HS001646 220.00

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):** 16311 Ashland Rd

   Legal Description of Property: Township: 12 Range: 8 Section: 2

   Block _____ Lot _____ SubDivsion _____ Add: _____

   ***Parcel ID** 25 - 02 - 100 - 007 - 000 (i.e. 99-99-999-999-999)

2. **Property use:** ☑ Residential ☐ Commercial ☐ Other use (Describe: _____)
   Number of bedrooms _____ 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 septic tank with new tank the correct distance from house, Add lateral to bring up to code.

5. **Current Type of Lateral-** ½ Concrete **Current Linear Ft. Of Lateral -** 116 ft / adding 65 ft more Int./trator

   Current Tank Gallonage- 1500

6. Print Name Don Anderson Address Box 246 Mead, Ne. 68041 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: 04/20/18 Amount $220.00 Check No. 8306 Initials JAD

Revised 4/8/13

SCANNED

HS001646

220.00

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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 septic tank with new tank the correct distance from house. Add lateral to bring up to code.

5. **Current Type of Lateral-** ¼ moon (Correct) **Current Linear Ft. Of Lateral -** 110 ft / adding 65 ft more Int. trator

   Current Tank Gallonage- 1500

6. Print Name Don Anderson Address Box 246 Mead, Ne. 68041 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 4/25/18 REVIEW: ☒ Approved ☐ Disapproved By: _____

Comments (if any): _____

Site visits
Date 4/12/18 By NA
Date ___/___/___ By _____

Installation final written approval
Date 4/27/18 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: 04/20/18 Amount $220.00 Check No. 8306 Initials JAD

Revised 4/8/13

Nebraska DEQ

Onsite Wastewater Treatment System
Soil Percolation Test Data Sheet

Owner Name Kenny & Sara Winn Phone 402-440-9577

Address 16311 Ashland Rd Ashland NE 68033
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 X Sandy Loam ___ Silt Loam ___

Dates of Test

Start Date 4/9/18 to End Date 4/10/18, 2018

Weather Conditions

Precipitation 0 Avg. Temp 40 °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	30	4/9	8 AM	4/10	9 AM	4/10	9 AM	6	9:30 AM	5	30	1	30
2	"	"	"	"	"	"	"	"	"	5¼	"	¾	40
3	"	"	"	"	"	"	"	"	"	5	"	1	30

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

Signature

Certificate or License # C1465

Address AWS WELL CO., INC. 1597 Co. Rd. 10 Box 246

City MEAD, NE 68041 St. ___ Zip ___

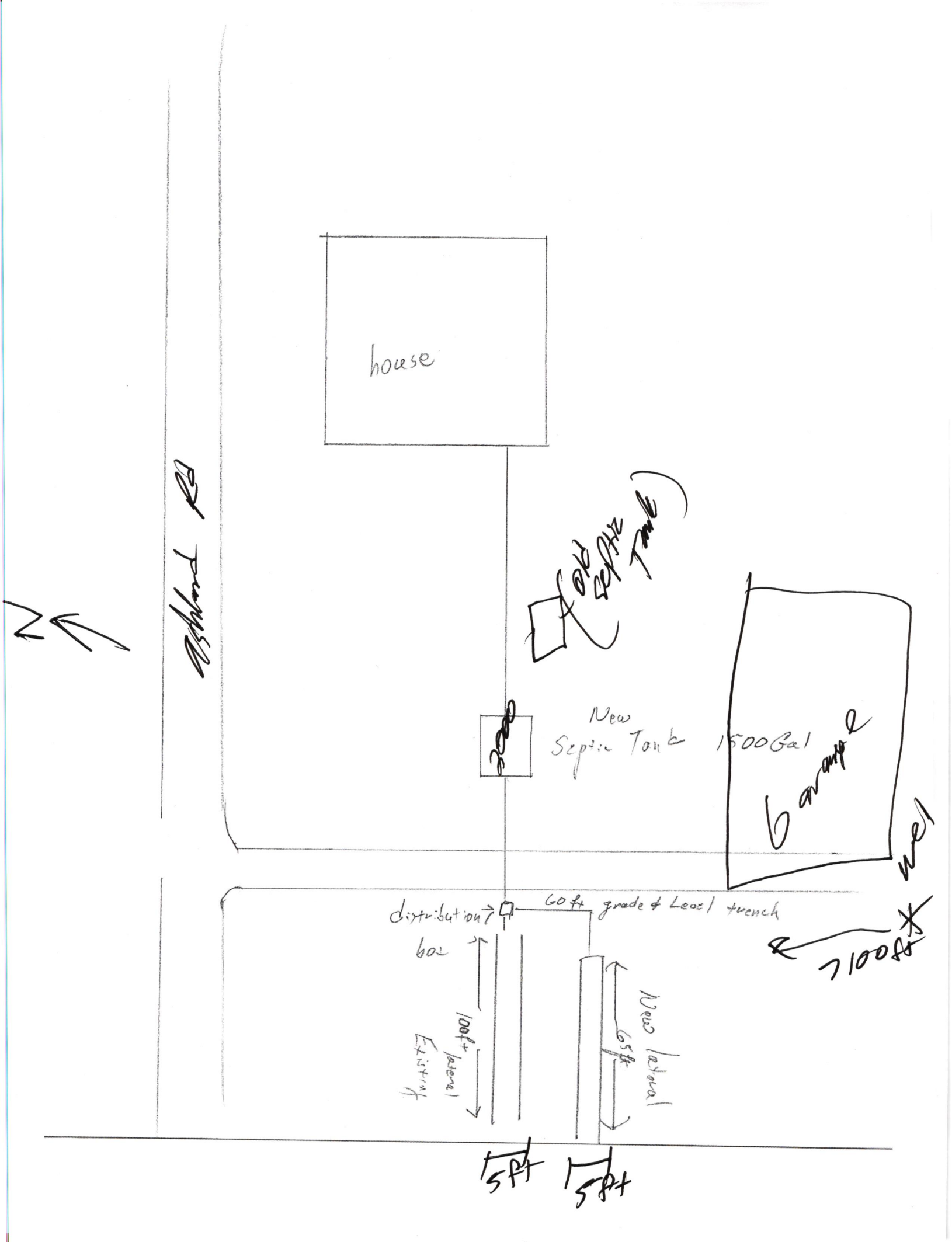
Phone 402-443-7161

Sum of Percolation Rates = 100

Avg. of Percolation Rates* = 33.3
(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.

Version 9-2014


house
Old Septic Tank
New Septic Tank 1500 Gal
barn
well
distribution box
60 ft
grade Level trench
100 ft
Existing lateral
65 ft
New lateral
5 ft
5 ft
7100 ft