Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3140 N Street Lincoln, NE 68510-1514

ON-SITE WASTE WATER SYSTEM
SYSTEM REPLACEMENT PERMIT

System Type: STANDARD **No. HS000024**

Situs: 5411 NW 122 CT RUR Permit Fee: $170.00

Legal Description: T10N-R05E-S05-NW-PAWNEE EST.-Block: 3-

Owner: MATTISON, MICHAEL TODD & WALST
5411 NW 122 CT
LINCOLN NE
68524

Total Fees: $170.00

Issued: 10/13/2007
Expires 10/12/2008

Bruce D. Dart, PhD, Health Director

Dear Water Well Permit Holder:

The above document is your permit to replace an existing On-site Waste Water System at the location listed. Please contact this office once replacement is complete to obtain final approval before use.

Bruce D. Dart, PhD
Health Director

MATTISON, MICHAEL TODD & WALST
5411 NW 122 CT
LINCOLN NE 68524

TITLE 124 – NEBRASKA DEPARTMENT OF ENVIRONMENTAL QUALITY

Attachment C
Soil Absorption Test Data Report

Owner Information:

Owner Name MICHAEL MATTISON Phone (402) 796 - 9599

Address 5301 NW 122nd Ct City Lincoln State NE Zip 68524

Location: (Attach a sketch of the property showing test hole locations.)

____ ¼ Sec. of the NE ¼ Sec., Section 5, Township 11 N, Range 6 E,

Lot # 12-13, Subdivision PAWNEE ESTATES, County LANCASTER

Soil Type: (Check one.)

Sand____ Silt____ Clay____ Sandy Clay X Loamy Sand____

Silty Clay____ Silty Clay Loam____ Sandy Loam____ Silt Loam____

Dates of Test:

Start Date 7/29 to End Date ____, 20__

Weather Conditions:

Precipitation NONE Avg. Temp. 75 °F

Percolation Test Measurements and Data

a	b	c	d	e	f	g	h	i	j	k	l	m	n
		Pre-saturation Period				Percolation Readings (last period)					Results		
		Start		End		Start			End				
Hole No.	Hole Depth (in.)	Date (Mo./ Day)	Time (Hr./ Min)	Date (Mo./ Day)	Time (Hr./ Min)	Date (Mo./ Day)	Time (Hr./ Min)	Water Level (inch)	Time (Hr./ Min)	Water Level (inch)	Elapsed Time (minutes)	Drop in Water Level (inches)	Percolation Rate (l ÷ m) (Minutes per inch)
4	32	7/29	10:00	7/29	8:00	7/29	9:00	7.63	10:15	5.13	120	2.5	12
5	31	7/29	10:00	7/29	8:00	7/29	9:15	6.75	10:15	2.75	60	4	7.5
6	31	7/29	10:00	7/29	8:00	7/29	9:00	8.5	10:15	7.5	15	2.75	10.9

Tests must be performed by a certified on-site professional, a professional engineer or a registered environmental health specialist.

(Signature of certified on-site professional, professional engineer, or R.E.H.S.)

Certificate or License # E-9121

Address 5301 NW 122nd Ct.

City Lincoln St NE Zip 68524

Phone (402) 796-9599

Sum of Percolation Rates = 30.1

Avg. of Percolation Rates* = 10.1
(sum of rates ÷ number of tests)
(minutes per inch)

* If rates vary by more than 20 min/in., do not average. Use slowest rate measured for sizing soil absorption area.

Send completed Attachment C with Form B – Construction Operating Permit Application to:
Nebraska Department of Environmental Quality, On-Site Wastewater Unit, P.O. Box 98922, Lincoln, NE 68509

TITLE 124 – NEBRASKA DEPARTMENT OF ENVIRONMENTAL QUALITY

Attachment C
Soil Absorption Test Data Report

Owner Information:

Owner Name MICHAEL MATTISON Phone (402 796 - 9599

Address 5301 NW 122ND CT. City LINCOLN State NE Zip 68524

Location: (Attach a sketch of the property showing test hole locations.)

____ ¼ Sec. of the NW ¼ Sec., Section 5, Township 10 N, Range 5E,

Lot # 6-3, Subdivision PAWNEE ESTATES, County LANCASTER

Soil Type: (Check one.)

Sand____ Silt____ Clay____ Sandy Clay ✓ Loamy Sand____

Silty Clay____ Silty Clay Loam____ Sandy Loam____ Silt Loam____

Dates of Test:

Start Date 5/28 to End Date 5/29, 2007

Weather Conditions:

Precipitation TRACE Avg. Temp. 73 °F

Percolation Test Measurements and Data

a	b	c	d	e	f	g	h	i	j	k	l	m	n
		Pre-saturation Period				Percolation Readings (last period)					Results		
		Start		End		Start			End				
Hole No.	Hole Depth (in.)	Date (Mo./ Day)	Time (Hr./ Min)	Date (Mo./ Day)	Time (Hr./ Min)	Date (Mo./ Day)	Time (Hr./ Min)	Water Level (inch)	Time (Hr./ Min)	Water Level (inch)	Elapsed Time (minutes)	Drop in Water Level (inches)	Percolation Rate (l ÷ m) (Minutes per inch)
1	36	5/28	12:30	5/28	5:30	5/29	22:33	7.5	23:03	4.38	30	3.12	9.62
2	35	5/28	12:45	5/28	5:35	5/29	22:38	7.25	23:04	4.38	26	2.87	9.06
3	36	5/28	12:50	5/28	5:40	5/29	22:40	7.63	23:06	5.87	26	1.75	14.86

Tests must be performed by a certified on-site professional, a professional engineer or a registered environmental health specialist.

(Signature of certified on-site professional, professional engineer, or R.E.H.S.)

Certificate or License # E-9121

Address 5301 NW 122ND CT

City LINCOLN St. NE Zip 68524

Phone (402) 796 - 9599

Sum of Percolation Rates = 33.54

Avg. of Percolation Rates* = 11.18
(sum of rates ÷ number of tests)
(minutes per inch)

* If rates vary by more than 20 min/in., do not average. Use slowest rate measured for sizing soil absorption area.

Send completed Attachment C with Form B – Construction Operating Permit Application to:
Nebraska Department of Environmental Quality, On-Site Wastewater Unit, P.O. Box 98922, Lincoln, NE 68509

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

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

HS000024

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 10 Range 5 1/4 ____ 1/4 NW Section 5
   Block 3 Lot 6 Addition Pawnee Estates
   Parcel ID 04 - 05 - 103 - 006 - 060 (i.e. 99-99-999-999-999)
   Street Address (no rural route) ~~5311~~ NW 122nd Ct Lincoln, NE 68524
   5411 NW 122nd Ct
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** add 160' of new laterals
5. **Work to be done by:** ☐ owner ☒ contractor's name Lloyd Jirkovsky - Raymond Contracting, 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 Mike Mathison Address 5301 NW 122nd Ct Lincoln, NE 68524 Phone: 402-450-1134

Applicant Signature (owner or lessee) ____

Please include the permit fee (~~$160~~ $170) with this application
Fee must be included before the application will be processed. Incomplete information will delay processing

---

HEALTH DEPARTMENT USE ONLY

Date received 10 / 11 / 07 REVIEW: ☒ Approved ☐ Disapproved By: ____

Site visits
Date ___/___/___ By____
Date ___/___/___ By____
Date ___/___/___ By____

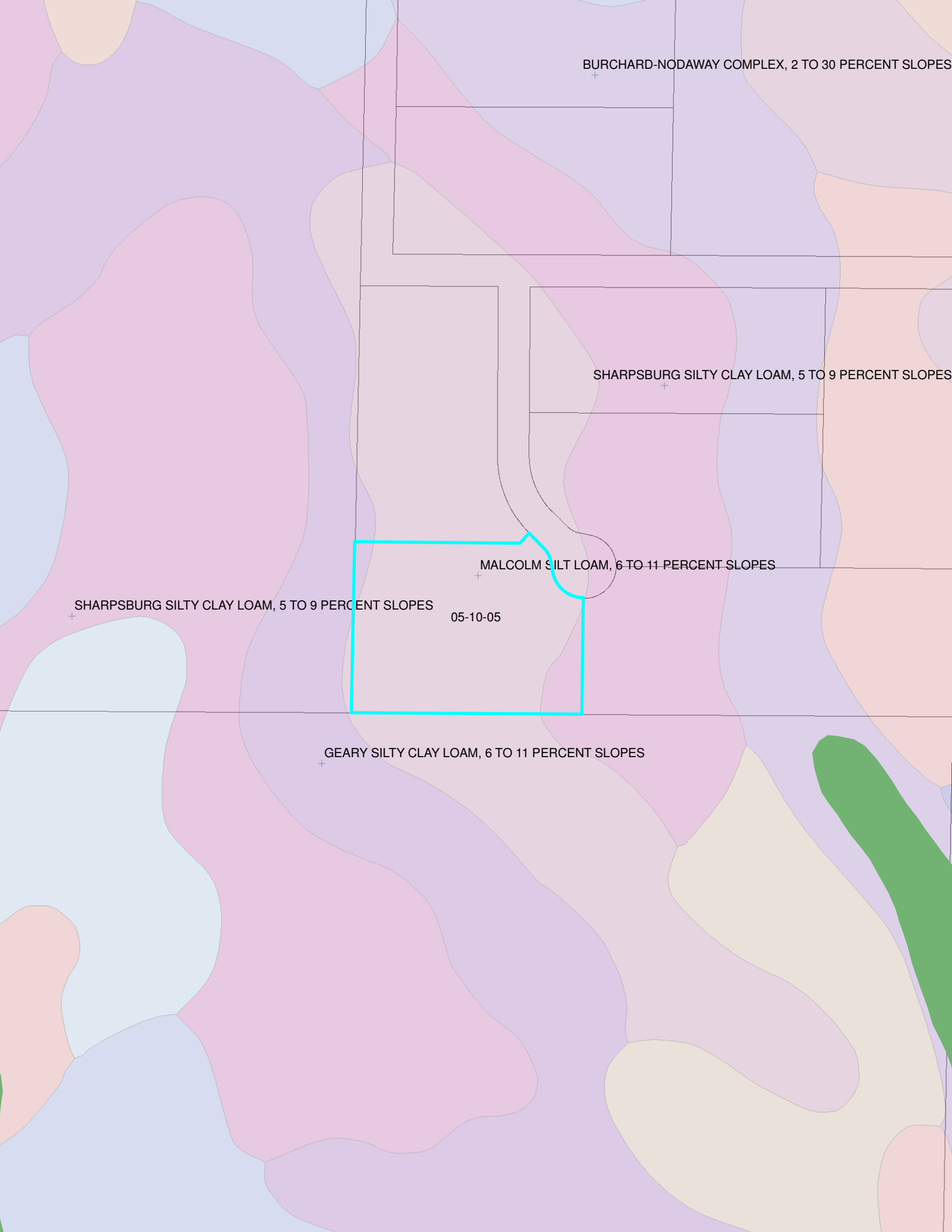
Installation final written approval
Date 10 / 11 / 07 By ____
Lu Doug Smith

Return application to:
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: 441-8022

Business Office Use Only

Received: Date:___/___/___ Amount____ Check No. ____ Initials____

White - Division Copy Pink - Business Office Revised 9-06


BURCHARD-NODAWAY COMPLEX, 2 TO 30 PERCENT SLOPES
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPES
MALCOLM SILT LOAM, 6 TO 11 PERCENT SLOPES
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPES
05-10-05
GEARY SILTY CLAY LOAM, 6 TO 11 PERCENT SLOPES

SCANNED

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

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

#5000024

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 10 Range 5 1/4 ____ 1/4 NW Section 5
   Block 3 Lot 6 Addition Pawnee Estates
   Parcel ID 04 - 05 - 103 - 006 - 000 (i.e. 99-99-999-999-999)
   Street Address (no rural route) ~~5311~~ NW 122nd Ct Lincoln, NE 68524
   5411 NW 122nd Ct
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** add 160' of new laterals
5. **Work to be done by:** ☐ owner ☒ contractor's name Lloyd Jakowlew - Raymond Contracting, 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 Mike Mathison Address 5301 NW 122nd Ct Lincoln, NE 68524 Phone: 402-450-1134

Applicant Signature (owner or lessee) ____

Please include the permit fee (~~$160~~ $170) with this application

Fee must be included before the application will be processed. Incomplete information will delay processing

---

HEALTH DEPARTMENT USE ONLY

Date received 10 / 11 / 07 REVIEW: ☑ Approved ☐ Disapproved By: ____

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

Installation final written approval
Date 10 / 11 / 07 By ____
for Doug Smith

Return application to:
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: 441-8022

Business Office Use Only

Received: Date: 10 / 15 / 07 Amount 170.00 Check No. 6553 Initials ____

White - Division Copy Pink - Business Office Revised 9-06