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. HS000205

System Type: STANDARD

Situs: 1225 SW 40 ST L

Legal Description: T10N-R06E-S30-Lot 34 &40

Owner: RON ROSBURG INC
924 S 32 ST
LINCOLN NE
68510

Permit Fee:	$175.00
Total Fees:	$175.00
Issued:	03/31/2009
Expires	03/31/2010

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

GAGNER CONSTRUCTION
4810 W CLAIRE
LINCOLN NE 68523

LLCHD HS000205

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

❒ Municipal Code 24.38 ❒ County Resolution Number 02-30

HS000205

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 6 1/4 ____ 1/4 ____ Section 30
   Block ____ Lot 34+40 Addition ____
   Parcel ID ____-____-____-____-____ (i.e. 99-99-999-999-999)
   Street Address (no rural route) 1225 SW 40th ST. Lincoln NE 68522

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**
   adding 262.5 Lft.

5. **Work to be done by:** ❒ owner ❒ contractor's name ____

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 Ron Rosburg Address 9240 32 Phone: 435-8583

Applicant Signature (owner or lessee) ____ $175.00

Please include the permit fee (~~$400~~) with this application
Fee must be included before the application will be processed. Incomplete information will delay processing

HEALTH DEPARTMENT USE ONLY

Date received 3/31/09 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

Received: Date: ____/____/____ Amount ____ Check No. ____ Initials ____

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

3-31-2009 15:32:10

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

B

Permit Number: HS000205

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 1225 SW 40th ST. (no rural route) City LINCOLN NE, Zip 68522

Owner RON ROSBERG Address 924 SO 32nd ST. LINCOLN.

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

Date of Tests 3/27 to 3/28 Weather: Precipitation _____ Temperature _____

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	35	3/27	10:49	3/28	10:31	3/28	11:40	6	3/28	12:10	30	1/2	60
2	34	"	"	"	"	"	"	"	"	"	"	3/4	40
3	36	"	"	"	"	"	"	"	"	"	"	1	30
4	35	"	"	"	"	"	"	"	"	"	"	5/8	48
5	35	"	"	"	"	"	"	"	"	"	"	1 3/4	18
6	33	"	"	"	"	"	"	"	"	"	"	1/2	60

Person Conducting Percolation Tests

Name: MELVIN EAGNER

Phone: 402-423-5698

Address 4810 W CLAIRE AVE

LINCOLN NE 68523

Sum of Percolation Rates: 256

Average of Rates: 43

Rate Used for Calculation: 60

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of

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

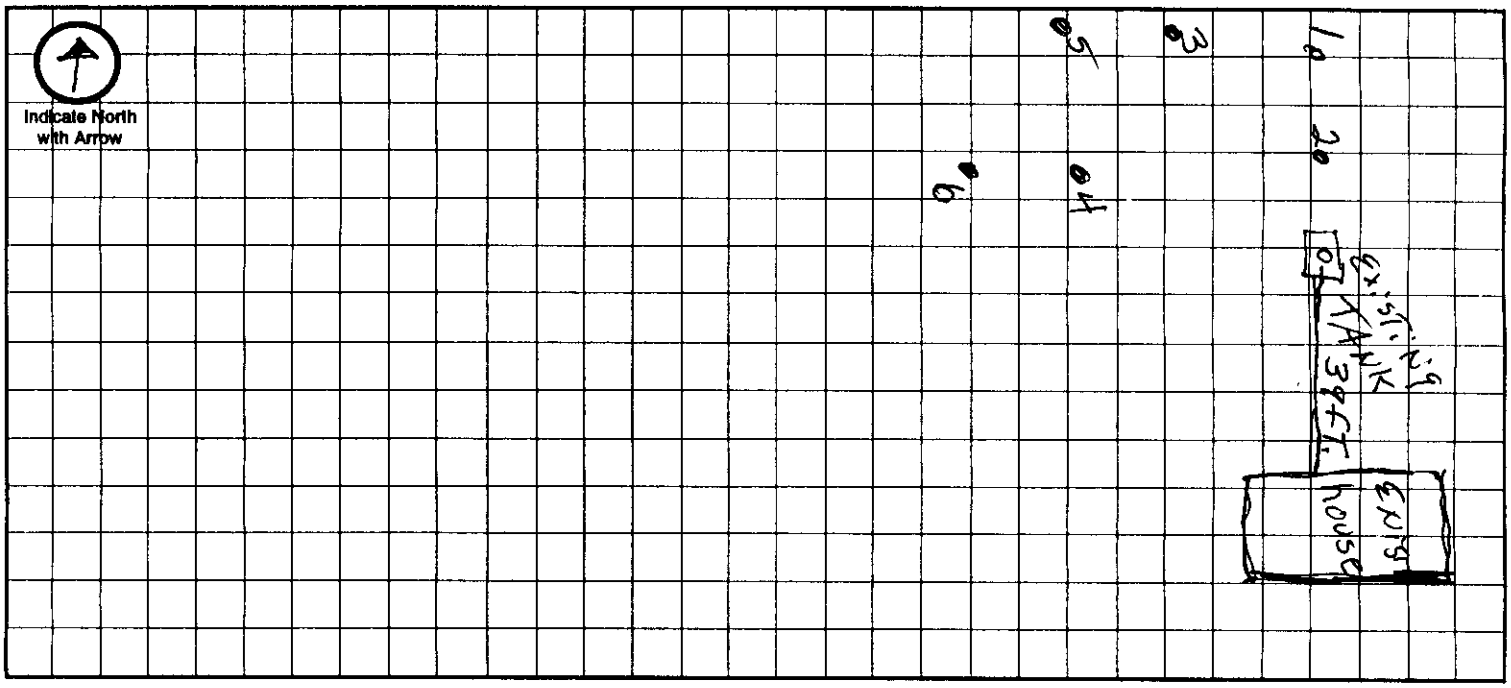
C

Permit Number: HS000205

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) 1225 SW 40TH ST. City LINCOLN NE NE. Zip 68522

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 60 (min. per inch) Soil Type: _____ Land Slope: _____ %

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

Total Square Feet of Field Required: 1050 sq. ft.

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

Capacity of Septic Tank 1000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 262.5 ft. Number of Trenches 3 Trench Width _____

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

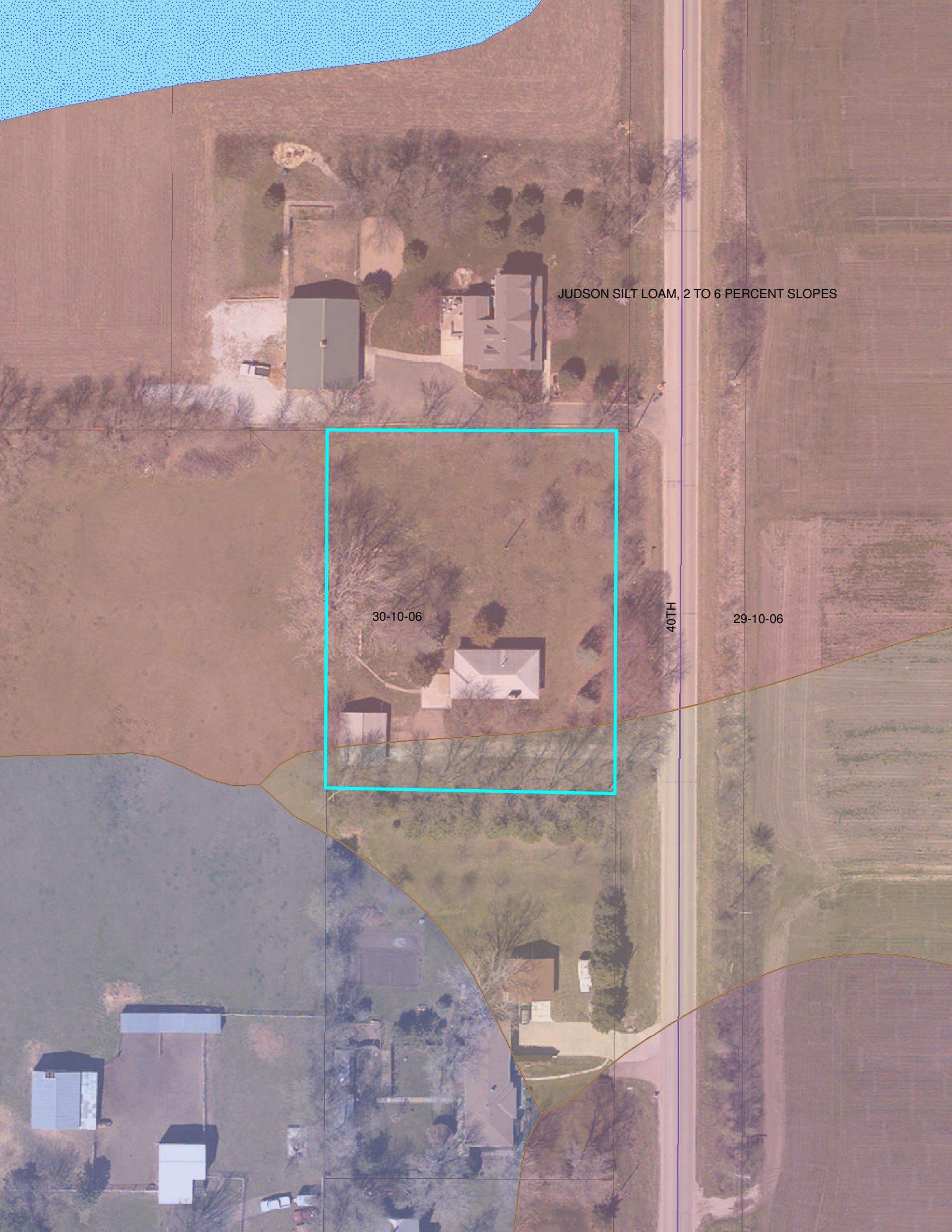
Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☒	500 ☒	50 ☒	NA ☒	25 ☒	20 ☒	15 ☒	25 ☒	☒
Field (ft)	100 ☒	500 ☒	50 ☒	4 ☒	30 ☒	20 ☒	30 ☒	40 ☒	☒
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐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

E. Required Signatures

Home Building Contractor _____ Date _____

Installer MELVIN EAGNER Date 3/28/09

FORM 23-102 10-96


JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
30-10-06
40TH
29-10-06

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

SCANNED

❒ Municipal Code 24.38 ❒ County Resolution Number 02-30

HS000205

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---

HEALTH DEPARTMENT USE ONLY

Date received 3/31/09 REVIEW: ☒ Approved ❒ Disapproved By: [signature]

Site visits
Date 4/8/09 By DS.
Date ____/____/____ By ____
Date ____/____/____ By ____

Installation final written approval
Date 4/9/09 By DS

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: 3/31/09 Amount $175.00 Check No. 6131 Initials ____

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

T10 - R6 - S30
Lots 34 + 40 SE

D

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

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

SPS N 40°48.041'
W 096° 46.711'

Date 8 April 09

System Location (Indicate correct number and street)

Address 1225 SW 40TH (no rural route) City LINCOLN NE, Zip 68522

A. Building Sewer

1. Material: _____
   Diameter: _____ in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: 41 ft.
4. Number of clean-outs: 0
5. Distances to: well or suction line OVER 50 ft.
   stream NA ft.
   pressure line OVER 50 ft.
   property line OVER 50 ft.

B. Septic Tank

1. Material: CONCRETE
   Number of compartments: 1
2. Capacity: 1000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☒ above ☐ below grade 40 in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 40 in.
8. Distances to: Well or suction line OVER 50 ft.
   Stream NA ft.
   Pressure line OVER 50 ft.
   Property line 11 ft.

C. Distribution Box

1. Material: _____
   Number available outlets: _____
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: _____ ft.

D. Absorption Field

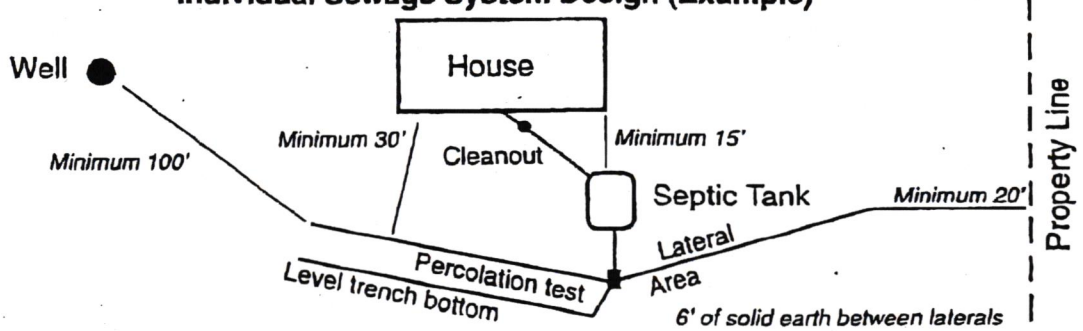
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other INFILTRATORS
2. Lateral lines: Number 5
   Length of each line: 64 ft. 80 ft.
   48 ft. 36 ft., 80 ft.
3. Trench dimensions: Width 4 ft.
   Slope 0 in/100 ft.
   Average depth 36" in
4. Filter material: NA
   Depth of material NA in.
5. Distances to: Well or suction line OVER 100 ft.
   Stream NA ft.
   Pressure line OVER 50 ft.
   Property line OVER 10 ft.

Indicate North with Arrow

Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



As Built Drawing

1225 S. W. 40th

