$215.00

JUL 31 2017

HS001507

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):** 2701 Little Salt Rd, Ceresco

   Legal Description of Property: Township: 12 Range: 7E Section: NWNW 7

   Block_____ Lot_____ SubDivsion_____ Add:_____

   ***Parcel ID**____-____-_____-_____-_____ (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:** discontinue lateral to close to well and install new laterals proper distance away from well

5. **Current Type of Lateral-** ½ moon Concrete **Current Linear Ft. Of Lateral -** 60 ft

   Current Tank Gallonage- 1,000

6. Print Name Don Anderson Address 1597 CR 10 Phone: 402-624-3895

   Applicant Signature: Don Anderson

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: 7/31/17 Amount 215.00 Check No. 8241 Initials LC

Revised 4/8/13

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

Address or Legal Description or Parcel Identification Number (PID) _____

Owner: _____ Address _____

A. Wastewater Piping

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

B. Septic Tank

1. Material Cement
2. Capacity: 1,000 Gal
3. Depth to top of tank, below unfinished grade: 12 in.
4. Distance to:
   Well 100+ ft.
   Pressure line 60+ ft
   Property Line 50+ ft.
   Foundation 50+ ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: 5 ft. East

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☐ Other
   Material brand and inside width of Chamberless: _____
2. Number of Laterals: 1
3. Length of each lateral (linear): ft. 100 New ft. _____ ft. 80+ Existing
4. Drainfield size: 900 sq. ft.
5. Distance to:
   Well 100+ ft.
   Pressure line 60+ ft.
   Property line 10 ft.
   Depth of Groundwater 10+ +

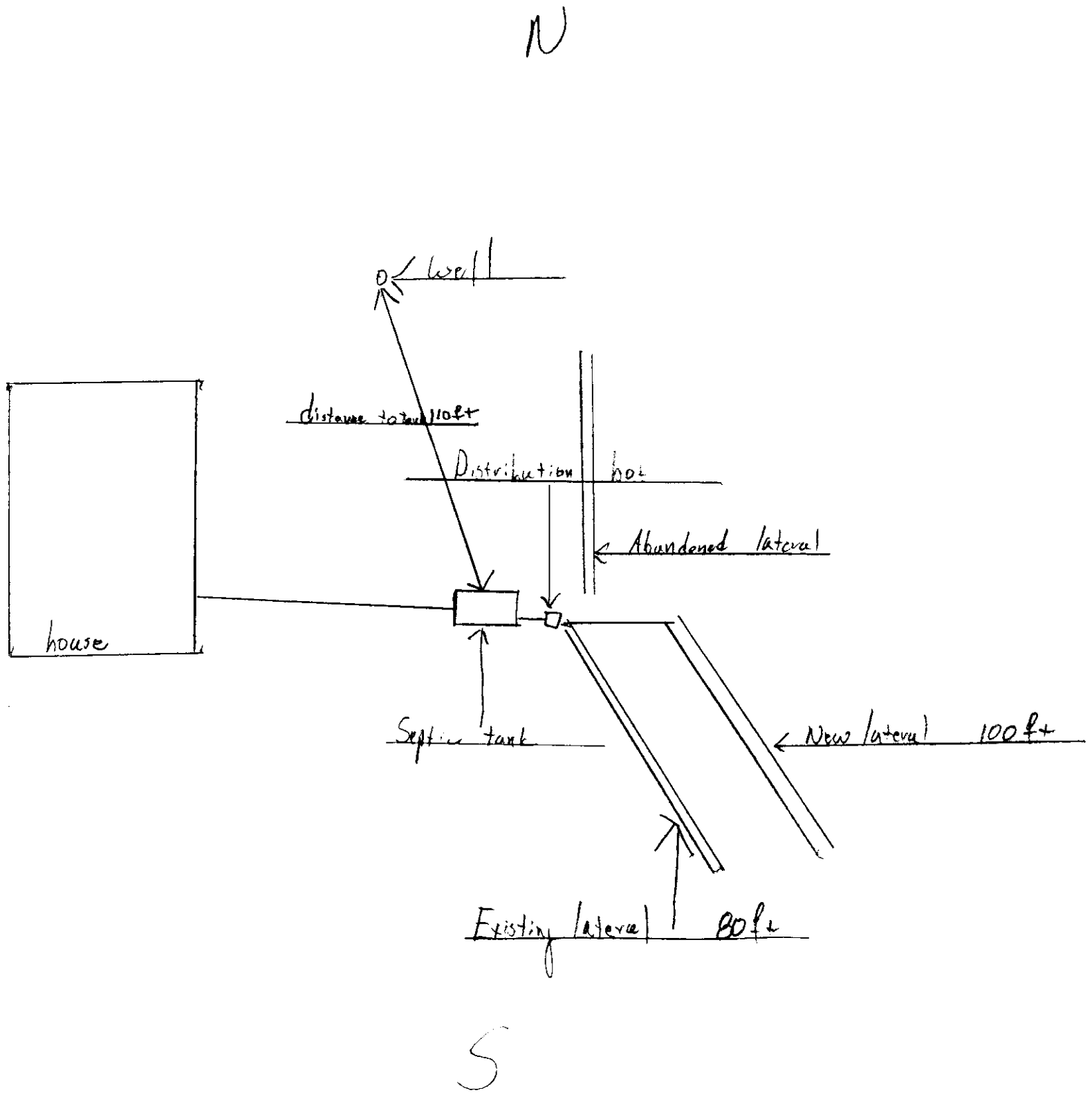
Was the Onsite Wastewater System covered prior to LLCHD inspection? ☐ Yes ☒ No

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.


N
well
distance to tank 110 ft
Distribution box
Abandoned lateral
house
E
Septic tank
New lateral 100 ft
Existing lateral 80 ft
S

DUAL PROPERTY

Nebraska DEQ

Onsite Wastewater Treatment System
Soil Percolation Test Data Sheet

Owner Name Paul Wilson Phone 402 446 2329

Address 2701 Little Salt Rd Ceresco NE 68017
City State Zip

Location (Attach a sketch of the property showing test hole locations)

___ ___ ___ ___ ___ ___
¼ ¼ Section Township Range County

Lot # _____ Subdivision _____

Soil Type (Check one)

Sand ____ Silt ____ Clay ____ Sandy Clay ____ Loamy Sand ____ Silty Clay ____

Silty Clay Loam ✓ Sandy Loam ____ Silt Loam ____

Dates of Test

Start Date 6/13 to End Date 6/14, 2017

Weather Conditions

Precipitation 0 Avg. Temp 80 °F

Percolation Test Measurements and Data

Hole No.	Hole Depth (in.)	Pre-saturation Period Start Date (Mo./Day)	Pre-saturation Period Start Time (Hr./Min)	Pre-saturation Period End Date (Mo./Day)	Pre-saturation Period End Time (Hr./Min)	Percolation Readings (last period) Start Date (Mo./Day)	Start Time (Hr./Min)	Start Water Level (inch)	End Time (Hr./Min)	End Water Level Drop (inch)	Results: Elapsed Time (minutes)	Drop in Water Level (inches)	Percolation Rate (m ÷ l) (Minutes per inch)
1	30	6/13	11 AM	6/14	3 PM	6/14	3	6	3:30	3½	30	2	15
2	11	11	11	11	11	11	11	11	11	3½	11	11	15
3	11	11	11	11	11	11	11	11	11	3½	11	11	15
4	11	11	11	11	11	11	11	11	11	3½	11	11	15

Tests must be performed by a certified professional, a professional engineer or a registered environmental health specialist.

Signature

Certificate or License # 1465

Address AWS WELL CO., INC.
1597 Co. Rd. 10 Box 246
City MEAD, NE 68041 St. Zip

Phone 402-443-7161

Sum of Percolation Rates = 60

Avg. of Percolation Rates* = 15
(sum of rates ÷ number of tests)
(minutes per inch)

* If rates vary by more than 20 min/in., do not average. Use slowest rate measured for sizing soil absorption area.

3- Bedroom

Version 9-2014

$215.00

JUL 31 2017

HS001507

SCANNED

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HEALTH DEPARTMENT USE ONLY

☐Municipal Code 24.38 ☒County Resolution Number ~~02-30~~

Date received 8/1/17 REVIEW: ☒ Approved ☐ Disapproved By:

Comments (if any):_____

Site visits ?2
Date 7/..1/17 By DL
Date __/__/__ By_____

Installation final written approval
Date 08/04/17 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: 7/31/17 Amount 215.00 Check No. 8241 Initials LC

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SCANNED

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1. Material Cement
2. Capacity: 1,000 Gal
3. Depth to top of tank, below unfinished grade: 12 in.
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   Well 100+ ft.
   Pressure line 60+ ft
   Property Line 50+ ft.
   Foundation 50+ ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: 5 ft. East

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☐ Other
   Material brand and inside width of Chamberless: _____
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3. Length of each lateral (linear): ft. 100 New ft. _____ ft. 80+ existing
4. Drainfield size: 900 sq. ft.
5. Distance to:
   Well 100+ ft.
   Pressure line 70+ ft.
   Property line 10 ft.
   Depth of Groundwater 10+ +

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

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

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Certified Professional Signature: _____ Date: _____

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

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

K
8/7/17

Exhibit 5

Permit Number: HS001507

Onsite Wastewater Treatment System

Inspection Sheet

Date 8/4/17 Legal Description 7/12/7 NWNW Lot 10
¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 2701 Little Salt 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: Re-locate lateral

☒ Lateral ☐ Bed ☐ Non-standard (engineer-designed and NDEQ approved) ☐ Holding Tank ☐ Trench

Total square feet of drainfield 653' Sq. Ft. Tank Size Existing gals

Total length of laterals 180' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☐ Other (describe) _____

No. of Absorption Laterals 2 Width ~~3.625~~ No. of Drop Boxes _____ Distribution Box 1

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 NA Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments:

Inspections prior to Final Approval
Initial DS Date 7/22/17

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By Doug Thurs
Date 8/4/17

Field Note Drawing (See Reverse Side):

Updated 4/15