$/170

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

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

HS000042

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 5 1/4 ____ 1/4 ____ Section 18
   Block ____ Lot 5850 Addition 6th Meridian Principal.
   Parcel ID 05-18-300-005-000. (i.e. 99-99-999-999-999)
   Street Address (no rural route) 13500 W. Bluff Rd.

2. **Property use:** ☒ residential ☐ commercial ☐ other use
   Number of bedrooms 2 Describe Existing 2BR house with septic.

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

4. **Description of proposed alteration, extension or repair** Septic installed before house to be inspected - repair laterals to bring in to compliance - Perimeter drains to Creek.

5. **Work to be done by:** ☐ owner ☒ contractor's name Dirt Works Plus 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 Patrick Stechmyer Address 6667 N W 48 #1 Phone: 325-0529

Applicant Signature (owner or lessee) Pat Stechmyer

Please include the permit fee ($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 11/15/07 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: 441-8022

Business Office Use Only 170 out of

Received: Date: 11/15/07 Amount 175.00 Check No. 9517 Initials ____

White - Division Copy Pink - Business Office Revised 9-07

TOTAL P.01

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

B

Permit Number: HS000043

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

Owner Listed as Lorin & Cheryl Wiedersein

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 13500 W. Bluff Rd. (no rural route) City Malcolm NE, Zip 68402

Owner Cheryl Lackins Addresss 13500 W. Bluff Rd

Soil Type (SCS): Loamy - Percolation Rate: 52. min./inch

Date of Tests 11/11/07 to 11/12/07 Weather: Precipitation Ø Temperature 60°

Percolation Test Data Table

A.	B.	C. D. E. F. Pre-Saturation Period				G. H. I. J. K. Percolation Readings					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)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time (Min)	Water Level Drop (in)	Percolation Rates (Min/in)
1	26	11/11/07	8:00A	11/12/07	8A	11/12/07	12P	6	11/12/07	12:30P	30	½	60
2	26							6			30	5/8	48
3	27							6			30	5/8	48
4	24							6			30	½	60
5	27							6			30	5/8	48
6	28										30	5/8	48

Sum of Percolation Rates: 312
Average of Rates: 52
Rate Used for Calculation: 52.

Person Conducting Percolation Tests

Name: Pat Stroehm, Iyer-Diet Works PLS
Phone: 325-0529
Address 6667 N W 48 #1
Lincoln NE 68524

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

11-20-2007 9:20:32

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

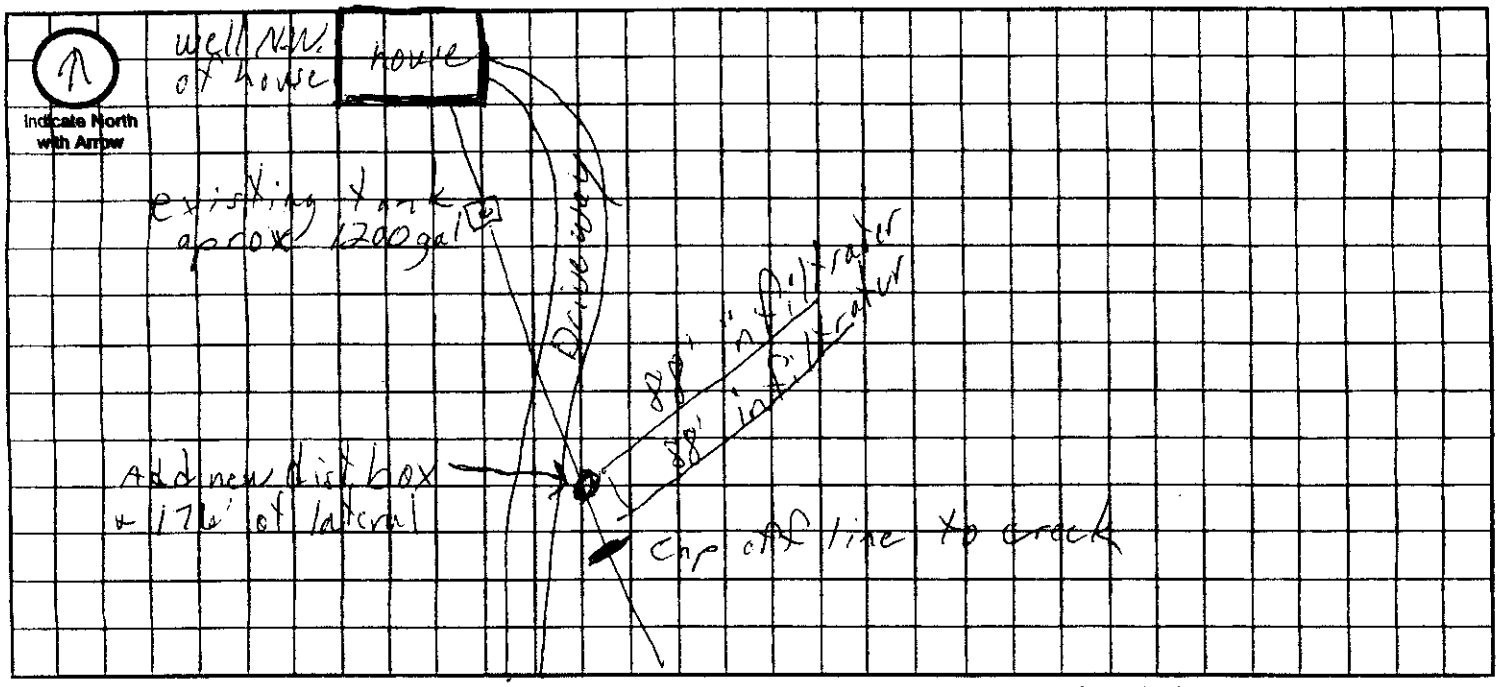
C

Permit Number: HS000043

Sewage Disposal System

Preliminary Plan Specifications

Draw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, compass direction and property lines. Indicate on drawing if residence and well are existing or proposed.



Approximate Scale: _____ ft. = _____ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 13500 W Bluff Rd City ~~Em~~ Malcolm NE, Zip 68402

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other Existing.

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate _____ (min. per inch) Soil Type: _____ Land Slope: _____ %

Type of Absorption System: ☐ Trench ☐ Bed ☐ Other _____

Total Square Feet of Field Required: 700 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: _____

Capacity of Septic Tank _____ gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 175' ft. Number of Trenches _____ Trench Width _____

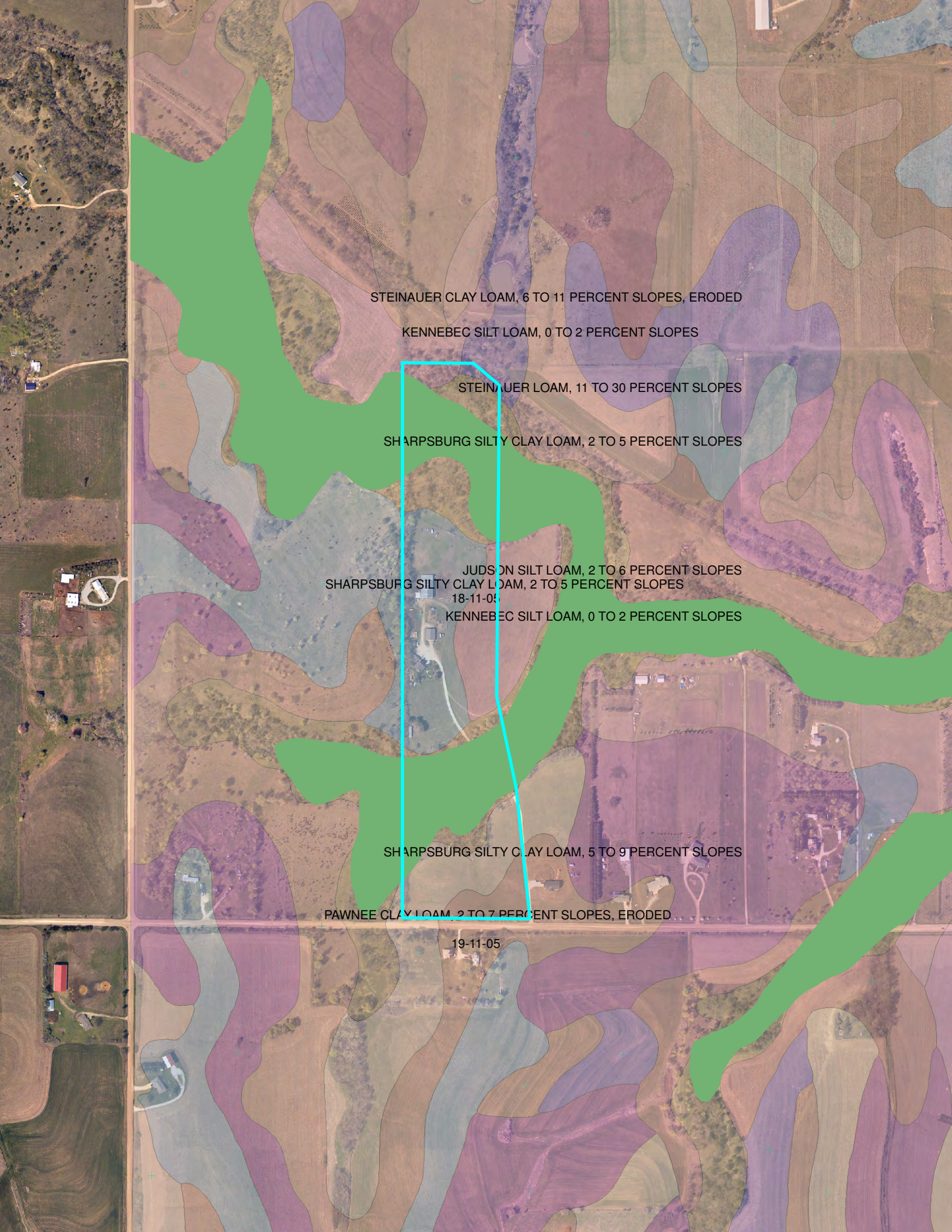
D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

E. Required Signatures

Home Building Contractor _____ Date _____

Installer _____ Date _____


STEINAUER CLAY LOAM, 6 TO 11 PERCENT SLOPES, ERODED
KENNEBEC SILT LOAM, 0 TO 2 PERCENT SLOPES
STEINAUER LOAM, 11 TO 30 PERCENT SLOPES
SHARPSBURG SILTY CLAY LOAM, 2 TO 5 PERCENT SLOPES
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
SHARPSBURG SILTY CLAY LOAM, 2 TO 5 PERCENT SLOPES
18-11-05
KENNEBEC SILT LOAM, 0 TO 2 PERCENT SLOPES
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPES
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
19-11-05

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

ON-SITE WASTE WATER SYSTEM
REPAIR PERMIT

System Type: STANDARD **No. HS000042**

Situs: 13500 W BLUFF RD RUR Permit Fee: $170.00

Legal Description: T11N-R05E-S18-SW-6TH PRINCIPAL MERIDIA

Owner: WIEDERSTEIN, LORIN & CHERYL
13500 W BLUFF RD
MALCOLM NE
68402

Total Fees: $170.00

Issued: 11/15/2007
Expires 11/14/2008

Bruce D. Dart, PhD, Health Director

Dear Water Well Permit Holder:

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

Bruce D. Dart, PhD
Health Director

WIEDERSTEIN, LORIN & CHERYL
13500 W BLUFF RD
MALCOLM NE 68402