AUG 18 2016

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HS001326

Application to Alter, Extend or Repair an Individual Sewage Disposal System

☐ Municipal Code 24.38 ☐ County Resolution Number 2832

The undersigned hereby applies for a permit to: ☐ **ALTER** ☐ **EXTEND** ☒ **REPAIR** an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. **Legal description of property:**
   Township 12 Range 8 Section 2 1/4 Section W 1/2
   Block _____ Lot 20 Addition _____
   Parcel ID 25-02-100-009-000 (i.e. 99-99-999-999-999)
   Street Address 16601 ASHLAND ROAD

2. **Property use:** ☒ residential ☐ commercial ☐ other use
   Number of bedrooms 3 Describe _____

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

4. **Description of proposed alteration, extension or repair** INSTALL NEW LATERALS

5. **Work to be done by:** ☐ owner ☑ contractor's name Michael P. Dietze Waverly Plumbing & Well Co

6. **Estimated project:**
   a. Repair, replace or minor extension with a cost less than $400 (no fee required).
   b. Total cost is greater than $400 (Return fee with this application)
   c. A "construction permit" is required if the use, operation, location, or type of the system is being change.

Print Name Michael P. Dietze Address PO Box 116 Waverly, NE 68462 Phone 402 786 5620
Applicant Signature (owner or lessee) Michael P Dietze

Please include the permit fee ($100) with this application
Fee must be included before the application will be processed. Incomplete information will delay processing

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HEALTH DEPARTMENT USE ONLY

Date received ____/____/____ REVIEW: ☐ Approved ☐ Disapproved By: _____

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

Installation final written approval
Date ____/____/____ By _____

Return application to: Lincoln-Lancaster County Health Department - Environmental Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: 441-8022

Business Office Use Only
Received: Date: 8/22/16 Amount $210.00 Check No. 32639 Initials SB

White - Division Copy Pink - Business Office Revised 9/00

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

B

Permit Number: HS001326

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 16601 Ashland Rd (no rural route) City ASHLAND NE, Zip 68003

Owner Norma Sherman Address 16601 ASHLAND Rd

Date of Tests 06-03-2016 to 06-04-2016 Weather: Precipitation NONE Temperature 61°

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			End				
Hole No.	Hole Depth (in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Initial Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time Interval	Water Level Drop (in)	Percolation Rates (Min/in = mpi)
1	36	06/03	6:30p	06/04	6:00a	06/04	9:00a	6	6/04	9:30	30	1	30
2	36	06/03	6:30p	06/04	6:00a	06/04	9:00a	6	6/04	9:30	30	1 1/4	24
3	36	06/03	6:30p	06/04	6:00a	06/04	9:00a	6	6/04	9:30	30	1 1/4	24
4	36	06/03	6:30p	06/04	6:00a	06/04	9:00a	6	6/04	9:30	30	1	30
5	36	06/03	6:30p	06/04	6:00a	06/04	9:00a	6	6/04	9:30	30	1	30
6	36	06/03	6:30p	06/04	6:00a	06/04	9:00a	6	6/04	9:30	30	1	30
								6					
								6					

Person Conducting Percolation Test

Name: _____

Phone: _____

Address _____

Sum of Percolation Rates: 168

Average of Rates: 28

Rate Used for Calculation: _____

Soil type (NRCS Maps/Other) Silty Clay Loam

Groundwater Depth _____

DO NOT WRITE BELOW THIS LINE

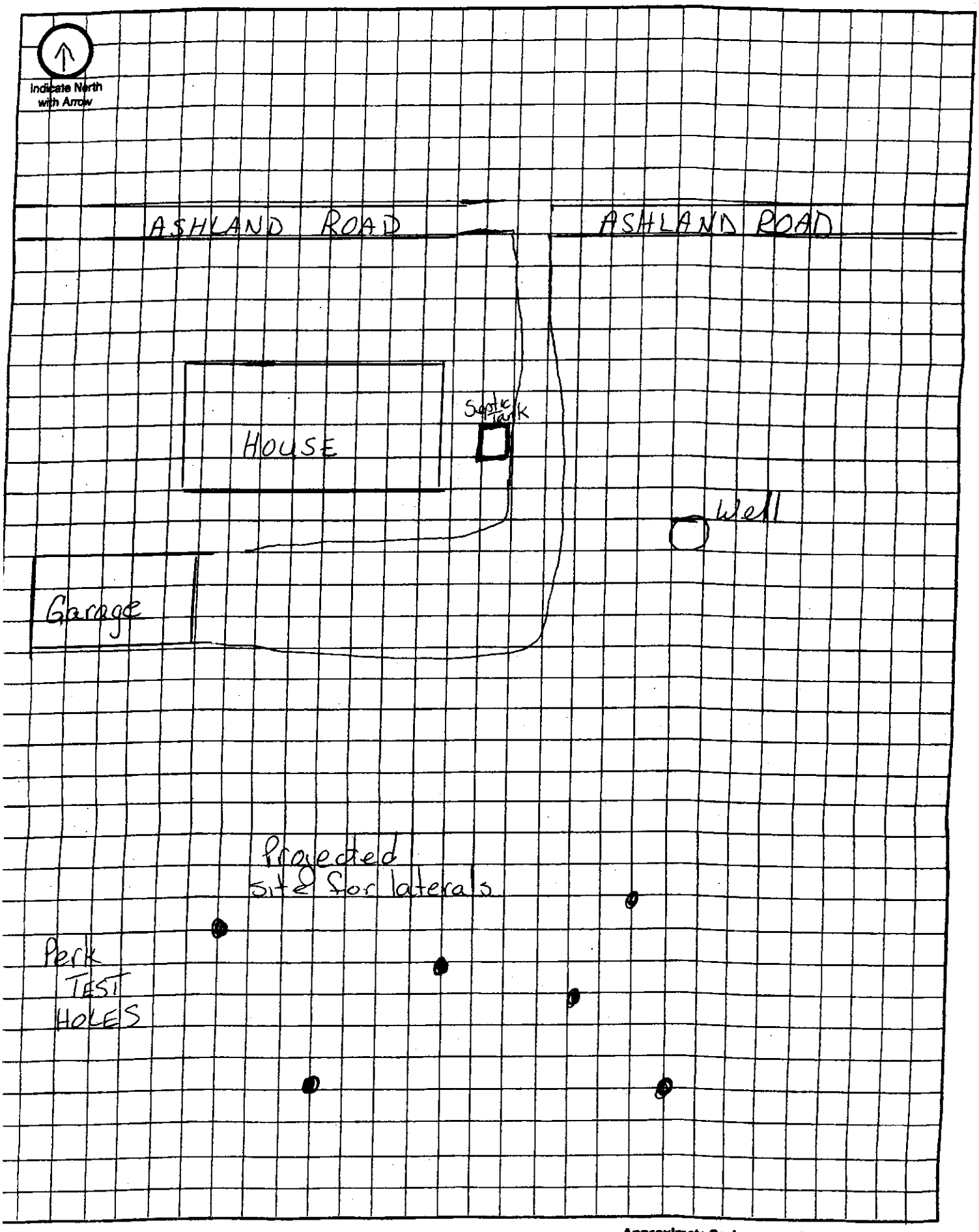
Reviewing Action

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

Signature of Reviewing Official _____ Date _____

HS001326

As Built Drawing



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

10 - 8-2

D Exhibit 4

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

OCT 03 2016

Permit Number: HS001326

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) 25-02-100-009-000

Owner: Norma Sherman Address 16601 ASHLAND Rd Ashland, NE 68003

A. Wastewater Piping

1. Material: SDR-26 pvc Diameter: 4 in.
2. Distance between dwelling and septic tank: 5 ft.

B. Septic Tank

1. Material CONCRETE
2. Capacity: 1000 gallon
3. Depth to top of tank, below unfinished grade: ____ in.
4. Distance to:
   Well 51 ft.
   Pressure line 51 ft
   Property Line 100+ ft.
   Foundation 61 ft.

C Distribution Box or Drop Box

Distance **and** Direction from septic tank: 89 ft. SOUTH

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☒ Chamberless ☐ Other
   Material brand and inside width of Chamberless: INFILTRATORS
2. Number of Laterals: 2
3. Length of each lateral (linear): ft. 120 ft. 90 ft. ____ ft. ____
4. Drainfield size: 508 sq. ft.
5. Distance to:
   Well 120 ft.
   Pressure line 120 ft.
   Property line 100+ ft.
   Depth of Groundwater 12+

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

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

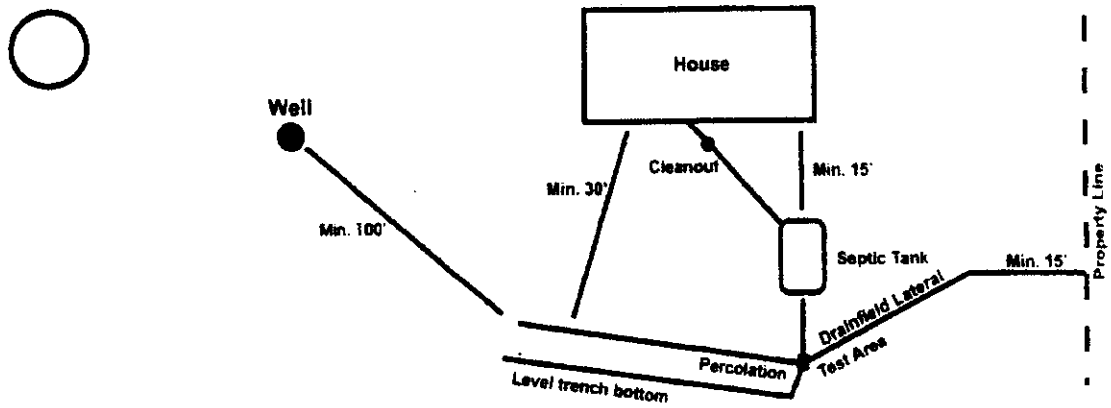
I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: Michael P. Dietze Date: 09-28-2016

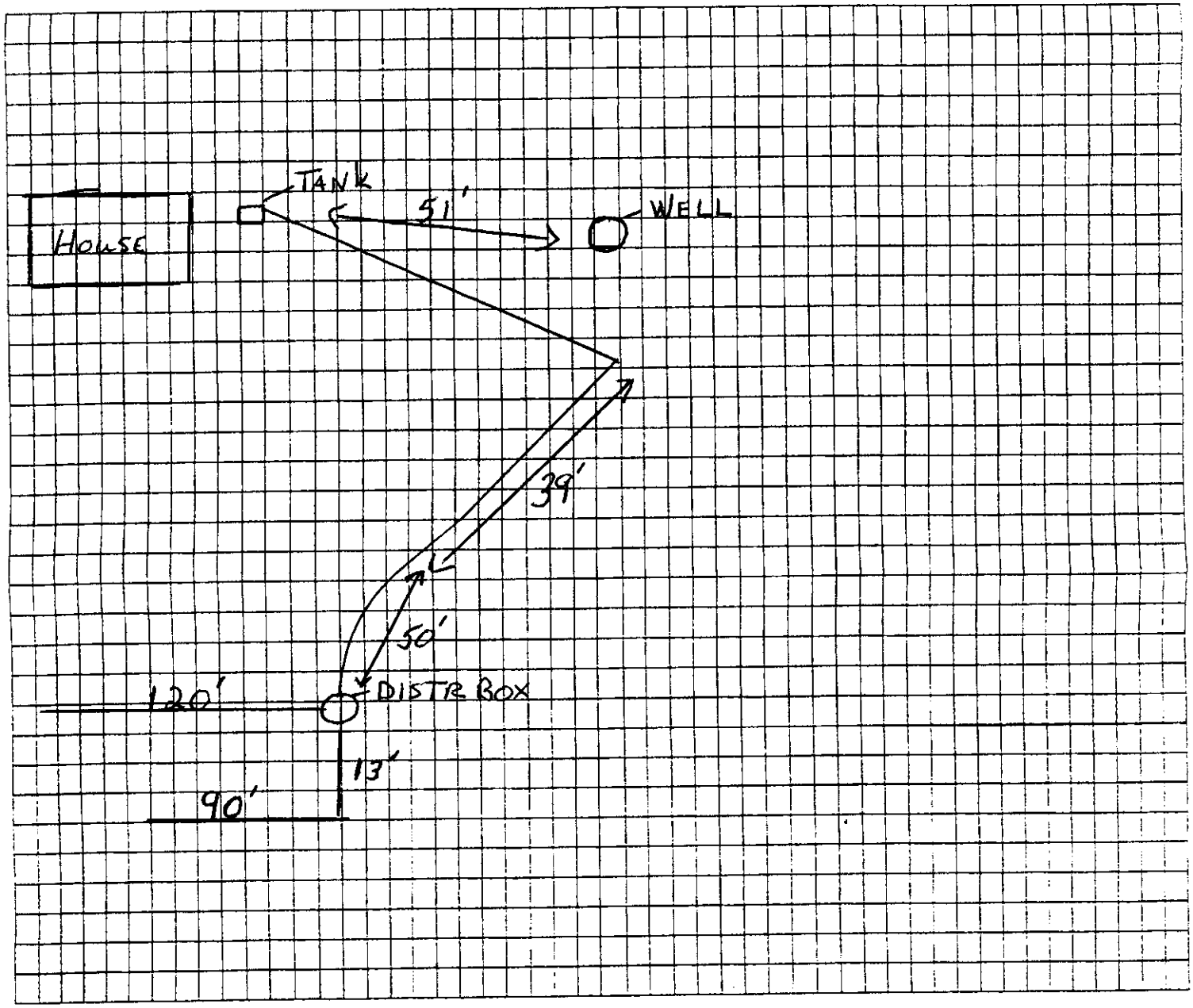
Complete As-Built drawing on the back of this form.

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

DK 12/20/16 gv

Permit Number: HS 001326

Onsite Wastewater Treatment System

Inspection Sheet

Date 9/30/16

Legal Description ____ ¼ ____ ¼ 12/8/2 Section/Township/Range Lot 20

Onsite System Location

Address (no rural route) 16601 Ashland 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 750 – 757 Sq. Ft. Tank Size 1,000 gals

Total length of laterals 209' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☐ Other (describe) _____

No. of Absorption Laterals 2 Width 9,625 Factor No. of Drop Boxes 1 Distribution Box _____

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 N/A Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments:

16

Inspections prior to Final Approval
Initial DK Date 9/29/16

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By Doug Lamm
Date 9/30/16

Field Note Drawing (See Reverse Side):

SCANNED AUG 18 2016 AUG 18 2016 HS001326

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SCANNED

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Date 09/29/16 By DC
Date ____/____/____ By ____
Date ____/____/____ By ____

Installation final written approval
Date 09/30/16 By ____

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