Application to Alter or Repair an Onsite Wastewater Treatment System

HS001989

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):** 12490 W Mill Rd, Malcolm, NE 68402

   Legal Description of Property: Township: 11N Range: 5E Section: ~~21~~ 5 SW

   Block _____ Lot 21 SubDivsion _____ Add: _____

   ***Parcel ID** 05 - 05 - 300 - 003 - 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 drainfield, 1,080 square feet, using 240' of EZFlow 1203H Bundles. Based on a 60 mpi percolation rate. (Sizing drainfield for a 3 bedroom home.)

5. **Current Type of Lateral-** unknown **Current Linear Ft. Of Lateral -** unknown

   Current Tank Gallonage- 1000g

6. Print Name Carl T Johnson Address 12905 NW 70th St, Raymond, NE 68428 Phone: 402-432-7300

   Applicant Signature: Carl T Johnson — Rick L. Jakoubek Raymond Contracting

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: 04/29/20 Amount $230.00 Check No CC0287 Initials JAD

Revised 4/8/13

Lincoln-Lancaster County Health Department (LLCHD)
Environmental Public Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

B

Permit Number:

Onsite Wastewater Treatment System

Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 12490 W Mill Rd (no rural route) City Malcolm NE, Zip 68402

Owner Carl T Johnson Address 12905 NW 70th St, Raymond, NE 68428

Date of Tests 4/20/20 to 4/21/20 Weather: Precipitation 0 Temperature 65°

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		Initial	End				
Hole No.	Hole Depth (in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time Interval	Water Level Drop (in)	Percolation Rates (Min/in = mpi)
1	34	4/20	1:30p	4/21	12:00p	4/21	3:30p	6	4/21	4:00p	30	9/16	53
2	36	"	"	"	"	"	"	6	"	"	"	13/16	34
3	26	"	"	"	"	"	"	6	"	"	"	1/2	60
4	35	"	"	"	"	"	"	6	"	"	"	11/16	44
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Terri L Jakoubek, Raymond Contracting, Inc.

Phone: 402-783-2663 or 402-890-6009

Address 13800 NW 70th St

Raymond, NE 68428 Cert #1198

Sum of Percolation Rates: 191

Average of Rates: 48

Rate Used for Calculation: 60 (20+ mpi variance)

Soil type (NRCS Maps/Other) Aksaben/Yutan SCL

Groundwater Depth >8'

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official Date

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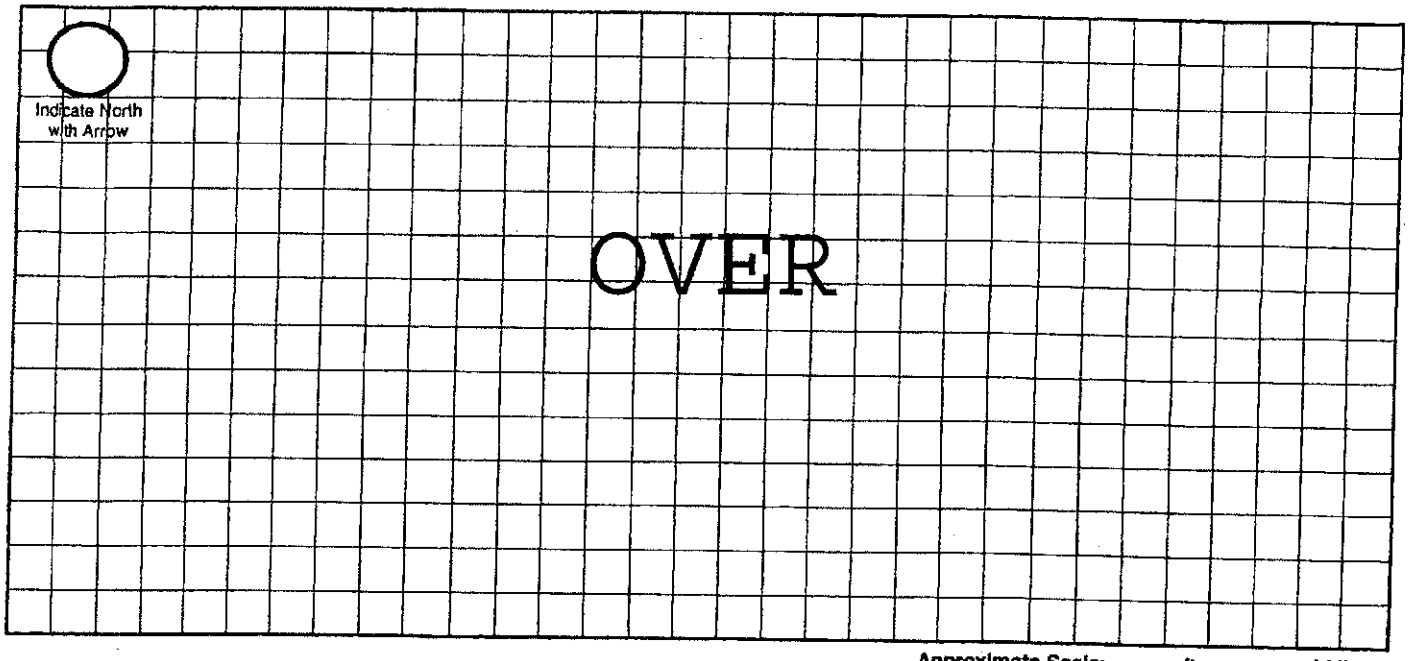
C

Permit Number:

Onsite Wastewater Treatment System

Preliminary Plan Specifications

Draw a plot plan showing onsite system sewer lines, drop of distribution boxes, tank, drainfields, percolation test holes, well, residence, direction of groundwater flow, property lines, and reserve area for replacement onsite system.



Approximate Scale: _____ft. = _____ grid line/s

A. Onsite System Location

Address (no rural route) 12490 W Mill Rd City Malcolm NE, Zip 68402

B. Proposed Septic Tank/s

Septic Tank Cap. 1000 (Existing) gals Tank Material: ☒ Concrete ☐ Plastic ☐ Other_____ ☐ Lagoon(Max. seepage 1/8" per day)

C. Reserve Area for Replacement Onsite System

☐ Drainfield Absorption Area (percolation test required) ☒ Lagoon

D. Drainfield Absorption System

Percolation Rate 60 (min/inch = mpi) No. of Bedrooms 2 Soil Type SCL Land Slope_____%

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 1,080 sq.ft.

Total length of laterals 240' Type of distribution: ☐ Perforated pipe ☐ Half-Round ☐ Chamber ☒ Other EZFlow 1203H

No. of absorption trenches 4 Width 40" No. of drop boxes 1 Distrubtion Box_____

No. of absorption beds_____ Width_____ No of Distribution lines per bed_____

E. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☒	500 ☒	50 ☒	NA ☒	25 ☒	20 ☒	15 ☒	25 ☒	☒
Field (ft)	100 ☒	500 ☒	50 ☒	4 ☒	30 ☒	20 ☒	30 ☒	40 ☒	☒
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

F. Required Signatures

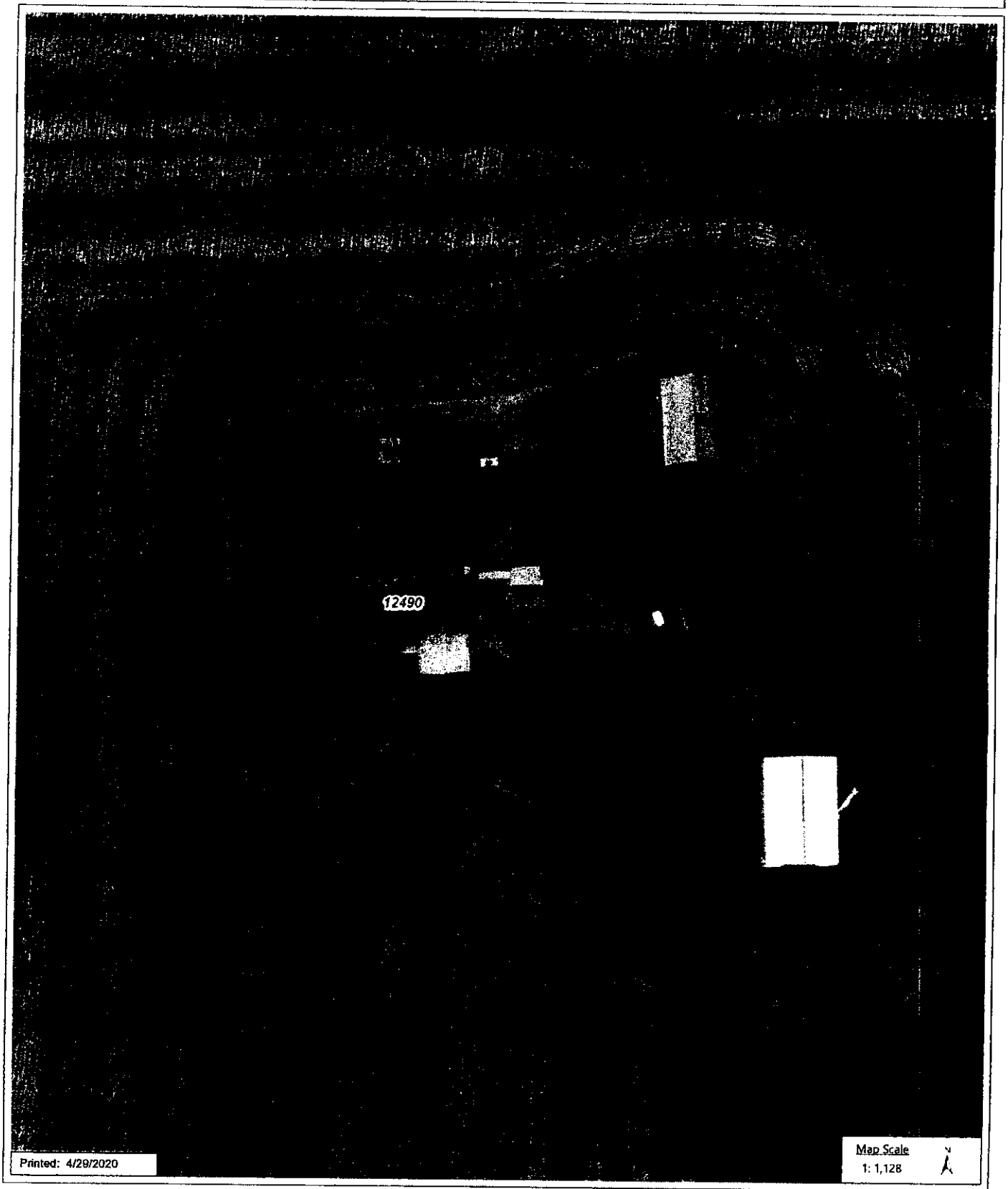
Home Building Contractor Existing Home Date _____

Installer [signature] Date 4-29-20

12490 W Mill Rd, Malcolm, NE 68402

GIS Viewer
CITY OF LINCOLN - LANCASTER COUNTY, NE

City of Lincoln\Lancaster County GIS Map



DISCLAIMER: The information is presented on a best-efforts basis, and should not be relied upon for making financial, survey, legal or other commitments. If you have questions or comments regarding the data displayed on this map, please email assessor@lancaster.ne.gov and you will be directed to the appropriate department.

Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3131 O Street Lincoln, Nebraska 68510-1514

ON-SITE WASTE WATER SYSTEM
ALTERATION PERMIT
No. HS001989

System Type: Standard

Situs: No Site Address Specified

Issued: 5/4/2020

Expires: 5/4/2021

Description: S5, T11, R5, Acres 6th Principal Meridian, LOT 21 SW

Owner: JOHNSON, CARL T & DIANE K
12905 NW 70 ST
RAYMOND, NE 68428

Patricia D. Lopez

Patricia D. Lopez, RN, MSN, Interim Health Director

Dear Applicant:

The above document is your permit to alter an existing On-site Waste Water System at the location listed. Please contact this office once the alteration is complete to obtain final approval before use.

Patricia D. Lopez

Patricia D. Lopez, RN, MSN
Interim Health Director

RAYMOND CONTRACTING INC
13800 NW 70TH ST
RAYMOND, NE 68428

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Revised 4/8/13

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

Permit Number: H500 1989

Onsite Wastewater Treatment System

Inspection Sheet

Date 5/8/20 Legal Description _____

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 12490 W. Mill Rd. 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 1080 Sq. Ft. Tank Size N/A gals (1000)

Total length of laterals 240 Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☒ Other (describe) EZ-Flow

No. of Absorption Laterals 2 Width 3' No. of Drop Boxes 0 Distribution Box 0

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 _____

Lateral #1 _____ Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments: Had contractor install both trenches @ the same elevation - OH

Inspections prior to Final Approval
Initial DH Date 4/30/20

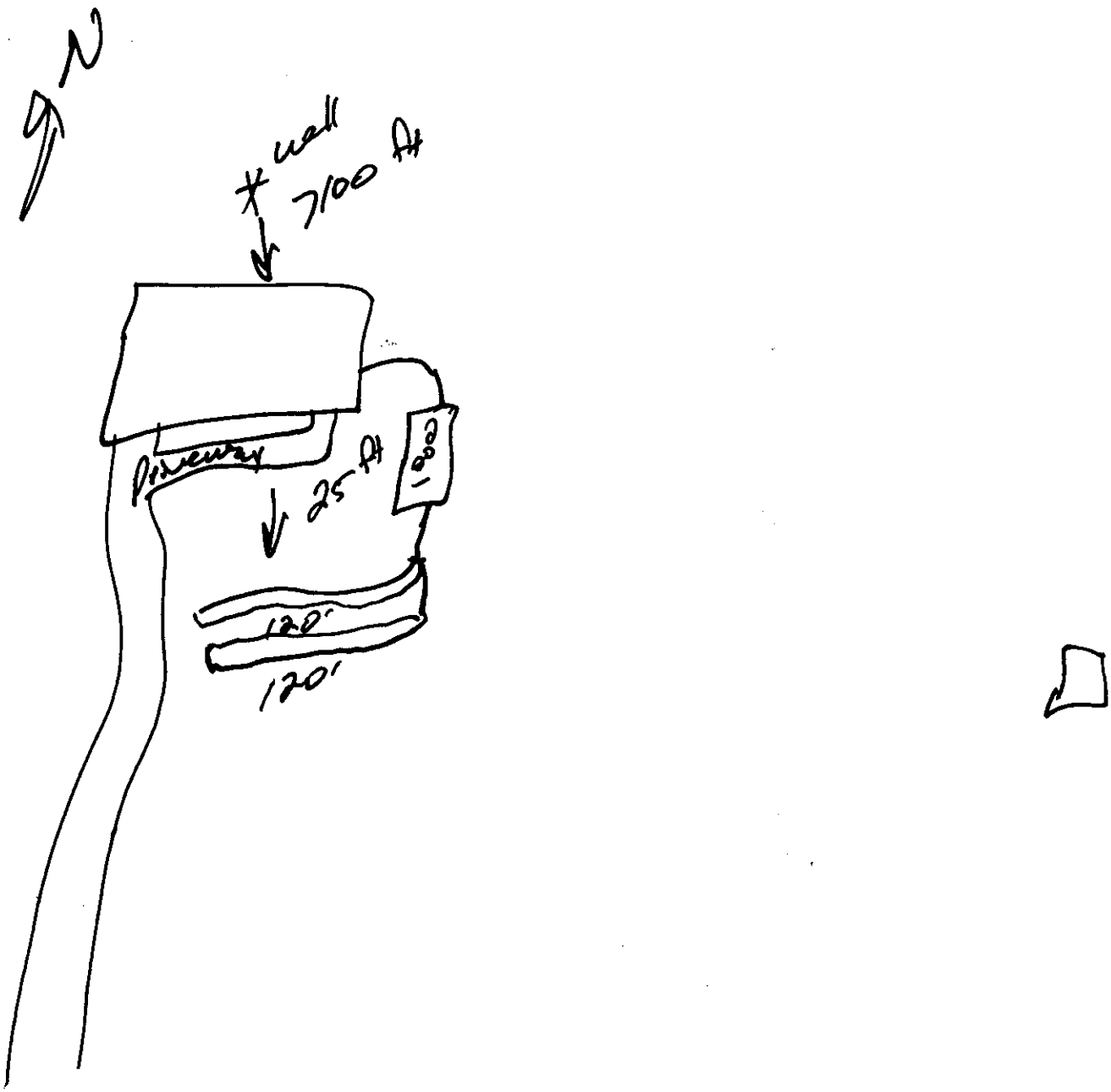
Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Field Written Approval
By _____

Date 5/8/20

Field Note Drawing (See Reverse Side):


N
* well
7100 ft
Driveway
25 ft
20
120'
120'