Application to Alter or Repair an Onsite Wastewater Treatment System

#5002460

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):** 8000 S. 148 St.

   Legal Description of Property: Township: 9 Range: 8 Section: 22

   Block ____ Lot 1 SubDivsion ____ Add: Haase Add.

   ***Parcel ID** 22-22-301-001-000 (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:** Add 1,000 Gallon Tank
   990 Sq ft Min. Lateral – Possible 220 ft EZ flow

5. **Current Type of Lateral-** Gravel/Perf Pipe **Current Linear Ft. Of Lateral -** 150'

   Current Tank Gallonage- 1000 Gal.

6. Print Name Matt Taylor Address 2610 S 11 St. Phone: 402 450 6599

   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 9/8/22 REVIEW: ☒ Approved ☐ Disapproved By: ____

Comments (if any): 7695

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: 9/08/22 Amount $240 Check No. 3020 Initials ____

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 8000 S 148 (no rural route) City Bennet NE, Zip 68317

Owner Fred Scholl Address 8000 S. 148 St.

Date of Tests 8/8/22 to 8/10/22 Weather: Precipitation 95° Temperature Dry

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	8/8	4 PM	8/10	10 AM	8/10	10:20	6	8/10	11:05	45 min	1"	45 mpi
2	36	8/8	4 PM	8/10	10 AM	8/10	10:20	6	8/10	11:05	45 min	1"	45 mpi
3	38	8/8	4 PM	8/10	10 AM	8/10	10:20	6	8/10	11:05	45 min	1.5	30 mpi
								6					
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Matt Taylor
Phone: 402 450-6599
Address 2610 S. 11 St
Lincoln NE 68502

Sum of Percolation Rates: 120 mpi
Average of Rates: 40 mpi
Rate Used for Calculation: 40 - 50 mpi

Soil type (NRCS Maps/Other)

Groundwater Depth more than 10 foot

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Comments (Soil type, groundwater, floodplain, etc.) Design flow "3 Bed" w/ Garbage Disposal & Large Capacity Bath Tub = 400 GPD 1500 Tank Min. 220 ft EZ Flow, @ 375 quick 4 PWS Min.

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. HS002460

System Type: Standard

Situs: No Site Address Specified

Issued: 9/9/2022

Expires: 9/9/2023

Description: HAASE ADDITION, Lot 1

Owner: SCHOLL, FRED J & ANDERSON, JENNIFER K
8000 S 148 ST
BENNET, NE 68317

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 TAYLOR
2610 S 11TH ST
LINCOLN, NE 68502