Application to Alter or Repair an Onsite Wastewater Treatment System

HS002291

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):** 6345 SW 12th

   Legal Description of Property: Township: T9 Range: R 6 Section: 5 16

   Block _____ Lot 50 SE SubDivsion _____ Add: _____

   *Parcel ID 09 - 16 - 400 - 013 - 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:** Add new lateral field.

5. **Current Type of Lateral-** Pipe + gravle **Current Linear Ft. Of Lateral -** Aprox. 100'

   Current Tank Gallonage- 1000 gal

6. **Print Name** Kevin Lewis **Address** 4810 W Claire Ave **Phone:** 402 310 9160

   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 ___/___/___ 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: 9/30/21 Amount $240.00 Check No. 9647 Initials LC

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 6345 SW 12th (no rural route) City lincoln NE NE, Zip 68523

Owner Justin Fulbright Address 6345 SW 12th

Date of Tests 9-24-21 to 9-25-21 Weather: Precipitation 0 Temperature 70°

Percolation Test Data Table

A.	B.	C. D. E. F. Saturation/Swelling Time				Water Level Drop: G. H. I. J. K. 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	36	9-24	5PM	9-25	7Am	9-25	7Am	6	9-25	7:30	30	1½	20
2	"	"	"	"	"	"	"	6	"	"	"	1	30
3	"	"	"	"	"	"	"	6	"	"	"	1	30
4	"	"	"	"	"	"	"	6	"	"	"	1	30
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Kevin Lewis
Phone: 402 310 9160
Address 4810 W claire Ave
lincoln Ne 68523

Sum of Percolation Rates: 110
Average of Rates: 27.5
Rate Used for Calculation: 20-30

Soil type (NRCS Maps/Other) (7681) Wymore Silty clay loam
Groundwater Depth Over 10

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

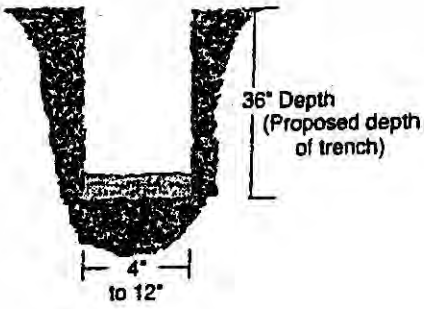
Signature of Reviewing Official _____ Date _____

READ THOROUGHLY

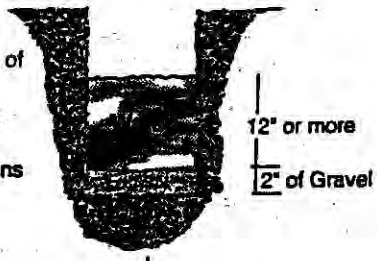
DIAGRAM OF PERCOLATION TEST PROCEDURE

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.

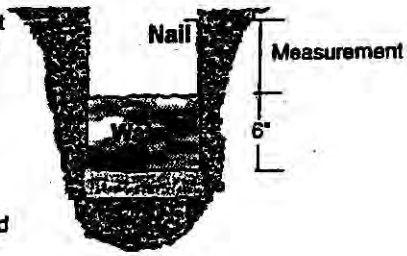


II. Saturation of Soil (Pre-soak)
   - A. Fill hole with 12" or more of water.
   - B. MAINTAIN THIS WATER LEVEL FOR 4 HOURS.
   - C. Record on Form B columns a thru f.



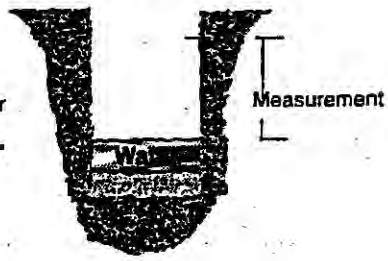
24 Hours Later

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.

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

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) 09 16 400 013 000

Owner: Justin fulbright Address 6345 SW 12th Lincoln NE 68523

A. Wastewater Piping

1. Material: PVC Diameter: 4 in.
2. Distance between dwelling and septic tank: 18 ft.

B. Septic Tank

1. Material Conc.
2. Capacity: 1000 gal
3. Depth to top of tank, below unfinished grade: 24 in.
4. Distance to:
   Well over 200 ft.
   Pressure line " ft
   Property Line 20 ft.
   Foundation 18 ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: 6 ft. O

D. Drainfield/Absorption Field

☐ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☐ Other
   Material brand and inside width of Chamberless: Infiltrator EZ flow
2. Number of Laterals: 2
3. Length of each lateral (linear): ft. 80 ft. 60 ft. ____ ft. ____
4. Drainfield size: 630 sq. ft.
5. Distance to:
   Well over 200 ft.
   Pressure line " ft.
   Property line 20 ft.
   Depth of Groundwater over 10

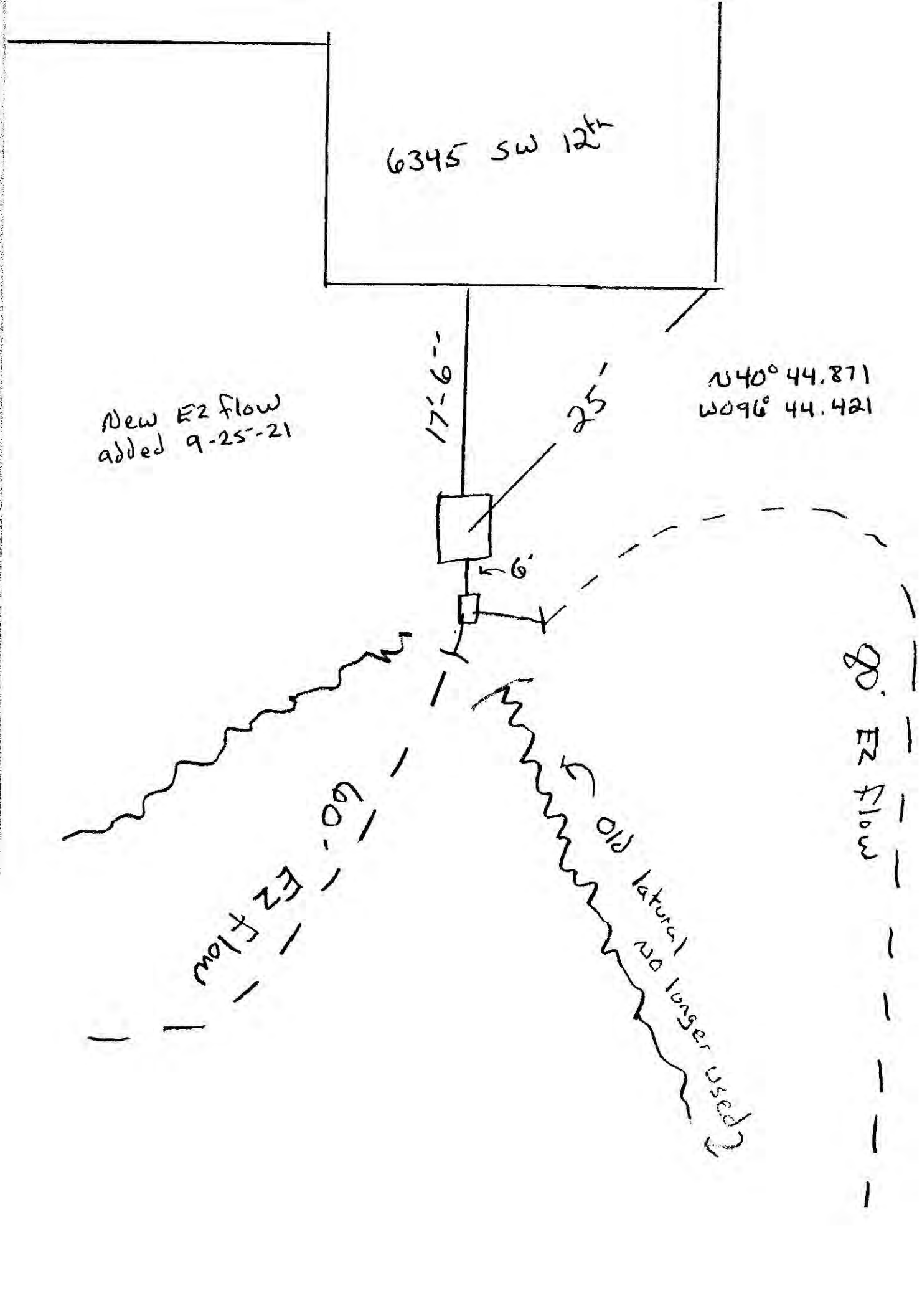
Was the Onsite Wastewater System covered prior to LLCHD inspection? ☒ Yes ☐ No

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: 9-25-21

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


6345 SW 12th
New E2 flow
added 9-25-21
17'-6"
25'
N40° 44.871
W096° 44.421
6'
E2 flow
60°
Old natural
no longer used
310°
8' EN

Nebraska DEQ

Print or Type

System Registration For Onsite Wastewater Treatment System - Septic System

Owner First Name: Justin | Initial | Last Name: Fulbright | Owner Phone Number

Business or Legal Entity Name (if applicable)

Owner Mailing Address: 6345 SW 12th | City: Lincoln | State: Ne | Zip: 68532

Physical address of system if different from owner's mailing address

Location | Legal description | OR Geographical coordinates to 4 decimal points: N40° 44.871 (Latitude) W096° 44.421 (Longitude)

¼ ¼ Section Township Range County

Mark One: ☒ Dwelling ☐ Non-dwelling | Previous system registration number (if applicable) TS

Mark One:
☐ New system ☒ Modification of existing system [☐ Tank only ☐ Trench only] ☐ Inspection only
☐ Temporary modification (Describe problem causing discharge and reason for temporary modification):
New lateral field

Design flow 300 gal/day # of Bedrooms* 2 Depth to seasonal high groundwater over 10 feet

Percolation rate 27.5 min/inch · Loamy sand liner installed* ☐ Yes ☒ No

Septic tank capacity 1000 gallons Septic tank Manufacture/ Model* Precast Conc.

☐ Garbage Grinder* ☐ Large capacity tub* Number of trenches 2 Width of trenches 4.5 inches

Total length of all trenches 140 feet Total effective trench bottom area 630 sq. ft.

Soil Absorption System Description (Select one of the following):
- ☐ Gravelless chambers without filter material (inside bottom width of chamber _____ inches)
  Make and Model of chambers installed _____
- ☐ Gravelless chambers with filter material (describe filter material _____)
  Make and Model of chambers installed _____
- ☐ Pipe with filter material (describe filter material _____)
- ☐ Gravelless pipe without filter material (diameter of the gravelless pipe _____ inches)
- ☐ Gravelless pipe with filter material (describe filter material _____)
- ☒ Bundled expanded polystyrene synthetic aggregate without filter material (bundle diameter 36 in.)
- ☐ Bundled expanded polystyrene synthetic aggregate with filter material (describe filter material _____)
- ☐ Other (describe) _____

I swear or affirm that the system complies with Title 124 requirements and that the registration information and documentation submitted are true, complete and accurate.

Kevin C Lewis 2524

(Print or Type) First Name | Initial | Last Name | Certificate/License Number

Signature of Certified Professional, Professional Engineer, or Registered Environmental Health Specialist

9-25-21

Date of Inspection or Completion of Construction

NOTICE: Failure to complete the form or include the appropriate fee(s) will delay the registration.

(*) Indicates item requested/ not required on registration

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. HS002291

System Type: Standard

Situs: No Site Address Specified

Issued: 10/4/2021

Expires: 10/4/2022

Description: S16, T9, R6, 6th Principal Meridian, LOT 50 SE

Owner: FULBRIGHT, JUSTIN P & ALICIA J
6345 SW 12 ST
LINCOLN, NE 68523

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

KEVIN LEWIS
4810 W CLAIRE AVE
LINCOLN, NE 68523