HS001748

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):** 18301 SW 100

   Legal Description of Property: Township: 8 Range: 5 Section: 28

   Block _____ Lot 14 SubDivsion _____ Add: _____

   ***Parcel ID** 02-28-400 - 003 - 000 (i.e. 99-99-999-999-999)

2. **Property use:** ☑ Residential ☐ Commercial ☐ Other use (Describe: _____)
   Number of bedrooms 1 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 - top of current tank collapsing

5. **Current Type of Lateral-** concrete half main **Current Linear Ft. Of Lateral -** 150'

   Current Tank Gallonage- 1000

6. Print Name Brian Rubyl Address 135 E 28th Phone: 402-826-0190

   Applicant Signature: Brian Rubyl

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: 10/05/18 Amount $225 Check No. 7605 Initials JAO

Revised 4/8/13

SCANNED

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   Number of bedrooms 1 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 - top of current tank collapsing

5. **Current Type of Lateral-** concrete tile **Current Linear Ft. Of Lateral -** 150'

   Current Tank Gallonage- 1000

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

   Applicant Signature: Brian Frabyl

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 10/5/18 REVIEW: ☒ Approved ☐ Disapproved By: _____

Comments (if any): Tank Replacement found old pics for this property.*

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

Installation final written approval
Date 9/19/19 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: 10/05/18 Amount $225 Check No. 7605 Initials JAO

Revised 4/8/13

* Recently found file - Tank replaced months ago. - JH

FORM 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. 122-C

PROPERTY WHERE SOIL TESTED:
Location: Township 8N ; Range 5E
Section & ¼ Sect. SE1/4 [redacted] 28
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: Ed Hart
Address 5220 So. 40th St.
Candle Tree, Apt. 49

Dates of Tests: Oct 20 to Oct 21. Weather: Precip. ____ 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	38										1hr	3	
2												2½	
3												2	
4												3	
5												2	
6												3	

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

Ryck Bailey
Signature of Person Conducting Test

Address 4131 Cliffbrook Dr
Phone: 489-8208

(Do not write below this line)

REVIEWING ACTION

REMARKS: _____

Approved Percolation Rate(s)
A. 23 min./inch
B. _____ min./inch
C. _____ min./inch

DATE: October 28, 1975

Jerrold C. Hood
Signature of Reviewing Official