Application to Alter, Extend or Repair an Onsite Wastewater Treatment System

NEW per Nate HS002426

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

The undersigned hereby applies for a permit to: ☐ ALTER ☐ EXTEND ☒ REPAIR an existing wastewater treatment system, complying with appropriate Ordinance or Resolution, as marked above with drawings attached.

1. **Legal description of property:**
   Township 11 Range 9E 1/4 NW 1/4 NW Section 24
   Block ____ Lot 12 Addition ____
   Parcel ID 18 - 24 - 100 - 002 - 000 (i.e. 99-99-999-999-999)
   Street Address (no rural route) 10100 N. 98th Street

2. **Property use:** ☒ residential ☐ commercial ☐ other use
   Number of bedrooms 3 Describe ____

3. **Type of Present Individual Disposal System** ☒ septic system ☐ lagoon ☐ other

4. **Description of proposed alteration, extension or repair** New pipe from house to new Septic Tank & laterals.

5. **Work to be done by:** ☐ owner ☒ contractor's name Earnest Well Drilling Inc.

6. **Estimated project:**
   a. Repair, replace, or minor extension with a cost less than $400 (no fee required).
   b. Total cost is greater than $400 (Return fee with this application)
   c. A permit is required if the use, operation, location, or type of system is changed.

Print Name Kirt Rutledge Address 10100 N. 98th St. Phone: ____

Applicant Signature (owner or lessee) Kirt Rutledge

Please contact LLCHD for the permit fee for this application
Fee must be included before the application will be processed. Incomplete information will delay processing

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HEALTH DEPARTMENT USE ONLY

Date received ____/____/____ REVIEW: ☐ Approved ☐ Disapproved By: ____

Site visits
Date ____/____/____ By ____
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: 441-8643

Business Office Use Only

Received: Date: 6/30/22 Amount $450.00 Check No. 7422 Initials

Revised 3-09

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) 10100 N. 98th Street

Owner: Kirt Rutledge Address

A. Wastewater Piping

1. Material: PVC Diameter: 4 in.
2. Distance between dwelling and septic tank: 30 ft.

B. Septic Tank

1. Material Concrete
2. Capacity: 2000
3. Depth to top of tank, below unfinished grade: 12 in.
4. Distance to:
   Well 100+ ft.
   Pressure line 100+ ft
   Property Line 30+ ft.
   Foundation 30 ft.

C Distribution Box or Drop Box

NONE

Distance **and** Direction from septic tank: ____ ft. ____

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☒ Chamberless ☐ Other
   Material brand and inside width of Chamberless: Infiltrator Quick 4 Standard
2. Number of Laterals: 2
3. Length of each lataral (linear): ft. 124 ft. 124 ft. ____ ft. ____
4. Drainfield size: 437 sq. ft.
5. Distance to:
   Well 100+ ft.
   Pressure line 100+ ft.
   Property line 30+ ft.
   Depth of Groundwater 18'

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

If Yes. the Certified Professional must sign below for final approval:

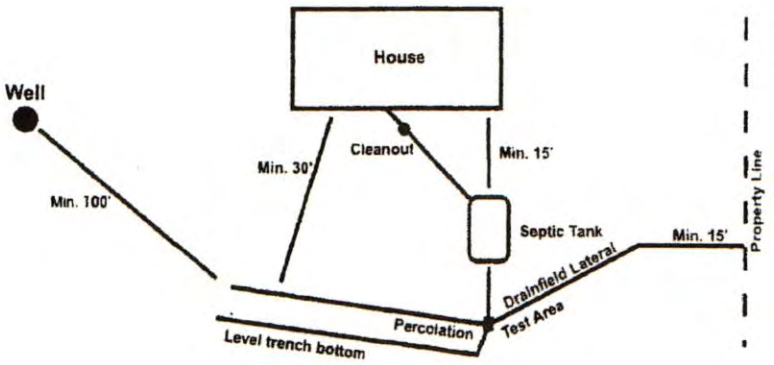
I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: _____ Date: 6/30/22

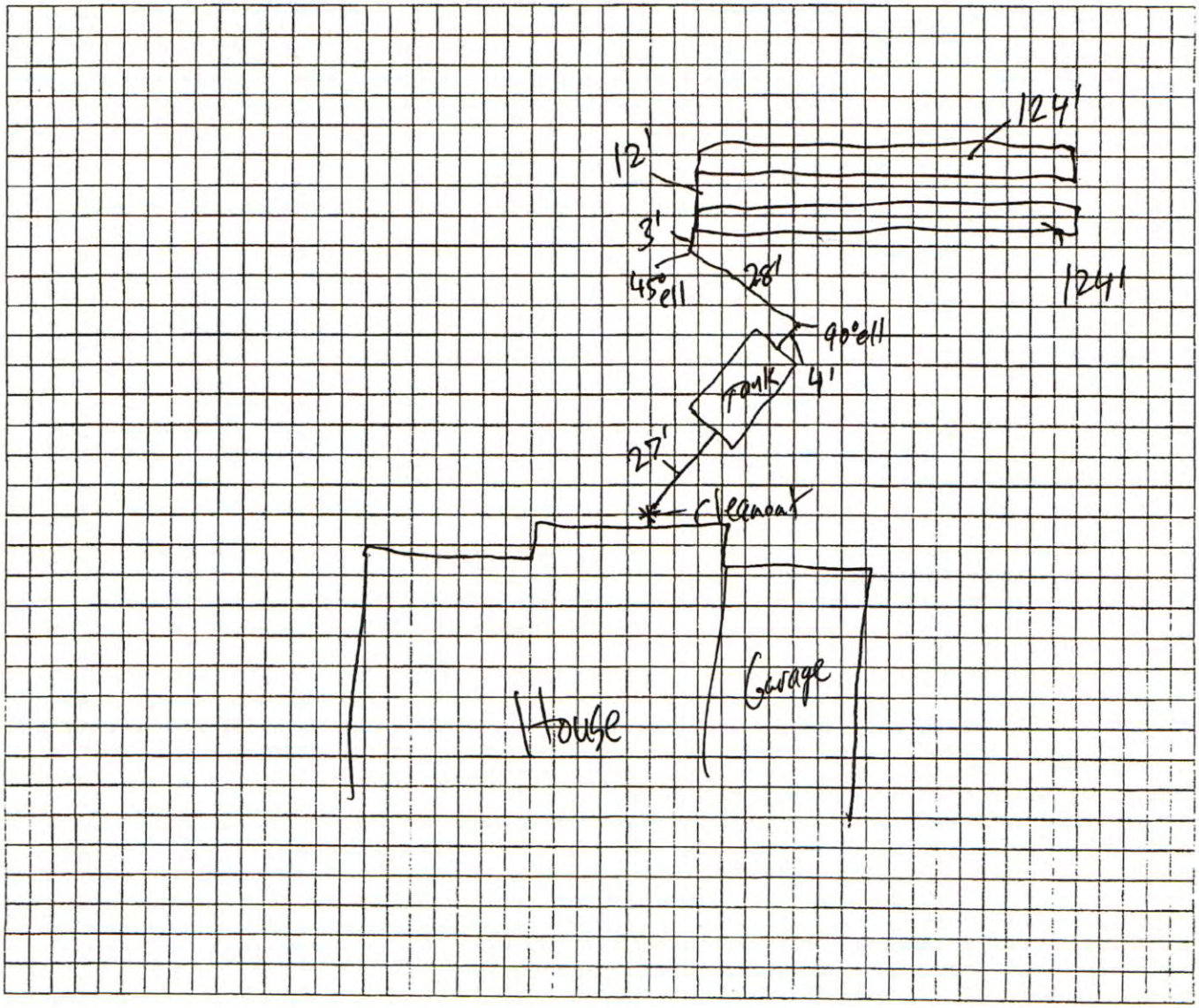
Complete As-Built drawing on the back of this form.

Indicate North
w/ Arrow Here:

Onsite Wastewater System Design (Example)



*Note-If Lagoon, show all applicable dimensions



SOIL ABSORPTION TEST DATA REPORT

Location: Precinct _____ Section _____
Township _____ Range _____
174 Section _____

Owner: Kirt Rutledge
Address: 10100 N. 98th Street
Lincoln, NE 68517

Property Dimensions: _____ acres

Soil Type: Silty Clay ____ Silty Clay Loam ____ Sandy Loam ____ Silty Loam ____ Clay Loam X Sandy Clay ____

Dates of Tests: 4/9/22 to 4/10/22 **Weather:** Precip. Ø Temp. 60's

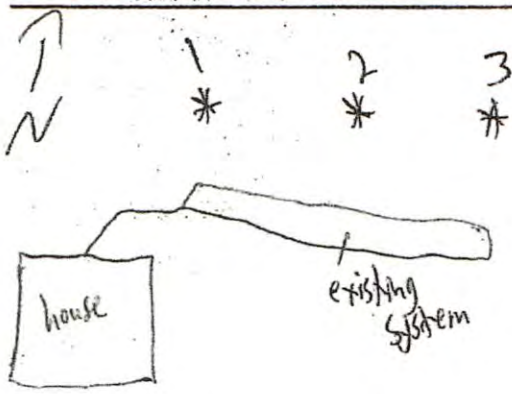
a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.
		Pre-Saturation Period				Percolation Readings					Results	
		Start		End		Start		End				Water
	Hole	Date	Time	Date	Time	Date	Time	Water	Time	Water	Elapsed	Level
Hole	Depth	(Mo.	(Hr.	(Mo.	(Hr.	(Mo.	(Hr.	Level	(Hr.	Level	Time	Drop
No.	(in.)	Day)	Min.)	Day)	Min.)	Day)	Min.)	(in.)	Min.)	(in.)	(Min.)	(in.)
1	4 9/36	4/9	8:00am	4/9	12:00pm	4/10	8:00am	6	8:30am	5¾	30	¼
2	4 9/36	4/9	8:00am	4/9	12:00pm	4/10	8:00am	6	8:30am	5¾	30	¼
3	4 9/36	4/9	8:00am	4/9	12:00pm	4/10	8:00am	6	8:30am	5¾	30	¼

Sum of Water Level Drops [in.] [Column m]: 2.25
Average of Water Level Drops [in.] [Column m]: .25
~~Inches per Minute:~~ 40MPI

PERSON CONDUCTING TEST:
Name: Justyn Peterson
Address: 322 236th
Milford, NE 68405
Phone: 402-641-6174
Signature: [signature]

Square Feet of Lateral per Bedroom: 275
3-bedroom

SKETCH SHOWING HOLE LOCATION:



432-9690
cynrut@aol.com

Official's Signature

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

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT
No. HS002426

System Type: Standard

Situs: No Site Address Specified

Issued: 6/30/2022

Expires: 6/30/2023

Description: S24, T11, R7, 6th Principal Meridian, LOT 18 NW

Owner: RUTLEDGE FAMILY TRUST, THE
10100 N 98 ST
LINCOLN, NE 68517

Patricia D. Lopez

Patricia D. Lopez, RN, MSN, Health Director

Dear Applicant:

The above document is your permit to construct a new On-site Waste Water System at the location listed. Please contact this office once the sytem is complete in order to schedule a final inspection before use.

Patricia D. Lopez

Patricia D. Lopez, RN, MSN
Health Director

JUSTYN PETERSON
PO BOX H
MILFORD, NE 68405

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SCANNED

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   Pressure line 100+ ft
   Property Line 30+ ft.
   Foundation 30 ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: NONE ft. ____

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☒ Chamberless ☐ Other
   Material brand and inside width of Chamberless: Infiltrator Quick 4 Standard
2. Number of Laterals: 2
3. Length of each lateral (linear): ft. 124 ft. 124 ft. ____ ft. ____
4. Drainfield size: 637 sq. ft. (825 per id)
5. Distance to:
   Well 100+ ft.
   Pressure line 100+ ft.
   Property line 30+ ft.
   Depth of Groundwater 18'

called ahead. ✓ NA

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

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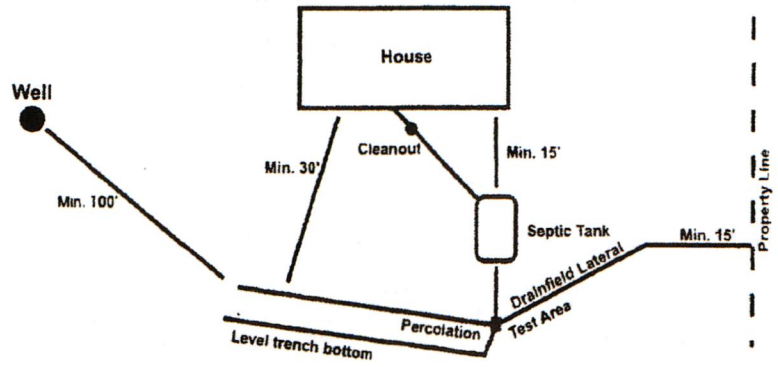
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SCANNED

Onsite Wastewater System Design (Example)

Indicate North
w/ Arrow Here:





*Note-If Lagoon, show all applicable dimensions

well south line of property approx 75' & 5' near house, per our system.

