APR 29 2016 HS001241

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):** 5611 Agnew Rd, Ceresco, NE 68017

   Legal Description of Property: Township: 12N Range: 7E Section: 16-NW

   Block ____ Lot 26 SubDivsion ____ Add: ____

   ***Parcel ID** 19 - 16 - 100 - 005 - 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:** Install new drainfield of 175' (634sqft) of new ADS ARC36 chambers based on a percolation rate of 11 mpi. We will be using the existing 1,000 concrete septic tank.

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

   Current Tank Gallonage- 1,000

6. Print Name Herbert Hoover Address 5600 Agnew Rd, Ceresco, NE 68017 Phone: 402-430-2289

   Applicant Signature: Herbert Hoover Kevin L. Schmeeckle C1198

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: 4/29/16 Amount $210.00 Check No. 8876 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

Permit Number: HS001241

Onsite Wastewater Treatment System

Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 5611 Agnew Rd (no rural route) City Ceresco NE, Zip 68017

Owner Herbert Hoover Address Same

Date of Tests 7/22/15 to 7/23/15 Weather: Precipitation 0 Temperature 93°

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				
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 Interval	Water Level Drop (in)	Percolation Rates (Min/in = mpi)
1	28	7/22	11:30a	7/22	3:30p	7/23	2:00p	6	7/23	2:10	10	1-1/4	8
2	27	"	"	"	"	"	"	6	"	"	"	1-3/16	8
3	29	"	"	"	"	"	"	6	"	"	"	11/16	15
								6					
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Terri L Jakoubek, Raymond Contracting, Inc.

Phone: 402-783-2663 or 402-890-6009

Address 13800 NW 70th St

Raymond, NE 68428 Cert #1198

Sum of Percolation Rates: 31

Average of Rates: 10

Rate Used for Calculation: 11

Soil type (NRCS Maps/Other) Silt Loam

Groundwater Depth >7'

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
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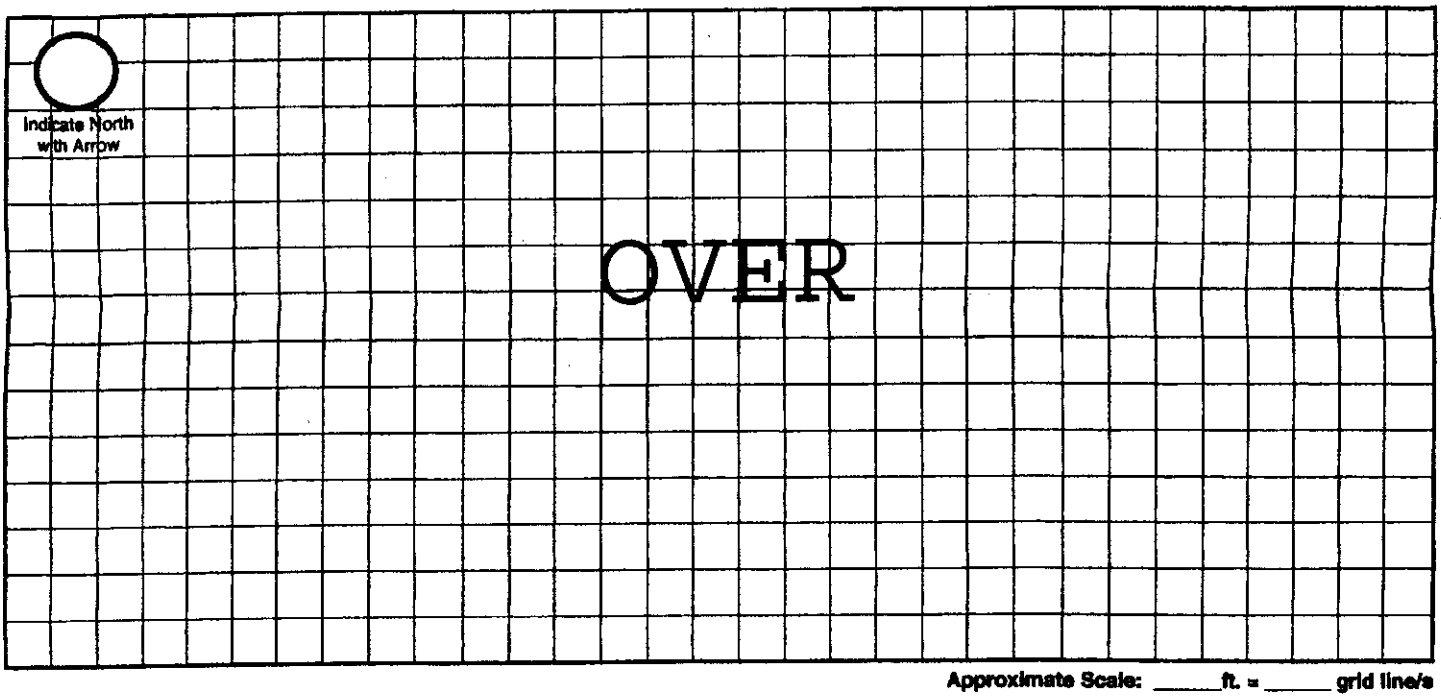
C

Permit Number: HS001241

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) 5611 Agnew Rd City Ceresco NE, Zip 68017

B. Proposed Septic Tank/s

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

C. Reserve Area for Replacement Onsite System

☐ Drainfield Absorption Area (percoloation test required) ☒ Lagoon

D. Drainfield Absorption System

Percolation Rate 11 (min/inch = mpi) No. of Bedrooms 3 Soil Type Silt Loam Land Slope 2-6 %

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 634 sq.ft.

Total length of laterals 175' Type of distribution: ☐ Perforated pipe ☐ Half-Round ☒ Chamber ☐ Other

No. of absorption trenches 2 Width 40" No. of drop boxes 1 Distrubtion Box_____

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

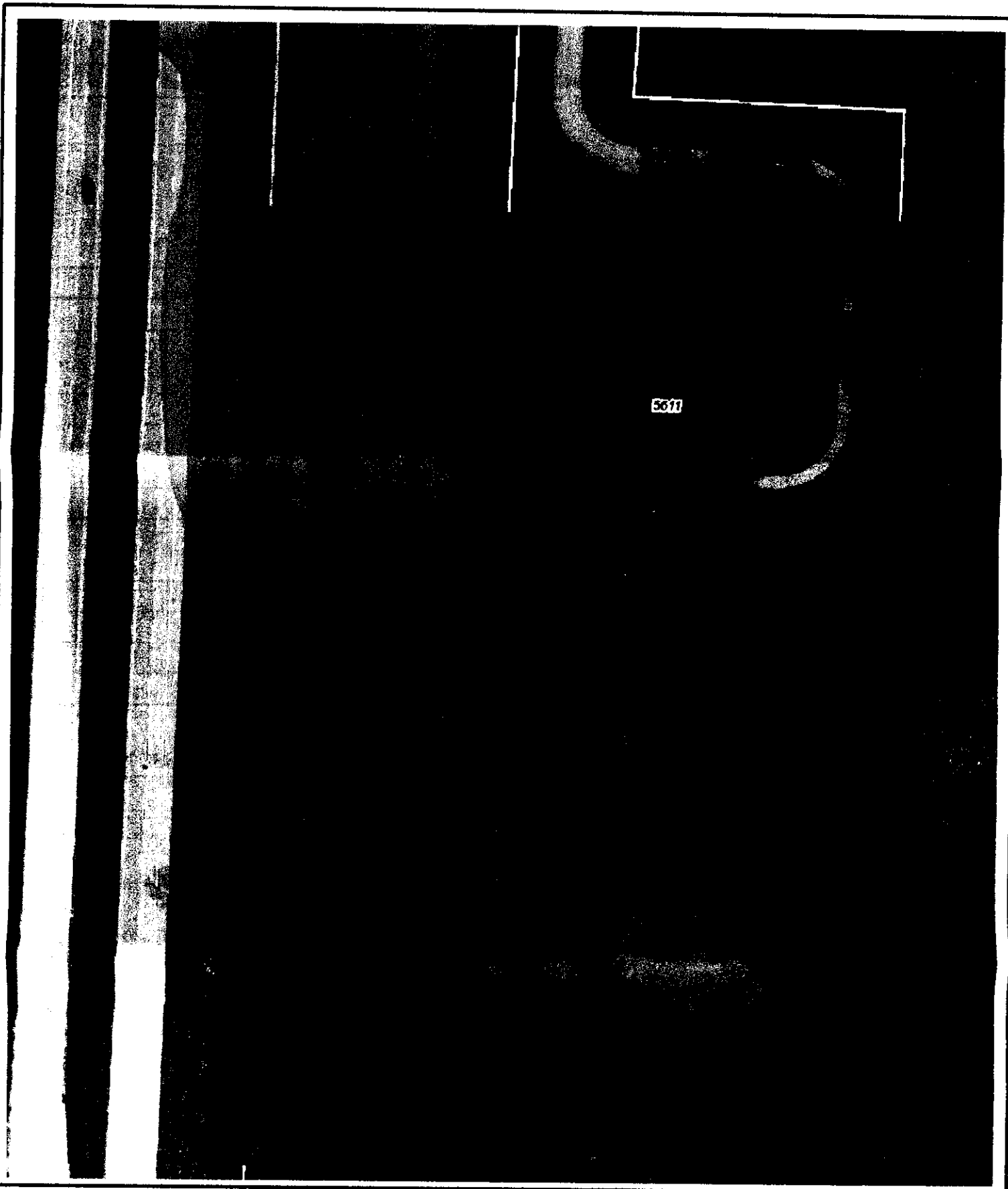
E. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

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 Existing Home Date _____

Installer [signature] Date 4/21/10



Lancaster County/City of Lincoln GIS Map

N
W E
S

Herber Hoover 5611 Agnew Rd, Ceresco, NE 68017 402-430-2289

Printed: Apr 21, 2016

DISCLAIMER: The information is presented on a best-efforts basis, and should not be relied upon for making financial, survey, legal or other commitments. If you have questions or comments regarding the data displayed on this map, please email ags@lincoln.ne.gov and you will be directed to the appropriate department.

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

OK 6/13/16 JR

Exhibit 5

Permit Number: HS-001241

Onsite Wastewater Treatment System

Inspection Sheet

Date 5/31/16 Legal Description T12N, R7E, SE/4 Lot 26
¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 5611 Grove Rd 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 634 Sq. Ft. 4 existing Tank Size 1000 gals N/O

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

* - New only

No. of Absorption Laterals 2 Width 3' No. of Drop Boxes 0 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 _____ Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments: Contractor used existing system w/ new system. -

Field Note Drawing (See Reverse Side):

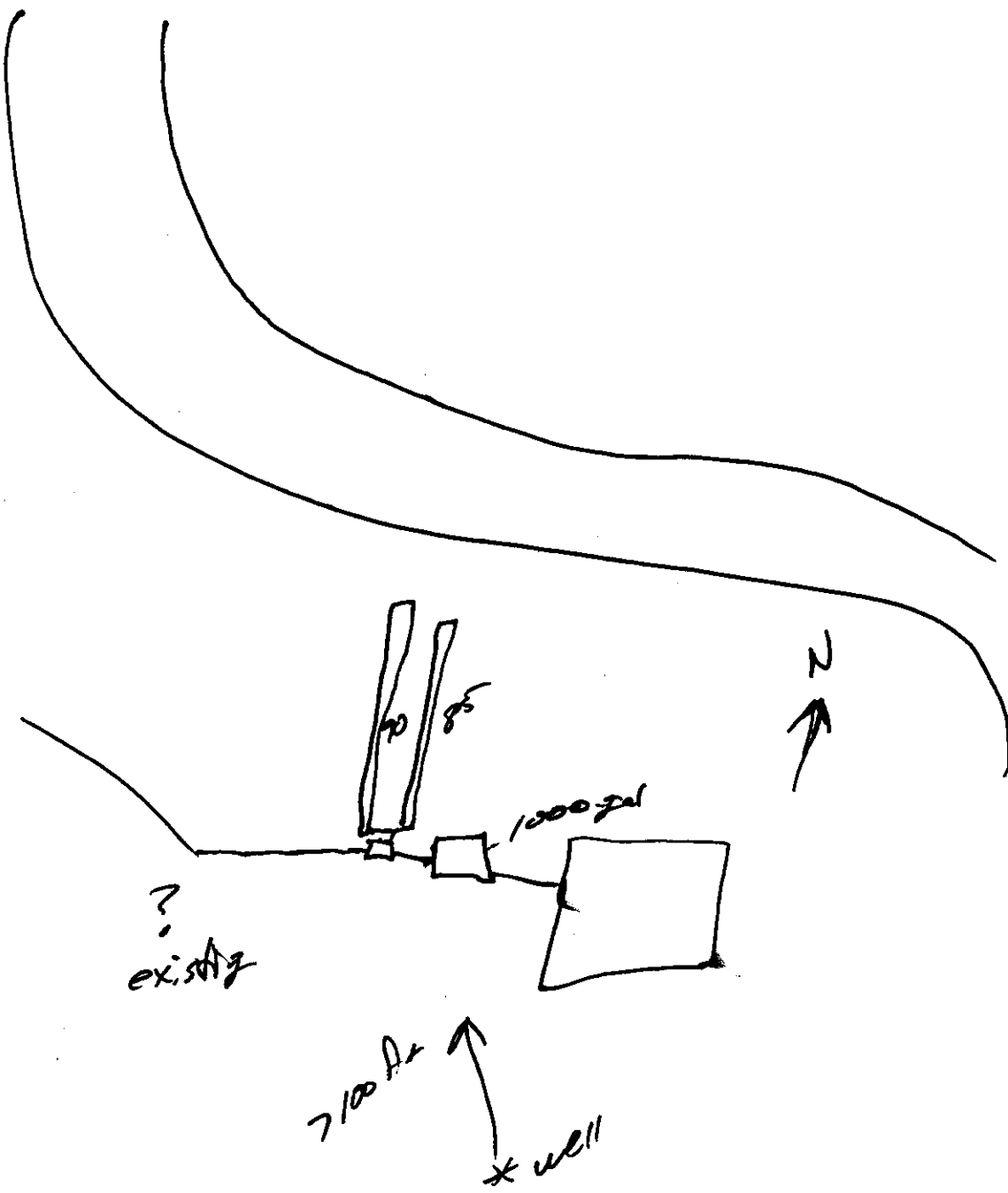
Inspections prior to Final Approval
Initial 5/31/16 Date 6/1

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By _____

Date 6/1/16


40
85
1000 gal
N
?
existing
7100 ft
well

SCANNED

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Kevin L. Schmeeckle C1155

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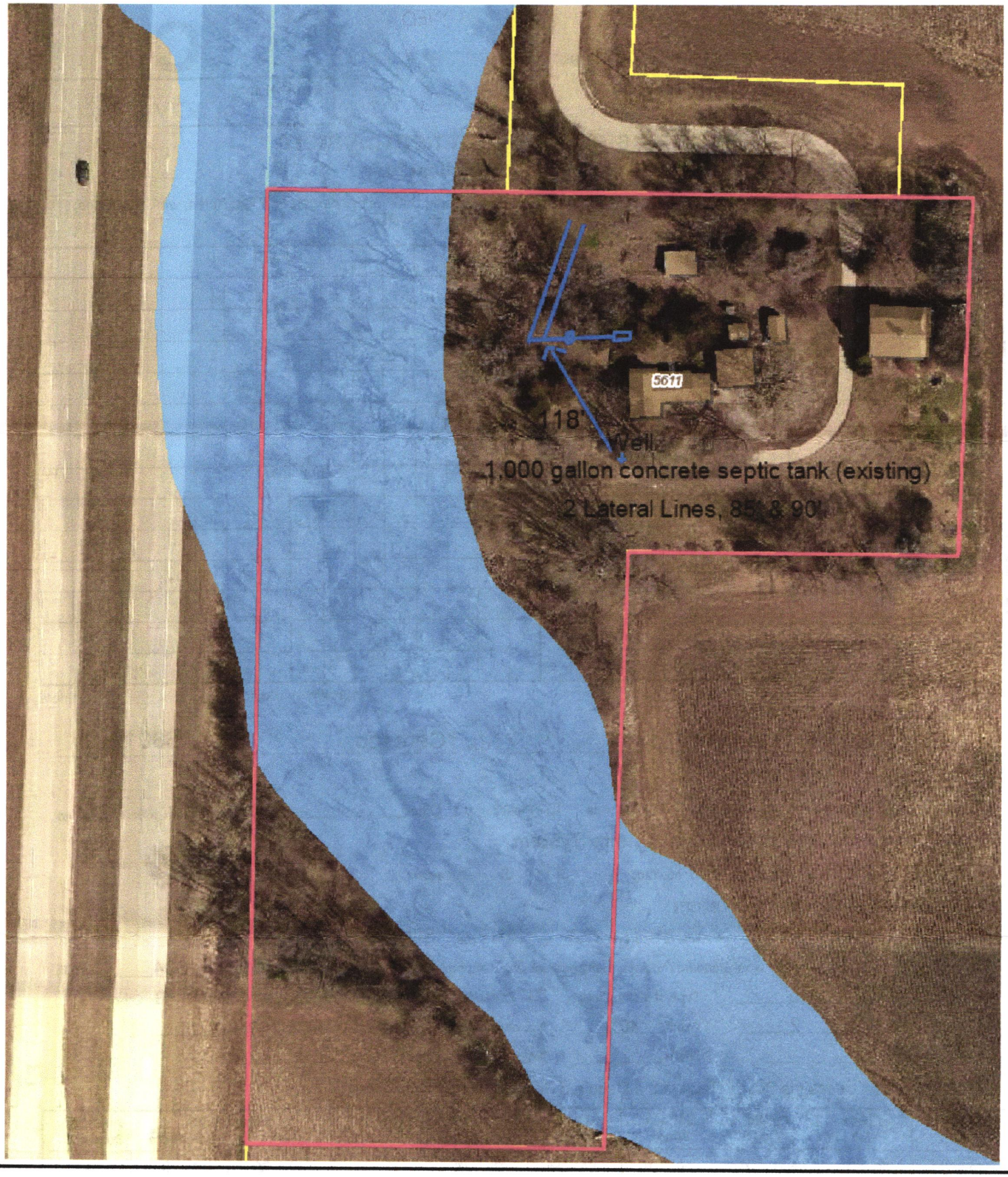
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Date ___/___/___ By ____
Date ___/___/___ By ____

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Revised 4/8/13



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N
W E
S

Printed: Apr 21, 2016

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