HS001528 AUG 3 1 2017

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):** 18303 Van Dorn ST

Legal Description of Property: Township: 9 N Range: 8E Section: 1

Block _____ Lot _____ SubDivsion _____ Add: _____

***Parcel ID** 22 .01 - 200 - 003 - 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:** Adding 1000 galla plastic tank behind current 1250 concrete. Setting distribution box and adding 200' chambers above currents perforated pipe and reconnecting.
Total lateral 340' perf pipe - 90' 200 chambers 725 = 1025

5. **Current Type of Lateral-** perf pipe **Current Linear Ft. Of Lateral -** 334'

Current Tank Gallonage- 1250

6.Print Name Jason Kubik Address 105 Locust St Phone: 402-475-2462

Applicant 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 _____

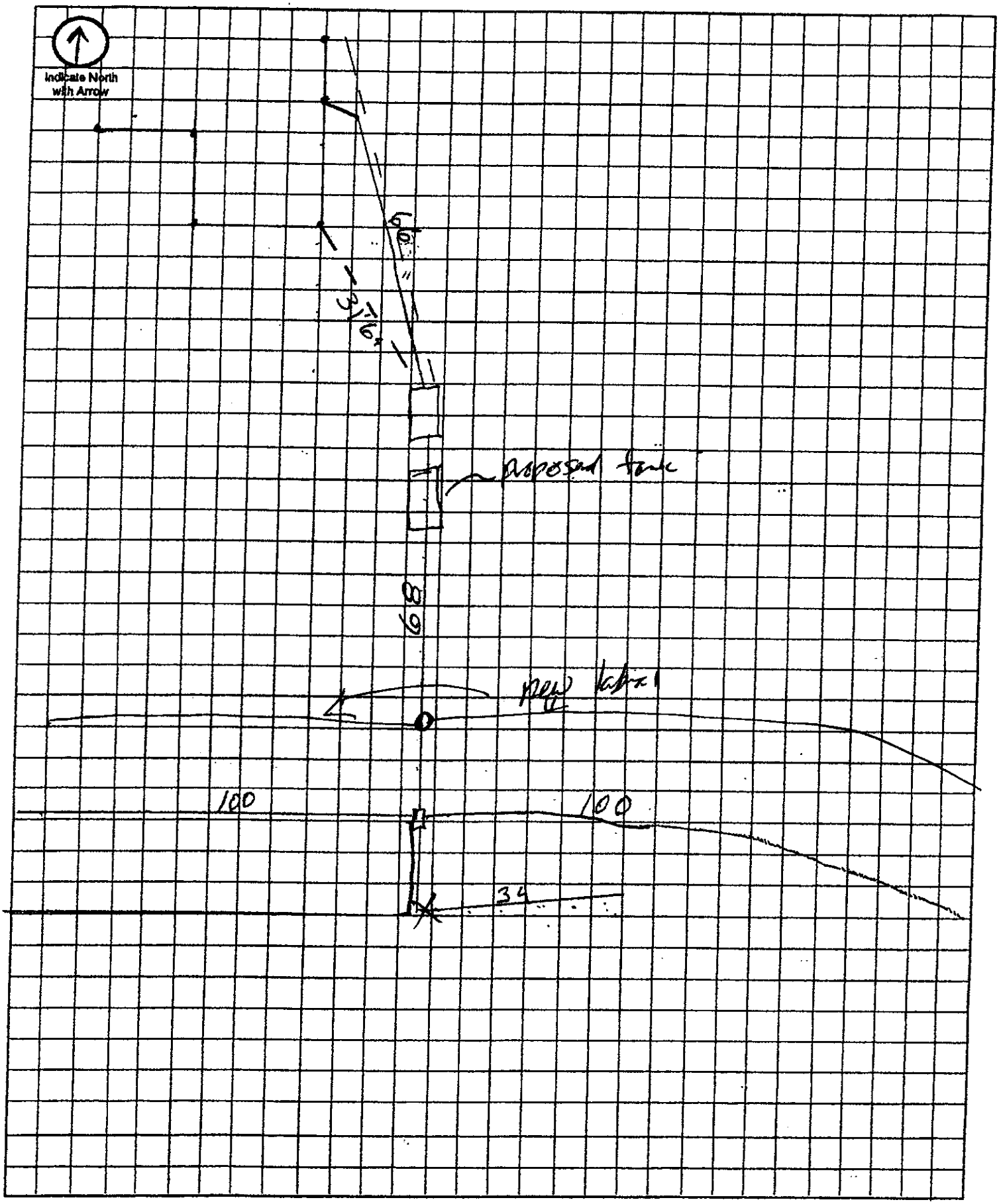
Return application to:
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: (402) 441-8643

Business Office Use Only

Received: Date: 8/31/17 Amount 215.00 Check No. 3020 Initials 215.00

Revised 4/8/13

As Built Drawing



perf pipe 300' = 90 chambers 200' = 725

total = 815

Approximate Scale: _____ ft. = _____ grid line/s

FORM 20105-0477
SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

B

18303 Van Dorn

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 9 N ; Range 8 E ; Section & ¼ Section 1 NE ¼
Property Dimensions: 649' ft. x 1443' ft. Area: 21.5 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 11-9-96 to 11-10-96 . Weather: Precip. NO Temp. 33°.

OWNER: Kim McNew

Address: 484-5556

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
Hold No.	Hole Depth (in.)	Pre-Saturation Period Start Date (Mo./Day)	Start Time (Hr./Min.)	End Date (Mo./Day)	End Time (Hr./Min.)	Percolation Readings Start Date (Mo./Day)	Start Time (Hr./Min.)	Start Water Level (in.)	End Time (Hr./Day)	End Water Level (in.)	Elapsed Time (Min.)	Results Water Level Drop (in.)	Percolation Rates (Min./in.)
1	28	11-9	7:30	11-10	8:00	11-10	8:00	6	11-10	5	30	1"	30MIN/IN
2	32	"	"	11-10	"	"	"	6	"	5 1/4	30	3/4"	40MIN/IN
3	24	"	"	11-10	"	"	"	6	"	5	30	1"	30MIN/IN
4	30	"	"	11-10	"	"	"	6	"	4 3/4	"	1 1/4"	24MIN/IN
5	31	"	"	11-10	"	"	"	6	"	5	"	1"	30MIN/IN
6	28	"	"	11-10	"	"	"	6	"	4 7/8	"	1 1/8"	27MIN/IN
~~7~~	~~24~~	"	"	11-10	"	"	"	6	"				
~~8~~	~~28~~	"	"	11-10	"	"	"	6	"				

Bob Beem
Signature of Person Conducting Test

Address 4206 S. 48 Phone 484-6668

Sum of Percolation Rates: _____
Average of Rates: _____
Mean of Rates: _____

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Wymore Silty Clay Loam
Date: NOVEMBER 19, 1996

Approved Percolation Rate (a)
A. 30 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
Signature of Reviewing Official