MAY 31 2016

HS001265

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):** 1600 SW 50t St, Lincoln, NE 68522

   Legal Description of Property: Township: 10N Range: 6E Section: 31-NW

   Block 3 Lot 1 SubDivsion High Ridge West Acres Add:

   ***Parcel ID** 10 - 31 - 101 - 003 - 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:** Replace failing drainfield with new 290' of ADS ARC26 gravelless chambers (1,051 sqft) based on the attached percolation test results of 52 minutes per inch.

5. **Current Type of Lateral-** concrete 1/2 moons **Current Linear Ft. Of Lateral -** Estimated 150'

   Current Tank Gallonage- 1,500

6. Print Name Robert Jeffers Address 1600 SW 50th St, Lincoln, NE 68522 Phone: 402-217-1305

Applicant Signature: Robert E Jeffers Rene L Jablonski

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: 5/31/16 Amount $210.00 Check No. 8910 Initials SB

Revised 4/8/13

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

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Permit Number: #S001265

Onsite Wastewater Treatment System

Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 1600 SW 50th St (no rural route) City Lincoln NE, Zip 68522

Owner Bob Jeffers Address Same

Date of Tests 5/2/16 to 5/3/16 Weather: Precipitation 0 Temperature 45 °

Percolation Test Data Table

A.	B.	C.	D.	E.	F.	G.	H.	I.	J.	K.	L.	M.	N.
		Saturation/Swelling Time				Water Level Drop Last 30 mins of 4 hr or last 10 mins of 1 hr					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	30	5/2	10:30a	5/2	2:00p	5/3	11:30a	6	5/3	12:00p	30	1/2	60
2	35	"	"	"	"	"	"	6	"	"	"	5/8	48
3	29	"	"	"	"	"	"	6	"	"	"	9/16	53
4	24	"	"	"	"	"	"	6	"	"	"	5/8	48
								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: 209
Average of Rates: 52
Rate Used for Calculation: 52

Soil type (NRCS Maps/Other) Judson SL/Pawnee CL
Groundwater Depth >8'

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: 402-441-8643

OK 7/13/16 gr

Exhibit 5

Permit Number: H5001265

Onsite Wastewater Treatment System

Inspection Sheet

Blk 3, Lot 1

Date 7/5/16

Legal Description ____ ¼ ____ ¼ 31 / 10 / 6 Section/Township/Range

Onsite System Location

Address (no rural route) 1600 SW 54th 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 1051 Sq. Ft. Tank Size 1500 gals

Total length of laterals 295' Type of Distribution: ☒ Chamber ☐ Perforated Pipe ☐ Other (describe) _____

No. of Absorption Laterals 4 Width 3.625 Infactor 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 ☑	25 ☑	5 ☑

***Geographical* Coordinates to 6 Decimals:**

Tank _____

Lateral #1 NA

Lateral #2 _____

Lateral #3 _____

Lateral #4 _____

Comments:

Inspections prior to Final Approval

Initial _____ Date _____ – Covered prior to –

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval

By Doug Rouse

Date 7/5/16

Field Note Drawing (See Reverse Side):