HS001318

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):** 12320 SW 29th

Legal Description of Property: Township: 8 Range: 6th Section: 4

Block _____ Lot _____ SubDivsion _____ Add: _____

***Parcel ID** 08 - 04 - 300 - 012 - 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 tank

5. **Current Type of Lateral-** Piped Crank **Current Linear Ft. Of Lateral -** 300

Current Tank Gallonage- 1000

6.Print Name Mel Gagner Address 4810 W Claire Ave Phone: 402 432 5698

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: 8/1/16 Amount $210.00 Check No. 8281 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: HS001318

Onsite Wastewater Treatment System

Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 12320 SW 29th (no rural route) City _____ NE, Zip _____

Owner Lynn Freye Address 12320 SW 29th

Date of Tests 7-14-16 to 7-15-16 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				
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	36	7-14	11 Am	7-15	8 Am	7-15	8 Am	6	7:15	8:30	30	1	30
2	1	1	1	1	1	1	1	6	1	1	1	3/4	40
3								6				5/8	48
								6					
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Kevin Lewis
Phone: 402 310 9160
Address 4810 W Claire Ave
Lincoln NE 68523

Sum of Percolation Rates: 118
Average of Rates: 39.3
Rate Used for Calculation: _____

Soil type (NRCS Maps/Other) Wymore Silty clay loam 3 to 6% slope
Groundwater Depth Over 12

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

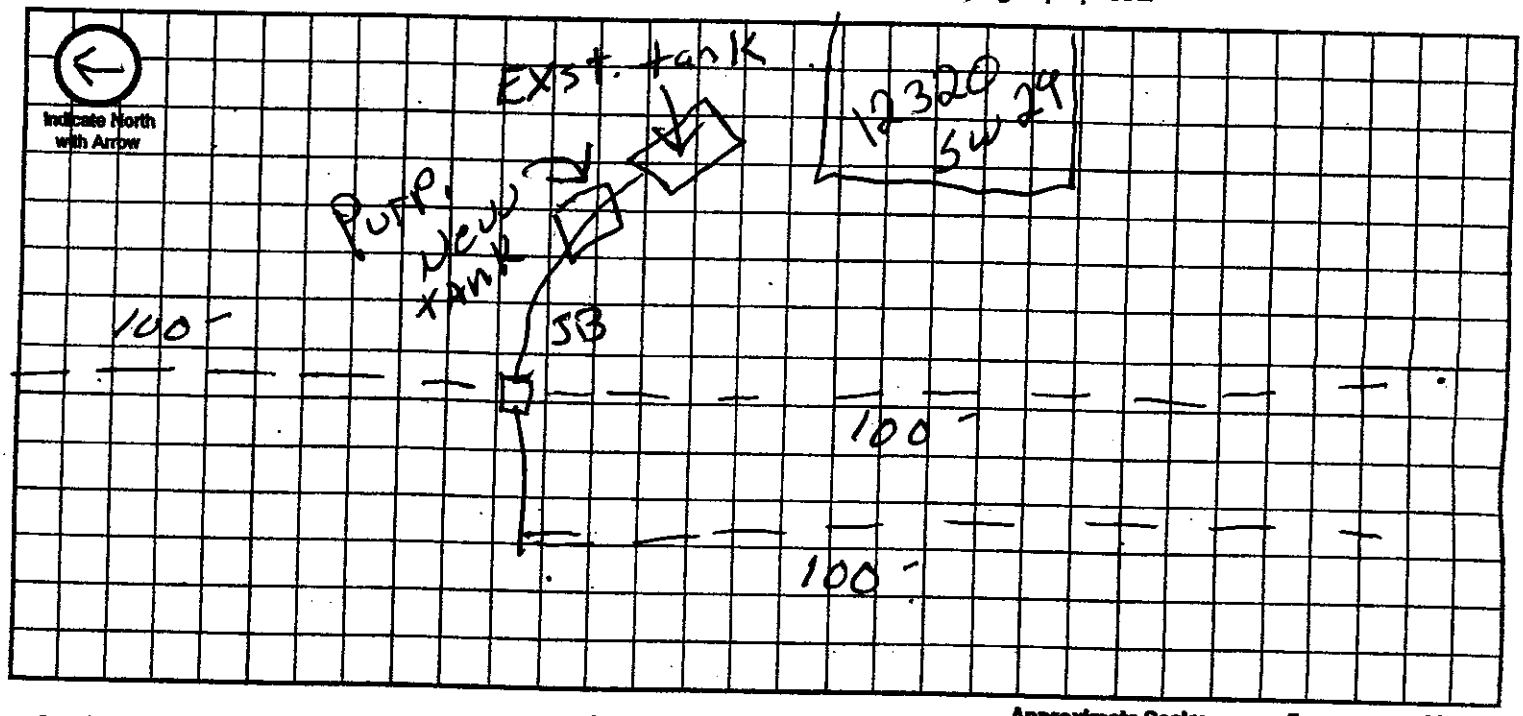
Signature of Reviewing Official _____ Date _____

C

Permit Number: HS001318

Sewage Disposal System
Preliminary Plan Specifications

Draw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, compass direction and property lines. Indicate on drawing if residence and well are existing or proposed.



Approximate Scale: _____ ft. = _____ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 12320 SW 29th City _____ NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☒ Plastic ☐ Other _____

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate 39.3 (min. per inch) Soil Type: Wymore Silty Clay Land Slope: 3 to 6 % %

Type of Absorption System: ☐ Trench ☐ Bed ☐ Other Pipe & Gravle

Total Square Feet of Field Required: 825 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: _____

Capacity of Septic Tank 1000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 300 ft. Number of Trenches 3 Trench Width 36"

D. 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 ☐	☐

E. Required Signatures

Home Building Contractor _____ Date _____

Installer _____ Date _____

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

D

Permit Number: HS001318

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date _____ Legal Description _____ 1/4 1/4 Section Township Range

Onsite System Location

Address (no rural route) 12320 SW 29th City Martell NE, Zip _____

Owner Lyna Freye Address 12320 SW 29th

A. Sewer Pipe

1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: 24 ft.
4. Number of clean-outs: N/A
5. Distances to: well or suction line Over 100 ft.
   stream 11 ft.
   pressure line 11 ft.
   property line 11 ft.

B. Septic Tank

☐ Label with Manufacturer, address and gallon capacity

1. Material: Plastic
   Number of compartments: 2
2. Capacity: 1000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 24 in.
   Over outlet, diameter 24 in.
   Riser: ☒ above ☐ below grade 6 in.
5. Inlet: ☒ baffle ☐ tee ☐ 6" dia. inspection pipe
6. Outlet: ☒ baffle ☐ tee ☐ 6" dia. inspection pipe
7. Depth to top of tank, below unfinished grade: 30 in.
8. Distances to: Well or suction line Over 100 ft.
   Stream 11 ft.
   Pressure line 11 ft.
   Property line 11 ft.

C. ☒ Distribution Box ☐ Drop Boxes

(≥ 12" inspection opening) (removable lid to inspect)

1. Material: Plastic
   Number available outlets: 4
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: _____ ft.

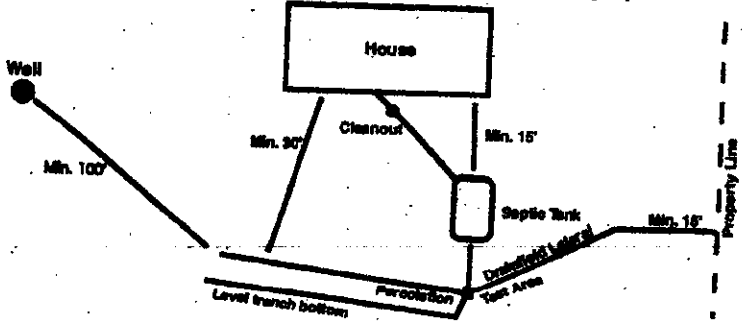
D. Drainfield Absorption

☐ Trench ☐ Bed ☐ Level Bottom

1. Type: ☐ Half rounds ☒ Perforated pipe ☐ Chambers
   Diameter or width: 36"
   Number of distribution lines in bed 3
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Drainfield Laterals: Number 3
   Length of each line: 100 ft. 100 ft.
   100 ft. _____ ft. _____ ft.
3. Drainfield dimensions: Width 3 ft.
   Distribution Pipe Slope _____ in/100 ft.
   Average depth 24 in
4. Filter material: Grade
   Depth of material 30 in.
5. Distances to: Well or suction line Over 100 ft.
   Pressure line 11 ft.
   Property line 11 ft.
   House or building Over 60 ft.
   Lake or Stream Over 100 ft.

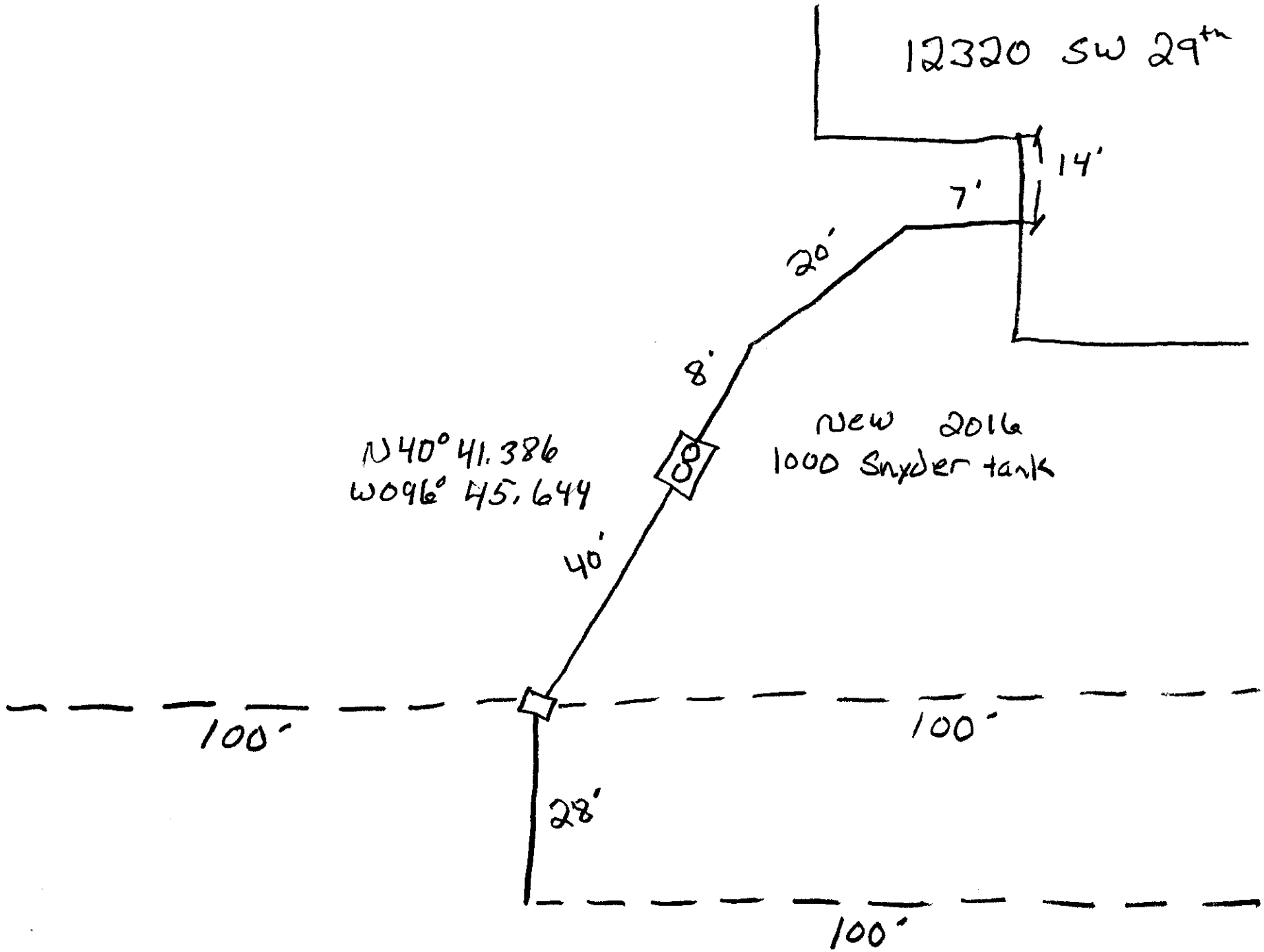
Complete As-Built drawing on the back fo this form.

Onsite Wastewater System Design (Example)



icate North
ith Arrow

HS001318


12320 SW 29th
14'
7'
20'
8'
N40° 41.386
W096° 45.644
New 2016
1000 Snyder tank
40'
100'
100'
28'
100'

#S001318

Nebraska DEQ

Print or Type

System Registration For Onsite Wastewater Treatment System - Septic System

Owner First Name: Lynn | Initial | Last Name: Freye | Owner Phone Number

Business or Legal Entity Name (if applicable)

Owner Mailing Address: 12320 SW 29th | City: Martell | State: Ne | Zip

Physical address of system if different from owner's mailing address

Location — **Legal description** — OR **Geographical coordinates to 4 decimal points**

¼ ¼ Section Township Range County | Latitude: N40°41.386 | Longitude: W096°45.644

Mark One: [X] Dwelling [ ] Non-dwelling | Previous system registration number (if applicable) TS_____

Mark One

[ ] New system [X] Modification of existing system [X] Tank only [ ] Trench only] [ ] Inspection only

[ ] Temporary modification (Describe problem causing discharge and reason for temporary modification):

Design flow 400 gal/day # of Bedrooms* 3 Depth to seasonal high groundwater Over 12 feet

Percolation rate 39.3 min/inch · Loamy sand liner installed* [ ] Yes [ ] No

Septic tank capacity 1000 gallons Septic tank Manufacture/ Model* Snyder

[ ] Garbage Grinder* [ ] Large capacity tub* Number of trenches 3 Width of trenches 36 inches

Total length of all trenches 300 feet Total effective trench bottom area 900 sq. ft.

Soil Absorption System Description **(Select one of the following):**

- [ ] Gravelless chambers without filter material (inside bottom width of chamber _____ inches)
  Make and Model of chambers installed _____
- [ ] Gravelless chambers with filter material (describe filter material _____)
  Make and Model of chambers installed _____
- [X] Pipe with filter material (describe filter material Gravle (Exst))
- [ ] Gravelless pipe without filter material (diameter of the gravelless pipe _____ inches)
- [ ] Gravelless pipe with filter material (describe filter material _____)
- [ ] Bundled expanded polystyrene synthetic aggregate without filter material (bundle diameter _____ in.)
- [ ] Bundled expanded polystyrene synthetic aggregate with filter material (describe filter material _____)
- [ ] Other (describe) _____

I swear or affirm that the system complies with Title 124 requirements and that the registration information and documentation submitted are true, complete and accurate.

Kevin C Lewis 25241

(Print or Type) First Name | Initial | Last Name | Certificate/License Number

Signature of Certified Professional, Professional Engineer, or Registered Environmental Health Specialist

July 30 2016

Date of Inspection or Completion of Construction

NOTICE: Failure to complete the form or include the appropriate fee(s) will delay the registration.

(*) Indicates item requested/ not required on registration

SCANNED

HS001318

Application to Alter or Repair an Onsite Wastewater Treatment System

OK 8/8/16

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HEALTH DEPARTMENT USE ONLY

☐Municipal Code 24.38 ☐County Resolution Number 02-30

Date received 8/12/16 REVIEW: ☒ Approved ☐ Disapproved By: _____

Comments (if any): Tank Replacement - System completed & approved could be completed - Covered prior to inspection.

Site visits N/A
Date ___/___/___ By _____
Date ___/___/___ By _____

Installation final written approval
Date 8/12/16 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: 8/11/16 Amount $210.00 Check No. 8281 Initials SB

Revised 4/8/13