H3001918

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):** 9303 Pioneers Blvd.

   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:** Install New Lateral Based off Perc test Performed

5. **Current Type of Lateral** 120 ft **Current Linear Ft. Of Lateral** - E 2 flow

   Current Tank Gallonage 1000 Gal

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

   Applicant Signature: MM

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

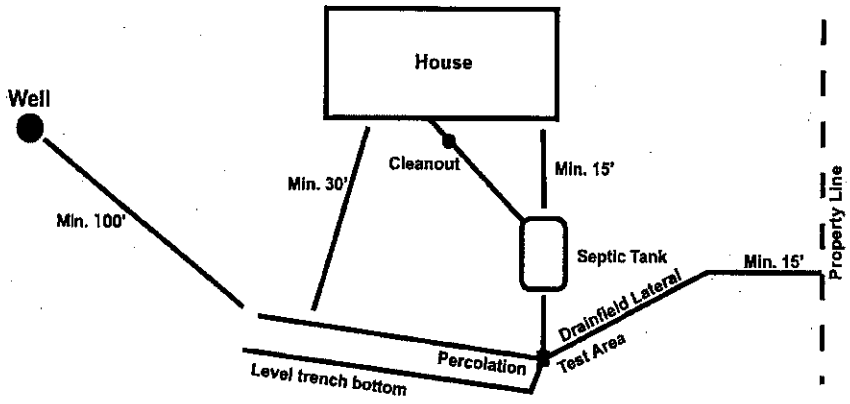
Received: Date: 10/17/19 Amount 230.00 Check No. 2170 Initials LC

Revised 2/18

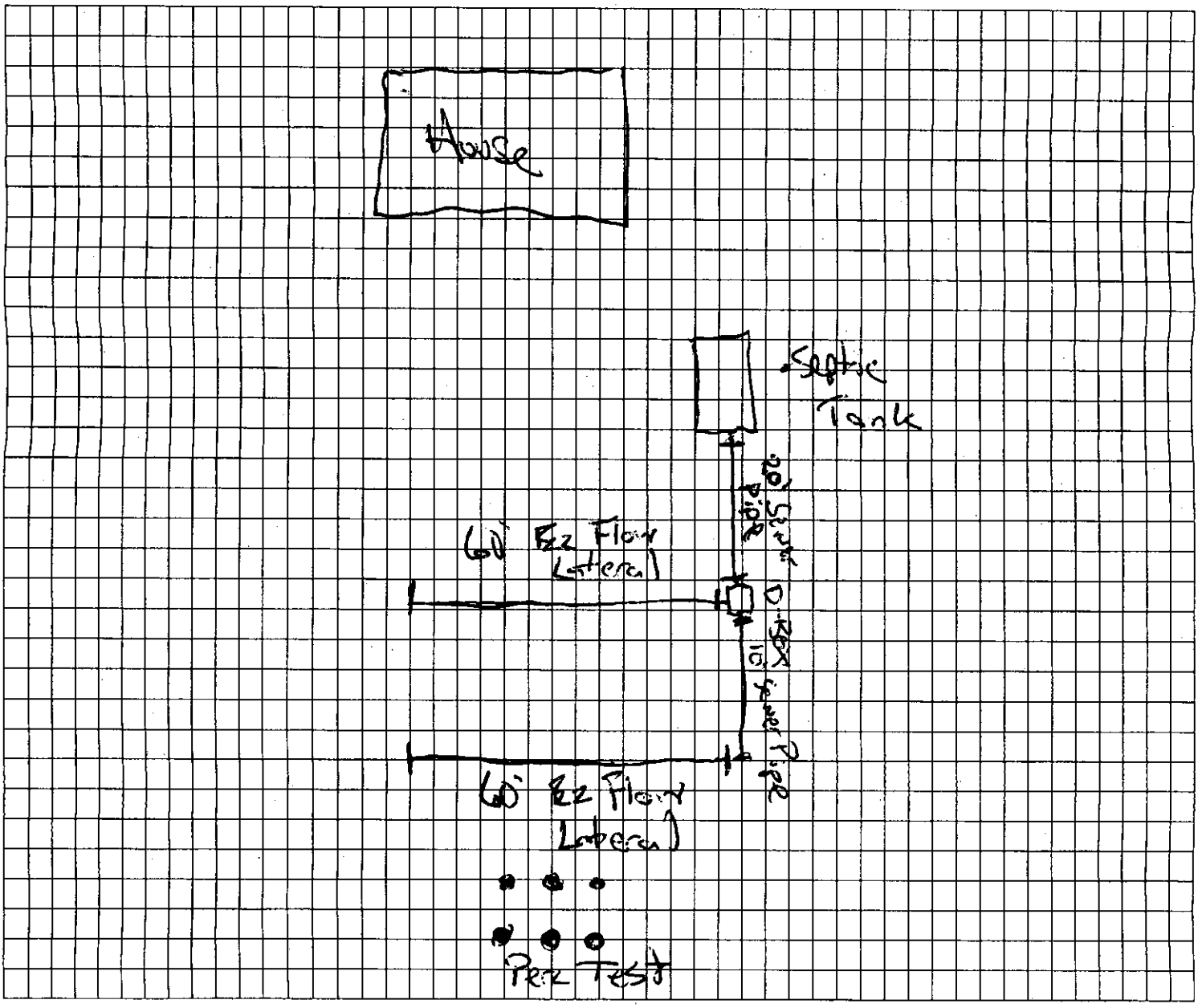
9303 Pioneers Blvd

Indicate North
w/ Arrow Here:

Onsite Wastewater System Design (Example)



*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.

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 9303 Pioneers (no rural route) City Lincoln NE, Zip 68520

Owner Patty Scutter Address

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. 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	38"	9/25	8 AM	9/26	10 AM	9/26	11 AM	6	9/26	11:30	30min	1.5	20 mpi
2	40"	9/25	8 AM	9/26	10 AM	9/26	11 AM	6	9/26	11:30	30min	1	30 mpi
3	36"	9/25	8 AM	9/26	10 AM	9/26	11 AM	6	9/26	11:30	30min	1	30 mpi
4	34"	9/25	8 AM	9/26	10 AM	9/26	11 AM	6	9/26	11:30	30min	1.5	20 mpi
5	36"	9/25	8 AM	9/26	10 AM	9/26	11 AM	6	9/26	11:30	30min	1.5	20 mpi
								6					
								6					
								6					

Person Conducting Percolation Test

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

Soil type (NRCS Maps/Other)

Groundwater Depth more than 4FT

Sum of Percolation Rates: 120 mpi
Average of Rates: 24 mpi
Rate Used for Calculation: 20 to 30 mpi

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official Date

CONDUCTING A PERCOLATION TEST

READ THOROUGHLY

DIAGRAM OF PERCOLATION TEST PROCEDURE

Natural Ground Level

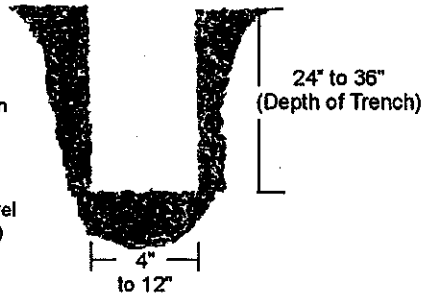
I. Number, Size and Location of Test Holes

A. Dig six or more holes spaced evenly over proposed drainfield.

B. Scratch smeared areas on the bottom 12" of hole.

C. Remove loose material from hole.

D. Add 2" layer of clean gravel in hole. Gravel (1/4"-3/4") may be placed in a nylon mesh bag so it can be used again.



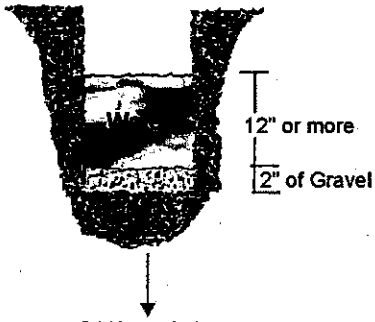
II. Saturation/Swelling of Soil

A. Fill hole with at least 12" of clear water.

B. **MAINTAIN THIS WATER LEVEL FOR 4 HOURS.**

C. Record on Form B, Columns A to F

D. **Must wait 24 hours before beginning Step III.**



24 Hours Later

III. Water Level Drop Measurement (Refer to instructions 4a, b or c)

A. Adjust water level to 6".

B. Measure from fixed reference point (nail) to water, or use a percometer.

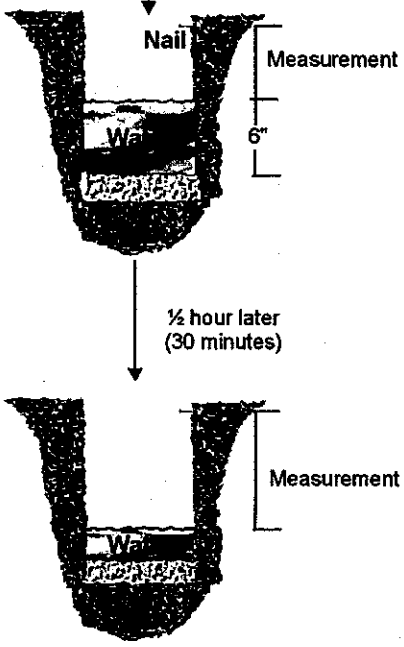
C. Record measurement and time on scratch paper.

D. 30 min. later re-measure and record time.

E. After each measurement, refill to 6" above gravel.

F. Continue for 4 hours taking readings evey 30 min. (Refer to 4b for exception)

G. Last 30 min. reading is used in filing out Form B. Record in Column G through M.



IV. The Department will calculate Percolation Rates.

Instructions

1. Percolation test holes. Percolation tests should be made in 6 or more separate holes spaced uniformly over proposed drainfield. Dig or bore holes 4 to 12" in diameter to the depth of the bottom of drainfield trench. (If sides of hole collapse, a slotted PVC plastic pipe and gravel pack may be needed to support the sides of the hole.) Do not dig holes in soil that is above the plastic limit or where frost is within 12" from the bottom of hole.
2. Preparation of test hole. Scratch any smeared areas on the bottom 12" of hole with nails driven into a 1x2" board to provide a natural soil interface for water to percolate. Remove all loose soil from bottom of hole. Add 2" of clean gravel to protect the bottom from scouring when water is put into hole.
3. Saturation and swelling of the soil. Fill holes with clear water to a depth fo 12" or more above gravel and maintain this water level at least 4 hours (add water as necessary). Do not remove water from holes. Holes should be covered with boards during the 20 hrs. wait before the test begins. Soils with slow permeability or containing greater than 30% clay will require several days saturation for thorough swelling in a dry season. The accuracy of the percolation test depends on thorough saturation and swelling of soil. Sandy soil containing no clay does not swell. The percolation test may proceed immediately if the 12" of water seeps away in 10 min. or less after filling holes twice. Proceed to Step 4c.
4. Measure percolation rate. Measurements must be made 24 hrs after starting saturation/swelling procedure described above. Record results on the front of this form and the Department will complete the calculations.

   a. If water remains in hole after the saturation/ swelling period, adjust depth to 6" above gravel. From a fixed point, measure the drop in water level over a 30 min. period to nearest 1/8". This drop is used to calculate percolation rate.

   b. If no water remains in hole after the saturation/ swelling period, add 6" of clear water above gravel. From a fixed point, measure the drop in water level to nearest 1/8" at 30 min. intervals for 4 hrs. Refill to the 6" level above gravel after each measurement. The drop that occurs during the last 30 min. of the 4 hrs. is used to calculate the percolation rate (when 3 consecutive percolation rates vary by no more than 10%, the test can stop before the end of 4 hr. period).

   c. In sandy soils, or other soils in which t he first 6" of water seeps away in less than 30 min., allow 10 min. between measurements and run the test for 1 hr. The drop that occurs during the last 10 min. of 1 hour is used to calculate the percolation rate. If 6" of water seeps away in less than 10 min., use a stopwatch.
5. Record test results on the front of this form. The average of the percolation rates calculated for all holes in 30 (10) min. will usually be the rate used to size the drainfield. Exceptions are the use of the slowest percolation rate when rates vary more than 20 mpi between holes or when other soil evaluation indicates a problem.

LLCHD reserves the right to witness or perform percolation tests and to required additional soil or groundwater information.

H3001918

SCANNED

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):** 9303 Pioneers Blvd.

   Legal Description of Property: Township: 9 Range: 7 Section: 11

   Block _____ Lot 58 SubDivsion _____ Add: _____

   ***Parcel ID** 16-11-200-007-000 (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:** Install New Lateral Based off Perc test Performed to add 190ft

5. **Current Type of Lateral** 120 ft **Current Linear Ft. Of Lateral -** E 2 flow

   Current Tank Gallonage ~~1000 Gal~~ 1,250 as Per Matt Taylor

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: _____

Comments (if any): _____

Site visits
Date 10/21/19 By DC
Date ___/___/___ By _____

Installation final written approval
Date 10/22/19 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

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 10/22/19 Legal Description ____ ¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 9303 Pioneer 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 765 Sq. Ft. Tank Size 1,000 existing gals

Total length of laterals 170' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☒ Other (describe) E2 flow

No. of Absorption Laterals 3 Width 4.5 factor No. of Drop Boxes 2 Distribution Box ____

Leveling Method Used Laser

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 ____ NA

Lateral #1 ____ Lateral #3 ____

Lateral #2 ____ Lateral #4 ____

Comments:

Inspections prior to Final Approval
Initial DS Date 10/22/19

Follow-Up ____ Date ____

Follow-Up ____ Date ____

Installation Final Written Approval
By Doug Mull

Date 10/22/19

Field Note Drawing (See Reverse Side):

10/18/2019

File note re: 9303 Pioneers

- Original approval for alteration permit was based on information submitted by contractor.
- Follow up information on the property indicates the dwelling is a 3 bedroom. The 3 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 3 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 Ruter

10/21/19

An additional 50' of lateral added to bring system to standard

D. R