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):** 18919 Pioneers Blvd

   Legal Description of Property: Township: 9 Range: 8 Section: 12

   Block _____ Lot 15N SubDivsion _____ Add: _____

   ***Parcel ID** 22 - 12 - 200 - 012 - 000 (i.e. 99-99-999-999-999)

2. **Property use:** ☒ Residential ☐ Commercial ☐ Other use (Describe: _____)
   Number of bedrooms 4 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:** add engineerd lateral

5. **Current Type of Lateral-** graveless chambers **Current Linear Ft. Of Lateral -** 350

   Current Tank Gallonage- 1500

6. Print Name Jason Kubik Address 105 Locust Hickman Phone: 402-440-7606

Applicant Signature: Jason Kubik

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 _____

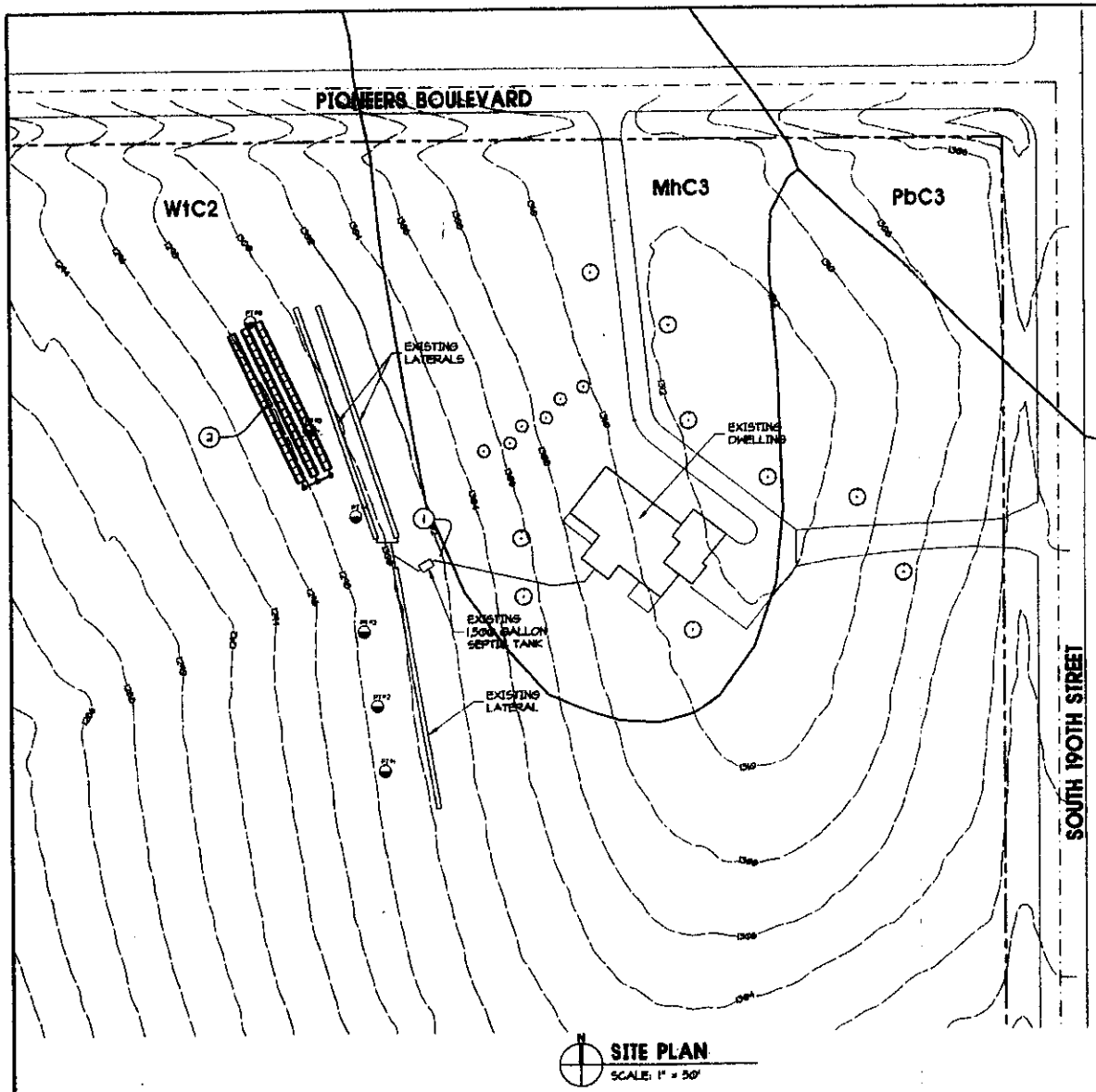
Installation final written approval
Date ___/___/___ By _____

Return application to:
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: (402) 441-8643

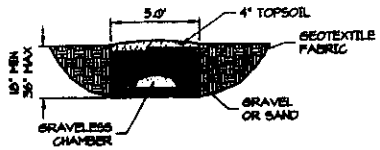
Business Office Use Only

Received: Date: 12/5/16 Amount $215.00 Check No. 2705 Initials SK

Revised 4/8/13



SITE PLAN
SCALE: 1" = 50'



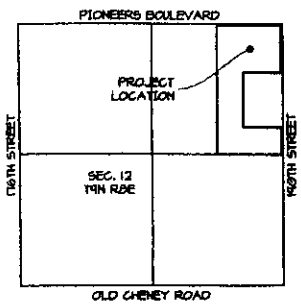
LATERAL SECTION
SCALE: 1" = 5'

CONSTRUCTION NOTES

1. INSTALL MAINLINE BACKWATER VALVE WITH MOISTURE SENSOR AND ALARM
2. LATERAL FIELD: 3 @ 3' x 100', SEE DETAILS

DIAL BEFORE YOU DIG

DIAL BEFORE YOU DIG. CALL 1-800-331-5666 FOR LOCATION OF UNDERGROUND TELEPHONE, ELECTRIC, GAS MAINS, CABLE TELEVISION, AND CITY UTILITIES.



VICINITY MAP
NOT TO SCALE

LEGAL DESCRIPTION:

LOT 15
E 1/2 NE 1/4 SECTION 12 T9N R8E
LINCOLN, LANCASTER COUNTY, NEBRASKA

ADDRESS:

18818 PIONEERS BOULEVARD

SOIL TYPE:

HYMORE SILTY CLAY

Pollution Control Project
16 ONT 023
APPROVED
NEBRASKA DEQ
7-13-2016

PROFESSIONAL CIVIL ENGINEER
JEREMY J. WILLIAMS
E-10822
STATE OF NEBRASKA

GENERAL NOTES:

1. ALL WORK SHALL CONFORM TO TITLE 124 - RULES AND REGULATIONS FOR THE DESIGN, OPERATIONS AND MAINTENANCE OF ON-SITE WASTEWATER TREATMENT SYSTEMS.
2. THE ON-SITE WASTEWATER TREATMENT SYSTEM SHALL BE INSTALLED BY A CERTIFIED ON-SITE WASTEWATER PROFESSIONAL.
3. IT MAY BE NECESSARY TO ADJUST THE ORIENTATION OF THE LATERALS SO THAT THE MINIMUM (1.5FT) AND THE MAXIMUM (3.5FT) DEPTHS ARE NOT EXCEEDED.
4. 100'-150' LONG LATERALS SHALL BE CONSTRUCTED IN ACCORDANCE WITH "NDEQ TITLE 124 - 14.092".
5. IT IS RECOMMENDED THAT A WATER METER BE INSTALLED ON THE WATER SUPPLY LINE SO THAT THE OWNER CAN MONITOR USE AND ENSURE THAT NO MORE THAN 500 GALLONS PER DAY IS BEING USED.
6. THE NEAREST REGISTERED DOMESTIC WATER WELL IS 2,600'± FROM THE PROPOSED SYSTEM.

13 JUN 2016

19818 PIONEERS BOULEVARD
ONSITE WASTEWATER TREATMENT SYSTEM
WALTON, NEBRASKA

SITE PLAN

C-1

Nebraska Department of Environmental Quality

Construction Permit No. 16OWT023

is hereby issued to

Don McClure

for the

500 Gallon per Day Onsite Wastewater Treatment System

Description:

System incudes an existing 1,500 gallon septic tank, discharging to three existing trenches of gravelless chambers. Each existing trench is approximately 128 feet long, with a soil absorption area of approximately 1,400 s.f. Design soil percolation rate for the expansion is 120 minutes/inch.. The additional soil absorption area shall consist of three trenches of chambers, each trench 100 feet in length. Each new trench shall be 5 feet wide and include gravel filter material around the chambers. Additional soil absorption area shall be 1,500 s.f., for a total soil absorption area of approximately 2,900 square feet.

located at

18919 Pioneeers Boulevard, Walton, NE
E ½, NE ¼, Sec. 12, T09N, R08E, Lancaster County

Pursuant to a Delegation Memorandum dated April 4, 2016, and signed by the Director, the undersigned hereby executes this document on behalf of the Director.

Signed July 13, 2016

for Kevin Stoner, Water Permits Division Administrator

20160409T02

Suite 400, The Atrium, 1200 "N" Street, P. O. Box 98922, Lincoln, Nebraska, 68509-8922

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

B

Permit Number: HS001380

Onsite Wastewater Treatment System

Soil Evaluation Report

PID 22-12-200-012-000

PLEASE PRINT OR TYPE

Onsite System Location

Address 18919 Pioneers Blvd (no rural route) City Walton NE, Zip 68461

Owner Don McClure Address Same

Date of Tests 4/4/16 to 4/5/16 Weather: Precipitation ☀ Temperature 50

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			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	24	4/4	2:40	4/5	3:15	4/5	6:45	6	4/5	7:15	30	1 1/8	27
2	24	4/4	2:40	4/5	3:15	4/5	6:45	6	4/5	7:15	30	5/8	48
3	24	4/4	2:40	4/5	3:15	4/5	6:45	6	4/5	7:15	30	1/4	120
4	24	4/4	2:40	4/5	3:15	4/5	6:45	6	4/5	7:15	30	1/4	120
5	24	4/4	2:40	4/5	3:15	4/5	6:45	6	4/5	7:15	30	1/2	60
6	24	4/4	2:40	4/5	3:15	4/5	6:45	6	4/5	7:15	30	1/2	60
								6					
								6					

Person Conducting Percolation Test

Name: Jason Kubik
Phone: 402-440-7602
Address 105 Locust St
Hickman NE 68372

Soil type (NRCS Maps/Other) 7695 Wymore Silty Clay
Groundwater Depth

Sum of Percolation Rates: 435
Average of Rates: 73
Rate Used for Calculation: N/A

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official Date

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) 18919 Pioneers Blvd

Owner: Don McClure Address _____

A. Wastewater Piping

1. Material: SCH 40 PVC Diameter: 4 in.
2. Distance between dwelling and septic tank: 50 ft.

B. Septic Tank

1. Material Concrete
2. Capacity: 1500
3. Depth to top of tank, below unfinished grade: 18 in.
4. Distance to:
   Well ±100 ft.
   Pressure line ±100 ft
   Property Line ±100 ft.
   Foundation 50 ft.

C. Distribution Box or Drop Box

Distance and Direction from septic tank: ____ ft. ____

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☒ Chamberless ☐ Other
   Material brand and inside width of Chamberless: _____
2. Number of Laterals: 6
3. Length of each lateral (linear): ft. 150 ft. 150 ft. 150 ft. 100 ft. 100 100
4. Drainfield size: 2900 sq. ft. Engineered 160TW023
5. Distance to:
   Well ±100 ft.
   Pressure line N/A ft.
   Property line N/A ft.
   Depth of Groundwater ±12

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

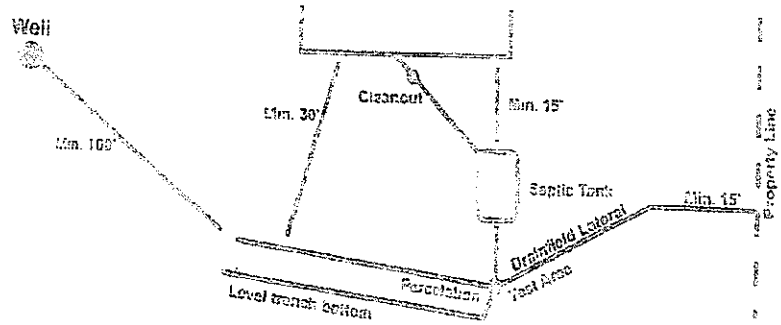
If Yes, the Certified Professional must sign below for final approval:

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: 4/14/17

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

Updated 4/15



*Note-If Lagoon, show all applicable dimensions

