SCANNED

HS001571

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):** 15107 SW 100

   Legal Description of Property: Township: 8 Range: 5 Section: 16

   Block ____ Lot 13 SubDivsion ____ Add: ____

   ***Parcel ID** 02-16-200-002-000 (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:** Replace sewer laterals

5. **Current Type of Lateral-** Concrete ½ inch **Current Linear Ft. Of Lateral -** 100'

   Current Tank Gallonage- 1000

6. Print Name Brian Pribyl Address 135 E 23rd Crete Phone: 402-826-0192

   Applicant Signature: Brian Pribyl

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 11/16/17 REVIEW: ☐ Approved ☐ Disapproved By: ____

Comments (if any): ____

Site visits
Date 11/15/17 By DC
Date ____/____/____ By ____

Installation final written approval
Date 11/17/17 By Doug Rice

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: 11/17/17 Amount $220.00 Check No. 6599 Initials JKD

Revised 4/8/13

SCANNED

Exhibit 5

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

Permit Number: HS001571

Onsite Wastewater Treatment System

Inspection Sheet

Date 11/12/12 Legal Description ____ ¼ ____ ¼ 16/8/5 Section/Township/Range

Onsite System Location

Address (no rural route) 15107 SW 100 City Crete

Owner Barbara Meinke Address 15107 SW 100

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 990 Sq. Ft. Tank Size ____ gals

Total length of laterals 220' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☒ Other (describe) E2 Flow

No. of Absorption Laterals 3 Width 4.5 facto - E2 Flow 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 ____ Lateral #3 ____

Lateral #2 ____ Lateral #4 ____

Comments:

Inspections prior to Final Approval
Initial DS Date 11/15/12

Follow-Up ____ Date ____

Follow-Up ____ Date ____

Installation Final Written Approval
By Doug Rauer

Date 11/17/12

Field Note Drawing (See Reverse Side):

SCANNED

Onsite Wastewater Treatment System
Soil Percolation Test Data Sheet

Nebraska DEQ

Owner Name Barbara Manke Phone _____

Address 15107 SW 100 Crete (City) NE (State) 68333 (Zip)

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

__ __ 16 (Section) 8 (Township) 5 (Range) Lancaster (County)
¼ ¼

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 11-13-17 to End Date 11-14-17, 20__

Weather Conditions

Precipitation mist Avg. Temp 45 °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)	Percolation Readings (last period) Start Time (Hr./Min)	Percolation Readings (last period) Start Water Level (inch)	Percolation Readings (last period) End Time (Hr./Min)	Percolation Readings (last period) End Water Level Drop (inch)	Results: Elapsed Time (minutes)	Results: Drop in Water Level (inches)	Results: Percolation Rate (m ÷ l) (Minutes per inch)
1	28	11/13	9:00	11/14	9:00	11/14	9:10	18	10:10	16 7/8	60	1.125	53.33
2	24	11/13	9:00	11/14	9:00	11/14	9:10	14	10:10	12.5	60	1.5	37.5
3	24	11/13	9:00	11/14	9:00	11/14	9:10	16	10:10	14 3/4	60	1.25	48
4	26	11/13	9:00	11/14	9:00	11/14	9:10	19	10:10	17 3/4	60	1.25	48

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

Signature

Certificate or License # C1457

Address 135 E 23

City Crete NE St. NE Zip 68333

Phone 402-826-0192

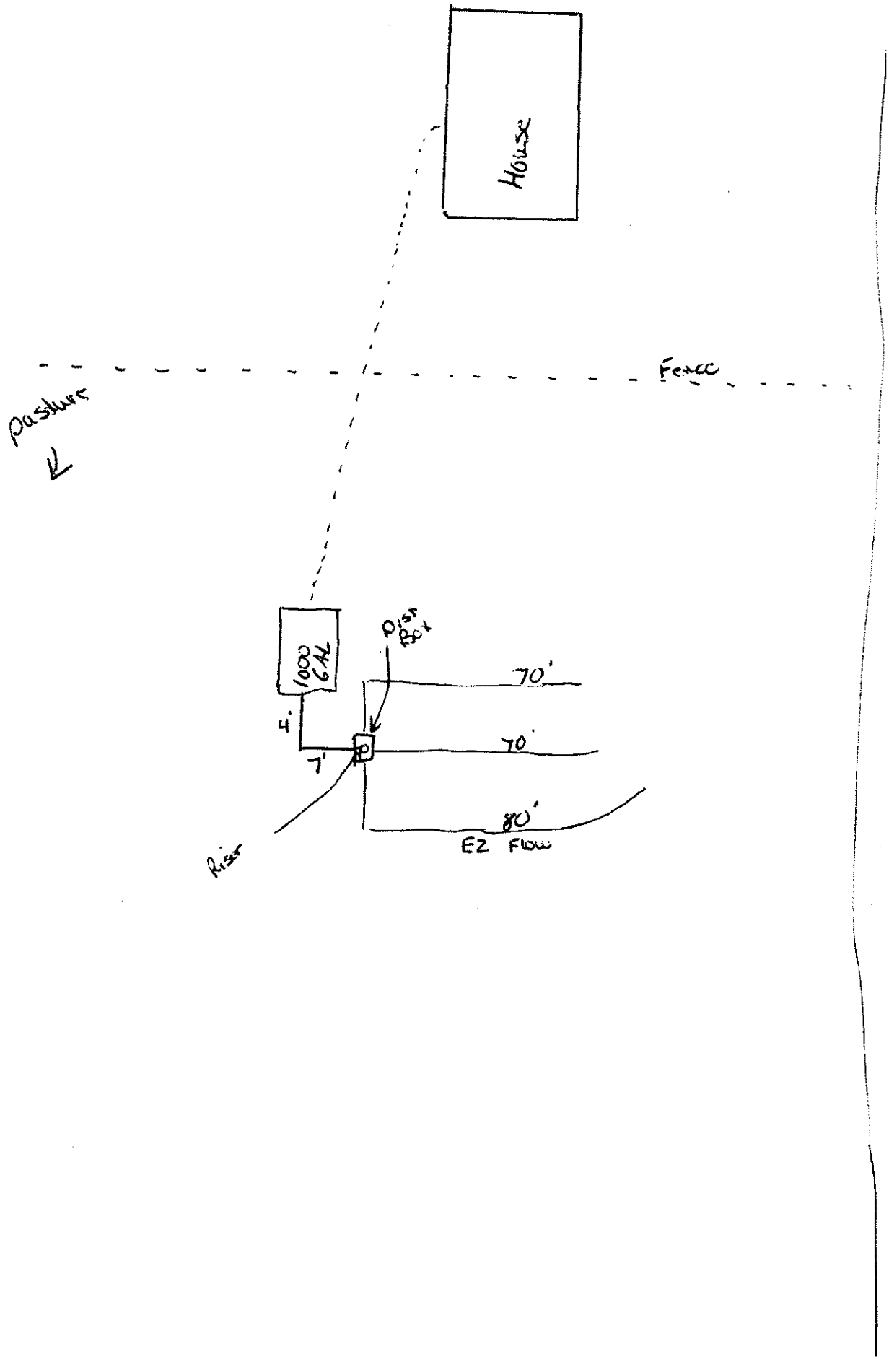
Sum of Percolation Rates = 186.83

Avg. of Percolation Rates* = (sum of rates ÷ number of tests) (minutes per inch) 46.70

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

Version 9-2014

SCANNED


House
Fence
Pasture
1000 GAL
Dist Box
70'
70'
80'
4'
7'
Riser
EZ Flow
Road SW 100th