HS001217

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):** 2900 Ruhlman

Legal Description of Property: Township:_____ Range:_____ Section:_____

Block_____ Lot 1 SubDivsion Country Estates Add:_____

***Parcel ID** 08 - 17 - 401 - 001 - 000 (i.e. 99-99-999-999-999)

2. **Property use:** ☒ Residential ☐ Commercial ☐ Other use (Describe: _____)
Number of bedrooms 3 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 lift station to existing tank and pump up to new 32' of lateral

5. **Current Type of Lateral-** Chamber **Current Linear Ft. Of Lateral -** 254'

Current Tank Gallonage- 1500

6.Print Name Jason Kubik Address 105 Locust Phone: 402-440-7606

Applicant 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: 3/29/16 Amount $210.00 Check No. VISA Initials SB

Revised 4/8/13

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

OK 4/12/16 JR

Exhibit 5

Permit Number: HS001217

Onsite Wastewater Treatment System

Inspection Sheet

Date 4/1/16 Legal Description ¼ ¼ 17/8/6 Lot 1 Section/Township/Range

Onsite System Location

Address (no rural route) 2900 Ruhman City Mavtell

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 _____ Sq. Ft. Tank Size 1500 existing gals

Total length of laterals 312' Type of Distribution: ☒ Chamber ☐ Perforated Pipe ☐ Other (describe) _____

No. of Absorption Laterals 3 Width 3.625 factor No. of Drop Boxes — Distribution Box 1

Leveling Method Used Laser

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 ☑	4 ☑	2 ☑	5 ☑

Geographical Coordinates to 6 Decimals:

Tank _____

Lateral #1 NA

Lateral #2 _____

Lateral #3 _____

Lateral #4 _____

Comments:

Inspections prior to Final Approval
Initial _____ Date 4/4/16 DS

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By Doug Ahlman
Date 4/4/16

Field Note Drawing (See Reverse Side):

Updated 4/15

SCANNED

HS001217

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):** 2900 Ruhlman

Legal Description of Property: Township: 8 Range: 6 Section: 17 SB

Block ____ Lot 1 SubDivsion Country Estates Add: ____

***Parcel ID** 08 - 17 - 401 - 001 - 000 (i.e. 99-99-999-999-999)

2. **Property use:** ☒ Residential ☐ Commercial ☐ Other use (Describe: ____)
Number of bedrooms 3 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 lift station to existing tank and pump up to new 312' of lateral

5. **Current Type of Lateral-** Chamber **Current Linear Ft. Of Lateral -** 254'

Current Tank Gallonage- 1500

6.Print Name Jason Kubik Address 105 Locust Phone: 402-440-7606

Applicant Signature: Jason Kubik

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 4/12/16 REVIEW: ☒ Approved ☐ Disapproved By: ____

Comments (if any): ____

Site visits
Date 04/01/16 By DC.
Date ___/___/___ By ____

Installation final written approval
Date 04/01/16 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: 3/29/16 Amount $210.00 Check No. VISA Initials SB

Revised 4/8/13

SCANNED

A

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

Permit Number H50000784

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

Include Form B and C. Submit correct fee with this Application

3 acres or more required for: ☐ Septic System ☒ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Wastewater Treatment System in conformance with appropriate regulations.

PLEASE PRINT OR TYPE Septic System with Pump Pass

A. Onsite System Location

Address 2900 ~~Road~~ Rublman Cir City Mantell, NE Zip 68404
(no rural route)

Legal Description 17, 8, 6, Rublman Country Est 1
1/4 1/4 Section Township Range Subdivison Addition Block Lot

Geographical Location (if known): Lat/Long: _____ PID _____

B. Owner

Name Matt Rublman Signature _____

Address _____ City/State/Zip _____

Home Phone _____ Work Phone _____

C. Certified Installer

Name: Brad Southwick Signature Brad Southwick

Address 105 Locust P.O. 191 City/State/Zip Hickman, Ne 68372

Work Phone 430-7606

D. Engineer

☐ **Check and complete if engineer designed system** P.E. License Number: _____

Designer Name _____ Firm _____ Work Phone _____

E. This system will serve a

☒ Residential Dwelling Number of Bedrooms 3 Is there a Whirlpool Bathtub? ☒ Yes ☐ No Total Acres _____

☐ Commercial Establishment/Other Facility Specify _____ Design flow in gallons per day _____

Type of Wastewater ☐ Domestic ☐ Non-Domestic Well Permit Applied for ☐ Yes ☐ No ☐ Not Applicable

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☒ County Resolution No. 02-30

1. Health Department
Site visits 8/27/13 Rcv
Date rec'd 5/22/13
Date frwd 5/29/13
ACTION ☒ Approved ☐ Disapproved
Signature _____

2. Supt. Bldg. Insp. or Village Clerk
Comments _____
Date rec'd _____
Date frwd _____
ACTION ☐ Approved ☐ Disapproved
Signature See attached

3. City or County Engineer
Comments _____
Date rec'd 5-20-13
Date frwd 5-20-13
ACTION ☒ Approved ☐ Disapproved
Signature Jim Plouzek

Installation Final Written Approval
By Doug Ahrdt
Date 8/27/13

Business Office Use Only
Date Received 5-20 Amount Paid 355.- 1/1
Received By BH Cash/Check No. 1416

White - Health Department Yellow - Engineer Pink - Building & Safety

Form A Updated: 5/10

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

PID 08-17-401-001-000

Onsite System Location

Address 2900 Ruhlman Cir (no rural route) City Martell NE, Zip 68404

Owner Matt Ruhlman Address Same

Date of Tests 3/21/16 to 3/22/16 Weather: Precipitation 0 Temperature 50

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			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	24	3/21	5:45	3/22	11:50	3/22	3:20	6	3/22	3:50	30	5/8	48
2	24	3/21	5:45	3/22	11:50	3/22	3:20	6	3/22	3:50	30	1	30
3	24	3/21	5:45	3/22	11:50	3/22	3:20	6	3/22	3:50	30	3/4	40
4	24	3/21	5:45	3/22	11:50	3/22	3:20	6	3/22	3:50	30	5/8	48
5	24	3/21	5:45	3/22	11:50	3/22	3:20	6	3/22	3:50	30	5/8	48
6	24	3/21	5:45	3/22	11:50	3/22	3:20	6	3/22	3:50	30	1	30
								6					
								6					

Person Conducting Percolation Test

Name: Jason Kubik
Phone: 402-440-7606
Address 105 Locust St
Hickman NE 68372
Soil type (NRCS Maps/Other) 7684 Wymore
Groundwater Depth

Sum of Percolation Rates: 244
Average of Rates: 41
Rate Used for Calculation: 59

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official Date

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

B

Permit Number:

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 2900 Ruhlman CT (no rural route) City Macfell NE, Zip 68404

Owner Matt Ruhlman Addresss

Soil Type (SCS): URC Percolation Rate: min./inch

Date of Tests 5/17 to 5/18/13 Weather: Precipitation Temperature

Percolation Test Data Table

A.	B.	C. D. E. F. Pre-Saturation Period				G. H. I. J. K. Percolation Readings					L. M. N. 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)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time (Min)	Water Level Drop (in)	Percolation Rates (Min/in)
1	30	5/17	7:00	5/18	9:00	5/18	11:00	6	5/18	11:30	30	3/4	40
2			AM		AM		AM			AM		1/2	60
3												5/8	48
4												5/8	48
5												3/4	40
6												3/4	40

Sum of Percolation Rates: 276

Average of Rates: 46

Rate Used for Calculation: 50

Person Conducting Percolation Tests

Name: Brad Southwick

Phone: 430-7606

Address 105 Locust P.O. 191

Heckman, Ne 68372

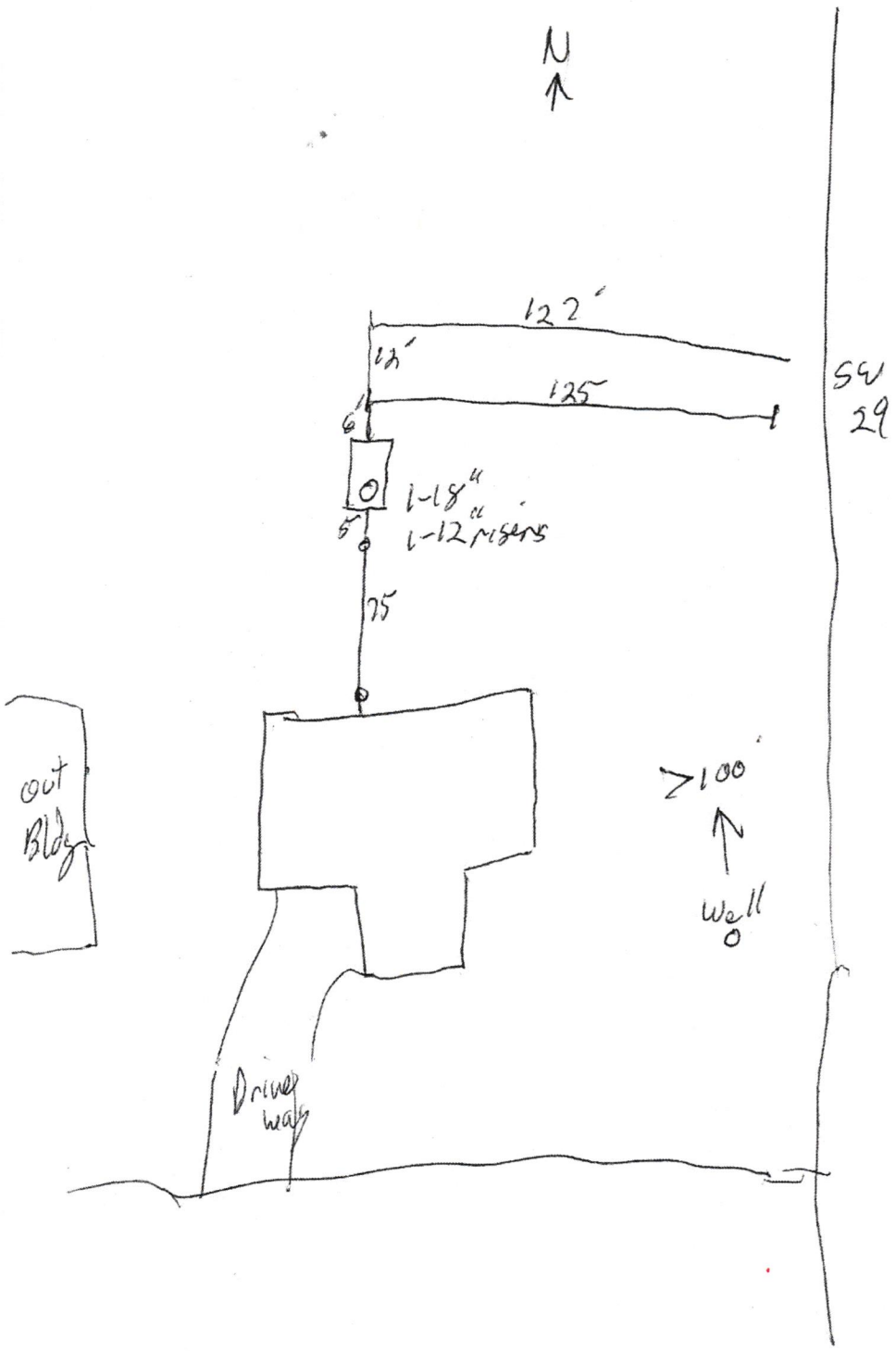
DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

FORM 23-101 10-96


N
122'
12'
125'
6'
SW
29
1-18"
1-12" risers
5'
75'
out
Bldg
>100'
Well
Driveway

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

SCANNED on 4/12/16 JR

Exhibit 5

Permit Number: HS001217

Onsite Wastewater Treatment System

Inspection Sheet

Date 4/1/16 Legal Description ____ ¼ ¼ 17/8/6 Lot 1 Section/Township/Range

Onsite System Location

Address (no rural route) 2900 Ruhman City Mayfield

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): ____

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

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No. of Absorption Laterals 3 Width 3.625 factor No. of Drop Boxes — Distribution Box 1

Leveling Method Used Laser

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
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Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	25 ☐	5 ☐

Geographical Coordinates to 6 Decimals:

Tank ____

Lateral #1 N/A Lateral #3 ____

Lateral #2 ____ Lateral #4 ____

Comments:

Inspections prior to Final Approval
Initial ____ Date 4/1/16 DS

Follow-Up ____ Date ____

Follow-Up ____ Date ____

Installation Final Written Approval
By Doug Huss

Date 4/1/16

Field Note Drawing (See Reverse Side):