HS001225

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):** 305 N 148th

Legal Description of Property: Township: 10 Range: 8 Section: 21

Block _____ Lot 16 SubDivsion _____ Add: _____

***Parcel ID** ____-____-_____-_____-_____ (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:** New Pipe from tank to New Infiltrators latural field.

5. **Current Type of Lateral-** _____ **Current Linear Ft. Of Lateral -** _____

Current Tank Gallonage- 1000 Conc.

6.Print Name Kevin Lewis Address 4810 W Claire Ave Phone: 402 310 9160

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 04/07/2016 REVIEW: ☒ Approved ☐ Disapproved By: _____

Comments (if any): _____

Site visits
Date 04/07/16 By DS
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: 4/8/16 Amount $210.00 Check No. 8182 Initials SB

Revised 4/8/13

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

B

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Onsite Wastewater Treatment System

Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 305 N 148th st (no rural route) City _____ NE, Zip _____

Owner Katie Pawlak Address 305 N 148th st

Date of Tests 8-10-15 to 8-11-15 Weather: Precipitation 0 Temperature 90°

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		Elapsed	Water	
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)	Time Interval	Level Drop (in)	Percolation Rates (Min/in = mpi)
1	36	8-10	5:PM	8-11	5:30	8-11	5:30	6	8-11	6:PM	30	½	60
2	"	"	"	"	"	"	"	6	"	"	"	½	60
3	"	"	"	"	"	"	"	6	"	"	"	⅝	48
4	"	"	"	"	"	"	"	6	"	"	"	½	60
5	"	"	"	"	"	"	"	6	"	"	"	1	30
6	"	"	"	"	"	"	"	6	"	"	"	1	30
								6					
								6					

Person Conducting Percolation Test

Name: Mel Gagner
Phone: 402 432 5698
Address: 4810 N Claire Ave
Lincoln NE 68523

Sum of Percolation Rates: 288
Average of Rates: 48
Rate Used for Calculation: 60

Soil type (NRCS Maps/Other) _____
Groundwater Depth Over 12

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

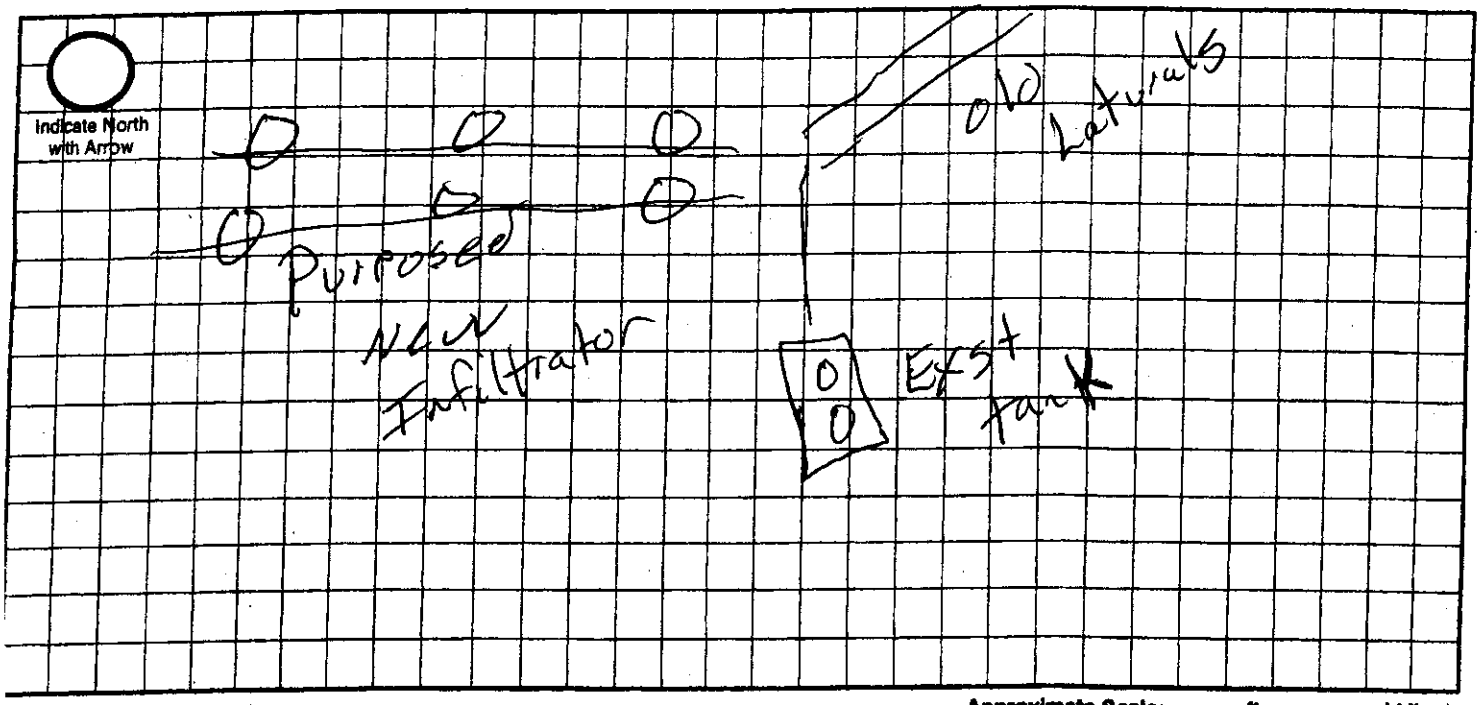
C

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Onsite Wastewater Treatment System

Preliminary Plan Specifications

Draw a plot plan showing onsite system sewer lines, drop of distribution boxes, tank, drainfields, percolation test holes, well, residence, direction of groundwater flow, property lines, and reserve area for replacement onsite system.



Approximate Scale: _____ft. = _____ grid line/s

A. Onsite System Location

Address (no rural route) 305 N 148th st City _____ NE, Zip _____

B. Proposed Septic Tank/s

Septic Tank Cap. 1000 gals Tank Material: ☒ Concrete ☐ Plastic ☐ Other_____ ☐ Lagoon(Max. seepage 1/8" per day)

C. Reserve Area for Replacement Onsite System

☒ Drainfield Absorption Area (percolation test required) ☐ Lagoon

D. Drainfield Absorption System

Percolation Rate Cal (min/inch = mpi) No. of Bedrooms 3 Soil Type_____ Land Slope_____%

☐ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 1050 sq.ft.

Total length of laterals 289 Type of distribution: ☐ Perforated pipe ☐ Half-Round ☐ Chamber ☐ Other

No. of absorption trenches_____ Width_____ No. of drop boxes_____ Distrubtion Box_____

No. of absorption beds_____ Width_____ No of Distribution lines per bed_____

E. 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 ☐	☐

F. Required Signatures

Home Building Contractor _____ Date _____

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

Exhibit 5

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Onsite Wastewater Treatment System

Inspection Sheet

Date 4/15/16 Legal Description ____ ¼ ____ ¼ 21 10 8 Lot 16
Section/Township/Range

Onsite System Location

Address (no rural route) 305 N. 148th 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 1,050 Sq. Ft. Tank Size 1000 gals

Total length of laterals 289' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☐ Other (describe) ____

No. of Absorption Laterals 2 Width 3.625 feet No. of Drop Boxes 1 Distribution Box ____

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 ☑	25 ☑	5 ☒

Geographical Coordinates to 6 Decimals:

Tank ____

Lateral #1 NA Lateral #3 ____

Lateral #2 ____ Lateral #4 ____

Comments:

Inspections prior to Final Approval
Initial ____ Date ____

Follow-Up ____ Date ____

Follow-Up ____ Date ____

Installation Final Written Approval
By Doug Rhoades
Date 4/15/16

Field Note Drawing (See Reverse Side):