JUL 24 2017
HS601501

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):** 20901 NW 22nd St, Valparaiso, NE 68065

   Legal Description of Property: Township: 12N Range: 6E Section: 16-NW

   Block 1 Lot 1 SubDivsion Mustang Ridge Add: _____

   ***Parcel ID** 13 - 16 - 101 - 001 - 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:** Replace failing drainfield. Add 320' or 1,440 sqft of EZFlow 1203H bundles.

5. **Current Type of Lateral-** perf pipe or chambers with gravel **Current Linear Ft. Of Lateral -** estimated 200'

   Current Tank Gallonage- 1,500

6. Print Name Chris Bartels Address 20901 NW 22nd St, Valparaiso, NE 68065 Phone: 402-202-1738

   Applicant Signature: Chris Bartels Renee L. Bartels

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: 7/24/2017 Amount $215.00 Check No. 9203 Initials LC

Revised 4/8/13

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

B

Permit Number: 063803196

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 20901 NW 22nd St (no rural route) City Raymond NE, Zip 68428

Owner Aspen Builders Inc Address 1640 Normandy Ct Ste A Lincoln NE 68512

Soil Type (SCS): SHC MeC2 MrD Percolation Rate: _____ min./inch

Date of Tests 11-3-05 to 11-4-05 Weather: Precipitation Dry Temperature 65°

Percolation Test Data Table

A.	B.	C. D. E. F. Pre-Saturation Period				G. H. I. J. K. Percolation Readings					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)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time (Min)	Water Level Drop (in)	Percolation Rates (Min/in)
1	36	11-3	2:30pm	11-4	2:30	11-4	2:30				30	7/8"	34
2	↓	↓	↓	↓	↓	↓	2:32				↓	1"	30
3							2:34					1 1/4"	24
4							2:36					1"	30
5							2:38					7/8"	34
6	↓	↓	↓	↓	↓	↓	2:40				↓	3/4"	40

Person Conducting Percolation Tests

Name: Bob Bauer

Phone: 416-9660

Address _____

Sum of Percolation Rates: 192

Average of Rates: 32

Rate Used for Calculation: 32

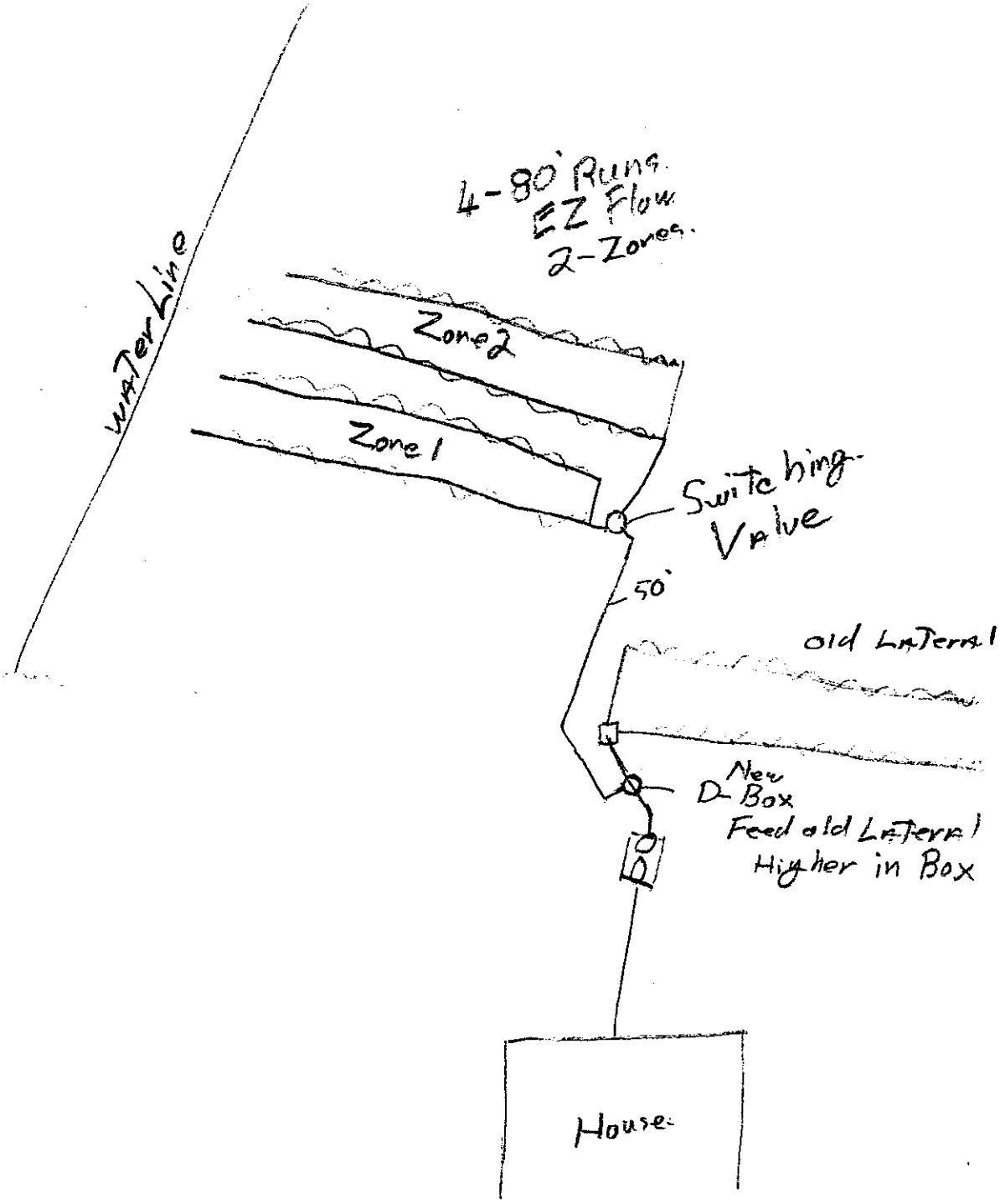
DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official: Gerald C. Hood R.E.H.S. Date MAY 23, 2006

FORM 23-101 10-96


Water Line
4-80' Runs
EZ Flow
2-Zones
Zone 2
Zone 1
Switching
Valve
50'
old Lateral
New
Box
Feed old Lateral
Higher in Box
House

SCANNED

JUL 24 2017

HS601501

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):** 20901 NW 22nd St, Valparaiso, NE 68065

   Legal Description of Property: Township: 12N Range: 6E Section: 16-NW

   Block 1 Lot 1 SubDivsion Mustang Ridge Add:

   ***Parcel ID** 13 - 16 - 101 - 001 - 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:** Replace failing drainfield. Add 320' or 1,440 sqft of EZFlow 1203H bundles.

5. **Current Type of Lateral**- perf pipe or chambers with gravel **Current Linear Ft. Of Lateral** - estimated 200'

   Current Tank Gallonage- 1,500

6. Print Name Chris Bartels Address 20901 NW 22nd St, Valparaiso, NE 68065 Phone: 402-202-1738

Applicant Signature: Chris Bartels Renee L. Bartels

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 7/31/17 REVIEW: ☑ Approved ☐ Disapproved By:

Comments (if any):

Site visits
Date 8/15/17 By DC
Date / / By

Installation final written approval
Date 8/18/17 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: 7/24/2017 Amount $215.00 Check No. 9203 Initials LC

Revised 4/8/13

SCANNED

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

B

Permit Number: 063803196

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 20901 NW 33rd St (no rural route) City Raymond NE, Zip 68428

Owner Aspen Builders Inc Address 1640 Normandy Ct Ste A Lincoln NE 68512

Soil Type (SCS): ShC MeC2 MrD Percolation Rate: _____ min./inch

Date of Tests 11-3-05 to 11-4-05 Weather: Precipitation Dry Temperature 65°

Percolation Test Data Table

A.	B.	C. D. E. F. Pre-Saturation Period				G. H. I. J. K. Percolation Readings					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)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time (Min)	Water Level Drop (in)	Percolation Rates (Min/in)
1	36	11-3	2:30 pm	11-4	2:30	11-4	2:30				30	7/8"	34
2	↓	↓	↓	↓	↓	↓	2:32				↓	1"	30
3							2:34					1 1/4"	24
4							2:36					1"	30
5							2:38					7/8"	34
6	↓	↓	↓	↓	↓	↓	2:40				↓	3/4"	40

Person Conducting Percolation Tests

Name: Bob Bruce

Phone: 416-9660

Address _____

Sum of Percolation Rates: 192

Average of Rates: 32

Rate Used for Calculation: 32

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official: Jerrold C. Hood R.E.H.S. Date: MAY 23, 2006

FORM 23-101 10-96

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:

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 PID = 13-16-101-001-000

Address or Legal Description or Parcel Identification Number (PID) 20901 NW 22nd St, Valparaiso, NE 68065

Owner: Chris & Holly Bartels Address Same

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 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: 75 ft. N

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☒ Other
   Material brand and inside width of Chamberless: EZFlow 1203H Bundles
2. Number of Laterals: 4
3. Length of each lataral (linear): ft. 80 ft. 80 ft. 80 ft. 80
4. Drainfield size: 1,440 sq. ft.
5. Distance to:
   Well 100 ft. +
   Pressure line N/A ft.
   Property line 100 ft. +
   Depth of Groundwater >8'

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

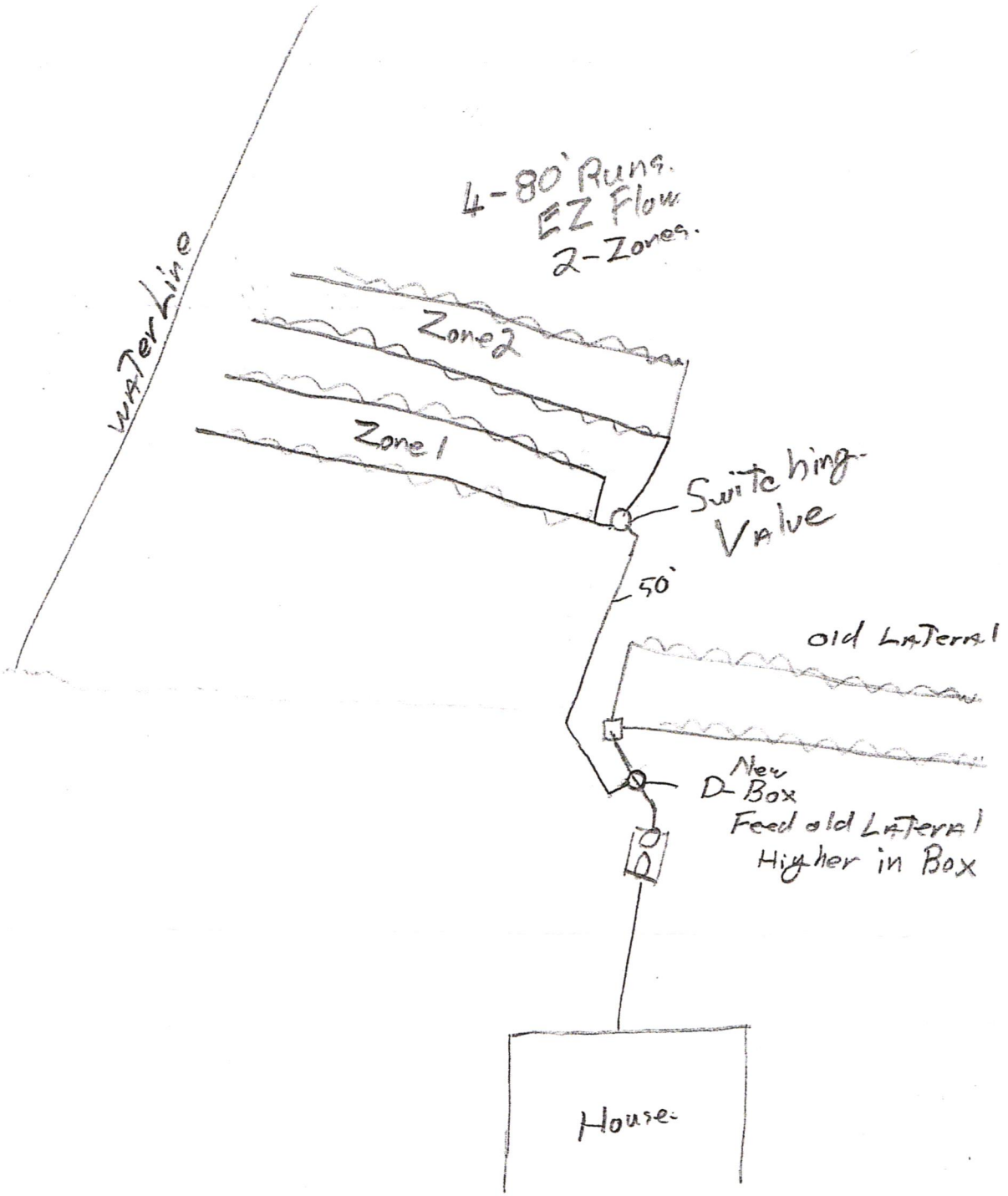
If Yes, the Certified Professional must sign below for final approval: (Partially)

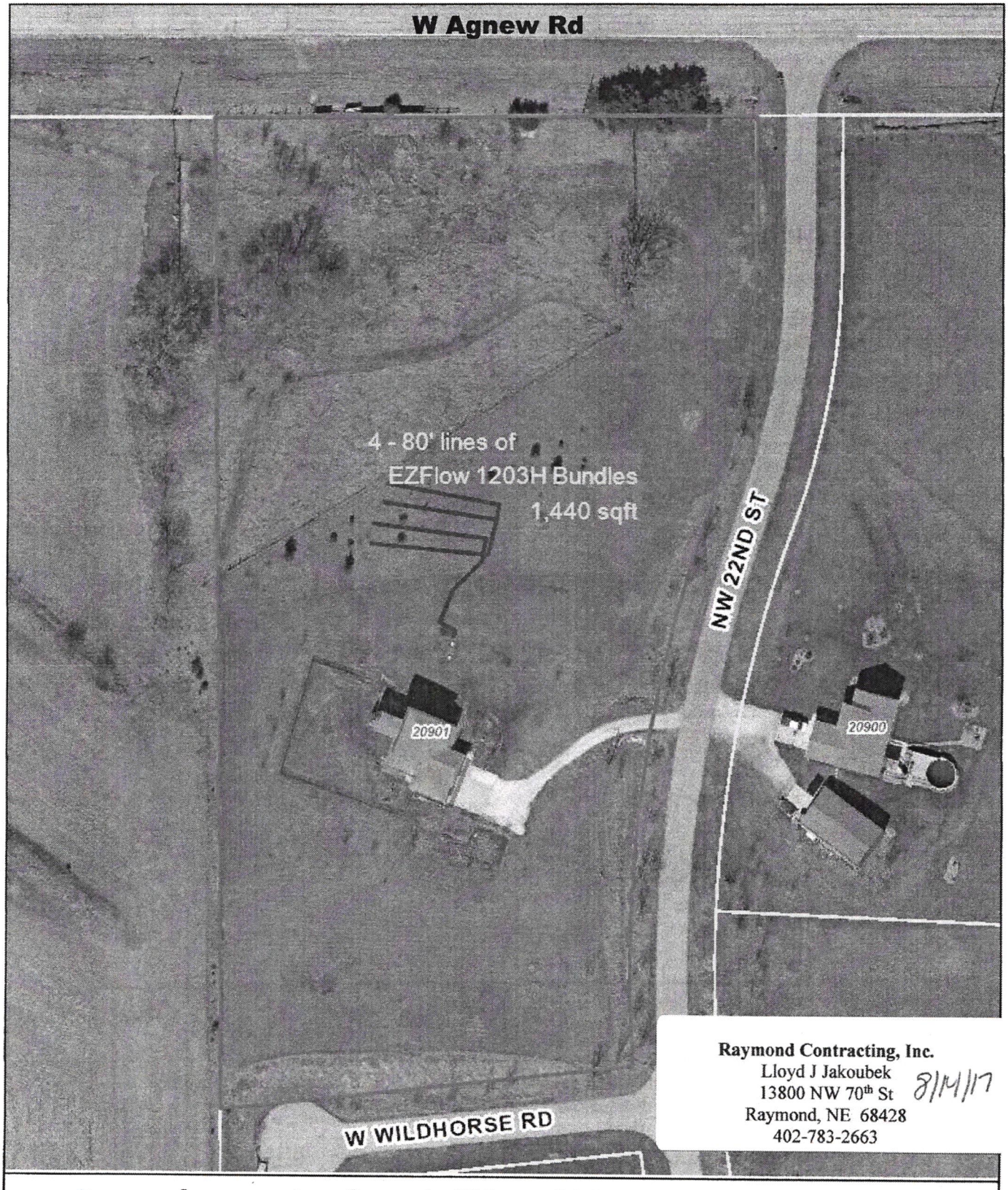
I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: Kevin L. Pankonin Date: 8/15/17

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

SCANNED


4-80' Runs.
EZ Flow
2-Zones.
Water Line
Zone 2
Zone 1
Switching Valve
50'
old Lateral
New D-Box
Feed old Lateral Higher in Box
House



Raymond Contracting, Inc.
Lloyd J Jakoubek
13800 NW 70th St
Raymond, NE 68428
402-783-2663

8/14/17

Lancaster County/City of Lincoln GIS Map

N W E S

Chris & Holly Bartels 20901 NW 22nd St, Valparaiso, NE 68065

Printed: Aug 17, 2017

DISCLAIMER: The information is presented on a best-efforts basis, and should not be relied upon for making financial, survey, legal or other commitments. If you have questions or comments regarding the data displayed on this map, please email ags@lincoln.ne.gov and you will be directed to the appropriate department.

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

OK gr 8/25/17

Exhibit 5

Permit Number: HS00 1501

Onsite Wastewater Treatment System

Inspection Sheet Mustang Ridge Blk 1, Lot 1

Date 8/18/17 Legal Description ¼ ¼ 16/12/6 Section/Township/Range

Onsite System Location

Address (no rural route) 2090 NW 22nd 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 1,440 Sq. Ft. Tank Size 1,500 gals

Total length of laterals 320' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☐ Other (describe)

No. of Absorption Laterals 4 Width 4.5 E2 flow No. of Drop Boxes Distribution Box

Leveling Method Used

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 N/A

Lateral #1 Lateral #3

Lateral #2 Lateral #4

Comments:

Inspections prior to Final Approval
Initial D.S. Date 8/15/17

Follow-Up Date

Follow-Up Date

Installation Final Written Approval
By Doug Thiele
Date 8/18/17

Field Note Drawing (See Reverse Side):