HS001658

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):** 12440 N 56th Lincoln, Ne 68517

   Legal Description of Property: Township: 11 Range: 7 Section: 11

   Block _____ Lot 40 SubDivsion _____ Add: _____

   ***Parcel ID** 18-11-300-016-000 (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:** Change distribution box and add 75' of lateral 42" trench, plus 2 drop boxes

5. **Current Type of Lateral-** Concrete moons in gravel **Current Linear Ft. Of Lateral -** 270' 810 sq. ft.
   New lateral 75' 225 sq. ft.
   1,080
   Current Tank Gallonage- 1000

6. Print Name Harry Muhlbach Address 5701 Vine St Lincoln, Ne 68505 Phone: 402-430-7304
   Applicant Signature: Harry Muhlbach

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 05/03/2018 REVIEW: ☒ Approved ☐ Disapproved By: Doug Ahuse

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: 05/03/18 Amount $220.00 Check No. 8372 Initials JKT

Revised 4/8/13

SCANNED

HS001658

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   New lateral 75' 225 sq ft
   1,080
   Current Tank Gallonage- 1000

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HEALTH DEPARTMENT USE ONLY

☐Municipal Code 24.38 ☒County Resolution Number 02-30

Date received 05/03/2018 REVIEW: ☒ Approved ☐ Disapproved By: Doug Ahrens

Comments (if any): _____

Site visits
Date ___/___/___ By _____
Date ___/___/___ By _____

Installation final written approval
Date ___/___/___ By _____

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Revised 4/8/13

SCANNED

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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):** 12440 N 56th (84th) Lincoln, Ne 68517

   Legal Description of Property: Township: 11 Range: 7 Section: 11

   Block _____ Lot 40 SubDivsion _____ Add: _____

   ***Parcel ID** 18-11-300-016-000 (i.e. 99-99-999-999-999) 5.1

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:** Change distribution box and add 75' of lateral 4" trench, plus 2 Drop boxes

5. **Current Type of Lateral-** Concrete ½ moons in gravel **Current Linear Ft. Of Lateral -** 270' 810 sq. ft.
   New lateral 75' 270 sq. ft.
   1080
   Current Tank Gallonage- 1000

6. Print Name Harry Muhlbach Address 5701 Vine St Lincoln Ne 68505 Phone: 402-430-7304
   Applicant Signature: Harry Muhlbach

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 05/03/2018 REVIEW: ☒ Approved ☐ Disapproved By: Doug Rauch

Comments (if any): _____

Site visits
Date 05/04/18 By DJ
Date ___/___/___ By _____

Installation final written approval
Date 05/04/18 By Doug Rauch

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: 05/03/18 Amount $220.00 Check No. 8372 Initials JAT

Revised 4/8/13

12440 N. 84th

HD- 43(73) 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 475-6221)

FILE NO. 872-C

PROPERTY WHERE SOIL TESTED:
Location: Township _____; Range _____
Section & ¼ Sect. _____
Property Dimensions: ____ ft. x ____ ft.
Area: _____ acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ☐; Silty Clay Loam ☐; Sandy Loam ☐
Silty Loam ☐; Clay Loam ☒; Sandy Clay ☐

Owner: _____
Address _____

Dates of Tests: May 7 '76 to May 7 '76. Weather: Precip. 0 Temp. 80° F.

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
		Pre-Saturation Period				Percolation Readings					Results		
		Start		End		Start			End				
Hole No.	Hole Depth (in.)	Date (Mo. Day)	Time (Hr. Min.)	Date (Mo. Day)	Time (Hr. Min.)	Date (Mo. Day)	Time (Hr. Min.)	Water Level (in.)	Time (Hr. Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./inch)
1	32	5/1	2PM	5/3	12PM	5/3	12PM	6	30	5	30	3	
2										3		1/2	
3												3½	
4												3½	
5												3½	
6										2½		1½	

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

Robert L. Johnson
Signature of Person Conducting Test

Address 3618 no 3rd
Phone: 435-33-82

(Do not write below this line)

REVIEWING ACTION

REMARKS: _____

DATE: May 11, 1976

Approved Percolation Rate(s)
A. 60 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
Signature of Reviewing Official

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

Exhibit 5

Permit Number: HS001658

Onsite Wastewater Treatment System

Inspection Sheet

Date 5/4/18 Legal Description ¼ ¼ 11 / 11 / 7 Section/Township/Range

Onsite System Location

Address (no rural route) 12440 N 84th 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: 3 bedrooms

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

Total square feet of drainfield New 270 Sq. Ft. existing 810 1,080 1,050 required Tank Size 1,000 gals

Total length of laterals 270' existing 75' New Type of Distribution: ☒ Chamber ☐ Perforated Pipe ☐ Other (describe)

used 3' to calculate existing

No. of Absorption Laterals 4 Width Sq. No. of Drop Boxes 2 Distribution Box 1

Leveling Method Used Laser 3.625 factor for New

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:

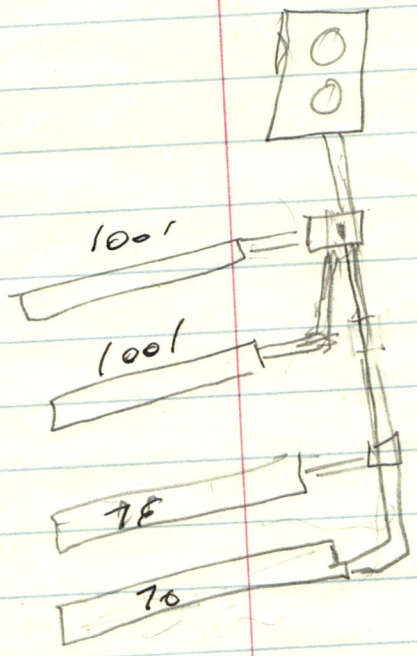
Inspections prior to Final Approval
Initial DS Date 5/4/18

Follow-Up Date

Follow-Up Date

Installation Final Written Approval
By Doug Rud
Date 5/4/18

Field Note Drawing (See Reverse Side):



270' 810 sq. ft.

75' x 3.6250

3 bdg

~~800~~
271
1081

Onsite Water Supply System
Property Transfer Inspection Report

Lincoln-Lancaster County Health Department
Environmental Public Health Division (441-8031)
3140 "N" Street, Lincoln, NE 68510

FOR OFFICE USE ONLY rev 10/12
APD No. HPT00 ___ ___ ___
Initialized ___/___/___ By _____
FO$ Rec'd ___/___/___ By _____
Amt _____ ck#_____
Posted ___/___/___ By _____
Return to Water Team Support Staff

Property Address: 12440 N 84th, Lincoln, Ne 68517

Legal Description: T___ R___ S___ ¼___ Subdiv._____ Blk ____ Lot ____

Parcel ID: __-__-___-___-___

Owner Name: Garry Schulz Phone #1: 402-467-5257 Phone #2: _____

Owner E-mail address: _____ Fax #: _____

Authorized Agent*: _____ Phone #1: _____ Phone #2: _____

Agent Address (not required for PTI): _____ Fax #: _____

Agent E-mail address: _____

Send Determination Letter to: ☐ Owner ☐ Agent ☐ Title Co Specify_____

(*Authorized Agent shall mean a Real Estate Agent, Property Transfer Inspector (PTI), or any individual or corporation authorized, in writing, to act as the legal representative in all matters authorized by the owner.)

Onsite Water Supply System (check one)

- ☐ Private Well
- ☐ Shared Well
- ☐ Public Water

Onsite Wastewater Treatment System (check one)

- ☐ Lagoon
- ☒ Standard Septic
- ☐ Non-Standard (specify) _____
- ☐ Community System

Required Information:

1. The well meets setback requirements from known sources of contamination	Yes	No
2. The well is visibly in substantial compliance with Title 178 NAC 12	Yes	No
3. Water sample tests for coliform bacteria were negative (Reference Title 179 NAC 3)	Yes	No
4. Water sample tests for nitrate were less than 10 mg/l (Reference Title 179 NAC 3)	Yes	No
Nitrate test result _____		
5. Additional inspection information attached	Yes	No

Comments: This system has been up graded to operating standard, Distration box was replaced to better serve each laterial with drop boxes added

Note: If the onsite water supply serving this property is not located on the described property, a copy of an agreement to use the supply must be included with this report.

The system has been inspected within the guidelines established by the Lincoln-Lancaster County Health Department.

Signature: Harry Muhlbach Permit No.: HPTINS00 52 Date: 4-30-18
Property Transfer Inspector

RETURN COMPLETED INSPECTION WITH APPLICABLE FEE MADE PAYABLE TO LLCHD TO ADDRESS ABOVE