	4:30 pm	5 3/4"	30m	1/4"	
2	36"	8-9	5:00 pm	8-9	12:00 pm	8-9	12:00 pm	6"	4:30 pm	4 3/8	30m	1 5/8	
3	36"	8-8	5:00 pm	8-9	12:00 pm	8-9	12:00 pm	6"	4:30 pm	4 1/2	30m	1 1/2"	
4	36"	8-8	5:00 pm	8-9	12:00 pm	8-9	12:00 pm	6"	4:30 pm	4 1/2"	30m	1 1/2"	
5	36"	8-8	5:00 pm	8-9	12:00 pm	8-9	12:00 pm	6"	4:30 pm	5 1/2"	30m	1/2"	
6	36"	8-8	5:00 pm	8-9	12:00 pm	8-9	12:00 pm	6"	4:30 pm	5 1/2	30m	1/2	

Signature of Person Conducting Test

Address 3630 NW 56 St Phone [illegible] Accurate Site Co.

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

(Do not write below this line)

REVIEWING ACTION

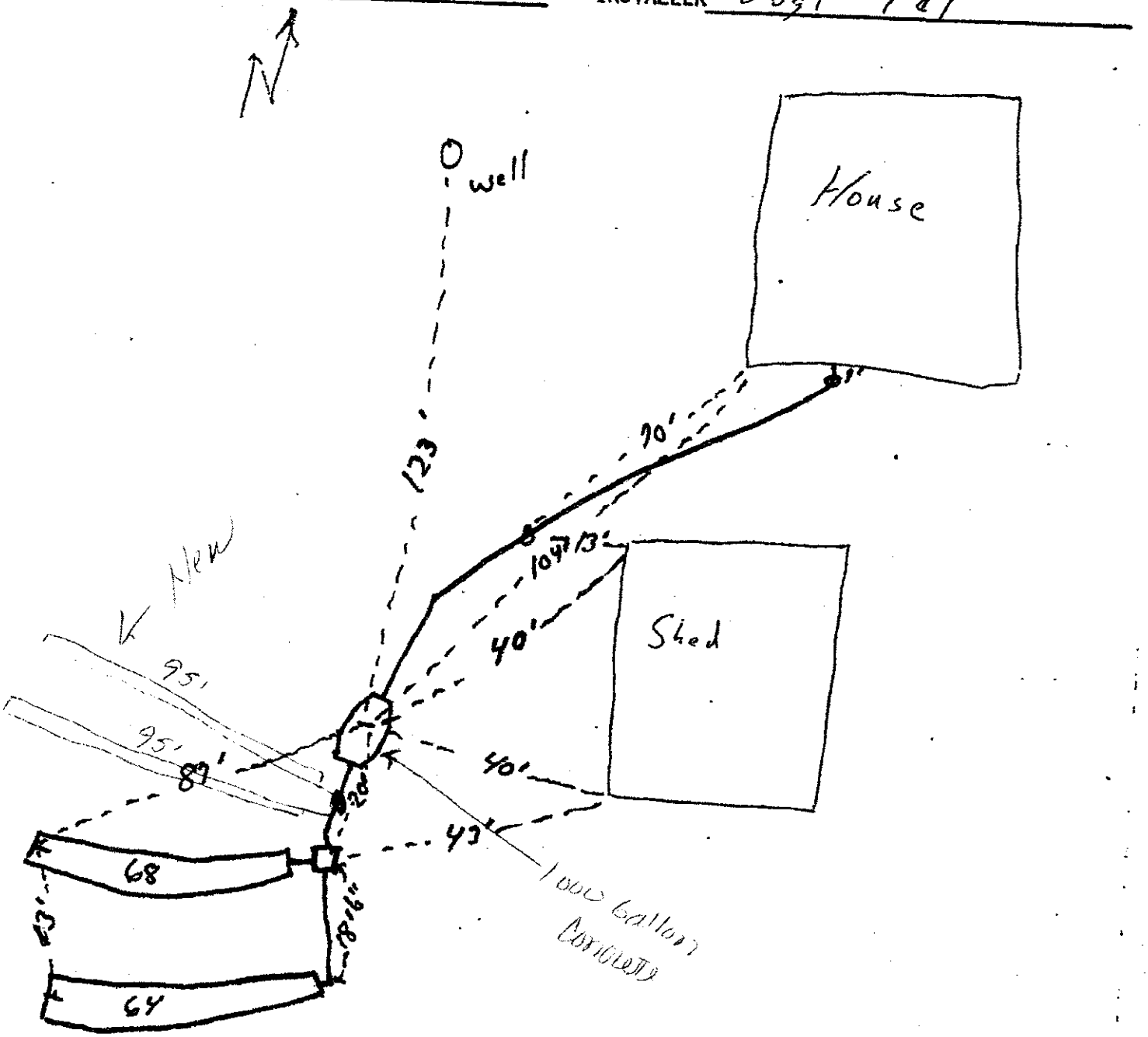
Remarks: PAWNEE CLAY LOAM CLOSE
Soil Type (SCS): Pearsburg Silty Clay Loam
Date: AUGUST 12, 1987

Approved Percolation Rate (a)
A. 30 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
Signature of Reviewing Official

AS BUILT DRAWING OF SYSTEM 0401 NW 105th

DATE 10-22-87 INSTALLER Vogt T&T



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. HS001140

System Type: Standard

Situs: 6401 NW 105 ST, RURAL, NE

Issued: 9/21/2015

Expires: 9/21/2016

Description: S33, T11, R5, 6th Principal Meridian, LOT 41 SW

Owner: COOPER, GAYLE & LINDA
6401 NW 105 ST
MALCOLM, NE 68402

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: H500 1140

Onsite Wastewater Treatment System

Inspection Sheet

Date 9/16/15 Legal Description 33 / 11 / 5
¼ ¼ Section/Township/Range Lot 41

Onsite System Location

Address (no rural route) 6401 NW 105 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: – switching box for use of existing lateral

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

Total square feet of drainfield 640 – New addn Sq. Ft. Tank Size 1000 gals

Total length of laterals 175' New Type of Distribution: ☒ Chamber ☐ Perforated Pipe ☐ Other (describe) _____

~~– switching box also~~

No. of Absorption Laterals 2 Width _____ No. of Drop Boxes _____ Distribution Box 1

Leveling Method Used _____

Setbacks (Check the Boxes Below if the Required Setback has been Satisfied): – 0 sheet provided by Installer

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 ☒	4 ☐	25 ☐	5 ☐

Geographical Coordinates to 6 Decimals:

Tank _____

Lateral #1 N/A

Lateral #2 _____

Lateral #3 _____

Lateral #4 _____

Comments:

Inspections prior to Final Approval
Initial DS Date 9/16/15

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By Doug Anna
Date 9/16/15

Field Note Drawing (See Reverse Side):