HS001417

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):** 14050 S 148th Bennett NE

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

   Block _____ Lot 96 SubDivsion _____ Add: _____

   ***Parcel ID** 21 - 10 - 300 - 003 - 600 (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:** Add laterals to existing system

5. **Current Type of Lateral-** Blk 4 **Current Linear Ft. Of Lateral -** 100'

   Current Tank Gallonage- 1000

6. Print Name Scott Mueller Address 1345 N 26th Rd Phone: 402-430-2946

   Applicant Signature: [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: 3/24/16 Amount $215.00 Check No. 10252 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: HS001417

Onsite Wastewater Treatment System

Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 14050 S 148th (no rural route) City Bennett NE, Zip _____

Owner Melinda Lamp Address 14050 S 148th ST

Date of Tests 3-1 to 3-2 Weather: Precipitation N/A Temperature 60'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		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	40	3-1	~~10:00~~	3-2	11:00	~~11:00~~ 3-2	11:00	6	3-2	11:30	30	1	30
2	40	3-1	10:00	3-2	11:00	3-2	11:00	6	3-2	11:30	30	1/4	24
3	40	3-1	10:00	3-2	11:00	3-2	11:00	6	3-2	11:30	30	1	30
								6					
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Sean Mueller

Phone: 402-430-2946

Address 1345 N 26th Rd

Syracuse, NE 68446

Sum of Percolation Rates: 84

Average of Rates: 28

Rate Used for Calculation: 40 mpi

Soil type (NRCS Maps/Other) _____

Groundwater Depth 15 ft

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

gnature of Reviewing Official _____ Date _____

e Form B 12_06

READ THOROUGHLY

DIAGRAM OF PERCOLATION TEST PROCEDURE

Finished Grade or Natural Ground Level

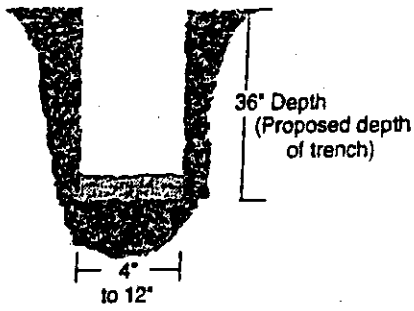
I. Size, Number, and Location or Test Holes

A. Dig six or more holes spaced uniformly over proposed lateral field site.

B. Scratch smeared spots on sides of hole.

C. Remove loose material from hole.

D. Add 2" of gravel to hole.

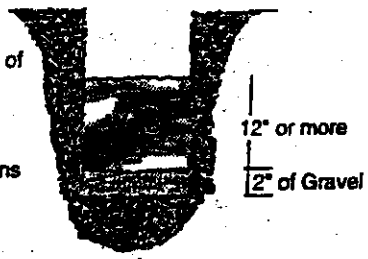


II. Saturation of Soil (Pre-soak)

A. Fill hole with 12" or more of water.

B. MAINTAIN THIS WATER LEVEL FOR 4 HOURS.

C. Record on Form B columns a thru f.



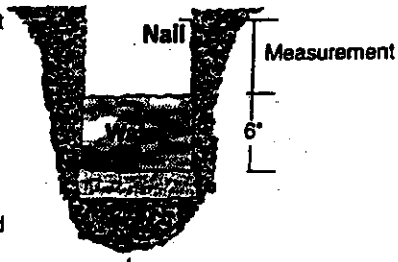
24 Hours Later

III. Percolation-rate Measurement **(refer to instructions 5a, 5b, or 5c.)**

A. Add 6" of water.

B. Measure from fixed reference point (nail) to water.

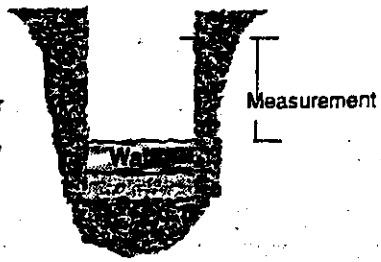
C. Record measurement and time on front of Form B.



½ hour later
(30 minutes)

D. 30 minutes later remeasure and record time.

E. If water will be too low for another reading 30 minutes later, adjust to 6" of water and remeasure and record time.



F. Continue for 3½ hours taking readings every 30 minutes.

G. Last 30 minute reading is used in filling out Form B. Record date, time, intervals and water level drops in column g thru m.

Instructions

1. **Number and location of tests.** Percolation tests shall be made in 6 or more separate test holes which shall be spaced uniformly over the proposed lateral field site.
2. **Type of test hole.** Dig or bore a hole 3 feet deep with a diameter of 4 to 12 inches. (To save time, labor and the volume of water required per test, a 4-inch auger hole is recommended).
3. **Preparation of the test hole.** Scratch or roughen any smeared spots on the sides of the hole with a knife blade or sharp pointed instrument to provide a natural soil interface into which water may percolate. Remove all loose material from the hole. Add 2 inches of gravel to protect the bottom from scouring when water is poured into the hole.
4. **Saturation and swelling of the soil.** Fill the hole with clear water to a depth of 12 inches or more above the gravel and maintain this water level at least 4 hours and preferably overnight. The accuracy and true value of the percolation data depends on thorough saturation and swelling of the soil.
5. **Percolation-rate measurement.** Percolation-rate measurements shall be made 24 hours after starting the saturation and swelling procedure described above. Record results on the front of this form and complete all calculations.
   a. If water remains in the test hole after the overnight swelling period, adjust the depth to approximately 6 inches over the gravel. From a fixed reference point, measure the drop in water level over a 30 minute period to the nearest 1/8 of an inch. This drop is used to calculate the percolation rate.
   b. If no water remains in the test hole after the overnight swelling period, add clear water to bring the depth to approximately 6 inches over the gravel. From a fixed point, measure the drop in water level to the nearest 1/8 of an inch at 30-minute intervals for 4 hours. Refill to the 6 inch level over the gravel as often as necessary. The drop that occurs during the final 30 minutes is used to calculate the percolation rate.
   c. In sandy soils (or other soils in which the first 6 inches of water seeps away in less than 30 minutes after the overnight swelling period) the time interval between measurements shall be 10 minutes instead of 30 minutes and the test run for 1 hour instead of 4 hours. The drop that occurs during the final 10 minutes is used to calculate the percolation rate.
6. **Record the test results and complete all calculations on the front of this form.** The average of the percolation rates calculated for all holes in the last 30 (10) minutes will normally be the rate used for calculations to size the system. ***Exceptions are the use of the greatest percolation rate when rates vary more than 20 min/in between holes or when other soil analysis indicates potential percolation problems.***

LLCHD reserves the right to require additional testing based on knowledge of soil types, percolation tests results on nearby properties, or due to concerns with procedures followed. In some situations, LLCHD staff will require and perform on-site observation of percolation tests.

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

D Exhibit 4

Permit Number: HS001417

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) 14050 S 148th Bennett NE

Owner Melinda Lamp Address _____

A. Wastewater Piping

1. Material: PVC Diameter: 4 in.
2. Distance between dwelling and septic tank: 30 ft.

B. Septic Tank

1. Material PLASTIC
2. Capacity: 1000
3. Depth to top of tank, below unfinished grade: 36 in.
4. Distance to:
   Well 140 ft.
   Pressure line 100 ft
   Property Line 250 ft.
   Foundation 35 ft.

C Distribution Box or Drop Box

Distance **and** Direction from septic tank: N ft. 6

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☒ Chamberless ☐ Other
   Material brand and inside width of Chamberless: Quik 4 29.2
2. Number of Laterals: 4
3. Length of each lateral (linear): ft. 50 ft. 50 ft. 60 ft. 70
4. Drainfield size: 828 sq. ft.
5. Distance to:
   Well 135 ft.
   Pressure line 100 ft.
   Property line 200 ft.
   Depth of Groundwater 15

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

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

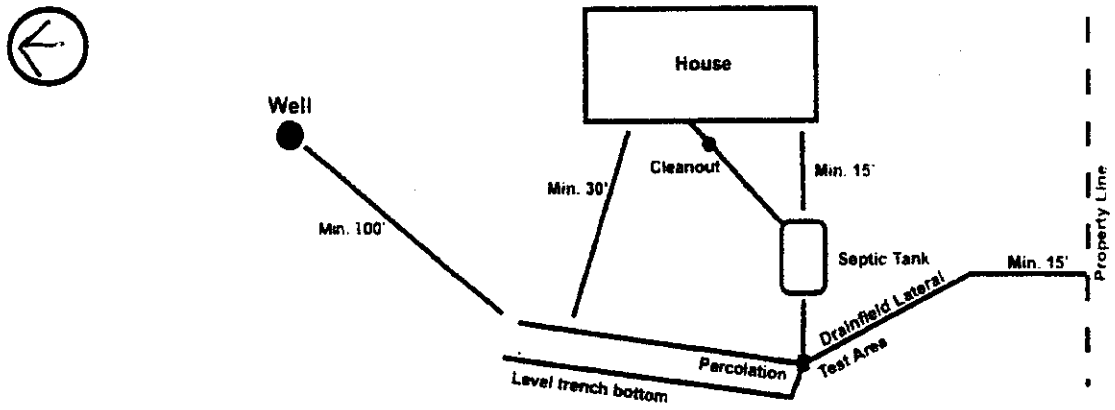
I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: _____ Date: _____

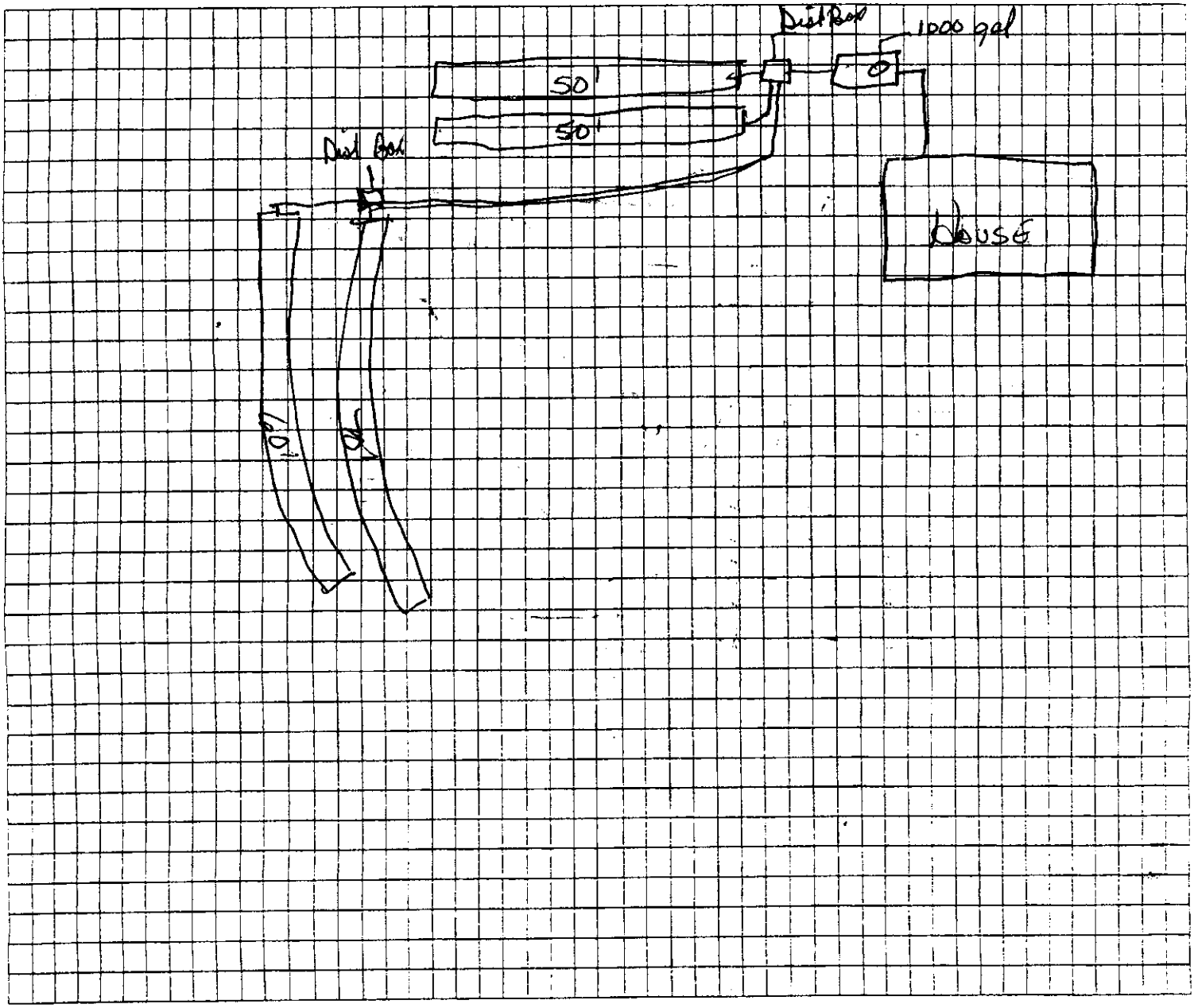
Complete As-Built drawing on the back of this form.

Onsite Wastewater System Design (Example)

Indicate North
w/ Arrow Here:



*Note-If Lagoon, show all applicable dimensions



SCANNED

HS001417

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HEALTH DEPARTMENT USE ONLY

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

Date received 3/28/17 REVIEW: ☒ Approved ☐ Disapproved By: _____

Comments (if any): _____

Site visits April (?) 2017
Date ___/___/___ By DS
Date ___/___/___ By _____

Installation final written approval
Date 2/26/2018 By _____

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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: 3/24/16 Amount $215.00 Check No. 10252 Initials SB

Revised 4/8/13