#S0024444

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):** 3201 SW 84th

   Legal Description of Property: Township: 53 Range: 7E Section: 25
   Block 6th Principal Meridian Lot LOT 3ONE SubDivsion _____ Add: _____

   ***Parcel ID** 03-03-200-006-000 (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:** Install 150' EZ Flow Lateral

5. **Current Type of Lateral-** Chamber **Current Linear Ft. Of Lateral -** 100'

   Current Tank Gallonage- 1000 gallon

6. Print Name Matt Johnson Address 2949 Lonhaster Phone: 402-802-5440
   Applicant Signature: Matt Johnson

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: 7/29/22 Amount $240.00 Check No. 63798 Initials JAT

Revised 4/8/13

Lincoln-Lancaster County Health Department (LLCHD)
Environmental Public Health Division
3131 "O" Street • Lincoln, NE 68510-1514
Phone: 402-441-8643

B

Permit Number:

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 3201 SW 84th (no rural route) City Lincoln NE, Zip 68532

Owner David Beggs Address 3201 SW 84th st

Date of Tests 7/11 to 7/12 Weather: Precipitation N/A Temperature 95°

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 Water Lev (in.)	End		Elapsed Time Interval	Water Level Drop(in)	Percolation Rates (Min/in = mpi)
Hole No.	Hole Depth(in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)		Date (Mo/Da)	Time (Hr/Min)			
1	36"	7/11	10:00am	7/12	10:00am	7/12	1:30pm	6	7/12	2:00pm	31 min	3	10 mpi
2	36"	7/11	10:00am	7/12	10:00am	7/12	1:30pm	6	7/12	2:00pm	30 min	3.5	8.57 mpi
3	36"	7/11	10:00am	7/12	10:00am	7/12	1:30pm	6	7/12	2:00pm	30 min	2.75	10.91 mpi
4	36"	7/11	10:00am	7/12	10:00am	7/12	1:30pm	6	7/12	2:00pm	30 min	3	10 mpi
5	36"	7/11	10:00am	7/12	10:00am	7/12	1:30pm	6	7/12	2:00pm	30 min	2.5	12 mpi
6	36"	7/11	10:00am	7/12	10:00am	7/12	1:30pm	6	7/12	2:00pm	30 min	2.5	12 mpi
						↑	1:30pm	6					
								6					

Person Conducting Percolation Test

Name: Matt Johnson
Phone: 402-802-5440
Address 2949 Cornhusker Hwy
Lincoln, NE 68504
Soil type (NRCS Maps/Other) 7231
Groundwater Depth

Sum of Percolation Rates: ~~63.48~~ 63.48
Average of Rates: 10.58 → 11mpi
Rate Used for Calculation: mpi

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official Date

CONDUCTING A PERCOLATION TEST

READ THOROUGHLY

DIAGRAM OF PERCOLATION TEST PROCEDURE

Natural Ground Level

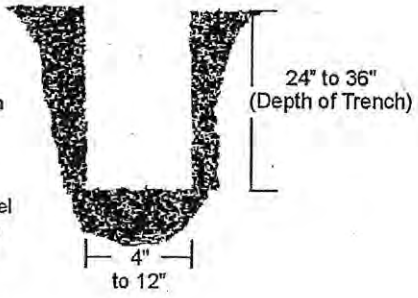
I. Number, Size and Location of Test Holes

A. Dig six or more holes spaced evenly over proposed drainfield.

B. Scratch smeared areas on the bottom 12" of hole.

C. Remove loose material from hole.

D. Add 2" layer of clean gravel in hole. Gravel (1/4"-3/4") may be placed in a nylon mesh bag so it can be used again.



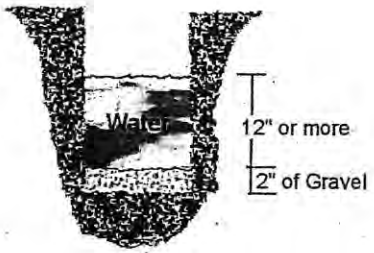
II. Saturation/Swelling of Soil

A. Fill hole with at least 12" of clear water.

B. **MAINTAIN THIS WATER LEVEL FOR 4 HOURS.**

C. Record on Form B, Columns A to F

D. **Must wait 24 hours before beginning Step III.**



24 Hours Later

III. Water Level Drop Measurement (Refer to instructions 4a, b or c)

A. Adjust water level to 6".

B. Measure from fixed reference point (nail) to water, or use a percometer.

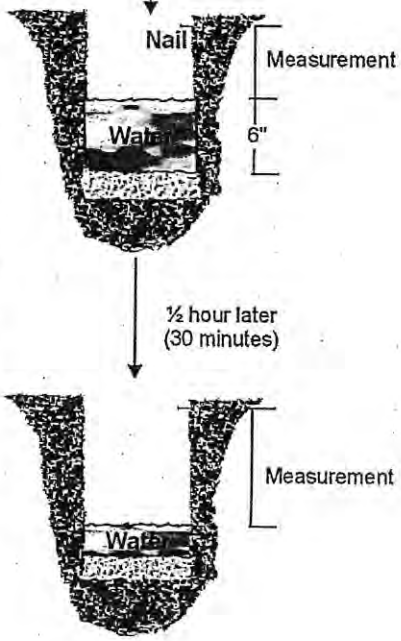
C. Record measurement and time on scratch paper.

D. 30 min. later re-measure and record time.

E. After each measurement, refill to 6" above gravel.

F. Continue for 4 hours taking readings evey 30 min. (Refer to 4b for exception)

G. Last 30 min. reading is used in filing out Form B. Record in Column G through M.



IV. The Department will calculate Percolation Rates.

Instructions

1. Percolation test holes. Percolation tests should be made in 6 or more separate holes spaced uniformly over proposed drainfield. Dig or bore holes 4 to 12" in diameter to the depth of the bottom of drainfield trench. (If sides of hole collapse, a slotted PVC plastic pipe and gravel pack may be needed to support the sides of the hole.) Do not dig holes in soil that is above the plastic limit or where frost is within 12" from the bottom of hole.
2. Preparation of test hole. Scratch any smeared areas on the bottom 12" of hole with nails driven into a 1x2" board to provide a natural soil interface for water to percolate. Remove all loose soil from bottom of hole. Add 2" of clean gravel to protect the bottom from scouring when water is put into hole.
3. Saturation and swelling of the soil. Fill holes with clear water to a depth fo 12" or more above gravel and maintain this water level at least 4 hours (add water as necessary). Do not remove water from holes. Holes should be covered with boards during the 20 hrs. wait before the test begins. Soils with slow permeability or containing greater than 30% clay will require several days saturation for thorough swelling in a dry season. The accuracy of the percolation test depends on thorough saturation and swelling of soil. Sandy soil containing no clay does not swell. The percolation test may proceed immediately if the 12" of water seeps away in 10 min. or less after filling holes twice. Proceed to Step 4c.
4. Measure percolation rate. Measurements must be made 24 hrs after starting saturation/swelling procedure described above. Record results on the front of this form and the Department will complete the calculations.

   a. If water remains in hole after the saturation/ swelling period, adjust depth to 6" above gravel. From a fixed point, measure the drop in water level over a 30 min. period to nearest 1/8". This drop is used to calculate percolation rate.

   b. If no water remains in hole after the saturation/ swelling period, add 6" of clear water above gravel. From a fixed point, measure the drop in water level to nearest 1/8" at 30 min. intervals for 4 hrs. Refill to the 6" level above gravel after each measurement. The drop that occurs during the last 30 min. of the 4 hrs. is used to calculate the percolation rate (when 3 consecutive percolation rates vary by no more than 10%, the test can stop before the end of 4 hr. period).

   c. In sandy soils, or other soils in which t he first 6" of water seeps away in less than 30 min., allow 10 min. between measurements and run the test for 1 hr. The drop that occurs during the last 10 min. of 1 hour is used to calculate the percolation rate. If 6" of water seeps away in less than 10 min., use a stopwatch.
5. Record test results on the front of this form. The average of the percolation rates calculated for all holes in 30 (10) min. will usually be the rate used to size the drainfield. Exceptions are the use of the slowest percolation rate when rates vary more than 20 mpi between holes or when other soil evaluation indicates a problem.

LLCHD reserves the right to witness or perform percolation tests and to required additional soil or groundwater information.

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. HS002444

System Type: Standard

Situs: No Site Address Specified

Description: S3, T9, R5, 6th Principal Meridian, LOT 30 NE

Issued: 7/27/2022

Expires: 7/27/2023

Owner: BEGGS, DAVID M & NGUYEN, KIEU T
3201 SW 84 ST
LINCOLN, NE 68532

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

MATT JOHNSON
2949 CORNHUSKER HWY
LINCOLN, NE 68504

SCANNED

#50024444

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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.

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   Legal Description of Property: Township: 5N Range: 7E Section: 25
   6th Principal Meridian
   Block ____ Lot LOT 3 ONE SubDivsion ____ Add: ____

   ***Parcel ID** 03-03-200-006-000 (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

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5. **Current Type of Lateral-** Chamber **Current Linear Ft. Of Lateral -** 100'

   Current Tank Gallonage- 1000 gallon

6. Print Name Matt Johnson Address 2949 Lonchester Phone: 402-802-5440

   Applicant Signature: Matt John

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 7/21/22 REVIEW: ☒ Approved ☐ Disapproved By: [signature]

Comments (if any): ____

Site visits
Date ____/____/____ By ____
Date ____/____/____ By ____

Installation final written approval
Date 7/7/23 By [signature]
- Installed w/out inspection see as built

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: 7/25/22 Amount $240.00 Check No. 003798 Initials [initials]

Revised 4/8/13

JOHN HENRY'S
PLUMBING HEATING AIR CONDITIONING
435-5555

Job DAVID BEGGS

Address 3201 SW 84th St. LINCOLN NE

Date 01AUGUST22 Scale □ = ~~10ft~~ 5ft

Sketch by LOWREY, PATRICK 10' Approximation on prop

