#S002104

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):** 6909 NW 105th St, Malcolm, NE 68402

   Legal Description of Property: Township: 11N Range: 5E Section: 33-NW

   Block _____ Lot 61 SubDivsion _____ Add: _____

   ***Parcel ID** 05 .33 .100 .015 .000 (i.e. 99-99-999-999-999)

2. **Property use:** ☒ Residential ☐ Commercial ☐ Other use (Describe: _____)
   Number of bedrooms 3 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 drainfield for new home construction.

5. **Current Type of Lateral-** Infiltrator **Current Linear Ft. Of Lateral -** 168

   Current Tank Gallonage- 1250

6. Print Name Denise Kaup Address 6909 NW 105th St, Malcolm, NE 68402 Phone: (402) 580-2788

   Applicant Signature: Denise L. Kaup 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: 9/28/20 Amount $235.00 Check No. CC 5040 Initials JAD

Revised 4/8/13

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

B

Permit Number:

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 6909 NW 105 (no rural route) City Malcolm NE, Zip 68402

Owner _____ Addresss _____

Soil Type (SCS): OVC Percolation Rate: _____ min./inch

Date of Tests 6-23 2003 to 6-24 2003 Weather: Precipitation _____ Temperature _____

Percolation Test Data Table

A.	B.	C. D. E. F. Pre-Saturation Period				G. H. I. J. K. Percolation Readings					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)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time (Min)	Water Level Drop (in)	Percolation Rates (Min/in)
1	28	6/23	5:00 PM	6/24	5:00 AM	6/24	8:45 AM	22½	6/24	9:15 AM	30	2	15
2	↓							21½				2¼	13
3								23¼				2	15
4								22¼				1⅜	24
5								21⅜				2⅛	13
6								21½				2¼	13

Sum of Percolation Rates: 93
Average of Rates: 16
Rate Used for Calculation: 20

Person Conducting Percolation Tests

Name: Brad Southard
Phone: 430-7606
Address 17201 So 72nd
Hickman, NE

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

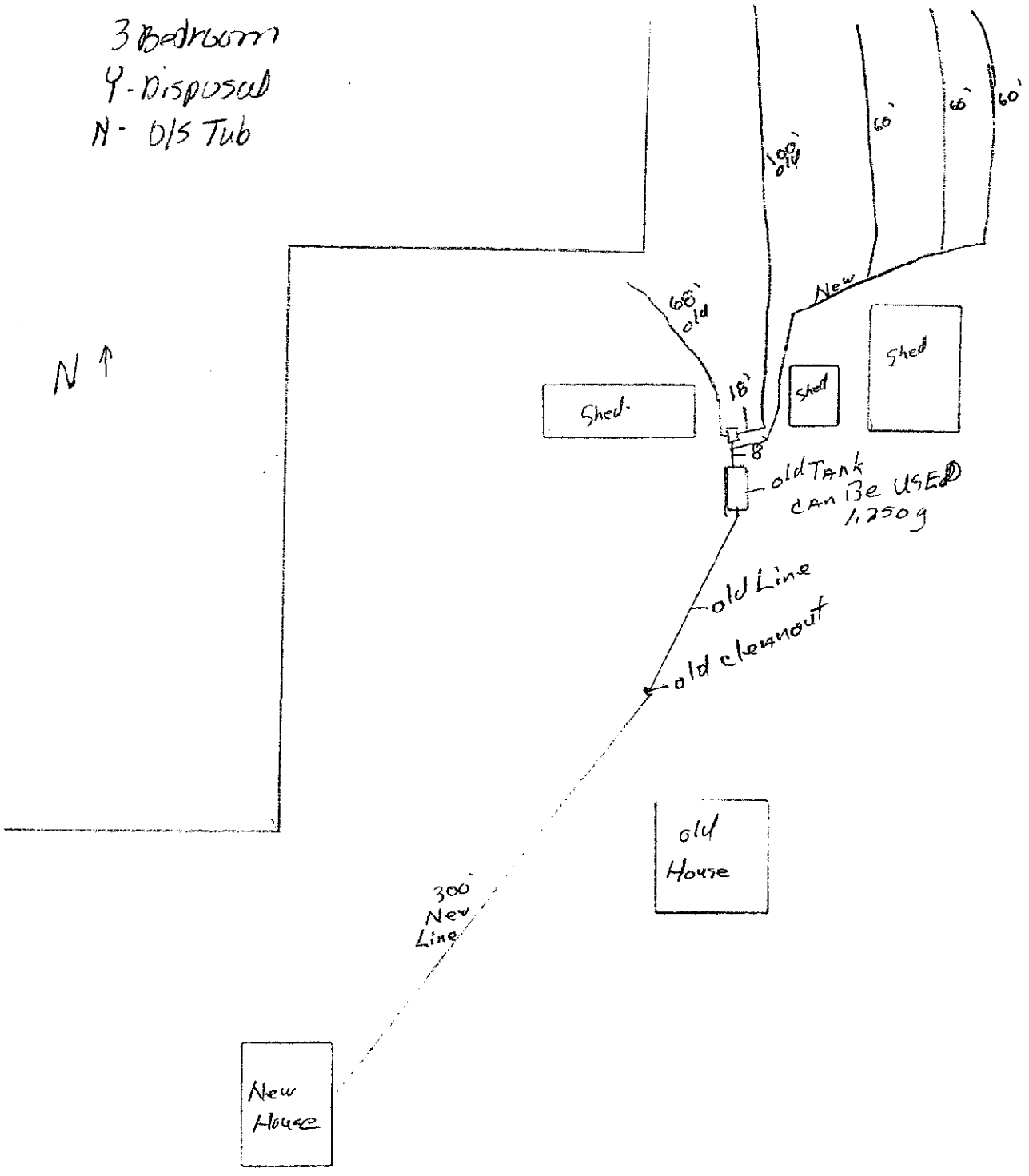
Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

6909 NW 105th St
Malcolm, NE 68402

3 Bedroom
Y - Disposal
N - O/S Tub

180' of EZFlow - 810sqft



* well

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. HS002104

System Type: Standard

Situs: No Site Address Specified

Issued: 9/29/2020

Expires: 9/29/2021

Description: S33, T11, R5, 6th Principal Meridian, LOT 61 NW

Owner: KAUP, DENISE L
6909 NW 105 ST
MALCOLM, NE 68402

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