HS001357

OCT 24 2016

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):** 12301 N 70th

Legal Description of Property: Township: 11 Range: 7 Section: 9

Block _____ Lot 32 & Remaining Portion of 33 SubDivision _____ Add: _____

***Parcel ID** 18-09-400-011-000 (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:** Adding lateral

5. **Current Type of Lateral-** 4" perforated pipe **Current Linear Ft. Of Lateral -** 300

Current Tank Gallonage- 1000

6. **Print Name** Michael Dietze **Address** Po Box 116 Waverly, NE 68462 **Phone:** 402 786 5620

Applicant Signature: Michael P. Dietze

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: 10/24/16 Amount $215.00 Check No. 32769 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: #S001357

Onsite Wastewater Treatment System

Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 12301 N 70th (no rural route) City Lincoln NE, Zip 68517

Owner Steve Harris Address 12301 N 70th

Date of Tests 05/20/16 to 05/21/16 Weather: Precipitation -0- Temperature 70's

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	5/20	1800	5/21	0600	5/21	0730	6	05/21	1130	30	5/8	48
2	36	5/20	1800	5/21	0600	5/21	0730	6	05/21	1130	30	3/4	40
3	36	5/20	1800	5/21	0600	5/21	0730	6	05/21	1130	30	3/4	40
4	36	5/20	1800	5/21	0600	5/21	0730	6	05/21	1130	30	5/8	48
5	36	5/20	1800	5/21	0600	5/21	0730	6	05/21	1130	30	5/8	48
6	36	5/20	1800	5/21	0600	5/21	0730	6	05/21	1130	30	5/8	48
								6					
								6					

Person Conducting Percolation Test

Name: Suzette Buls
Phone: 402 525 3144
Address PO Box 308
Waverly NE 68462

Sum of Percolation Rates: 272
Average of Rates: 45
Rate Used for Calculation: 45

Soil type (NRCS Maps/Other) Aksarben silty clay loam
Groundwater Depth >50'

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official _____ Date _____

Lincoln-Lancaster County Health Department
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OK 5.10.17 JR

Exhibit 5

Permit Number: HS001357

Onsite Wastewater Treatment System

Inspection Sheet

Date 4/21/17

Legal Description Lot 32 9/11/7
¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 12301 N 70th 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 New 1,015 ~~existing 1,087~~ Sq. Ft. (724.5 x 2) Tank Size one lateral abandoned gals

Total length of laterals New 280' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☐ Other (describe) _____

No. of Absorption Laterals New 3 Width 3.625 Fabric No. of Drop Boxes 2 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 #2 _____

Lateral #3 _____

Lateral #4 _____

Comments:

Inspections prior to Final Approval
Initial DS Date 4/21/17

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By Doug Ann

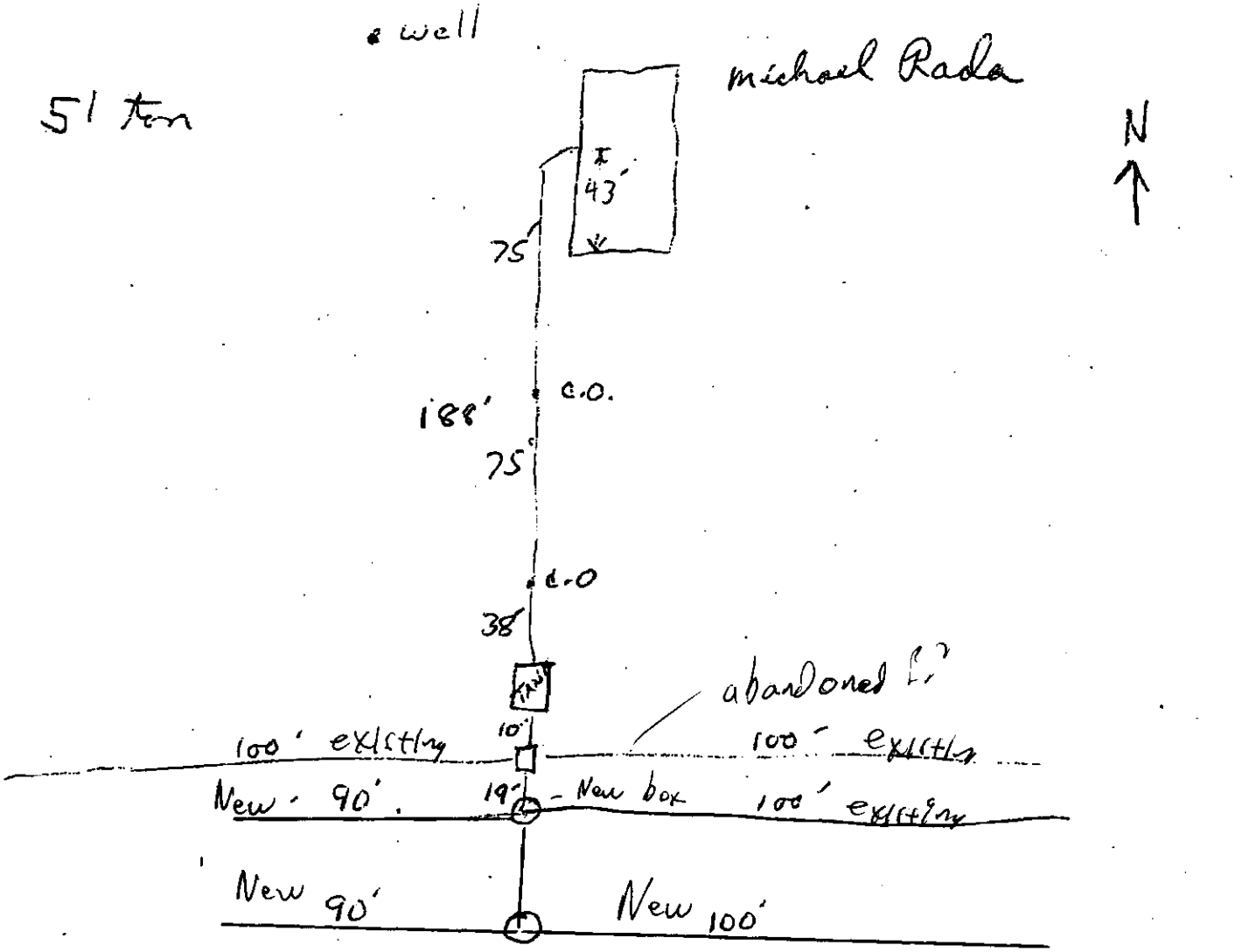
Date 4/24/17

Field Note Drawing (See Reverse Side):

2522-C

AS BUILT DRAWING OF SYSTEM

DATE 7-1-87 INSTALLER Larry Schwarck



Added new distro box's AND 280' lateral 4/17/2017

By Waverly Plumbing 4/21/17

12301 N 70th
Steve Harris

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Date ___/___/___ By _____

Installation final written approval
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7206

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