HS001238

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):** 133 Ashland Rd.

   Legal Description of Property: Township: 12 Range: 6E Section: 2 - N.W.4 - N.W.4

   Block_____ Lot_____ SubDivsion_____ Add:_____

   ***Parcel ID** 13 - 02 - 100 - 003 - 000 (i.e. 99-99-999-999-999)

2. **Property use:** ☒ Residential ☐ Commercial ☐ Other use (Describe: _____)
   Number of bedrooms_____ 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:** Install Chamber "Quick 4" 100' Length overall

5. **Current Type of Lateral-** Perf Pipe **Current Linear Ft. Of Lateral -** 200'

   Current Tank Gallonage- 1000 Tank

6. Print Name Matt Taylor Address 2610 S 11th St. Phone: 402-450-6599

   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: 4/26/16 Amount $210.00 Check No. 1163 Initials SB

Revised 4/8/13

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: 474-1541

B

FILE NO. 1467-C

PROPERTY WHERE SOIL TESTED:

Location: Township 12 ; Range 6E ; Section & ¼ Section 2 - N.W.¼ - N.W.¼.
Property Dimensions: N.626.1 ft. x W.417.4 ft. Area: 6 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 11/14/78 to _____. Weather: Precip. None Temp. 32°.

OWNER: _____

Address: _____

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"	11/14	10:00 AM	11/14	2:01 PM	11/14	1:50	6½	2:20	4⅞	30	1.25	24
2	36"	11/14	10:02 AM	11/14	2:03 PM	11/14	1:52	6	2:22	4½	30	1.5	20
3	36"	11/14	10:05 AM	11/14	2:05 PM	11/14	1:54	6	2:24	4 5/8	30	1.375	22
4	36"	11/14	10:08 AM	11/14	2:09 PM	11/14	1:56	6¼	2:26	5	30	1.25	24
5	36"	11/14	10:10 AM	11/14	2:11 PM	11/14	1:57	6	2:28	4½	31	1.5	21
6	36"	11/14	10:15 AM	11/14	2:13 PM	11/14	1:59	6	2:30	4½	31	1.5	21
												8.325	
												1.4	

Sum of Percolation Rates: 132
Average of Rates: 22
Mean of Rates: _____

Signature of Person Conducting Test

Address RFD 2 Ceresco Nebr. Phone 665-2160

2' = 321 feet (Do not write below this line)

REVIEWING ACTION

3' = 214 feet
4' = 160 feet

Remarks: _____

Soil Type (SCS): Mr D Morrill Clay loam

Date: _____

160/44 = 4' - 116

214/44 = 3' 170

Approved Percolation Rate (a)
A. 21 min./inch
B. _____ min./inch
C. _____ min./inch

Ronald Mayer
Signature of Reviewing Official

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

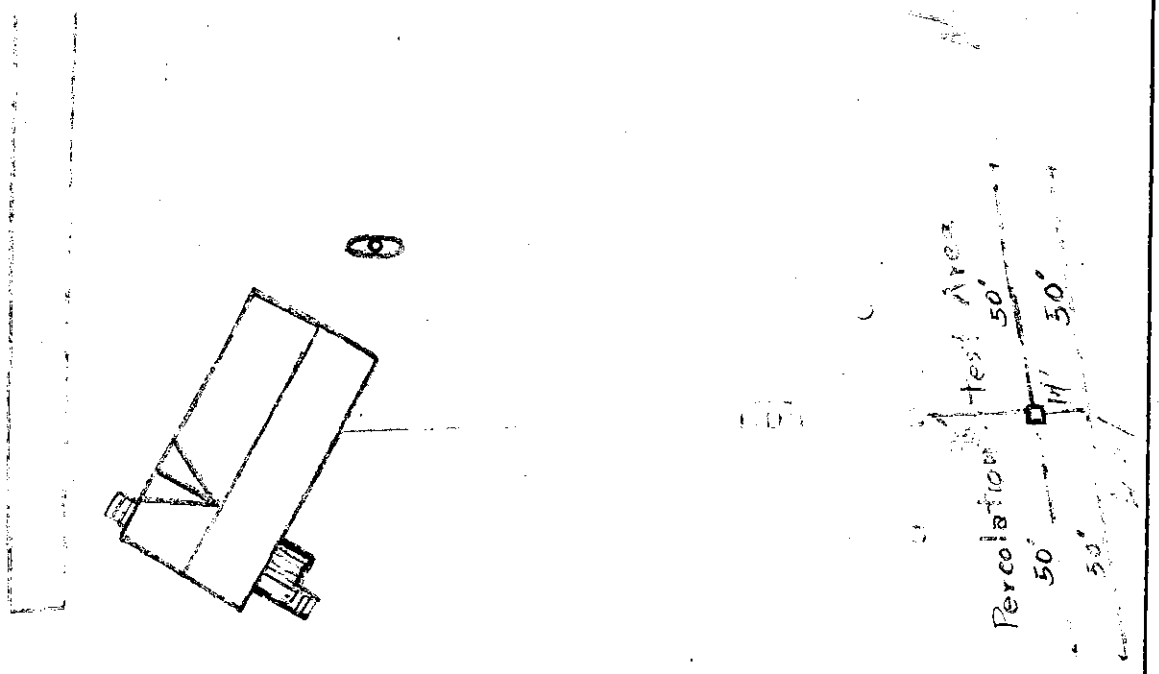
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO._____

Indicate on sketch if residence and well are exisiting or proposed.



REVIEWING ACTION

Remarks:_____

_____

Date:_____

Minimum Design Requirement
1. Capacity of Septic Tank_____gals.
2. Total Length of Laterals_____ft.
3. With a Trench Width of_____in.
4. Total Area of Lateral needed_____sq.ft.

_____
Signature of Reviewing Official

HS001238

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SCANNED

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   ***Parcel ID** 13 - 02 - 100 - 003 - 000 (i.e. 99-99-999-999-999)

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   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

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5. **Current Type of Lateral-** Perf Pipe **Current Linear Ft. Of Lateral -** 200'

   Current Tank Gallonage- 1050 Tank

6. Print Name Matt Taylor Address 2610 S 11th St. Phone: 402-450-6599

   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 4/21/16 REVIEW: ~~☒~~ Approved ☐ Disapproved By: _____

Comments (if any): _____

Site visits
Date ____/____/____ By _____
Date ____/____/____ By _____

Installation final written approval
Date 5/2/16 By _____ for John - see inspection sheet

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: 4/26/16 Amount $210.00 Check No. 1143 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

D Exhibit 4

Permit Number:

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) _____

Owner: Bill Guenther Address 133 Ashland Rd.

A. Wastewater Piping

1. Material: _____ Diameter: _____ in.
2. Distance between dwelling and septic tank: _____ ft.

B. Septic Tank

1. Material Concrete
2. Capacity: 1000 Gal
3. Depth to top of tank, below unfinished grade: 24 in.
4. Distance to:
   Well _____ ft.
   Pressure line _____ ft
   Property Line _____ ft.
   Foundation _____ ft.

C Distribution Box or Drop Box

Distance **and** Direction from septic tank: _____ ft. _____

D. Drainfield/Absorption Field

☒ Trench ❑ Bed

1. Type: ❑ Perforated Pipe ☒ Chamberless ❑ Other
   Material brand and inside width of Chamberless:
   Quick 4 Biodiffusers
2. Number of Laterals: 2
3. Length of each lateral (linear): ft. 60 ft. 40 ft. _____ ft. _____
4. Drainfield size: _____ sq. ft.
5. Distance to:
   Well 116 ft.
   Pressure line _____ ft.
   Property line _____ ft.
   Depth of Groundwater ~~[illegible]~~ 74' per John

Was the Onsite Wastewater System covered prior to LLCHD inspection? ☒ Yes ❑ No

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: _____ Date: 5-11-16

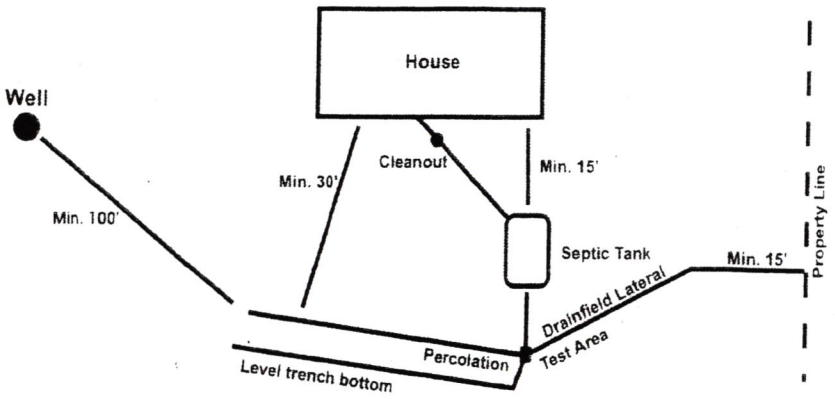
Complete As-Built drawing on the back of this form.

* Matt called John for inspection but he was unable to go out for the extension - NH 5/13/16

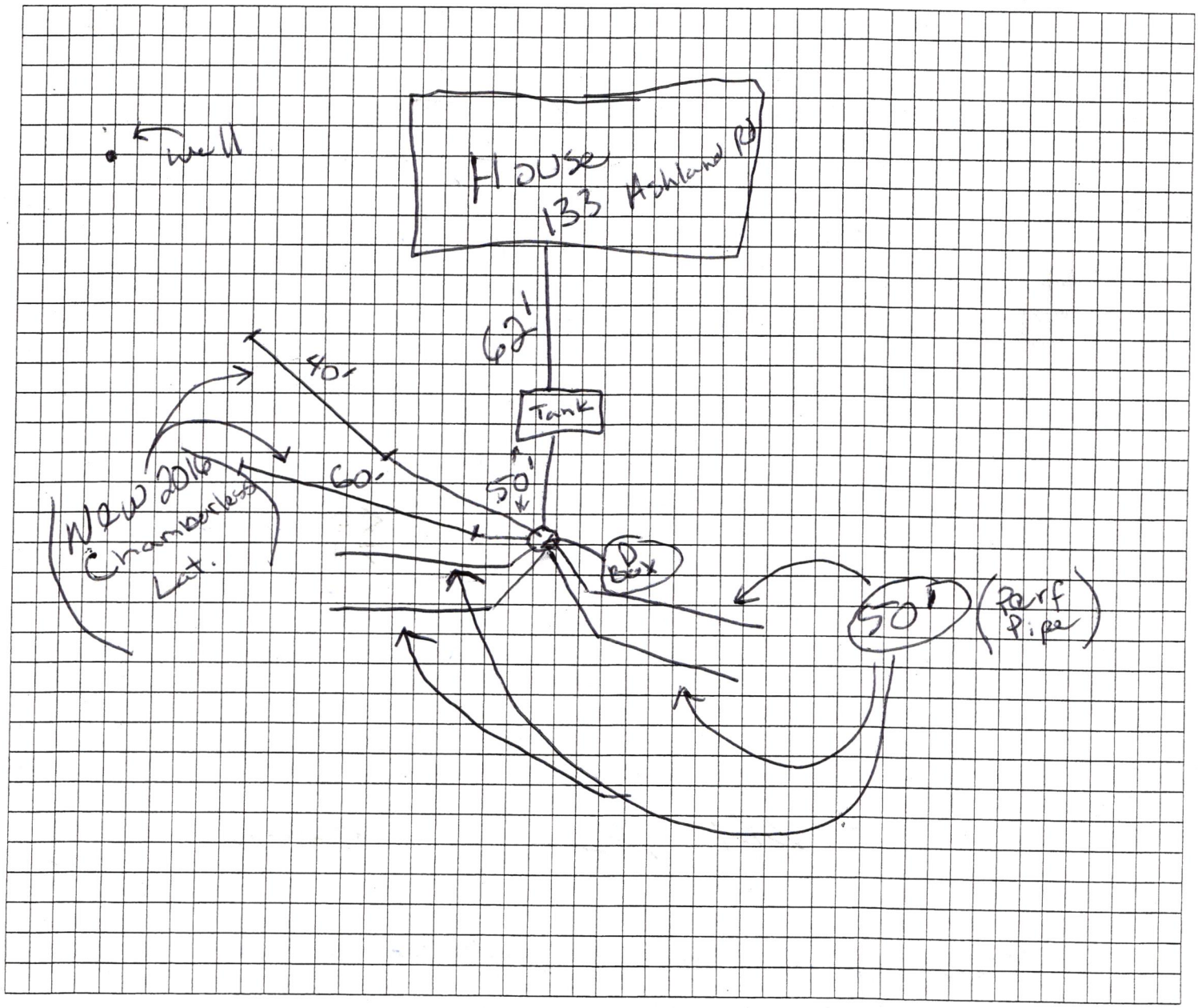
Updated 4/15

Onsite Wastewater System Design (Example)

Indicate North
w/ Arrow Here:



*Note-If Lagoon, show all applicable dimensions



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

Exhibit 5

Permit Number: HS00 1238

Onsite Wastewater Treatment System

Inspection Sheet

Date 5/2/16 Legal Description _____

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 13 Ashland R 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 _____ Sq. Ft. Tank Size _____ gals

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

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

Leveling Method Used _____

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 _____ 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 _____

Date 5/11/16

Field Note Drawing (See Reverse Side):