HS0021S4

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):** 17101 Davey Rd

   Legal Description of Property: Township: 12 Range: 8 Section: 26

   Block _____ Lot 6 SubDivsion _____ Add: _____

   ***Parcel ID** 25-26-200-003-000 (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 lateral

5. ~~Current~~ **Type of Lateral** New lateral **Current Linear Ft. Of ~~Lateral~~** NA

   Current Tank Gallonage 1,000

6. Print Name Doug Loftus Address 410 CO RPC Phone: 402-540-5019
   Applicant Signature: Doug Ifts Ashland Nebraska 68003

3 bdr. Percolation 40-50 @ 990 sq. ft. 248'

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 12/03/20 REVIEW: ☐ Approved ☐ Disapproved By: _____

Comments (if any): _____

Site visits
Date 12/03/20 By DC
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: 12/04/20 Amount $235.00 Check No. 17653 Initials JAD

Revised 2/18

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 17101 DAVey RD (no rural route) City Greenwood NE, Zip 68366

Owner Frank ULM Address 17101 Davey RD

Date of Tests 12-1 to 12-2 Weather: Precipitation 0 Temperature 40 15

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	24	12-1				12-2	11:30	6	12-2	12:00	30	.75	40
2	24	12-1				12-2	11:30	6	12-2	12:00	30	.75	40
3	24	12-1				12-2	11:31	6	12-2	12:01	30	.75	40
4	24	12-1				12-2	11:32	6	12-2	12:02	30	11/16	43.63
5	24	12-1				12-2	11:33	6	12-2	12:03	30	11/16	43.63
6	24	12-1				12-2	11:34	6	12-3	12:04	30	.75	40
	4 hrs with 12 inches							6					
	of WATER IN holes							6					

Person Conducting Percolation Test

Name: Doug LoFtus - LoFtus Septic

Phone: 402-540-5019

Address 470 CO RD C

Ashland Ne 68003

Soil type (NRCS Maps/Other) CLAY - LOAM

Groundwater Depth 30 Feet -

Sum of Percolation Rates: 248

Average of Rates: 41.33

Rate Used for Calculation: 41.33

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official Date

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. HS002154

System Type: Standard

Situs: No Site Address Specified

Issued: 12/4/2020

Expires: 12/4/2021

Description: S26, T12, R8, 6th Principal Meridian, LOT 6 NE

Owner: ULM, FRANK U & MARILYN I
17101 DAVEY RD
GREENWOOD, NE 68366

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
Health Director

LOFTUS SEPTIC PUMPING & CONSTRUCTION
410 COUNTY RD C
ASHLAND, NE 68003

SCANNED

Application to Alter or Repair an Onsite Wastewater Treatment System

HS002154

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):** 17101 Davey RD.

   Legal Description of Property: Township: 12 Range: 8 Section: 26

   Block _____ Lot 6 SubDivsion _____ Add: _____

   ***Parcel ID** 25-26-200-003-000 (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 lateral

5. ~~Current~~ **Type of Lateral** New lateral **Current Linear Ft. Of Lateral -** NA

   Current Tank Gallonage 1,000

   3 bd. Percolation 40-50 980 sq. ft. 248'

6. Print Name Doug Loftus Address 410 CO RPC Phone: 402-540-5019

   Applicant Signature: Doug Lofts Ashland Nebraska 68003

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 12/03/20 REVIEW: ☒ Approved ☐ Disapproved By: _____

Comments (if any): Processor on 12/4 - NA

Site visits
Date 12/03/20 By DC
Date ___/___/___ By _____

Installation final written approval
Date 12/7/20 By Doug Lofts

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: 12/04/20 Amount $235.00 Check No. 17653 Initials JAD

Revised 2/18

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

Exhibit 5

Permit Number: H5002154

Onsite Wastewater Treatment System

Inspection Sheet

Date 12/7/20 Legal Description ¼ ¼ 26/12/8 Section/Township/Range

Onsite System Location

Address (no rural route) 17101 Davey 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 992' Sq. Ft. Tank Size 1,000 gals 3 bd

Total length of laterals 248' Type of Distribution: ☒ Chamber ☐ Perforated Pipe ☐ Other (describe) Chamber w/fill 4' wide trench

No. of Absorption Laterals 4 Width 4' with fill gravel No. of Drop Boxes Distribution Box 1

Leveling Method Used Level

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 N/A

Lateral #1 Lateral #3

Lateral #2 Lateral #4

Comments:

Inspections prior to Final Approval
Initial DS Date 12/4/20

Follow-Up Date

Follow-Up Date

Installation Final Written Approval
By Davey Rusch

Date 12/7/20

Field Note Drawing (See Reverse Side):

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 17101 DAVey RD (no rural route) City Greenwood NE, Zip 68366

Owner Frank & LM Address 17101 Davey RD

Date of Tests 12-1 to 12-2 Weather: Precipitation 0 Temperature 40 15

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	24	12-1				12-2	11:30	6	12-2	12:00	30	.75	40
2	24	12-1				12-2	11:30	6	12-2	12:00	30	.75	40
3	24	12-1				12-2	11:31	6	12-2	12:01	30	.75	40
4	24	12-1				12-2	11:32	6	12-2	12:02	30	11/16	43.63
5	24	12-1				12-2	11:33	6	12-2	12:03	30	11/16	43.63
6	24	12-1				12-2	11:34	6	12-3	12:04	30	.75	40
	4 hrs with 12 inches							6					
	of	WATER IN		holes				6					

Person Conducting Percolation Test

Name: Doug Loftus - Loftus Septic
Phone: 402-540-5019
Address 470 CO RD C
Ashland NE 68003
Soil type (NRCS Maps/Other) CLAY - LOAM
Groundwater Depth 30 Feet -

Sum of Percolation Rates: 248
Average of Rates: 41.33
Rate Used for Calculation: 41.33

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

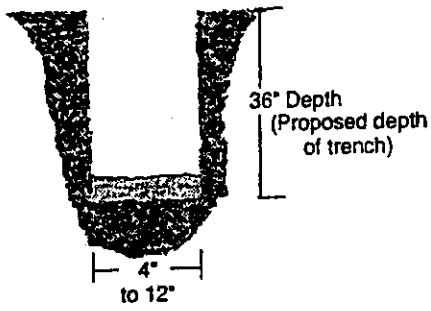
Signature of Reviewing Official Date

READ THOROUGHLY

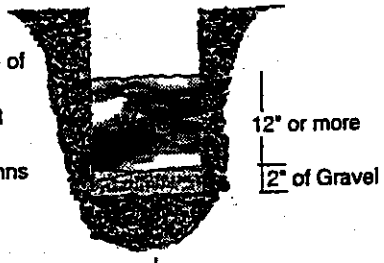
DIAGRAM OF PERCOLATION TEST PROCEDURE

Finished Grade or Natural Ground Level

I. Size, Number, and Location or Test Holes
   - A. Dig six or more holes spaced uniformly over proposed lateral field site.
   - B. Scratch smeared spots on sides of hole.
   - C. Remove loose material from hole.
   - D. Add 2" of gravel to hole.

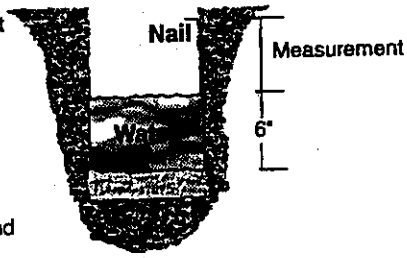


II. Saturation of Soil (Pre-soak)
   - A. Fill hole with 12" or more of water.
   - B. MAINTAIN THIS WATER LEVEL FOR 4 HOURS.
   - C. Record on Form B columns a thru f.



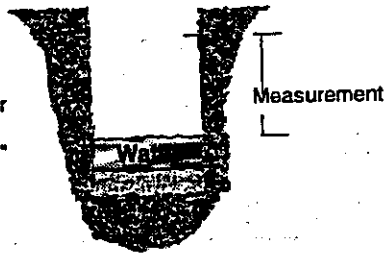
24 Hours Later

III. Percolation-rate Measurement **(refer to instructions 5a, 5b, or 5c.)**
   - A. Add 6" of water.
   - B. Measure from fixed reference point (nail) to water.
   - C. Record measurement and time on front of Form B.



½ hour later
(30 minutes)

   - D. 30 minutes later remeasure and record time.
   - E. If water will be too low for another reading 30 minutes later, adjust to 6" of water and remeasure and record time.



   - F. Continue for 3½ hours taking readings every 30 minutes.
   - G. Last 30 minute reading is used in filling out Form B. Record date, time, intervals and water level drops in column g thru m.

Instructions

1. **Number and location of tests.** Percolation tests shall be made in 6 or more separate test holes which shall be spaced uniformly over the proposed lateral field site.
2. **Type of test hole.** Dig or bore a hole 3 feet deep with a diameter of 4 to 12 inches. (To save time, labor and the volume of water required per test, a 4-inch auger hole is recommended).
3. **Preparation of the test hole.** Scratch or roughen any smeared spots on the sides of the hole with a knife blade or sharp pointed instrument to provide a natural soil interface into which water may percolate. Remove all loose material from the hole. Add 2 inches of gravel to protect the bottom from scouring when water is poured into the hole.
4. **Saturation and swelling of the soil.** Fill the hole with clear water to a depth of 12 inches or more above the gravel and maintain this water level at least 4 hours and preferably overnight. The accuracy and true value of the percolation data depends on thorough saturation and swelling of the soil.
5. **Percolation-rate measurement.** Percolation-rate measurements shall be made 24 hours after starting the saturation and swelling procedure described above. Record results on the front of this form and complete all calculations.
   a. If water remains in the test hole after the overnight swelling period, adjust the depth to approximately 6 inches over the gravel. From a fixed reference point, measure the drop in water level over a 30 minute period to the nearest 1/8 of an inch. This drop is used to calculate the percolation rate.
   b. If no water remains in the test hole after the overnight swelling period, add clear water to bring the depth to approximately 6 inches over the gravel. From a fixed point, measure the drop in water level to the nearest 1/8 of an inch at 30-minute intervals for 4 hours. Refill to the 6 inch level over the gravel as often as necessary. The drop that occurs during the final 30 minutes is used to calculate the percolation rate.
   c. In sandy soils (or other soils in which the first 6 inches of water seeps away in less than 30 minutes after the overnight swelling period) the time interval between measurements shall be 10 minutes instead of 30 minutes and the test run for 1 hour instead of 4 hours. The drop that occurs during the final 10 minutes is used to calculate the percolation rate.
6. **Record the test results and complete all calculations on the front of this form.** The average of the percolation rates calculated for all holes in the last 30 (10) minutes will normally be the rate used for calculations to size the system. ***Exceptions are the use of the greatest percolation rate when rates vary more than 20 min/in between holes or when other soil analysis indicates potential percolation problems.***

LLCHD reserves the right to require additional testing based on knowledge of soil types, percolation tests results on nearby properties, or due to concerns with procedures followed. In some situations, LLCHD staff will require and perform on-site observation of percolation tests.