# Application to Alter or Repair an Onsite Wastewater Treatment System

HS001860

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):** 8940 Waverly Rd.

**Legal Description of Property:** Township: T11 Range: R7 Section: S 11

Block _____ Lot 13 SubDivsion _____ Add: _____

***Parcel ID** ____-____-_____-_____-_____ (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:** Lateral that is existing is 65' from well. Abandon existing lateral instal New Lateral to meet 100' Set back

5. **Current Type of Lateral-** New EZ flow **Current Linear Ft. Of Lateral -** 100 ft

**Current Tank Gallonage-** 1000

6. Print Name Matt Taylor Address 2610 S 11th St. Phone: 402 450 6599

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 ____/____/____ 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: 7/24/19 Amount $225.00 Check No. 2101 Initials

Revised 4/8/13

Lincoln-Lancaster County Health Department (LLCHD)
Environmental Public Health Division
3131 "O" Street • Lincoln, NE 68510-1514
Phone: 402-441-8643

**B**

Permit Number:

# Onsite Wastewater Treatment System
## Soil Evaluation Report

PLEASE PRINT OR TYPE

### Onsite System Location

Address 8940 Waverly Rd. (no rural route) City Lincoln NE, Zip 68517

Owner Angela Green Address 8940 Waverly Rd.

Date of Tests 7-8-19 to 7-10-19 Weather: Precipitation None Temperature 90°

### 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 | 42 | 7-8 | 1PM | 7-10 | 1PM | 7-10 | 1:30 | 6 | 7-10 | 2PM | 30 | 4 | 7.5 mpi |
| 2 | 47 | 7-8 | 1PM | 7-10 | 1PM | 7-10 | 1:30 | 6 | 7-10 | 2PM | 30 | 3 | 10 mpi |
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| 6 | 36 | 7-8 | 1PM | 7-10 | 1PM | 7-10 | 1:30 | 6 | 7-10 | 2PM | 30 | 2 | 15 mpi |
| | | | | | | | | 6 | | | | | |
| | | | | | | | | 6 | | | | | |

### Person Conducting Percolation Test

Name: Matt Taylor
Phone: 402-450-6599
Address 2610 S. 11th St.

Sum of Percolation Rates: 72.5
Average of Rates: 12 mpi
Rate Used for Calculation: 12 mpi

Soil type (NRCS Maps/Other)

Groundwater Depth

**DO NOT WRITE BELOW THIS LINE**

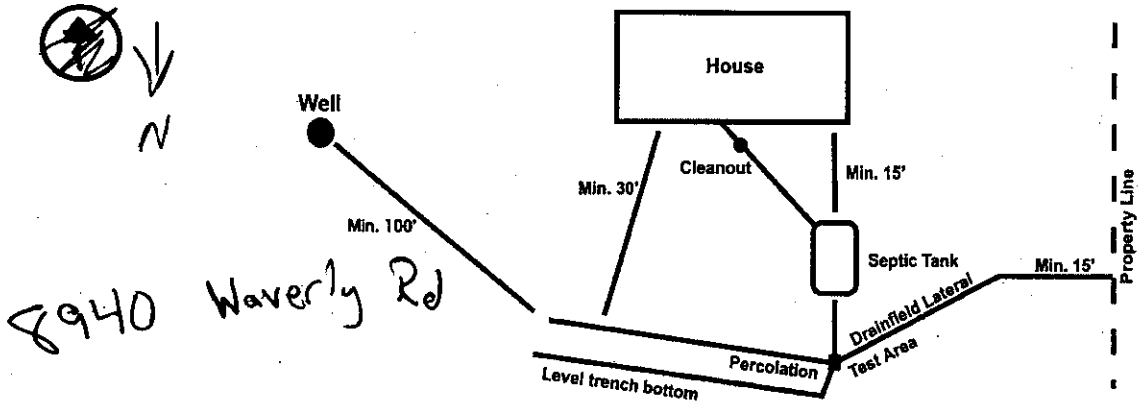
### Reviewing Action

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

Signature of Reviewing Official Date

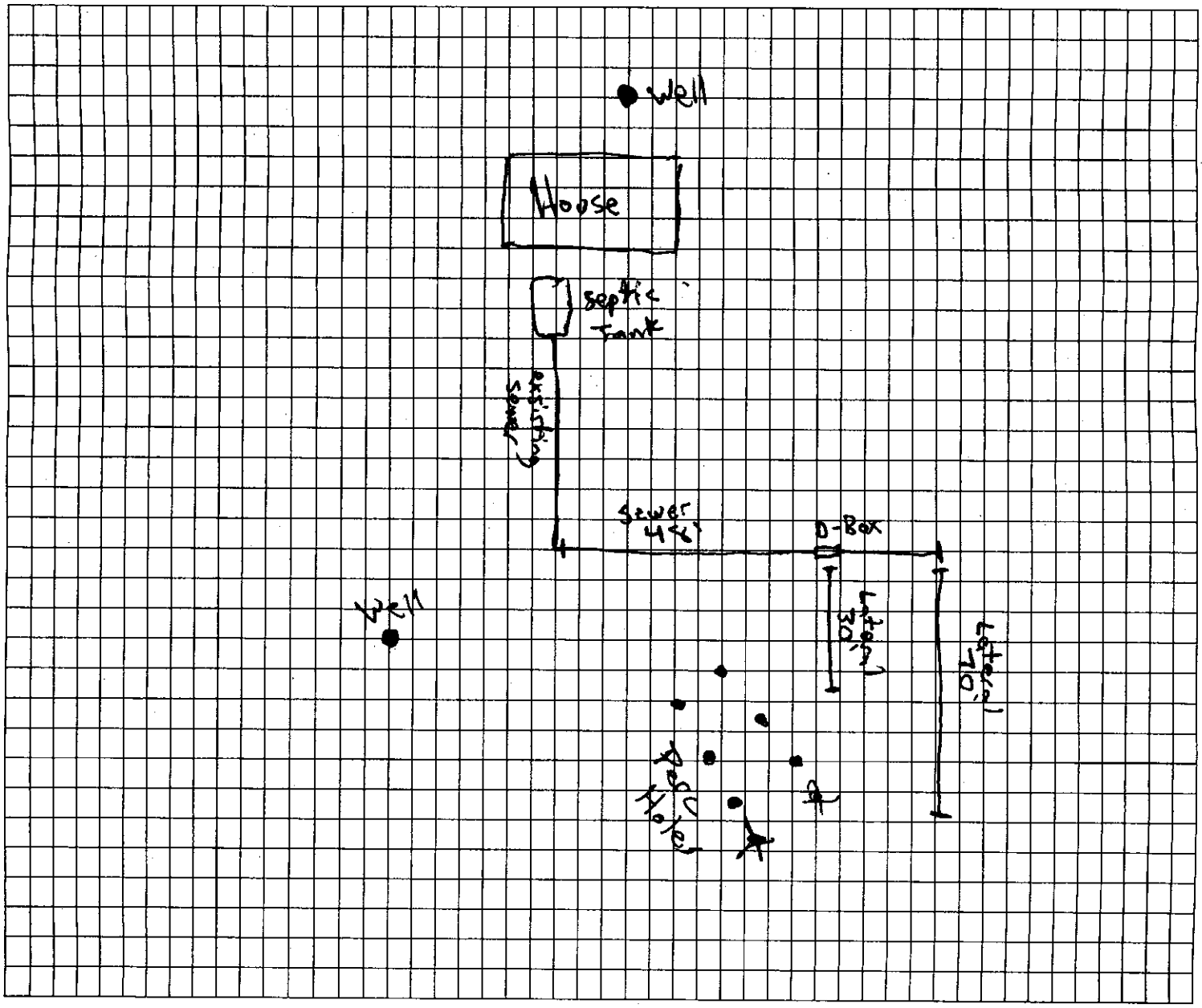
## Onsite Wastewater System Design (Example)

Indicate North
w/ Arrow Here:




8940 Waverly Rd

*Note-If Lagoon, show all applicable dimensions



Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

**D**

Permit Number:

# Onsite Wastewater Treatment System
## As-Built Description and Drawing

Type of Onsite Wastewater System: ❑ Lagoon (Skip to Back Page) ❑ Subsurface Septic ❑ Mound

### Onsite Wastewater System Location

Address or Legal Description or Parcel Identification Number (PID) _____

Owner: _____ Address _____

### A. Wastewater Piping

1. Material: _____ Diameter: _____in.
2. Distance between dwelling and septic tank: _____ft.

### B. Septic Tank

1. Material _____
2. Capacity: _____
3. Depth to top of tank, below unfinished grade: ____ in.
4. Distance to:
   Well _____ft.
   Pressure line _____ft
   Property Line _____ft.
   Foundation _____ft.

### C Distribution Box or Drop Box

Distance and Direction from septic tank: _____ ft. _____

### D. Drainfield/Absorption Field

❑ Trench ❑ Bed

1. Type: ❑ Perforated Pipe ❑ Chamberless ❑ Other
   Material brand and inside width of Chamberless:
   _____
2. Number of Laterals: _____
3. Length of each lataral (linear): ft._____ ft._____
   ft._____ ft._____
4. Drainfield size: _____ sq. ft.
5. Distance to:
   Well _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.
   Depth of Groundwater _____

Was the Onsite Wastewater System covered prior to LLCHD inspection? ❑ Yes ❑ No

If Yes, the Certified Professional must sign below for final approval:

I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: _____ Date: _____

**Complete As-Built drawing on the back of this form.**

SCANNED

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Date received 7/25/19 REVIEW: ☑ Approved ☐ Disapproved By: _____

Comments (if any): _____

**Site visits**
Date 7/25/19 By BH
Date ___/___/___ By _____

**Installation final written approval**
Date 07/29/2019 By Doug Drish

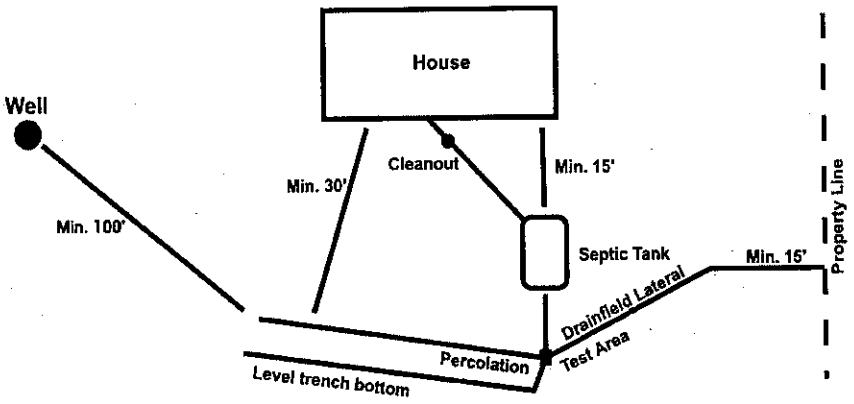
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Revised 4/8/13

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Indicate North
w/ Arrow Here:




*Note-If Lagoon, show all applicable dimensions

8940 Waverly Rd

Well

8940 House

1000 Gal Tank

Sewer Pipe 100'

Well

Park Holes

E 2 Y/Ave

100'

**Lincoln-Lancaster County Health Department**
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**D**

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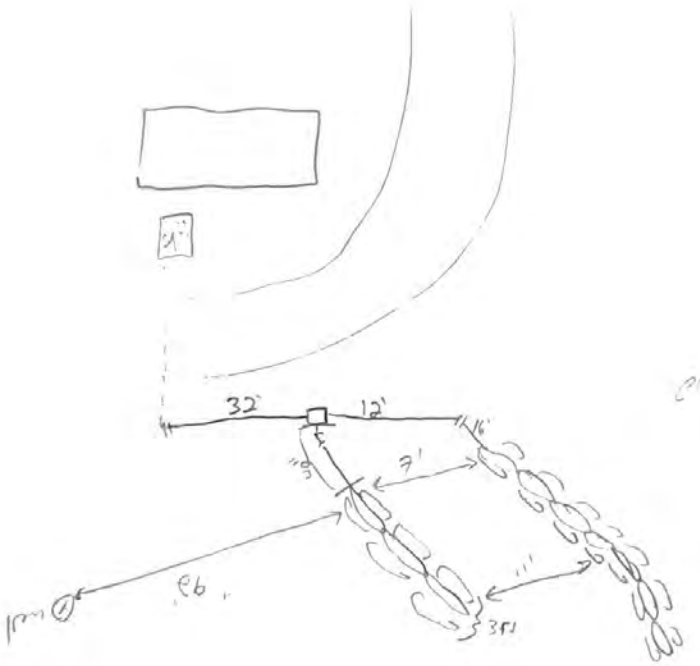
**DO NOT WRITE BELOW THIS LINE**

### Reviewing Action

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

Signature of Reviewing Official Date




32'
12'
16'
9'
9'
11'