HS001320

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):** 16150 Wittstruck Road

   Legal Description of Property: Township:_____ Range:_____ Section:_____

   Block_____ Lot_____ 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:** replace existing lateral field

5. **Current Type of Lateral-**_____ **Current Linear Ft. Of Lateral -** 200

   Current Tank Gallonage- 1000

6. Print Name Blain Johnson Address 9533 E State Hwy 41 Adams NE 68301 Phone: 402 610 2270

   Applicant Signature: Blain Johnson

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: 8/10/16 Amount $210.00 Check No. DISCOVER VISA Initials AB

Revised 4/8/13

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

OK 9/14

Exhibit 5

Permit Number: HS001320

Onsite Wastewater Treatment System

Inspection Sheet

Date _____ Legal Description _____

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 16150 Wittstruck 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 254 Sq. Ft. Tank Size 1120 gals 2 Bedroom

Total length of laterals 208 ft Type of Distribution: ☒ Chamber ☐ Perforated Pipe ☐ Other (describe) _____

2x140 = 280

No. of Absorption Laterals 2 Width 3' No. of Drop Boxes _____ Distribution Box 1120

Leveling Method Used N/O - ASK - then you can say N/O

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 _____

Inspections prior to Final Approval
Initial NA Date 9/16/16

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By _____

Date 8/24/16

Comments:

System approved to be covered prior to inspection

Field Note Drawing (See Reverse Side):

Miss understood contractor onsite, - Both meet standards - System was covered upon inspection

Updated 4/15

Onsite Wastewater Treatment System
As-Built Description and Drawing

Type of Onsite Wastewater System: ☐ Lagoon (Skip to Back Page) ☒ Subsurface Septic ☐ Mound

lateral addition

Onsite Wastewater System Location

Address or Legal Description or Parcel Identification Number (PID): 16150 W. Hstrude Road

Owner: RL Williams Address: _____

A. Wastewater Piping

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

B. Septic Tank

1. Material _____
2. Capacity: _____
3. Depth to top of tank, below unfinished grade: ____ 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: 122 ft. N

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☒ Chamberless ☐ Other

   Material brand and inside width of Chamberless: _____

2. Number of Laterals: 2
3. Length of each lateral (linear): ft 140 ft. 140 ft _____ ft. _____
4. Drainfield size: 990 sq. ft.
5. Distance to.
   Well 4160 NA ft
   Pressure line NWA +100 ft.
   Property line + 30 ft.
   Depth of Groundwater 17

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

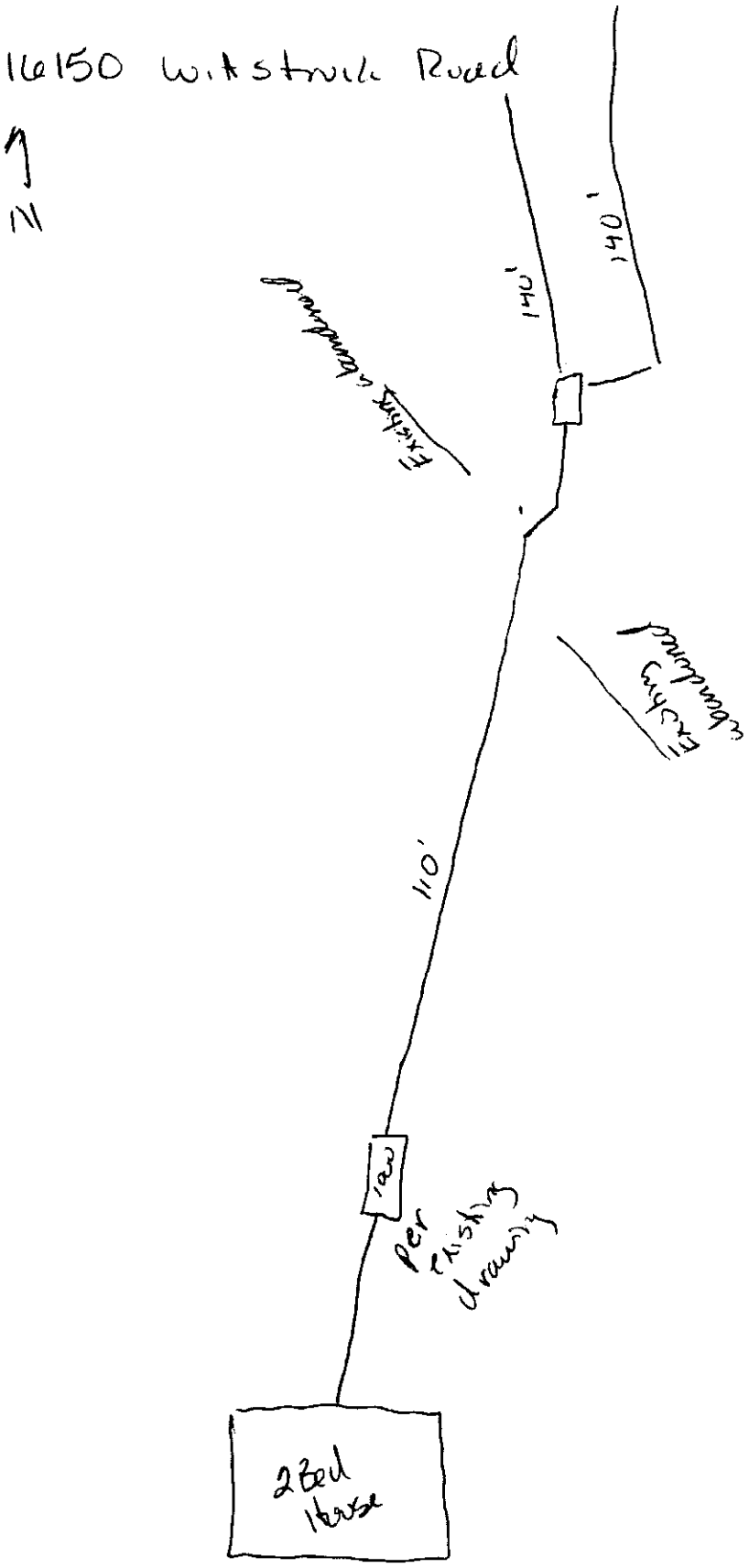
If Yes, the Certified Professional must sign below for final approval:

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: 6 Sept 16

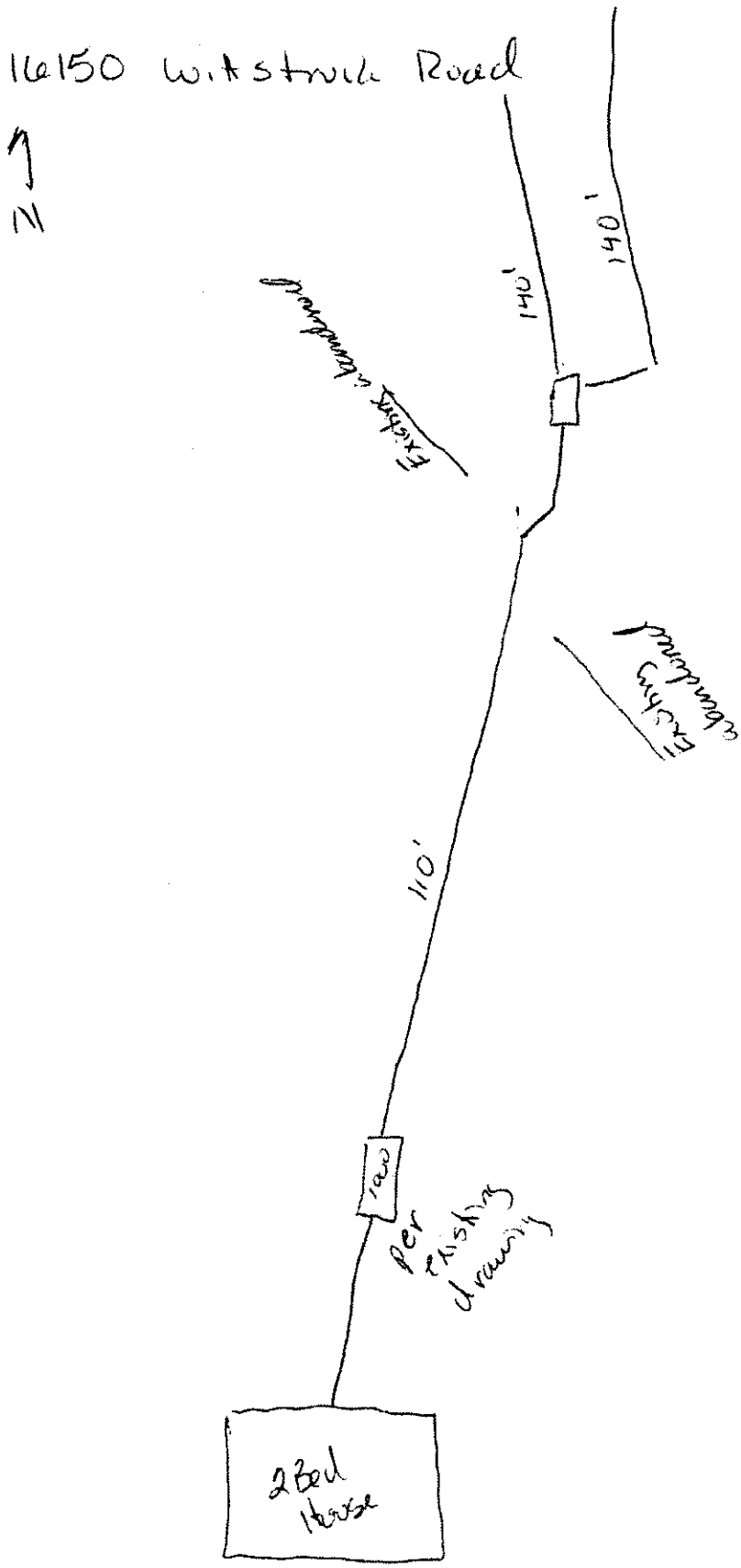
Complete As-Built drawing on the back of this form.

16150 Witstruck Road



16150 Witstruck Road

N



HS001320

SCANNED

Application to Alter or Repair an Onsite Wastewater Treatment System

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1. **Street Address (No Rural Route):** 16150 Withstruck Road

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

   Block _____ Lot 85 SubDivsion _____ Add: _____

   ***Parcel ID** 21 - 10 - 400 - 006 - 000 (i.e. 99-99-999-999-999)

2. **Property use:** ☒ Residential ☐ Commercial ☐ Other use (Describe: _____)
   Number of bedrooms 2 Does the system have a: ☐ Garbage Grinder ☐ Large Capacity Tub

   mop as per contractor

3. **Type of Present Individual Disposal System** ☒ septic system ☐ lagoon ☐ other

4. **Description of proposed alteration or repair:** replace existing lateral field

5. **Current Type of Lateral-** _____ **Current Linear Ft. Of Lateral -** 200

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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 8/24/16 By _____

Return application to:

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3140 "N" Street, Lincoln, NE 68510
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Business Office Use Only

Received: Date: 8/10/16 Amount $210.00 Check No. DISCOVER VISA Initials AS

Revised 4/8/13

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health
2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

NON TRANSFERABLE

PERMIT

SEWAGE INSTALLATION

No. 92380085001

Issued 06/08/92
Expires 12/08/92

ESTABLISHMENT

REBECCA WILLIAMS
T8N R8E SEC 10
LOT 85

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE

REBECCA WILLIAMS
1632 B ST
APT A
LINCOLN NE 68502

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

DATE	AMOUNT
6/10/92	PAID

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

FORM 20103-0477
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
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: 471-7800

A

FILING FEE: $ 150.00

FILE NO. _____

DATE: April 7, 1992

The undersigned hereby requests SITE CLEARANCE and PERMIT to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

1. Legal description of property: Twp. 8 North; Range 8 East; Section 10;
   Block _____: Lot 85 IT: Addition _____
   Street Address _____

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 2. Describe _____

3. Type of Individual Sewage Disposal System: Septic Tank ☒ ; Other ☐

4. Distance to public sewer: ½ to ¾ mi. ~~FF.~~

Rebecca M. Williams
Signature of Applicant (Owner or Lessee)

1632 B, Apt. A Lincoln, NE 68502
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 6/8/92. Date Frwd. 6/8/92. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 4-10-92. Date Frwd. 4-13-92. ACTION: Approved ☒ Disapproved ☐ Signature: Betty Cornish

3. City or County Engineer: Date Rec'd. 6-8-92. Date Frwd. 6-8-92. ACTION: Approved ☒ ~~Disapproved~~ ☐ Signature: Larry V. Worrell

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 6/19/92 by: J.C.H.
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 6/25/92 By: Jerrold C. Hood

White: Health Dept. Copy
Yellow: Engineers Copy
Pink: Bldg. Inspector's Copy

FORM 23-43

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: 471-7800

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 8North; Range 8 East; Section & ¼ Section 10.
Property Dimensions: 390 ft. x 1149.92 ft. Area: 10.3 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☒ ; Clay Loam ☐
Dates of Tests: 5-7-92 to 5-8-92. Weather: Precip. No Temp. 63

OWNER: Rebecca M Williams
Address: 1632B, apt.A, Lincoln NE 68502

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	18	5-7	9AM	5-7	2PM	5-8	12PM	6	1PM	4 1/2	60	1 1/2	
2	18	"	"	"	"	"	"	"	"	4 1/4	"	1 3/4	
3	18	"	"	"	"	"	"	"	"	4 3/8	"	1 7/8	
4	18	"	"	"	"	"	"	"	"	4 7/8	"	1 1/8	
5	18	"	"	"	"	"	"	"	"	5	"	1	
6	18	"	"	"	"	"	"	"	"	4 3/4	"	1 1/4	

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

Smitek Sanitation Co.
Signature of Person Conducting Test

Address 4710 NO 7th Phone 435-8868

$6\overline{)8.5}$ = 1.41

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): STF or BrD
Date: _____

Approved Percolation Rate (a)
A. 42 min./inch
B. _____ min./inch
C. _____ min./inch

_____
Signature of Reviewing Official

AGRONOMY DEPARTMENT ANALYTICAL LABORATORY
MISCELLANEOUS ANALYSIS INFORMATION SHEET

M

Date 10/15/90 Job # 90

Name Rebecca Williams Sample Identification

Address 3102 S. 35th Type of Sample soil

Town Lincoln Zip 68506 Number of Samples 4

County Lancaster

Amount Due

To be billed ___ Acct.# ___

or paid ___ Rcpt.# ___

Tests Desired
PSA.

Check a line for sample disposition when analyses are completed. Pick up ___ Discard ___

	Sample No.					
1	N - 18"					
2	N - 22"					
3	E - 18"					
4	E - 22"					
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						

Comments:

Date Completed:

PARTILCAL SIZE ANALYSES RESULTS

SAMPLE ID	PERCENT SAND	PERCENT COARSE SILT	PERCENT FINE SILT	PERCENT VERY FINE SILT	PERCENT CLAY	TEXTURAL CLASS NAME
00001	16.97	18.46	31.79	27.18	05.60	SILT LOAM
00002	14.19	21.59	26.74	15.42	22.06	SILT LOAM
00003	30.88	08.71	17.93	04.10	38.38	CLAY LOAM
00004	28.94	10.74	17.90	05.12	37.30	CLAY LOAM

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

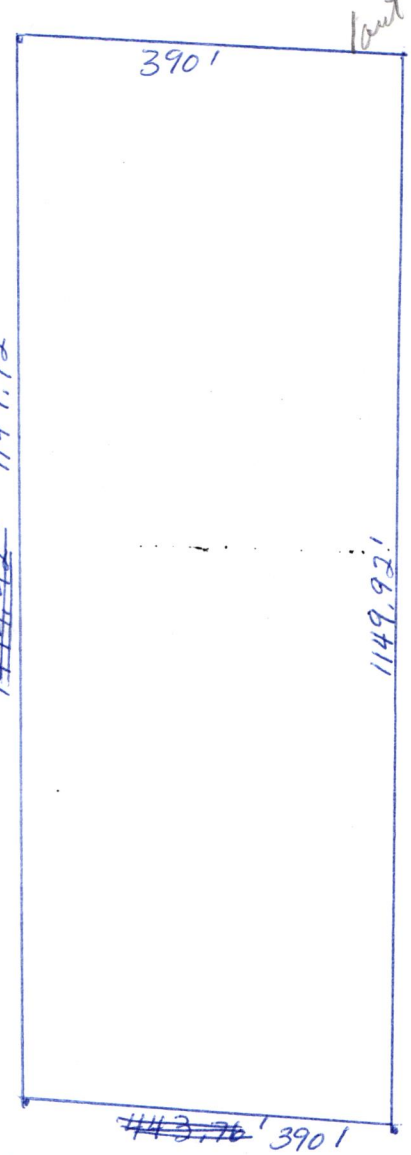
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

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 1000 gals.
2. Total Length of Laterals 195/146 ft.
3. With a Trench Width of 3/4 ~~ft.~~
4. Total Area of Lateral needed 586 sq.ft.

_____
Signature of Reviewing Official

FORM 20104-0477
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: 471-7800

D

DATE: 6-25-92

FILE NO: _____

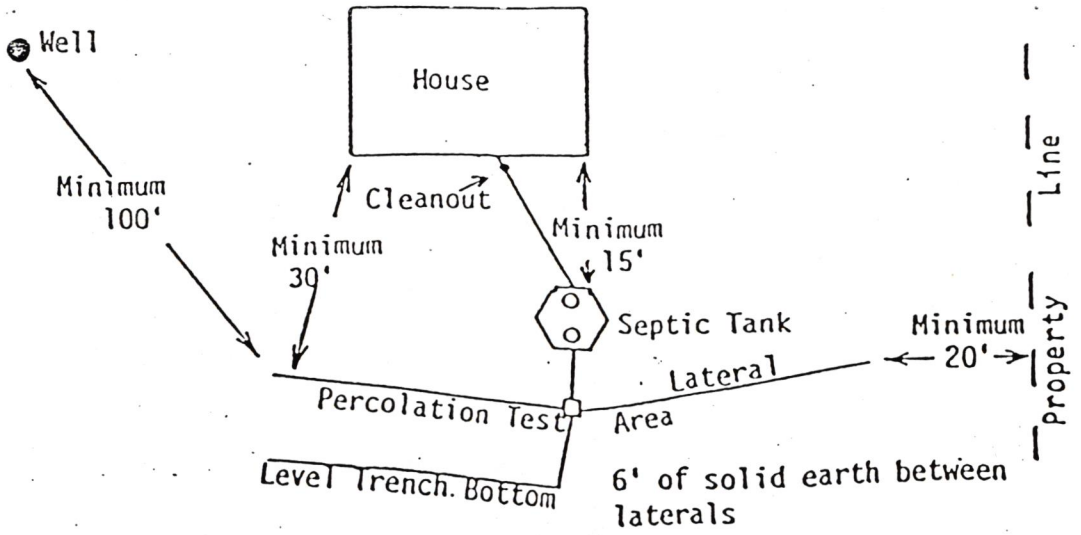
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material Pla ; Diameter 4 in.
2. Distance above basement floor ____ in., or below basement floor 8 in.
3. Distance between dwelling and septic tank 70 ft.
4. Number of clean-outs No .
5. Distances to:
Well or Suction Line 100 ft.; Stream 150 ft.; Pressure Line 60 ft.; Property Line ? ft.

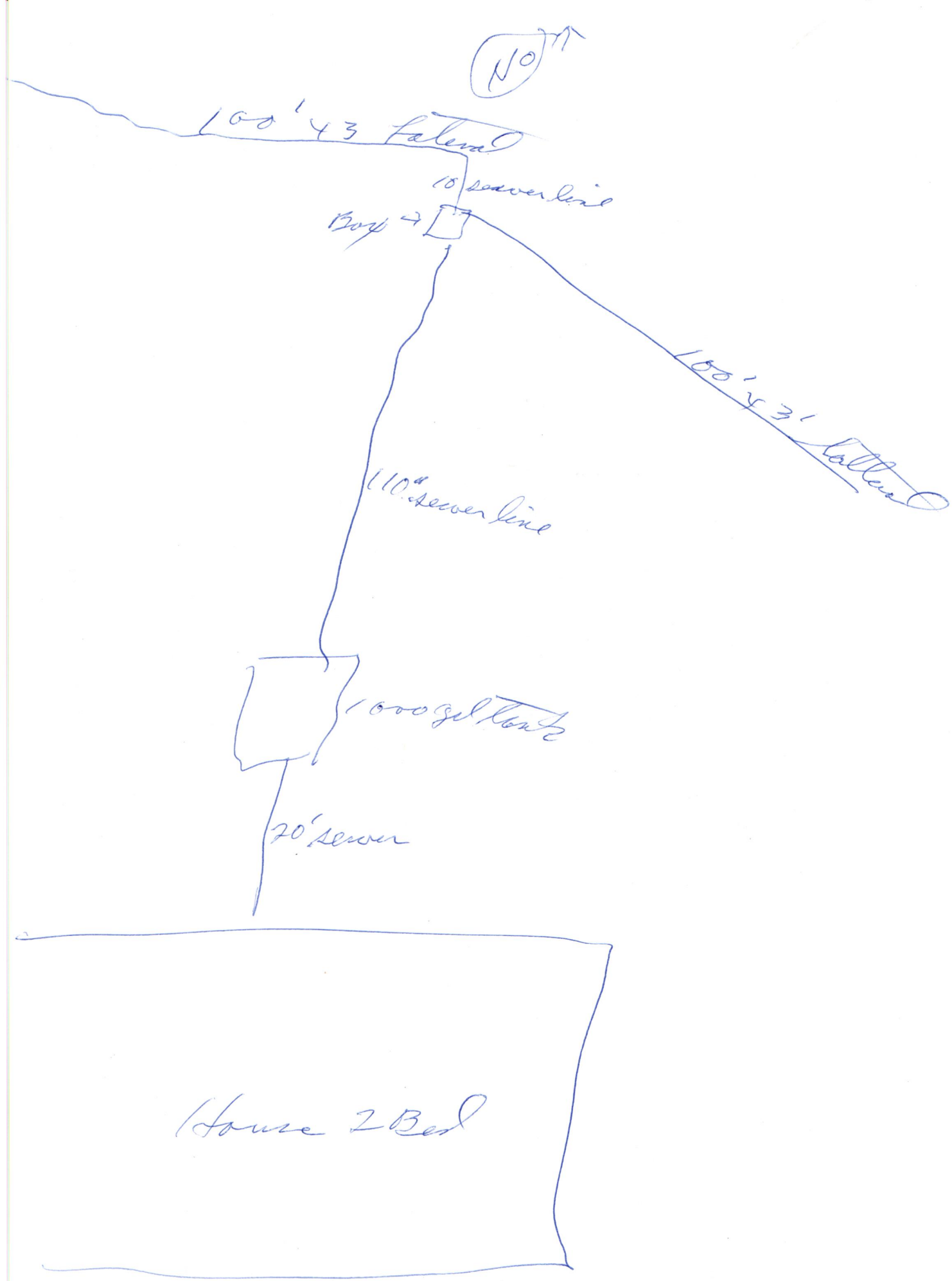
B. SEPTIC TANK:
1. Material Conc ; No. of compartments 1 .
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company Pac Cast)
4. Manholes: Over Inlet; diam. 6 in. (cents 18") Over Outlet; diam. 4 in.
Riser Above ☒ Below ☐ Grade ____ in.
5. Inlet: Baffle ☒ ; or Tee ☐
6. Outlet: Baffle ☒ ; or Tee ☐
7. Depth of top of tank below finished grade 48 in.
8. Distances to:
Well or Suction Line 150 ft.; Stream 150 ft.; Pressure Line 60 ft.; Property Line ? ft.

C. DISTRIBUTION BOX:
1. Material Pla ; Number - available outlets 7 .
2. Factory Built: Yes ☒ No ☐
(Company Hancor)
3. Distance from Septic Tank 110 ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☐ Perforated Pipe ☒
Diameter of Half Round ____ or Perforated Pipe 4" .
Material: fiberglass ☐ ; plastic ☒ ; concrete ☐ ; other ____ .
2. Lateral Lines:
Number 2 ; Length of each line 100, 100, ____, ____, ____ ft.;
Total length of laterals 200 ft.;
Distance between lateral lines 12 ft.
3. Trench dimensions: Width 36" ft.;
Slope 2 in/100 ft.; Average Depth 18 in.
4. Filter Material: Road Gravel
Depth of Material 12 in.
5. Distances to:
Well or Suction Line 240 ft.; Stream 150 ft.; Pressure Line 300 ft.; Property Line ? ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN


NO
100' 43 Falls
10 sewer line
Box
100' 43' Falls
110' sewer line
1000 gal tank
20' sewer
Home 2 Bed