Application to Alter or Repair an Onsite Wastewater Treatment System

H5002289

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):** Michael Arens 11701 N 40th, Davey, Ne 68336

   Legal Description of Property: Township: 11 Range: 7 Section: 18

   Block _____ Lot 10 NE SubDivsion _____ Add: _____

   ***Parcel ID** 18-18-200-007-000 (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:** Change cracked Tank out (1000 gal) Change to New 1500 gal tank because of garbage disposal added. Take 1 trees out growing beside Concrete mow and clean roots out.

5. **Current Type of Lateral** Concrete ½ moon/gravel **Current Linear Ft. Of Lateral** - 158'

   Current Tank Gallonage 1000 Concrete

6. Print Name Harry Muhlbach Address 14273 N 56, Fried., Ne Phone: 402-430-7304

   Applicant Signature: Harry Muhlbach

Please contact LLCHD for the current permit fee for this application $240.00

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: ____/____/____ Amount _____ Check No. _____ Initials _____

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 Block 4

Address 11701 N 40th (no rural route) City Davey NE, Zip 68336

Owner Michael Arens Address Same

Date of Tests 9-2 to 9-3 Weather: Precipitation ground wet from rain Temperature 80°

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	18	9-2	8:00 AM	9-3	5:00	9-3	7:30 AM	6	9-3	4:30 PM	30 min	.75	40
2	"	"	8:15 "	9-3	5:05	"	1:35 "	6	"	4:35	"	1.25	24
3	"	"	8:10 "	"	5:10	"	1:40 "	6	"	4:40	"	.85	35
4	"	"	8:15 "	"	5:15	"	1:45 "	6	"	4:45	"	.85	35
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Harry Mallbach

Phone: 402-430-7304

Address 14237 N 56, Lincoln, Ne 68514

Sum of Percolation Rates: 134

Average of Rates: 33.5

Rate Used for Calculation: 30-40

Soil type (NRCS Maps/Other) 5Hc, 5k, Shampsburg Clay Loam

Groundwater Depth 10 plus Feet

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
3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

D Exhibit 4

Permit Number:

Onsite Wastewater Treatment System
As-Built Description and Drawing

Alteration

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) 11701 · N 40th

Owner: Michael Arens Address 11301 N 40th Davey, Ne 68514

A. Wastewater Piping

1. Material: Sch 29 New + Sch 40 from cleanout + north of tank Diameter: 4 in.
2. Distance between dwelling and septic tank: 120 ft.

B. Septic Tank

Replacy crack concrete 1000 gal with

1. Material Concrete
2. Capacity: 1500 gal
3. Depth to top of tank, below unfinished grade: 10 in.
4. Distance to:
   Well 200 Plus ft.
   Pressure line — ft
   Property Line 200 ft.
   Foundation 120 ft.

C ~~Distribution Box~~ or Drop Box

Distance and Direction from septic tank: 5 ft. North

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☒ Perforated Pipe ☒ Chamberless ☐ Other

   Material brand and inside width of Chamberless:
   Old Working lateral Concrete Moon 30" Gravel
2. Number of Laterals: 2 Concrete / Perforated / gravel
3. Length of each lateral (linear): ft. 150 ft. 100
   ft. ____ ft. ____ Both trench 4' wide New Add To meet Perc. 30-40
4. Drainfield size: 1000 sq. ft.
5. Distance to:
   Well 200 Plus ft.
   Pressure line — ft.
   Property line 70 ft.
   Depth of Groundwater 10 ft Plus

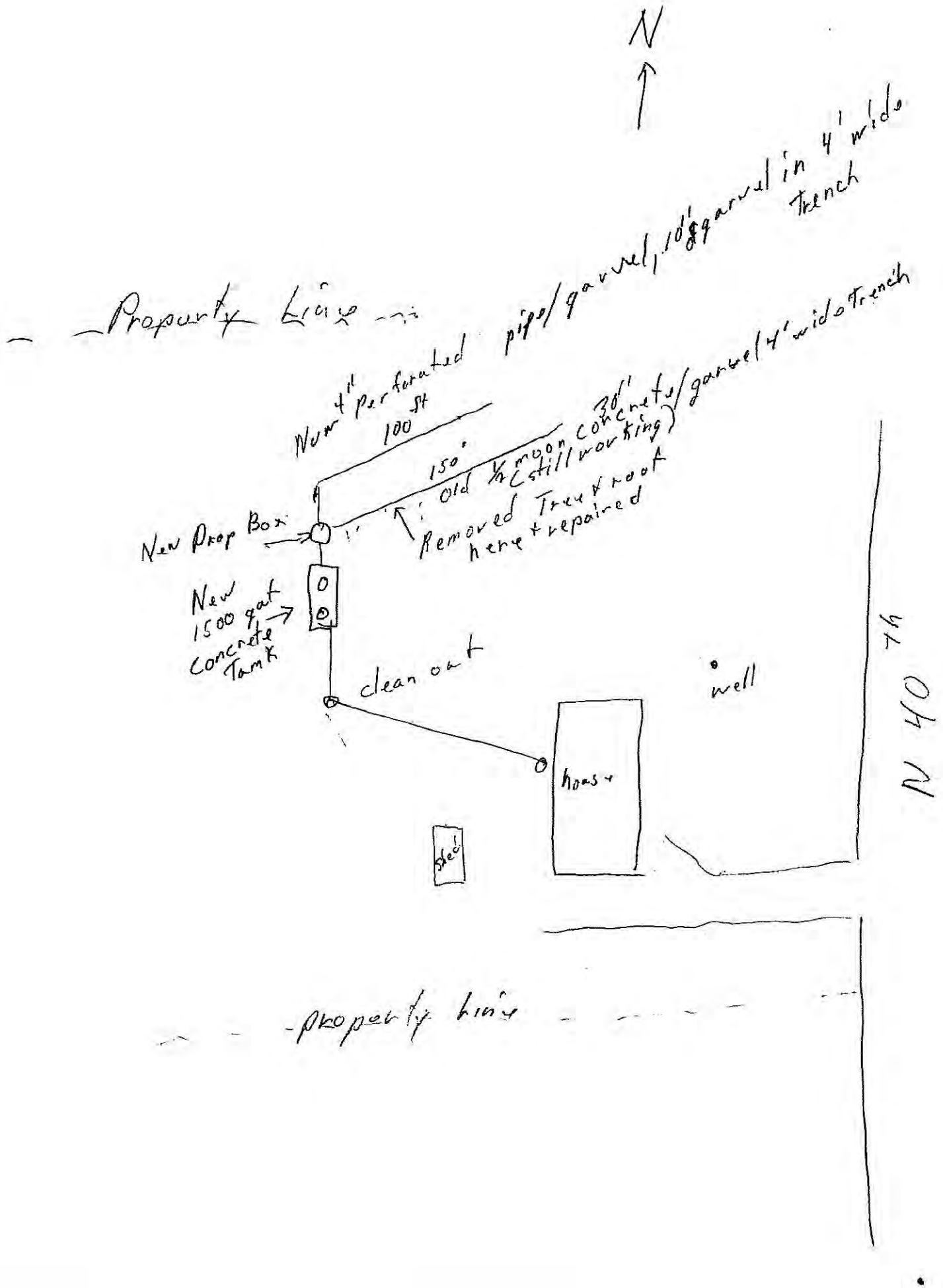
Was the Onsite Wastewater System covered prior to LLCHD inspection? ☒ Yes ☐ No

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: Harry Mallard Date: 9-27-21

Complete As-Built drawing on the back of this form.


N
Property Line
New 4" perforated pipe/gravel, 10' sq gravel in 4' wide Trench
New Prop Box
150'
100'
30' old ½ moon concrete/gravel 4' wide Trench (still working)
Removed Tree & root here & repaired
New 1500 gal concrete Tank
clean out
well
house
shed
N 40 th
property line

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. HS002289

System Type: Standard

Situs: No Site Address Specified

Issued: 10/4/2021

Expires: 10/4/2022

Description: S18, T11, R7, 6th Principal Meridian, LOT 10 NE

Owner: ARENS, MICHAEL J & JESSICA D
11701 N 40 ST
DAVEY, NE 68336

Patricia D. Lopez

Patricia D. Lopez, RN, MSN, 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

HARRY MUHLBACH
14273 N 56 ST
LINCOLN, NE 68514

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health
2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

NON TRANSFERABLE

PERMIT

SEWAGE INSTALLATION

No. 90380063301

Issued 08/27/90
Expires 02/27/91

ESTABLISHMENT

GEORGE JENSEN
11TN R7E SEC 18 QTR NE

FEES: Permit 018754 $150.00

Total $150.00

Issued By COUNTY HEALTH

PERMITTEE

GEORGE JENSEN
RR0001
BOX 00022
MALCOLM NE 68402

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

DATE	AMOUNT
8/30/90	PAID

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

FORM 20103-0477
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

A

FILING FEE: $ 150.00

FILE NO. _____

DATE: August 17, 1990

The undersigned hereby requests SITE CLEARANCE and PERMIT to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

1. Legal description of property: Twp. 11N; Range 7E-6PM; Section 18;
   Block _____: Lot _____: Addition S 360' of W 605' of E 635' of N½ of NE¼
   Street Address —

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3. Describe _____

3. Type of Individual Sewage Disposal System: Septic Tank ☐ ; Other ☒

4. Distance to public sewer: NA ft.

796-2104

George Jensen
Signature of Applicant (Owner or Lessee)

Rt. 1 Box 22 Malcolm, NE 68402
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 8/27/90. Date Frwd. 8/29/90. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Nodd

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 8-28-90. Date Frwd. 8-28-90. ACTION: Approved ☒ Disapproved ☐ Signature: Paul Bauma

3. City or County Engineer: Date Rec'd. 8-28-90. Date Frwd. 8-28-90. ACTION: Approved ☒ Disapproved ☐ Signature: Don Thomas

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 10-19-90 by: rm need fence
Date: 11-14-90 by: rm fixed up
Date: _____ by: _____

NOTE: on 9-15-04 NO lagoon present. A septic system serves the home.

INSTALLATION FINAL WRITTEN APPROVAL
Date: 11-14-90 By: Ron Yonkut

White: Health Dept. Copy
Yellow: Engineers Copy
Pink: Bldg. Inspector's Copy

FORM 23-43

FORM 20105-0477
SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 11 ; Range 7E-6PM; Section & ¼ Section 18 .
Property Dimensions: 3600 ft. x 605 ft. Area: 5 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☒ ; Silt Loam ☐ ; Clay Loam ☒
Dates of Tests: _____ to _____. Weather: Precip. _____ Temp. _____

OWNER: GEORGE C. JENSEN

Strohmeyer Excavation & to testing

Address: Rt. 1 Box 22 Malcolm, NE 68402

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
		Pre-Saturation Period				Percolation Readings						Results	
		Start		End		Start			End				
Hold No.	Hole Depth (in.)	Date (Mo./ Day)	Time (Hr./ Min.)	Date (Mo./ Day)	Time (Hr./ Min.)	Date (Mo./ Day)	Time (Hr./ Min.)	Water Level (in.)	Time (Hr./ Day)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)

Sum of Percolation Rates: _____
Average of Rates: _____
Mean of Rates: _____

_____
Signature of Person Conducting Test

Address _____ Phone _____

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): _____
Date: _____

Approved Percolation Rate (a)
A. _____ min./inch
B. _____ min./inch
C. _____ min./inch

_____
Signature of Reviewing Official

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

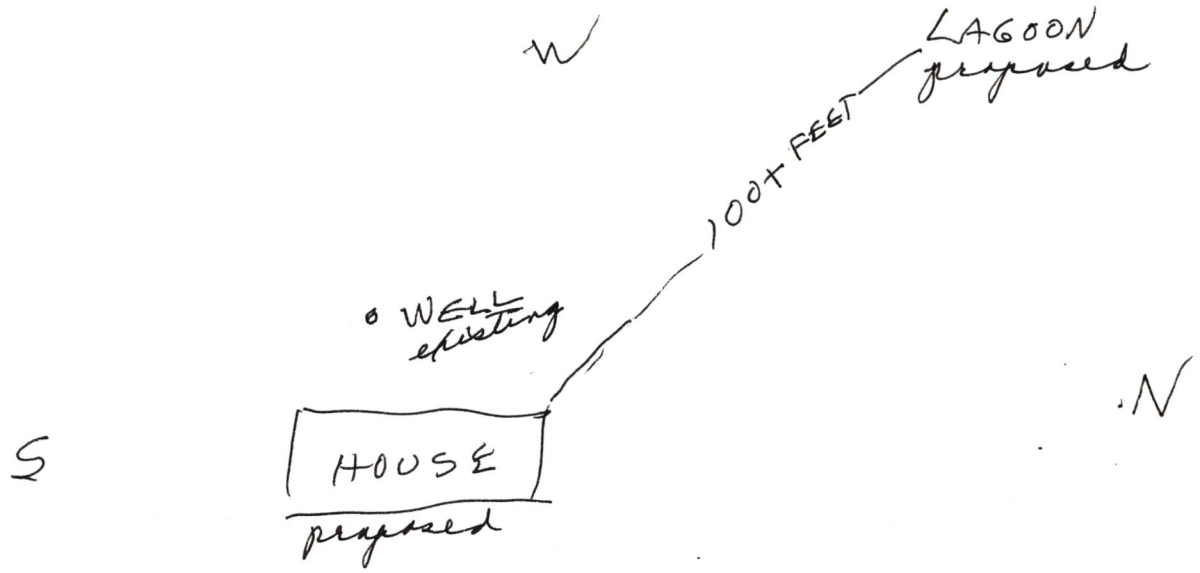
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO._____

Indicate on sketch if residence and well are exisiting or proposed.



REVIEWING ACTION

Remarks:_____

_____

Date:_____

Minimum Design Requirement
1. Capacity of Septic Tank_____gals.
2. Total Length of Laterals_____ft.
3. With a Trench Width of_____in.
4. Total Area of Lateral needed_____sq.ft.

_____
Signature of Reviewing Official

FORM 20104-0477
PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

D

DATE:_____

FILE NO._____

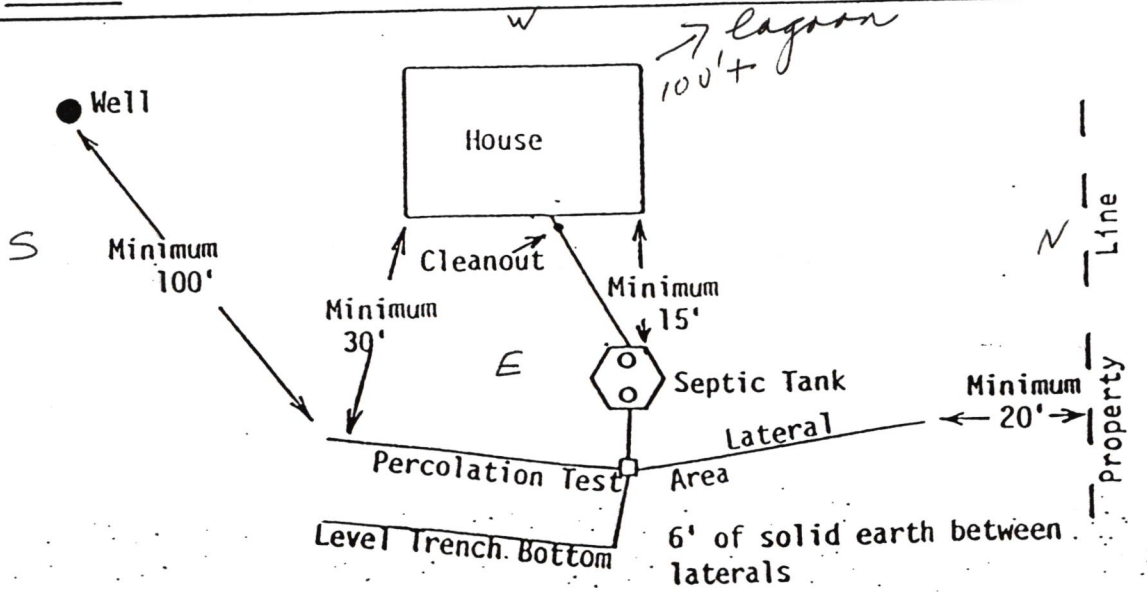
SPECIFICATIONS AS BUILT Using a lagoon instead of septic tank

A. BUILDING SEWER:
1. Material_____; Diameter_____in.
2. Distance above basement floor_____ in., or below basement floor_____in.
3. Distance between dwelling and septic tank_____ft.
4. Number of clean-outs_____.
5. Distances to:
Well or Suction Line_____ft.; Stream_____ft.; Pressure Line _____ft.; Property Line_____ft.

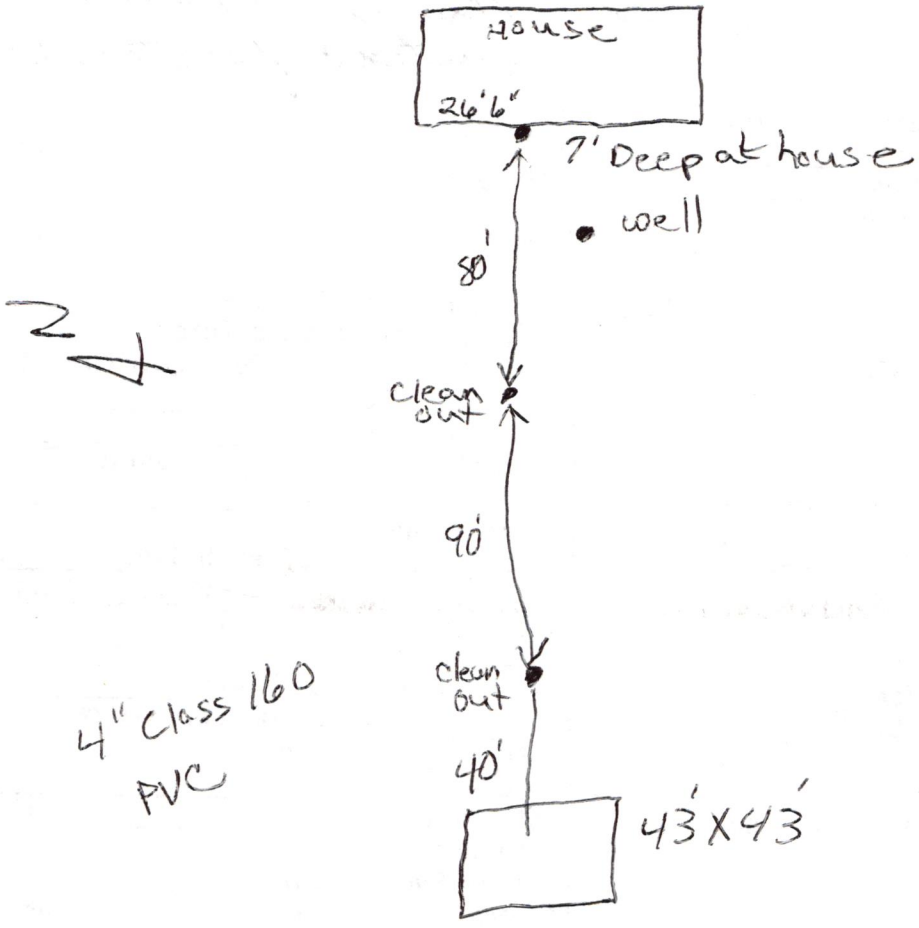
B. SEPTIC TANK:
1. Material_____; No. of compartments_____.
2. Capacity_____gals.;
3. Factory Built: Yes ☐ No ☐
(Company_____)
4. Manholes: Over Inlet; diam._____in.
Over Outlet; diam._____in.
Riser Above ☐ Below ☐ Grade____in.
5. Inlet: Baffle ☐ ; or Tee ☐
6. Outlet: Baffle ☐ ; or Tee ☐
7. Depth of top of tank below finished grade_____in.
8. Distances to:
Well or Suction Line_____ft.; Stream_____ft.; Pressure Line _____ft.; Property Line_____ft.

C. DISTRIBUTION BOX:
1. Material_____; Number - available outlets_____.
2. Factory Built: Yes ☐ No ☐
(Company_____)
3. Distance from Septic Tank_____ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☐ Perforated Pipe ☐
Diameter of Half Round_____ or Perforated Pipe_____.
Material: fiberglass ☐ ;plastic ☐ ; concrete ☐ ; other_____.
2. Lateral Lines:
Number___;Length of each line_____, _____,_____,_____,_____ft.;
Total length of laterals_____ft.;
Distance between lateral lines____ft.
3. Trench dimensions: Width_____ft.; Slope_____in/100 ft.; Average Depth_____in.
4. Filter Material:_____
Depth of Material_____in.
5. Distances to:
Well or Suction Line_____ft.; Stream_____ft.; Pressure Line _____ft.; Property Line_____ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN


House
26'6"
7' Deep at house
well
80'
clean out
90'
clean out
40'
43'x43'
4" Class 160 PVC

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

FOR PROPERTY IN **LANCASTER COUNTY** ONLY

This form must be completed and returned with payment to request a real estate transfer inspection.

MAKE CHECK PAYABLE TO: "Lincoln-Lancaster County Health Department" or "LLCHD"

☒ Enclosed is $200.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 11701 NO. 40TH

Parcel ID ____-____-____-____-____ (i.e. 99-99-999-999-999)

Twp 11 Range 7 Section 18 1/4 NE 1/4 Block ____ Lot 9 Addition ____

Directions to Property 1/4 mi W of 40TH & WAVERLY Rd - WEST SIDE

Location of Well S.E. Corner of Home Tap Location: Inside ☒ Outside ☐

Location of Sewage System N.W. Corner of Home Year Installed 1990

Site Hazards (dogs, etc.) None

	NAME	ADDRESS	PHONE
Present Owner:	Jan Jensen	Deceased	
Tenant/Buyer:			
Return to: →	Norman L. Ford	925 PLUM	475-7312 (Fax)

Signature of Applicant Norman L. Ford Address 925 PLUM Date 9/10/04

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 9/13/04 Amount 200.00 Check No. 3350 Initials RW

DATA ENTRY Date ____/____/____ Case No. ____ Initials ____

PRELIMINARY STATUS--By Ron Marquardt **DATE:** 9/13/04

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ____ /ml
Nitrate	☒ .9 ppm	☐ ____ ppm

SEWAGE SYSTEM		**Additional Site Visits**
Approved	☐	Date____/____/____by____
Provisional	☒	Date____/____/____by____
Disapproved	☐	Date____/____/____by____

Comments: Recommend checking to see if septic tank needs pumping and that it is water tight, there is no record of construction or inspection of this septic system serving this home, there was no visible ____ See Attached Letter ☐ malfunction at the time of inspection. Thus, a provisional approval

FINAL STATUS

WATER SYSTEM: Approved ☒ **SEWAGE DISPOSAL SYSTEM:** Approved ☐ Provisional Approval ☒

Approved by Ron Marquardt, RS Date 9/15/04

Approval or disapproval is based on State and local standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operations.

White - Applicant after approval Yellow - Environmental Health Pink - Business Office

Revised/Reprint: 9-00

SCANNED

H5002289

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.

Michael Arens

1. **Street Address (No Rural Route):** 11701 N 40th, Davey, Ne 68336

Legal Description of Property: Township: 11 Range: 7 Section: 18

Block _____ Lot 1 ONE SubDivsion _____ Add: _____

***Parcel ID** 18 - 18 - 200 - 007 - 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:** Change cracked Tank out (1000 gal) Change to New 1500 gal tank because of garbage disposal added. Take 1 trees out growing beside Concrete, mow and clean roots out.

5. **Current Type of Lateral-** Concrete 1/2 moon/gravel **Current Linear Ft. Of Lateral -** 158'

Current Tank Gallonage- 1000 Concrete

6. Print Name Harry Mahlbach Address 14273 N 56, Hickman, Ne Phone: 402-430-7304

Applicant Signature: Harry Mahlbach

Please contact LLCHD for the current permit fee for this application $240.00

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 10/4/21 REVIEW: ☒ Approved ☐ Disapproved By: _____

Comments (if any): * System already installed

Site visits
Date ___/___/___ By _____
Date ___/___/___ By N/A

Installation final written approval
Date 10/4/21 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: 9/27/21 Amount $240.00 Check No. CC 5882 Initials LC

Revised 4/8/13

SCANNED

D Exhibit 4

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

Permit Number:

Onsite Wastewater Treatment System
As-Built Description and Drawing

Alteration

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) 11701 - N 40th

Owner: Michael Arens Address 11701 N 40th Davey, Ne 68514

A. Wastewater Piping

1. Material: Sch 29 New + Sch 40 from cleanout + north of tank Diameter: 4 in.
2. Distance between dwelling and septic tank: 120 ft.

B. Septic Tank

Replace crack concrete 1000 gal with

1. Material Concrete
2. Capacity: 1500 gal
3. Depth to top of tank, below unfinished grade: 10 in.
4. Distance to:
   Well 200 Plus ft.
   Pressure line — ft
   Property Line 200 ft.
   Foundation 120 ft.

C ~~Distribution Box~~ or Drop Box

Distance **and** Direction from septic tank: 5 ft. North

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☒ Perforated Pipe + ☒ Chamberless ☐ Other
   Material brand and inside width of Chamberless: Old Working Lateral Concrete Moon 30" ← Concrete/Gravel/Perforated/gravel
2. Number of Laterals: 2
3. Length of each lateral (linear): ft. 150 ft. 100 ft. ____ ft. ____ Both trench 4' wide New Add To meet Perc. 30-40
4. Drainfield size: ~~1000~~ 825 sq. ft. (825 req'd)
5. Distance to:
   Well 200 Plus ft.
   Pressure line — ft.
   Property line 70 ft.
   Depth of Groundwater 10 ft Plus

No call - Late Friday Saturday

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: Gary Millard Date: 9-27-21

Complete As-Built drawing on the back of this form

+ Contractor was notified that attempt at LLCHP contact is Required every time a system is installed - WH (verbal)