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

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

SCANNED

HS000173

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 Lincoln Range _____ 1/4 _____ 1/4 _____ Section S16, T9, R7, 6th P.M.
   Block _____ Lot 69 NE SE Addition Irregular tract
   Parcel ID 16-16-400-004-000 (i.e. 99-99-999-999-999)
   Street Address (no rural route) 6830 Almira Ln.
2. **Property use:** ☒ residential ☐ commercial ☐ other use
   Number of bedrooms 4 Describe Home
3. **Type of Present Individual Disposal System** ☒ septic system ☐ lagoon ☐ other
4. **Description of proposed alteration, extension or repair** add 350' of lateral, new dist box & piping to existing septic system.
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 Timothy & Angela Cole Address 6830 Almira Ln. Phone: 429-9942

Applicant Signature (owner or lessee) Jean Doole - Dlop for Angie Cole.

Please include the permit fee ($170) with 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 10/10/08 REVIEW: ☒ Approved ☐ Disapproved By: _____

Site visits
Date ___/___/___ By _____
Date ___/___/___ By _____
Date ___/___/___ By _____

Installation final written approval
Date 10/13/08 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

Received: Date: 10/14/08 Amount 175.00 Check No. 10485 Initials TH

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

* County Engineer Verified 7300 ft from City Infrastructure.

TOTAL P.01

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

No. HS000173

System Type: STANDARD

Situs: 6830 ALMIRA LN LIN

Legal Description: T09N-R07E-S16-Lot 69

Owner: COLE, TIMOTHY B & SMITH, ANGEL
6830 ALMIRA LN
LINCOLN NE
68516

Permit Fee:	$175.00
Total Fees:	$175.00
Issued:	10/14/2008
Expires	10/14/2009

Bruce D. Dart, PhD, Health Director

Dear Applicant:

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

DIRT WORKS PLUS
6667 NW 48TH
LINCOLN NE 68524

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Print Name Timothy & Angel Cole Address 6830 Almira Ln. Phone: 429-9942

Applicant Signature (owner or lessee) Jean Doole - Dlvp for Angie Cole.

Please include the permit fee ($170) with 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 10/10/08 REVIEW: ☑ Approved ☐ Disapproved By: [signature]

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

Installation final written approval
Date 10/13/08 By [signature]

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 9-07

* County Engineer Verified >300 ft from City Infrastructure [signature]

TOTAL P.01

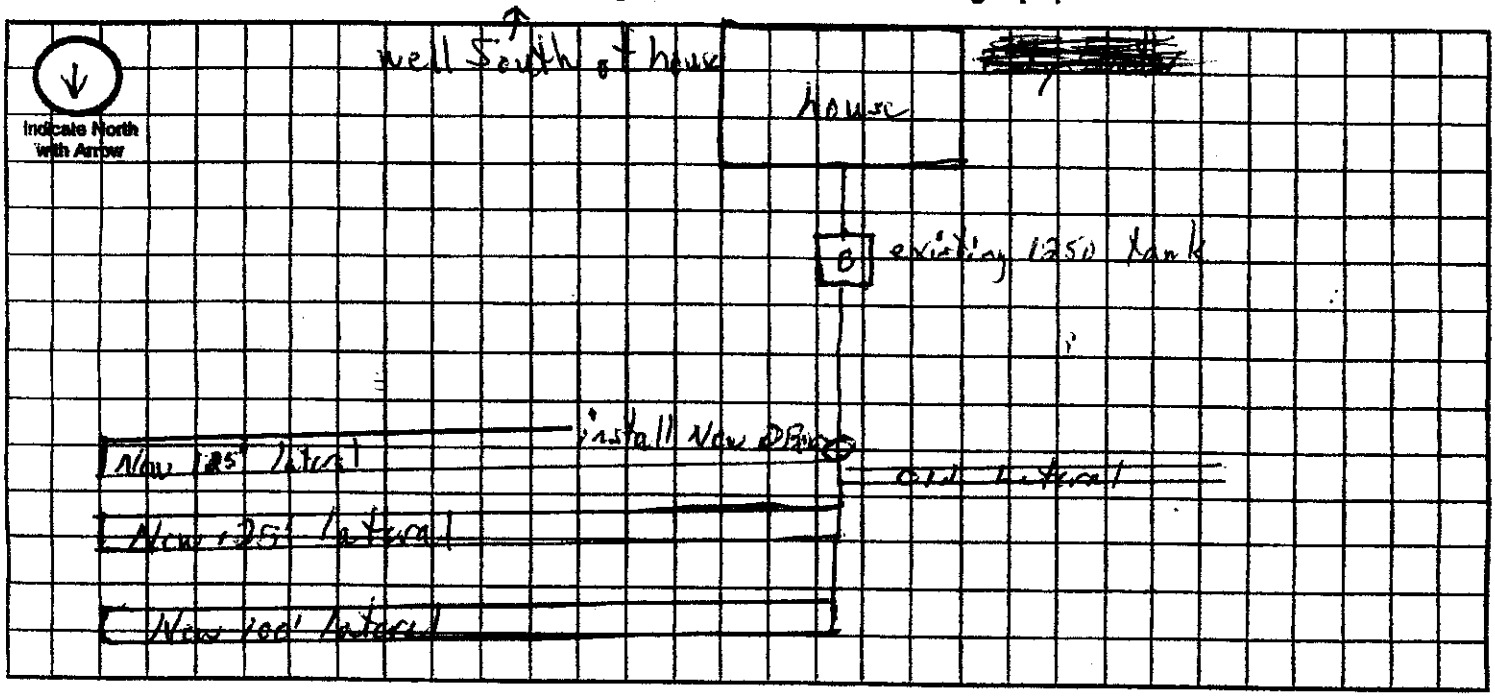
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: HS000173

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 lines

A. System Location (Indicate correct number and street)

Address (no rural route) 6830 Almira Ln City Lincoln NE, Zip 68516

B. Proposed Septic Tank/s

Tank Material: ☑ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 56 (min. per inch) Soil Type: Loamy Land Slope: _____ %

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

Total Square Feet of Field Required: 1400 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☑ Other Lateral Material: Infiltrator Hi Cap

Capacity of Septic Tank 1250 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 350 ft. Number of Trenches 3 Trench Width 4'

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

Distance From	Private Well	Public Well	Surface Water	Ground 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 Pat Strohman Date 7-15-08

B

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

Permit Number: HS000173

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 6830 almira Ln (no rural route) City Lincoln NE, Zip

Owner Annie Cole/Timothy Addresss 6830 almira. Ln.

Soil Type (SCS): Loamy Percolation Rate: 56. min./inch

Date of Tests 6/10/08 to 6/11/08 Weather: Precipitation Sunny Temperature 90°

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	24	6/10	8A	6/11	8A	6/11	1130A	6	6/11	12P	30	1/2	60
2	26	"	"	"	"	"	"	6	"	"	30	1/2	60
3	27	"	"	"	"	"	"	6	"	"	30	1/2	60
4	24	"	"	"	"	"	"	6	"	"	30	5/8	48
5	28	"	"	"	"	"	"	6	"	"	30	5/8	48
6	26	"	"	"	"	"	"	6	"	"	30	1/2	60

Sum of Percolation Rates: 336

Average of Rates: 56

Rate Used for Calculation: 56.

Person Conducting Percolation Tests

Name: Patrick Steohmyer - Dlxp

Phone: 890-6388

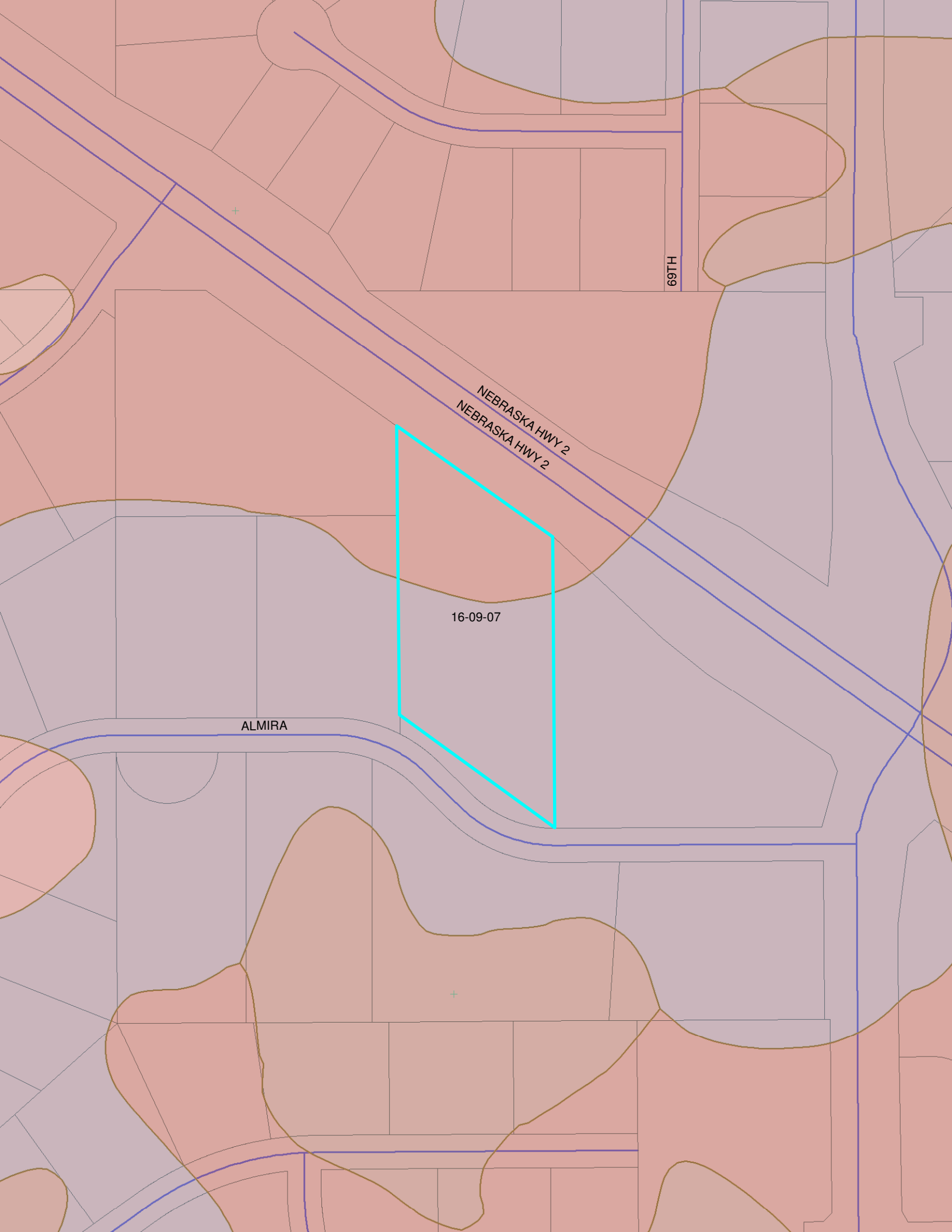
Address 6667 N W 48th - Ste 1
Lincoln NE 68524.

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of


69TH
NEBRASKA HWY 2
NEBRASKA HWY 2
16-09-07
ALMIRA