H5001917

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):** 20805 SW 29th St Martell, NE 68404

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

   Block_____ Lot_____ 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:** Do Perc test Install D box & Lateral

5. **Current Type of Lateral** E 2 flow **Current Linear Ft. Of Lateral -** 100 ft

   Current Tank Gallonage 1000 Gal

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 10/17/19 REVIEW: ☒ Approved ☐ Disapproved By: Doug Ahrens

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
3131 "N" Street, Lincoln, NE 68510
Phone: (402) 441-8643

Business Office Use Only

Received: Date: 10/17/19 Amount $230.00 Check No. 2170 Initials LC

Revised 2/18

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 20805 SW 29th St. (no rural route) City Martell NE, Zip 68404

Owner Al Biskowski Address 2525 W. Fresh Water Ln.

Date of Tests 9/25/19 to 9/26/19 Weather: Precipitation 0 Temperature 70° High

Percolation Test Data Table

A.	B.	C.	D.	E.	F.	G.	H.	I.	J.	K.	L.	M.	N.
		Saturation/Swelling Time				Water Level Drop: Last 30 mins of 4 hr or last 10 mins of 1 hr					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	39"	9/25	10AM	9/26	3PM	9/26	3PM	6	9/26	6PM	3 Hr	16"	11.3 mpi
2	44"	9/25	10 AM	9/26	3PM	9/26	3PM	6	9/26	6PM	3 Hr	10"	18 mpi
3	40"	9/25	10 AM	9/26	3PM	9/26	3PM	6	9/26	6PM	3 Hr	13"	13.9 mpi
4	42"	9/25	10 AM	9/26	3PM	9/26	3PM	6	9/26	6PM	3 Hr	10.5"	17 mpi
5	40"	9/25	10AM	9/26	3PM	9/26	3PM	6	9/26	6PM	3 Hr	10"	18 mpi
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Matt Taylor
Phone: 402 450 6599
Address 2610 S. 11th St
Lincoln, NE 68502

Sum of Percolation Rates: 78.2 mpi
Average of Rates: 15.64 mpi
Rate Used for Calculation: 10 to 20 mpi

Soil type (NRCS Maps/Other)

2 Bed House = 300 GPD = 420 ft² Lateral

Groundwater Depth more Than 4 ft.

420 ÷ 4.5 Ez Flow = 93.3 ft

DO NOT WRITE BELOW THIS LINE

Reviewing Action

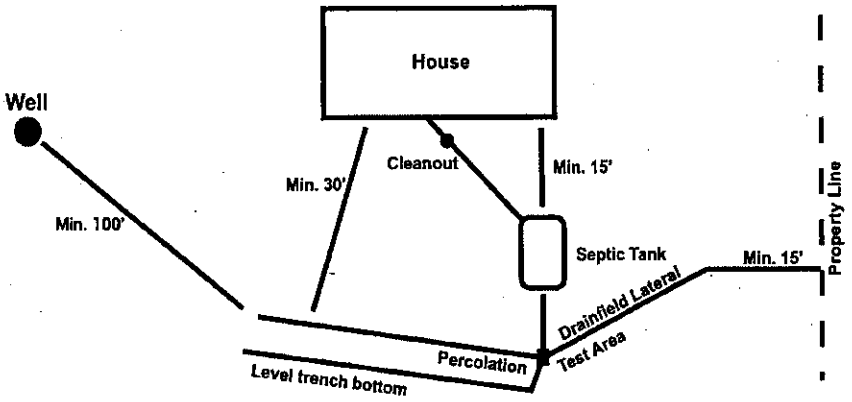
Comments (Soil type, groundwater, floodplain, etc.)

Signature of Reviewing Official Date

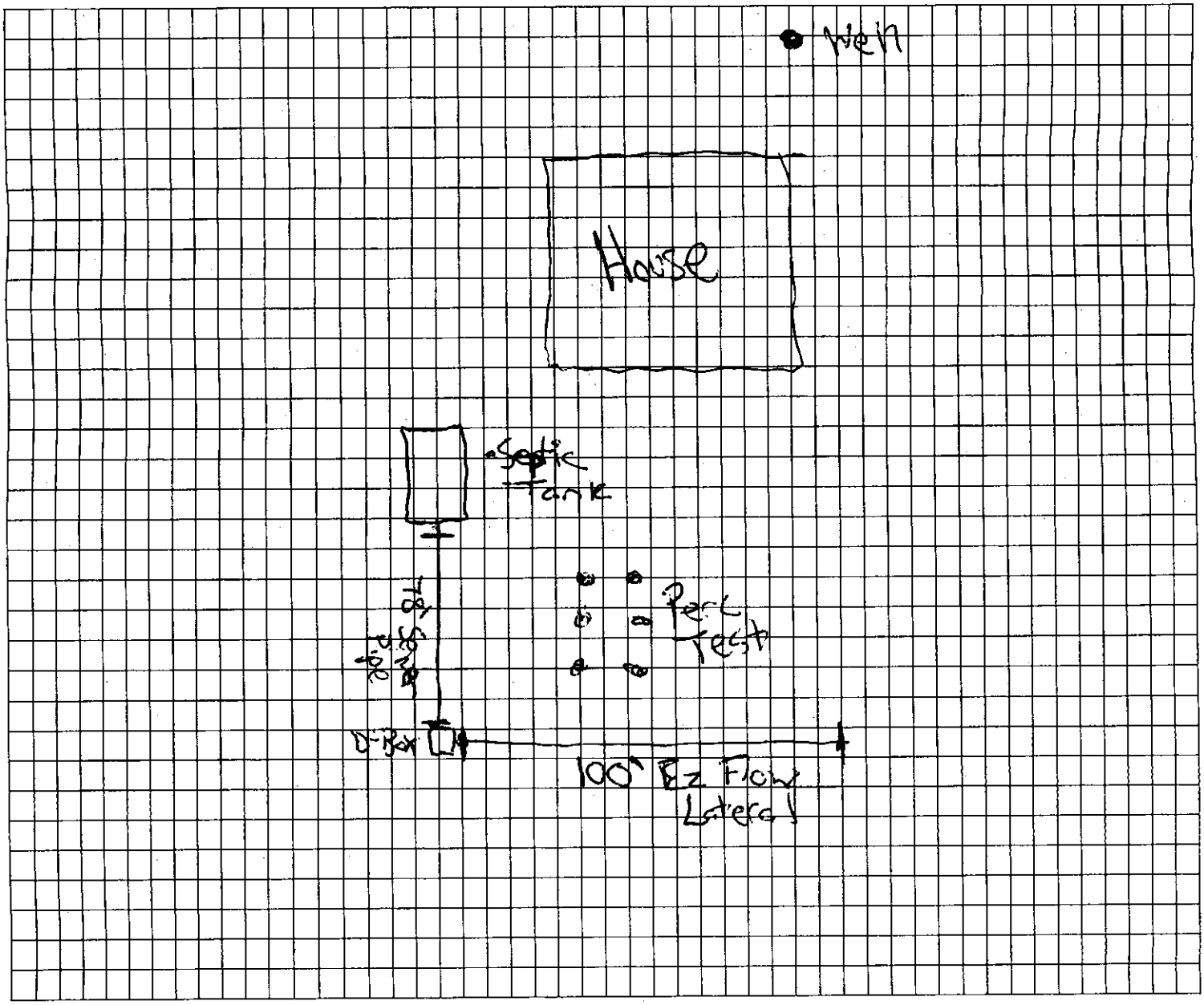
20805 SW 29th St

Onsite Wastewater System Design (Example)

Indicate North
w/ Arrow Here:



*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.

HSD01917

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):** 20805 SW 29th St Martell, NE 68404

   Legal Description of Property: Township: 7 Range: 6 Section: 5

   Block _____ Lot 6 SubDivision Located in E. ½ Add: _____

   ***Parcel ID** 07-05-400-001-000 (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:** Do Perc test Install D box & Lateral

5. **Current Type of Lateral** E 2 flow **Current Linear Ft. Of Lateral** - 100 ft

   Current Tank Gallonage ~~1000 gal~~ 1,250 as per Mate Taylor – measured on site

6. Print Name Mate 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 10/17/19 REVIEW: ☒ Approved ☐ Disapproved By: Doug Ahrens

Comments (if any): * Entered in Accela on 10/22/19 - NH

Site visits
Date 10/22/19 By DS
Date ___/___/___ By _____

Installation final written approval
Date 10/23/19 By Doug Ahrens

Return application to:
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 "N" Street, Lincoln, NE 68510
Phone: (402) 441-8643

Business Office Use Only

Received: Date: 10/17/19 Amount $230.00 Check No. 2170 Initials LC

Revised 2/18

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

Exhibit 5

Permit Number: HS001918

Onsite Wastewater Treatment System

Inspection Sheet

Date 10/23/19 Legal Description _____

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 20805 SW 29th 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:

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

Total square feet of drainfield 840 Sq. Ft. Tank Size 1,250 (existing, sizing by Matt Taylor) Gals

Total length of laterals 190' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☒ Other (describe) E-Z flow

No. of Absorption Laterals 2 Width 4.5 Kactus No. of Drop Boxes _____ Distribution Box 1

Leveling Method Used Lasers

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 _____ Date 10/23/19

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By _____
Date 10/23/19

Field Note Drawing (See Reverse Side):

Chris M. Schroeder

From: Taylor Excavating <taylorexcavating04@gmail.com>
Sent: Saturday, October 26, 2019 2:07 PM
To: Chris M. Schroeder
Subject: Re: 20805 SW 29th - septic system tank size

I Matt Taylor found the septic tank size at 20805 SW 29th street is 1250 gallon capacity. We took 10ft long and a little over 4ft wide and 4ft deep and came up with 1250 gal.

On Fri, Oct 25, 2019 at 1:58 PM Chris M. Schroeder <cschroeder@lincoln.ne.gov> wrote:

Hi Matt,

Per our conversation, please respond back to this email and confirm the septic tank size for the septic system located at 20805 SW 29th Street. Also provide information how you determined the tank size.

Thank you,

Chris Schroeder, MCRP

Environmental Health Supervisor

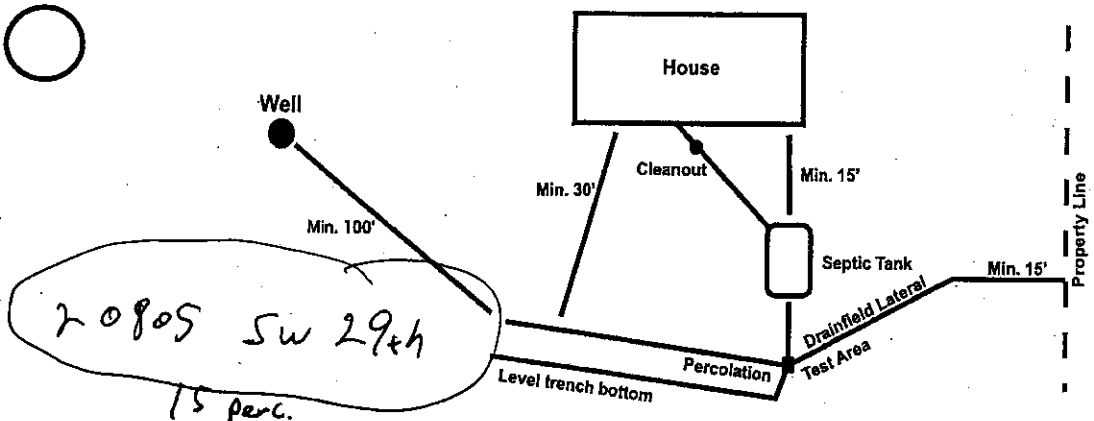
3131 'O' Street, Lincoln, NE 68510

Office: 402-441-6272 Fax: 402-441-3890

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Indicate North
w/ Arrow Here:

Onsite Wastewater System Design (Example)



20805 SW 29th

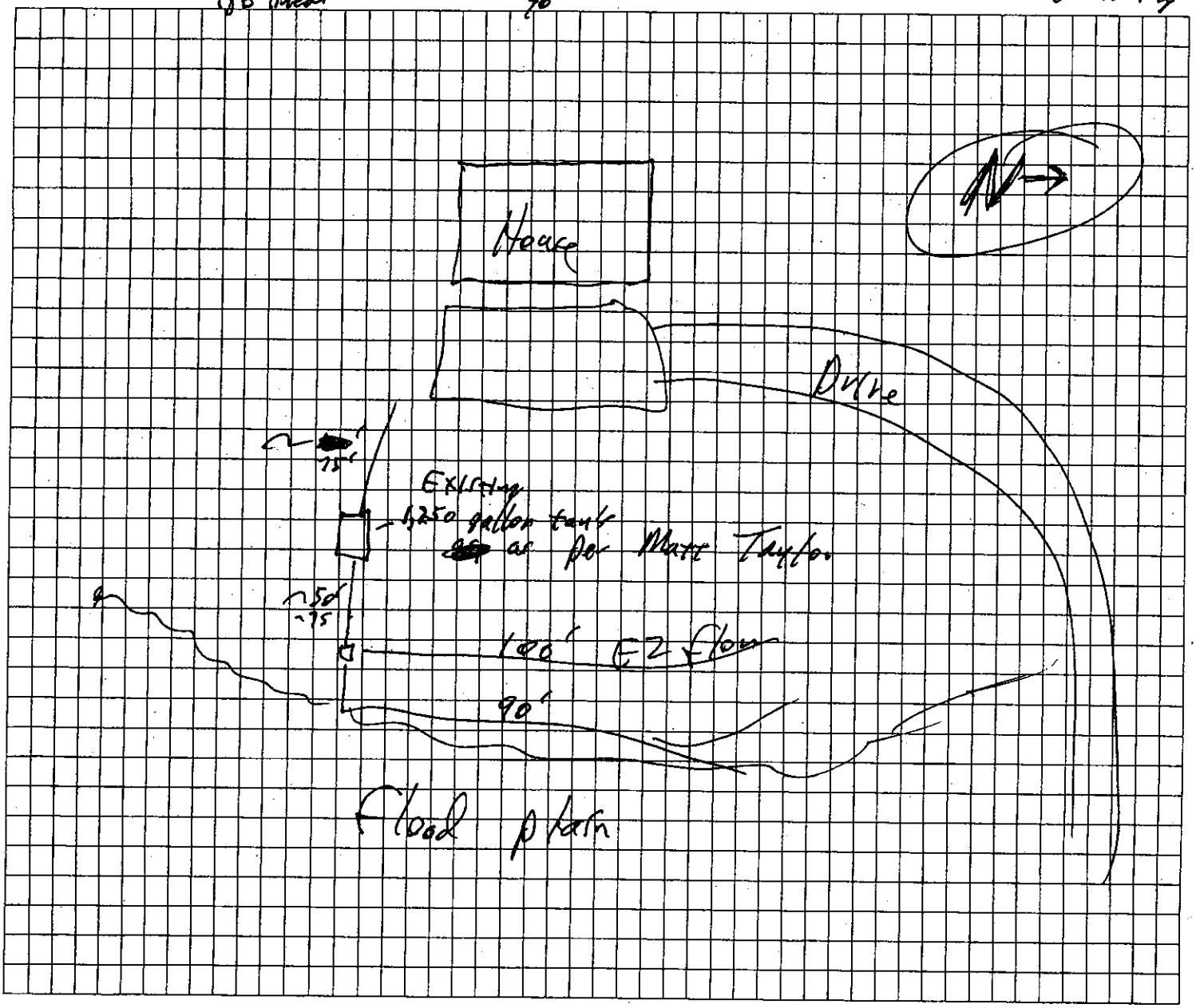
15 perc.

4 bd. 940 sq ft
186 linear

*Note-If Lagoon, show all applicable dimensions

100'
90

Field Note drawing



10/18/2019

File note re: 20805 SW 29th

- Original approval for alteration permit was based on information submitted by contractor.
- Follow up information on the property indicates the dwelling is a 4 bedroom. The 4 bedroom was based on the Lancaster County Appraiser site. The contractor had submitted the application based on a 2 bedroom dwelling.
- The contractor had installed the laterals prior to permit application (based on percolation test and 2 bedroom sizing) and requested inspection on 10/17/2019.
- The contractor was contacted via phone mid-afternoon on 10/17/2019 and informed he would need to add lateral to meet the requirements for a 4 bedroom unless he had supporting information the dwelling was only a 2 bedroom. The contractor was also informed the application for the Alteration permit may need to be upgraded to a New System permit if the septic tank currently serving the dwelling did not meet sizing standards and needed replacement or an added tank.
- The contractor was informed that LLCHD would not conduct an inspection until the bedroom and sizing issue was resolved.
- The permit applicant (contractor) is Matt Taylor.

Doug Smith