#S0016616

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):** 2605 W. Martell Rd.

Legal Description of Property: Township: Martell Range: _____ Section: _____

Block 1 Lot 1 SubDivsion _____ Add: 1

***Parcel ID** 08 - 28 - 103 - 001 - 000 (i.e. 99-99-999-999-999)

2. **Property use:** ☒ Residential ☐ Commercial ☐ Other use (Describe: _____)
Number of bedrooms 2 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 ~~100~~ 130 ft. of EZ Flow Infiltrators laterals to the current System.

5. **Current Type of Lateral-** Concrete ½ Round **Current Linear Ft. Of Lateral** ≈ 100 ft.

Current Tank Gallonage- 1000gal

6.Print Name Steven C Lewis Address 4810 W. Claire Ave Phone: (402)310-9160

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 03/08/2018 By DS
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: 03/09/18 Amount $220.00 Check No. 8768 Initials _____

Revised 4/8/13

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

A

Permit Number
B

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

Include Form B and C. Submit correct fee with this Application

3 acres or more required for: ☐ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Wastewater Treatment System in conformance with appropriate regulations.

PLEASE PRINT OR TYPE

A. Onsite System Location

Address 2605 Martell Rd. (no rural route) City Martell NE Zip 68404

Legal Description ____ Martell ____ 1 1 1

1/4 | 1/4 | Section | Township | Range | Subdivison | Addition | Block | Lot

PID 08-28-103-001-000

B. Owner

Name Monty Black Signature ____

Address 2605 Martell Rd City/State/Zip Martell / NE /

Home Phone 402 802 1899 Work Phone ____

C. Certified Installer

Name: Steven C Lewis Signature ____

Address 4810 W. Claire Ave. City/State/Zip Lincoln NE, 68523

Work Phone 402 310 9160

D. Engineer

☐ **Check and complete if engineer designed system** P.E. License Number: ____

Designer Name ____ Firm ____ Work Phone ____

E. This system will serve a

☒ Residential Dwelling Number of Bedrooms 2 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres ____

Garbage Grinder? ☐ Yes ☒ No

☐ Commercial Establishment/Other Facility Specify ____ Design flow in gallons per day 300

Type of Wastewater ☐ Domestic ☐ Non-Domestic

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☐ County Resolution No. 02-30

1. Health Department

Site visits ____ Date rec'd ____ **ACTION** ☐ Approved ☐ Disapproved

Date frwd ____ Signature ____

Comments ____

2. Supt. Bldg. Insp. or Village Clerk

Comments ____ Date rec'd ____ **ACTION** ☐ Approved ☐ Disapproved

Date frwd ____ Signature ____

3. City or County Engineer

Comments ____ Date rec'd ____ **ACTION** ☐ Approved ☐ Disapproved

Date frwd ____ Signature ____

Installation Final Written Approval

By ____

Date ____

Business Office Use Only
Date Received ____ Amount Paid ____
Received By ____ Cash/Check No. ____

White - Health Department Yellow - Engineer Pink - Building & Safety

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

B

Permit Number:

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 2605 Martell Rd. (no rural route) City Martell NE, Zip 68404

Owner Monty Black Address 2605 Martell Rd. Martell NE, 68404

Date of Tests 5 mar 2016 to 6 mar 2016 Weather: Precipitation 50-60% Temperature 36°

Percolation Test Data Table

A.	B.	C. D. E. F. Saturation/Swelling Time				G. H. I. J. K. Water Level Drop Last 30 mins of 4 hr or last 10 mins of 1 hr					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)	Initial Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time Interval	Water Level Drop (in)	Percolation Rates (Min/in = mpi)
1	36"	3/5	10:00	3/6	10:00	3/6	10:00	6	3/6	10:30	30	3/4	40
2	34	"	"	"	"	"	"	6	"	"	"	5/8"	48
3	36	"	"	"	"	"	"	6	"	"	"	1"	30
4	34	"	"	"	"	"	"	6	"	"	"	3/4	40
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Steven C Lewis
Phone: 402 310 9160
Address 4810 W. Claire Ave.
Lincoln NE, 68523

Sum of Percolation Rates: 158
Average of Rates: 39.5
Rate Used for Calculation: 40

Soil type (NRCS Maps/Other) 7684 Wymore Silty clay loam 6% slope

Groundwater Depth

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official Date

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

Exhibit 5

Permit Number:

Onsite Wastewater Treatment System

Inspection Sheet PZO 08-28-103-001-000

Date 3/8/18

Legal Description ____ ¼ ____ ¼ Block 1, Lot 1, 1st Section/Township/Range

Onsite System Location

Address (no rural route) 2605 W Morrell 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: 2 bedroom

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

Total square feet of drainfield 585 Sq. Ft. 550 required Tank Size 1,000 gals Existing

Total length of laterals 130' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☒ Other (describe) E2 Flow

No. of Absorption Laterals 1 Width 4.5 factor No. of Drop Boxes ____ Distribution Box ____

Leveling Method Used Laser

Setbacks (Check the Boxes Below if the Required Setback has been Satisfied):

Rural Water

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 #2 ____

Lateral #3 ____

Lateral #4 ____

Comments:

Inspections prior to Final Approval
Initial ____ Date 3/8/18

Follow-Up ____ Date ____

Follow-Up ____ Date ____

Installation Final Written Approval
By Doug Ahrens

Date 3/8/18

Field Note Drawing (See Reverse Side):

SCANNED

HS001616

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HEALTH DEPARTMENT USE ONLY

☐Municipal Code 24.38 ☒County Resolution Number 02-30

Date received 3/14/18 REVIEW: ☒ Approved ☐ Disapproved By: _____

Comments (if any): _____

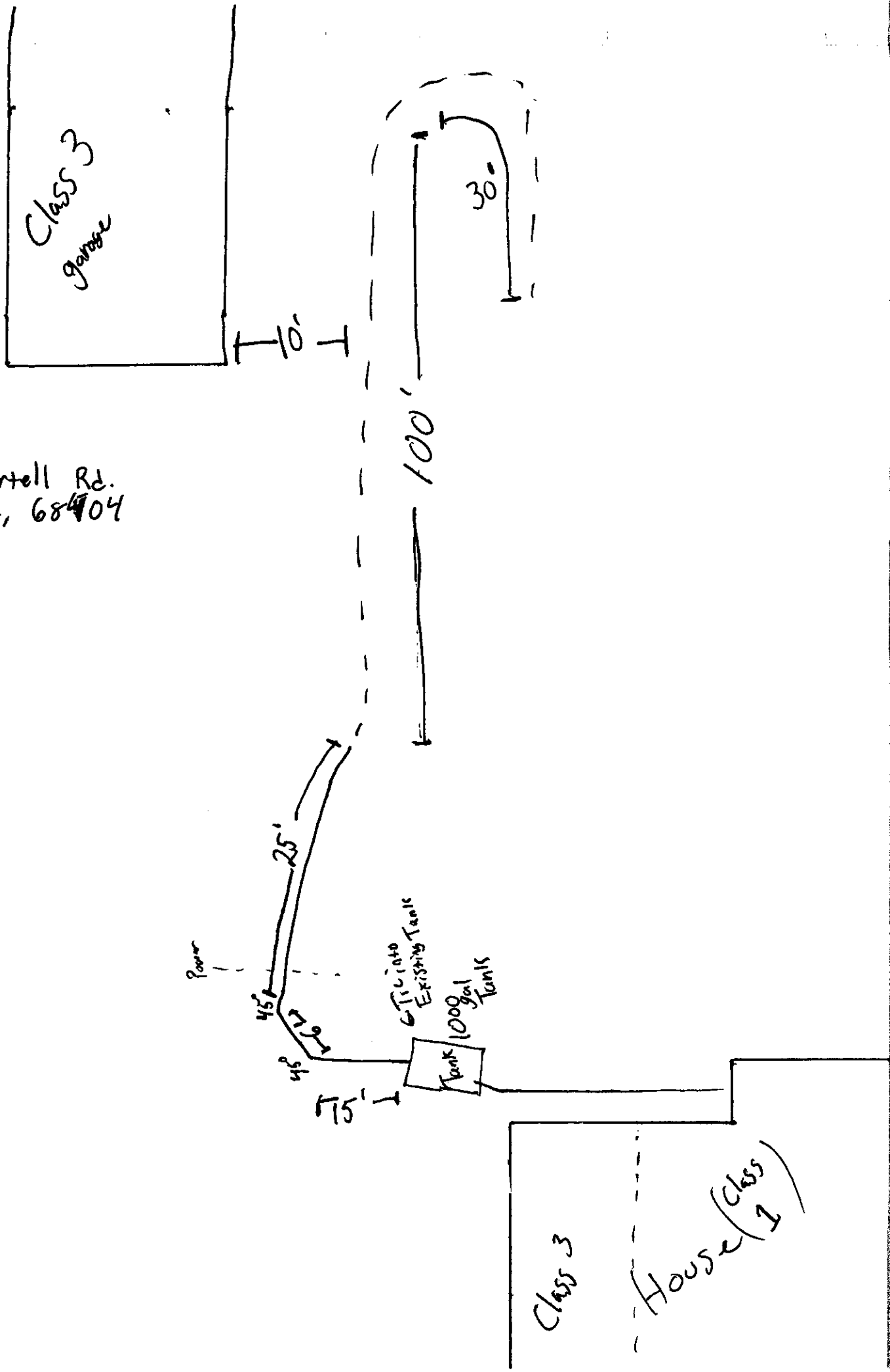
Site visits
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Date ___/___/___ By _____

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Date 03/13/2018 By _____

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Phone: (402) 441-8643

Business Office Use Only
Received: Date: 03/09/18 Amount $220.00 Check No. 9762 Initials _____

Revised 4/8/13


Class 3
garage
10'
30'
100'
2605 Martell Rd.
Martell NE, 68404
25'
Power
45°
45°
6" into Existing Tank
1000 gal Tank
Tank
75'
Class 3
House (Class 1)

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

D

Permit Number:

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date _____ Legal Description _____ 1/4 1/4 Section Township Range

Onsite System Location

Address (no rural route) 2605 Martell Rd. City Martell NE, Zip 68404

Owner Monty Black Address _____

A. Sewer Pipe

1. Material: PVC
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 5 - 24 in.
3. Distance between dwelling and septic tank: _____ ft.
4. Number of clean-outs: _____
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank

☐ Label with Manufacturer, address and gallon capacity

1. Material: Existing Pre-Cast Tank
   Number of compartments: 1
2. Capacity: 1000 gal.
3. Factory built: ☐ Yes ☐ No
4. Manholes: Over inlet, diameter 24 in.
   Over outlet, diameter _____ in.
   Riser: ☒ above ☐ below grade 6 in.
5. Inlet: ☒ baffle ☐ tee ☐ 6" dia. inspection pipe
6. Outlet: ☒ baffle ☐ tee ☐ 6" dia. inspection pipe
7. Depth to top of tank, below unfinished grade: 18 in.
8. Distances to: Well or suction line NA ft.
   Stream NA ft.
   Pressure line over 25 ft.
   Property line Over 25 ft.

C. ☐ Distribution Box ☐ Drop Boxes

(≥ 12" inspection opening) (removable lid to inspect)

1. Material: NA
   Number available outlets: _____
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: _____ ft.

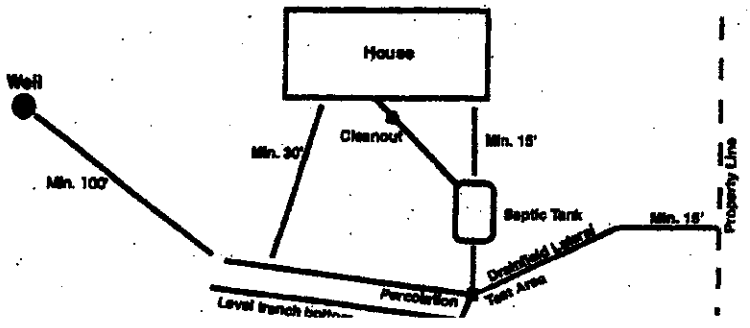
D. Drainfield Absorption

☒ Trench ☐ Bed ☐ Level Bottom

1. Type: ☐ Half rounds ☐ Perforated pipe ☐ Chambers
   Diameter or width: 4.5 EZ Flow
   Number of distribution lines in bed 2
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☒ other EZ Flow
2. Drainfield Laterals: Number 2
   Length of each line: 100 ft. 30 ft.
   _____ ft. _____ ft., _____ ft.
3. Drainfield dimensions: Width 4.5 ft.
   Distribution Pipe Slope < 1/4" in/100 ft.
   Average depth 36 in
4. Filter material: NA
   Depth of material _____ in.
5. Distances to: Well or suction line NA ft.
   Pressure line 25 ft.
   Property line 5 ft.
   House or building 10 ft.
   Lake or Stream NA ft.

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

Onsite Wastewater System Design (Example)



icate North
ith Arrow

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

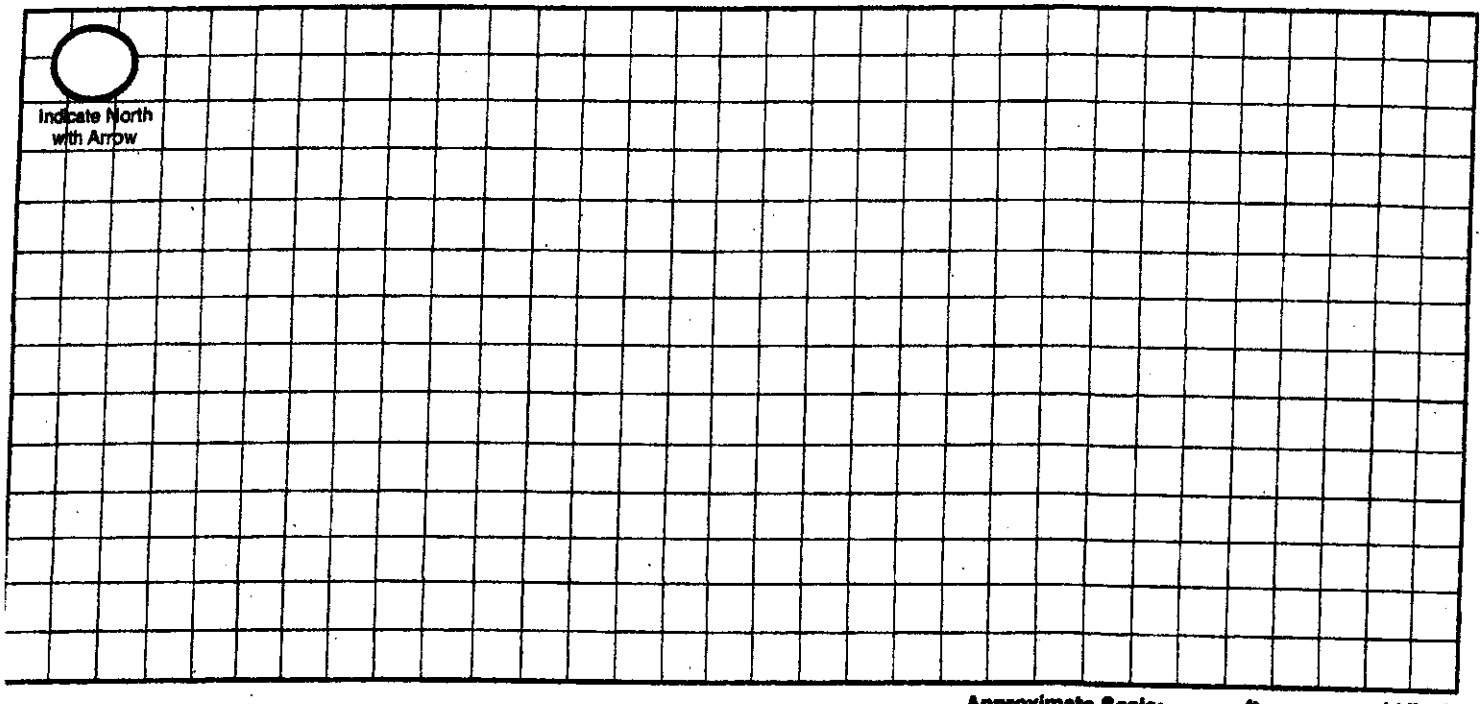
C

Permit Number:

Onsite Wastewater Treatment System

Preliminary Plan Specifications

Draw a plot plan showing onsite system sewer lines, drop of distribution boxes, tank, drainfields, percolation test holes, well, residence, direction of groundwater flow, property lines, and reserve area for replacement onsite system.



Approximate Scale: _____ft. = _____ grid line/s

A. Onsite System Location

Address (no rural route) 2605 Martell Rd. City Martell NE, Zip 68404

B. Proposed Septic Tank/s

Septic Tank Cap. 1000 gals Tank Material: ☒ Concrete ☐ Plastic ☐ Other_____ ☐ Lagoon(Max. seepage 1/8" per day)

C. Reserve Area for Replacement Onsite System

☒ Drainfield Absorption Area (percolation test required) ☐ Lagoon

D. Drainfield Absorption System

Percolation Rate 40 (min/inch = mpi) No. of Bedrooms 2 Soil Type 7684 Land Slope 6 %

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 585 sq.ft.

Total length of laterals 130' Type of distribution: ☐ Perforated pipe ☐ Half-Round ☐ Chamber ☒ Other

No. of absorption trenches 2 Width 4.5 No. of drop boxes_____ Distrubtion Box NA EZ Flow

No. of absorption beds_____ Width_____ No of Distribution lines per bed_____

E. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☒	20 ☒	15 ☒	25 ☒	☒
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☒	30 ☒	20 ☒	30 ☒	40 ☒	☒
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

F. Required Signatures

Home Building Contractor _____ Date 12 march 2018