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. HS000223

Situs: 6000 W OLD CHENEY RD L

Permit Fee: $175.00

Legal Description: T09N-R05E-S12-Lot 23

Owner: DERR, ROBIN L & JOLANTA
6115 S 25 ST
LINCOLN NE
68512

Total Fees: $175.00

Issued: 05/15/2009
Expires 05/15/2010

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 CONST
4810 W CLAIRE AVE
LINCOLN NE 68523-9327

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

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

HS000223

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 9 Range 5 1/4 ____ 1/4 ____ Section 12
   Block ____ Lot 23 Addition ____
   Parcel ID ____-____-____-____-____ (i.e. 99-99-999-999-999)
   Street Address (no rural route) 6000 W old Cheney Rd.

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 204 INFILTRATORS

5. **Work to be done by:** ☐ owner ☒ contractor's name EAGLER CONST

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 Robin DeRR. Address 6115 S 25th ST 68512 Phone: 421-2792

Applicant Signature (owner or lessee) ____

Please contact LLCHD for the permit fee for this application
Fee must be included before the application will be processed. Incomplete information will delay processing

---

HEALTH DEPARTMENT USE ONLY

Date received 5/14/07 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: 441-8643

Business Office Use Only

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

Revised 3-09

LLCHD HS000223

Legal T9 R5E S12

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

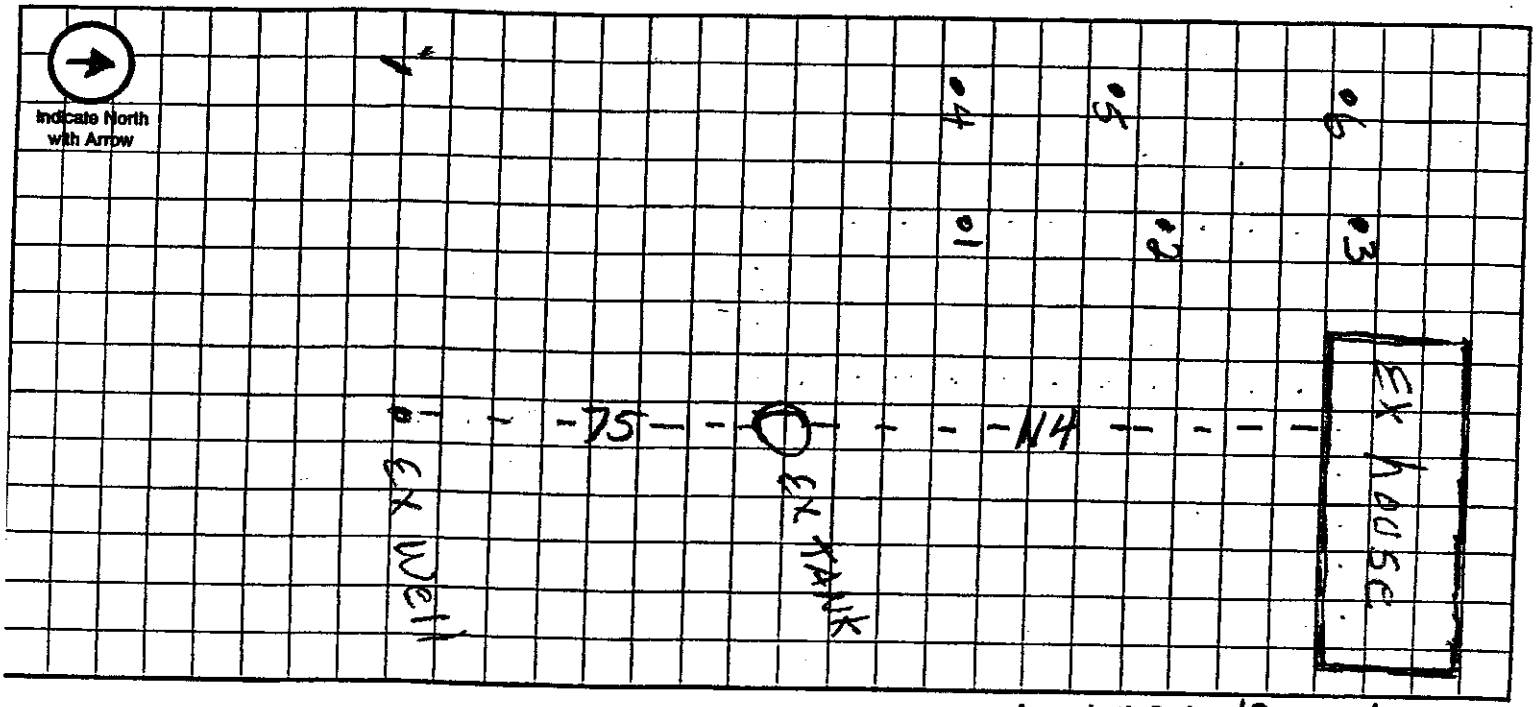
C

Permit Number:

Sewage Disposal System
Preliminary Plan Specifications

EPS N40° 45.363'
W096° 48.189

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: 10 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 6000 "W" Old Cheney Rd City DENTON NE, Zip 68339

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 40.6 (min. per inch) Soil Type: _____ Land Slope: _____ %

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

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

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

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

Total Length of Laterals 206 ft. Number of Trenches 2 Trench Width 48

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 _____

5-14-2009 16: 8:27

B

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

Permit Number:

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 6000 "W" Old Cheney (no rural route) City DENTON NE, Zip 68339

Owner Robin DeRR Address 6115 S 25TH ST LINCOLN NE 68512

Soil Type (SCS): _____ Percolation Rate: 39.33 min./inch

Date of Tests 4-17 to 4-18 Weather: Precipitation 0 Temperature 68

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	34	4-17	2:30	4-18	2:10	4-18	2:20	6	4-18	2:50	30	3/4	40
2	33	"	"	"	"	"	"	"	"	"	"	3/4	40
3	30	"	"	"	"	"	"	"	"	"	"	5/8	48
4	32	"	"	"	"	"	"	"	"	"	"	7/8	34
5	35	"	"	"	"	"	"	"	"	"	"	7/8	34
6	34	"	"	"	"	"	"	"	"	"	"	3/4	40

Person Conducting Percolation Tests

Name: Melvin Gaguer

Phone: 432-5698

Address 4810 "D" Clare Ave Lincoln NE. 68523

Sum of Percolation Rates: 236

Average of Rates: 39.33

Rate Used for Calculation: 39.33

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of

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

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

H5000223

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 9 Range 5 1/4 ____ 1/4 ____ Section 12
   Block ____ Lot 23 Addition ____
   Parcel ID ____-____-____-____-____ (i.e. 99-99-999-999-999)
   Street Address (no rural route) 6000 W old Cheney Rd.

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 204 INFILTRATORS

5. **Work to be done by:** ☐ owner ☒ contractor's name EAGLER CONST

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 ROBIN DERR. Address 6115 S 25th ST 68512 Phone: 421-2792

Applicant Signature (owner or lessee) ____

Please contact LLCHD for the permit fee for this application
Fee must be included before the application will be processed. Incomplete information will delay processing

---

HEALTH DEPARTMENT USE ONLY

Date received 5/14/09 REVIEW: ☒ Approved ☐ Disapproved By: ____

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

Installation final written approval
Date 5/18/09 By ____

Return application to:
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: 441-8643

Business Office Use Only

Received: Date: 5/15/9 Amount 175.00 Check No. 4188 Initials ____

Revised 3-09

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

B

Permit Number:

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 6001 W. Old Cheney Rd (no rural route) City Lincoln NE, Zip 68522

Owner Rhonda Revelle Address

Date of Tests 7/23 to 7/24/10 Weather: Precipitation — Temperature 90

Percolation Test Data Table

A.	B.	C. D. E. F. Saturation/Swelling Time				G. H. I. J. K. Water Level Drop 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	7/23	11:00	7/24	4:00	7/24	5:30	6	7/24	6:00	30	3/4	40
2			AM		PM		PM	6		PM		5/8	48
3								6				3/4	40
4								6				3/4	40
5								6				7/8	34
6								6				7/8	34
7								6				3/4	40
								6					

Person Conducting Percolation Test

Name: Brad Southwick 148

Phone: 430-7606

Address 105 Locust P.O. 191
Hickman Ne. 68372

Soil type (NRCS Maps/Other) Brd

Groundwater Depth

Sum of Percolation Rates: 276

Average of Rates: 39

Rate Used for Calculation: 40

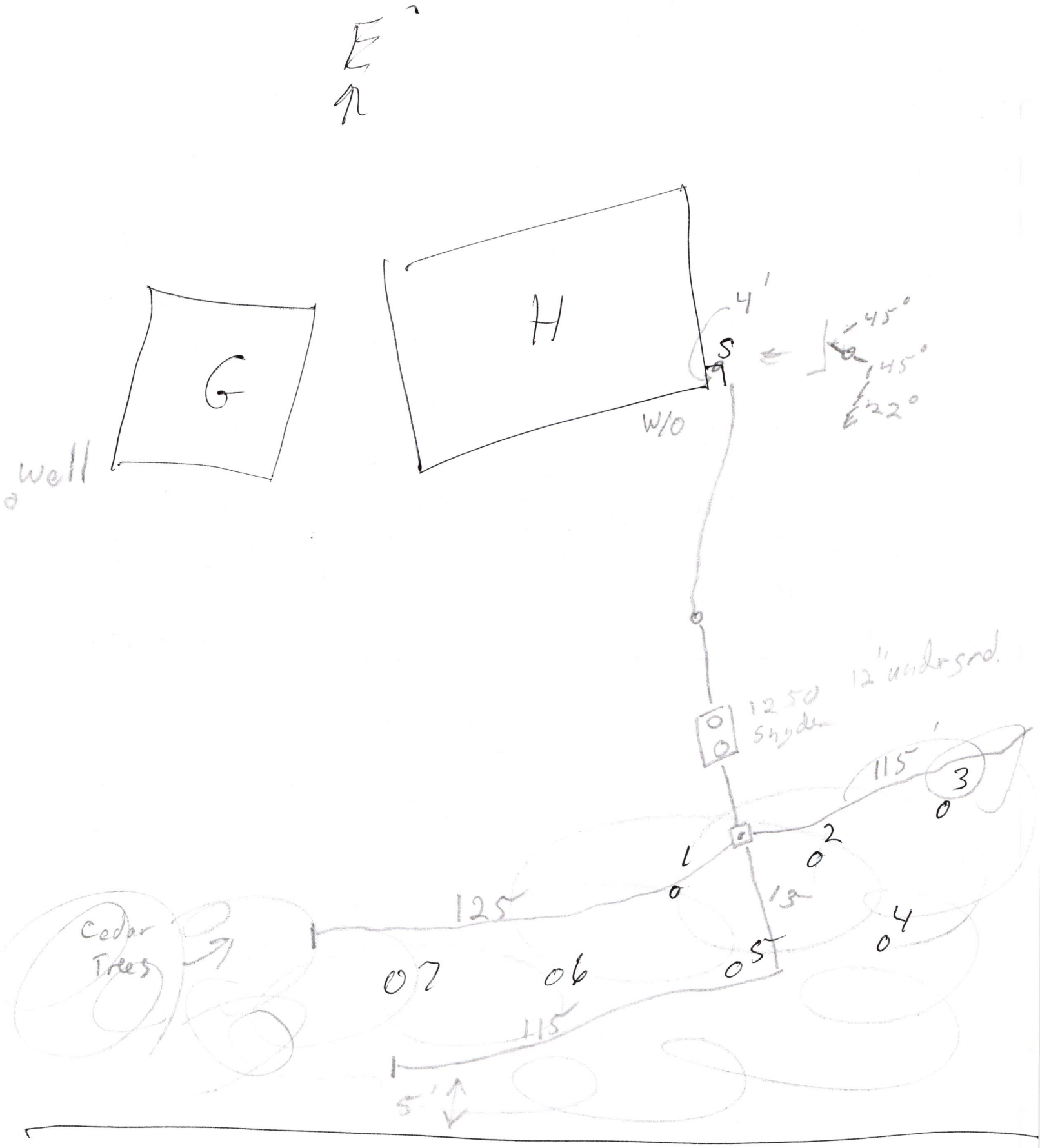
60/min/IN

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Comments (Soil type, groundwater, floodplain, etc.)

Signature of Reviewing Official Date


E
G
H
4'
S
-45°
45°
E 22°
W/O
well
12" underground
12 SD
Spyder
115'
3
0
1
0
2
0
125'
13'
4
0
Cedar Trees
07
06
05
115'
5'

B

Permit Number:

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

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 6000 "W" Old Cheney (no rural route) City DENTON NE, Zip 68339

Owner Robin DeRR Addresss 6115 525 1/2 ST LINCOLN NE 68512

Soil Type (SCS): _____ Percolation Rate: 39.33 min./inch

Date of Tests 4-17 to 4-18 Weather: Precipitation 0 Temperature 68

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	34	4-17	2:30	4-18	2:10	4-18	2:20	6	4-18	2:50	30	3/4	40
2	33	"	"	"	"	"	"	"	"	"	"	3/4	40
3	30	"	"	"	"	"	"	"	"	"	"	5/8	48
4	32	"	"	"	"	"	"	"	"	"	"	7/8	34
5	35	"	"	"	"	"	"	"	"	"	"	7/8	34
6	34	"	"	"	"	"	"	"	"	"	"	3/4	40

Sum of Percolation Rates: 236
Average of Rates: 39.33
Rate Used for Calculation: 39.33

Person Conducting Percolation Tests

Name: MELVIN GAGNER
Phone: 432-5698
Address 4810 "A" CLARE AVE
LINCOLN NE. 68523

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of _____

Legal T9 R5 S12

C

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

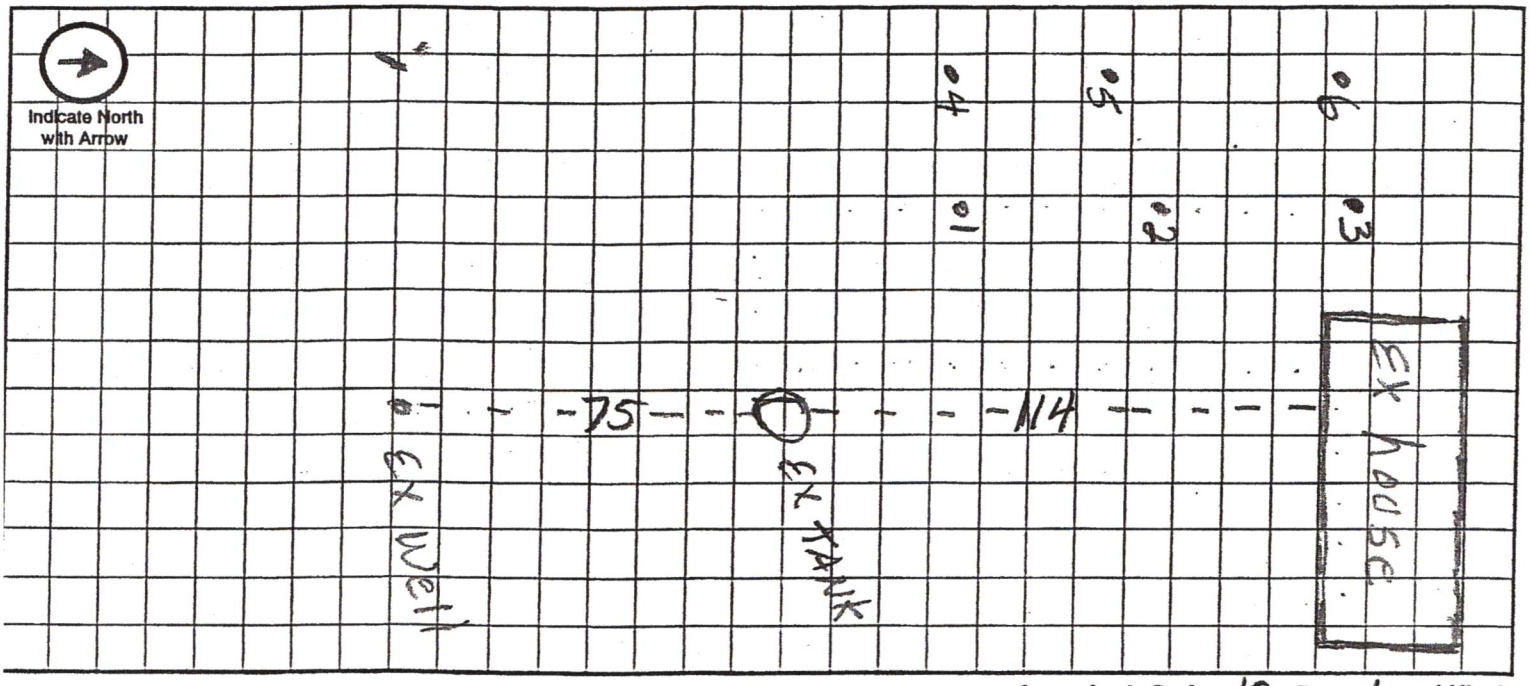
Permit Number:

Sewage Disposal System

Preliminary Plan Specifications

EPS N40° 45.363'
WD96° 48.189

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: 10 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 6000 "W" Old Cheney Rd City DENTON NE, Zip 68339

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 40.6 (min. per inch) Soil Type: _____ Land Slope: _____ %

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

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

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

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

Total Length of Laterals 206 ft. Number of Trenches 2 Trench Width 48

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 _____

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

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 8/10/10

System Location (Indicate correct number and street)

Address 6001 W. Old Cheney (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: _____ ft.
4. Number of clean-outs: _____
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank

1. Material: Plastic (Snyder Dominator)
   Number of compartments: _____
2. Capacity: 1250 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 20 in.
   Over outlet, diameter 20 in.
   Riser: ☐ above ☐ below grade 12 in.
5. Inlet: ☐ baffle ☒ tee
6. Outlet: ☐ baffle ☒ tee
7. Depth to top of tank, below unfinished grade: 12 in.
8. Distances to: Well or suction line > 50 ft.
   Stream NA ft.
   Pressure line NA ft.
   Property line > 20' ft.

C. Distribution Box

1. Material: PVC Drop Box
   Number available outlets: 3
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 10' ft.

D. Absorption Field

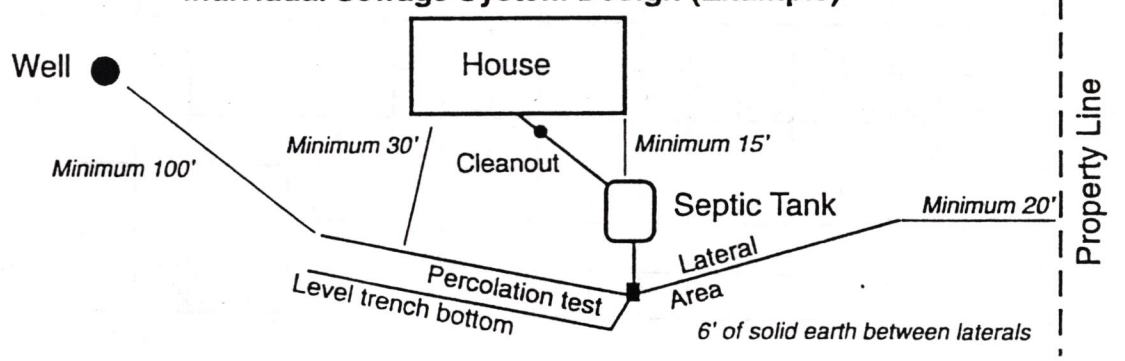
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☒ other ADS Infiltrator
2. Lateral lines: Number 3
   Length of each line: 115 ft. 115 ft.
   125 ft. _____ ft., _____ ft.
3. Trench dimensions: Width 3 ft.
   Slope 6 in/100 ft.
   Average depth 32 in
4. Filter material: Gravelless
   Depth of material _____ in.
5. Distances to: Well or suction line > 100 ft.
   Stream NA ft.
   Pressure line NA ft.
   Property line 5 ft.

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

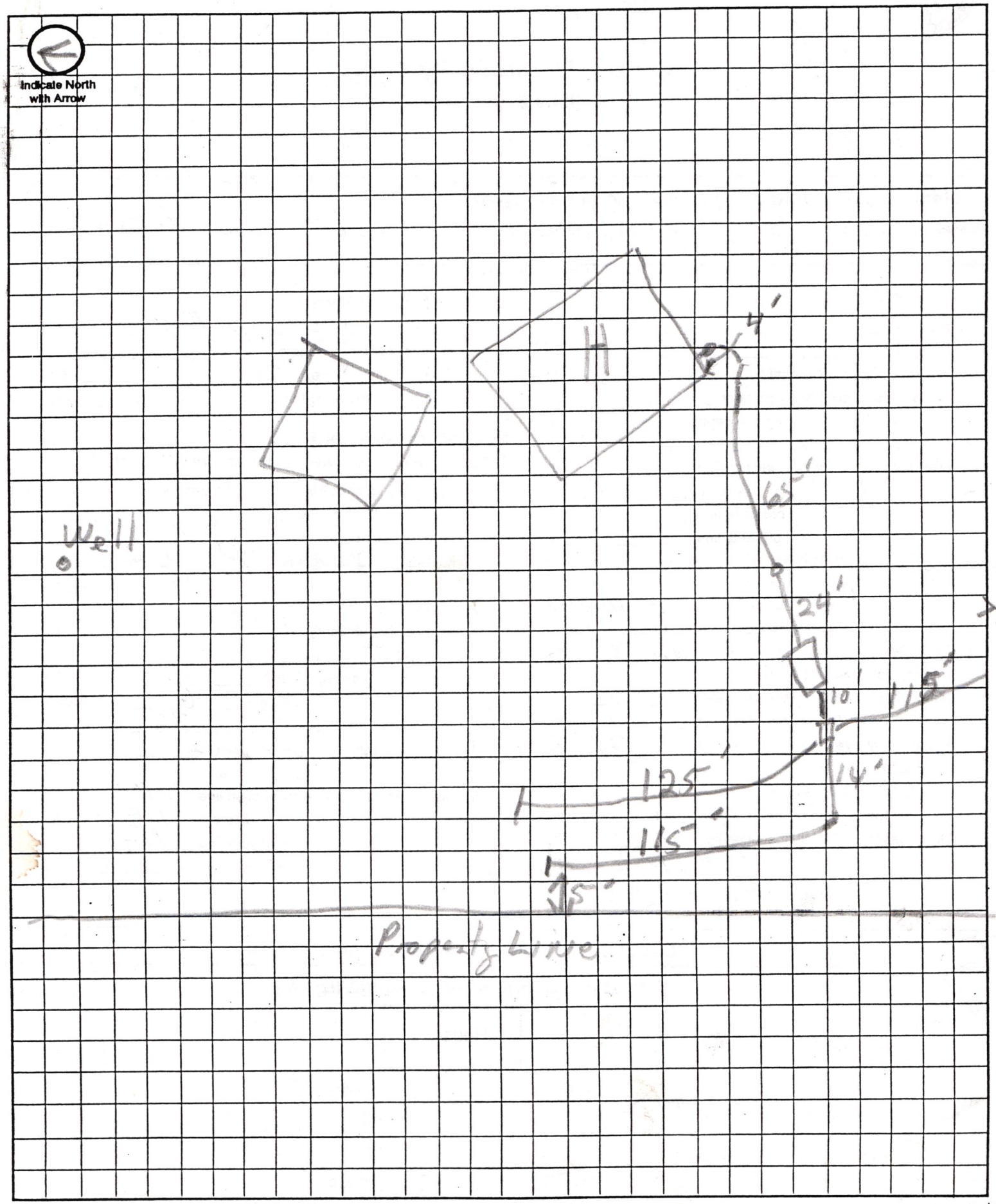
Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



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

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

D

Permit Number:

Sewage Disposal System N 40° 45.396' W 096° 48.194'

As Built Plans & Specifications

Date 15 May 09 Robin Dern

System Location (Indicate correct number and street)

Address 6000 W. Old Cheney Rd (no rural route) City DENTON NE, Zip 68339

A. Building Sewer

1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: 12 in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: 112 ft.
4. Number of clean-outs: _____
5. Distances to: well or suction line OVER 70 ft.
   stream N.A. ft.
   pressure line 30 ft.
   property line OVER 100 ft.

B. Septic Tank

1. Material: CONCRETE
   Number of compartments: 1
2. Capacity: _____ gal.
3. Factory built: ☐ Yes ☒ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☒ above ☐ below grade _____ in.
5. Inlet: ☐ baffle ☐ tee
6. Outlet: ☐ baffle ☒ tee
7. Depth to top of tank, below unfinished grade: 12 in.
8. Distances to: Well or suction line 65 ft.
   Stream NA ft.
   Pressure line OVER 100 ft.
   Property line 10 ft.

C. Distribution Box

1. Material: _____
   Number available outlets: _____
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: 45 ft.

D. Absorption Field

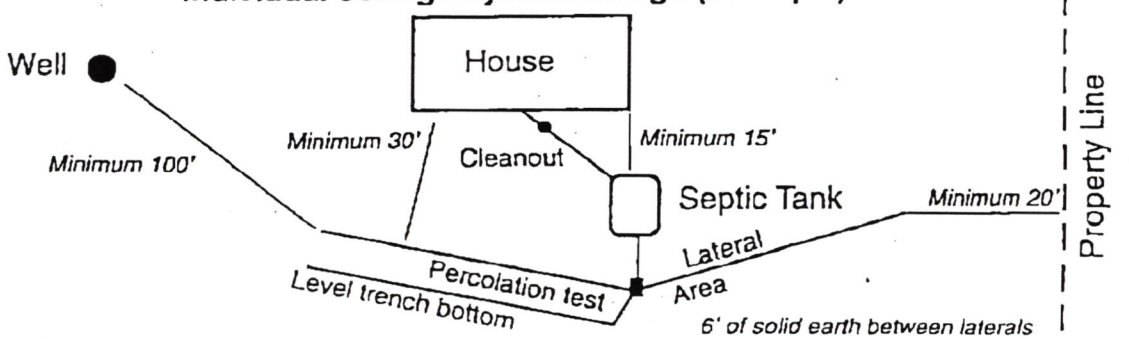
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other INFILTRATORS
2. Lateral lines: Number 2
   Length of each line: 104 ft. 100 ft.
   _____ ft. _____ ft. _____ ft.
3. Trench dimensions: Width 48 ft.
   Slope 0 in/100 ft.
   Average depth 30 in
4. Filter material: N/A
   Depth of material N/A in.
5. Distances to: Well or suction line OVER 100 ft.
   Stream N/A ft.
   Pressure line N/A ft.
   Property line OVER 100 ft.

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

Indicate North with Arrow

Individual Sewage System Design (Example)



ORM 23-103 10-96

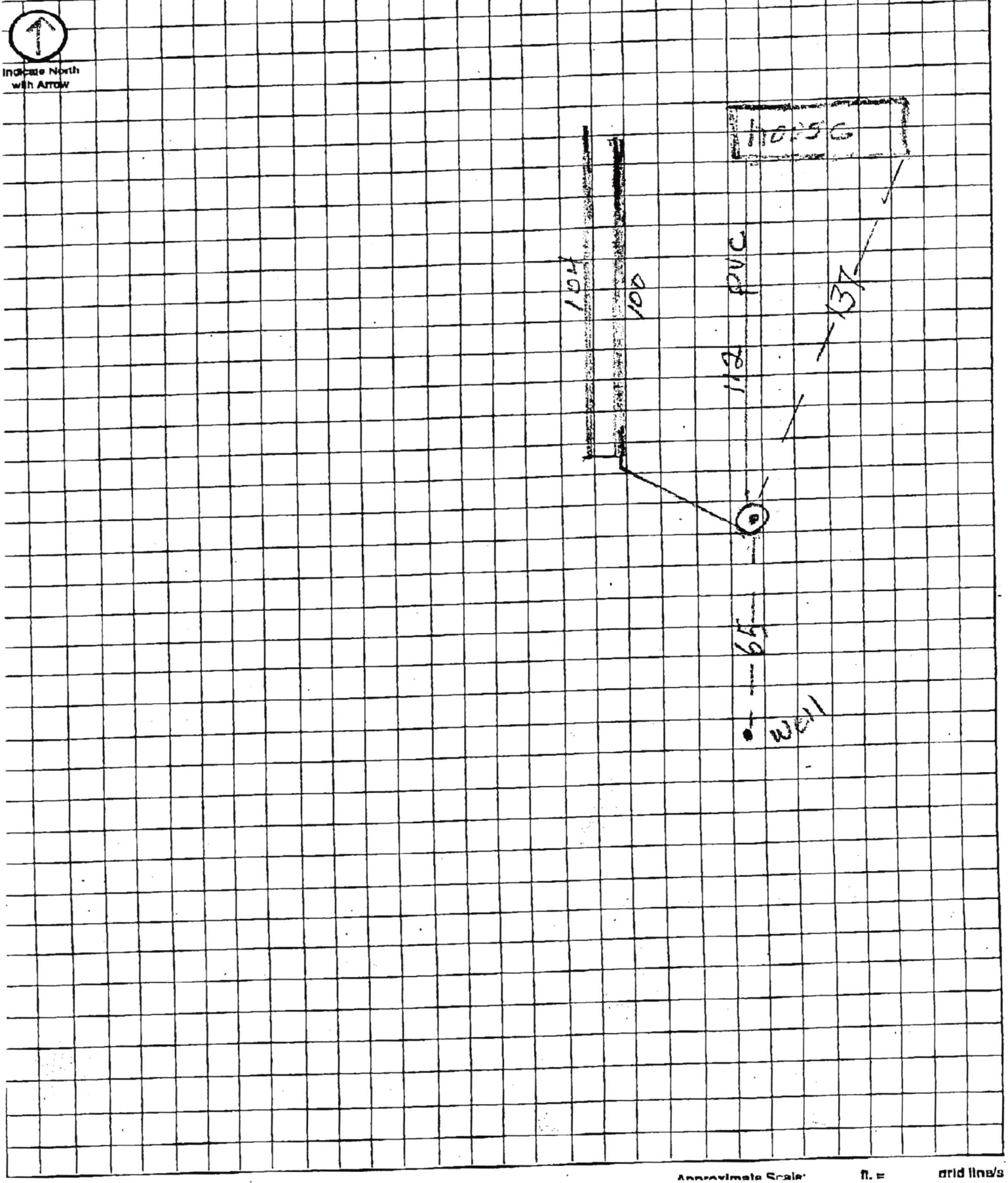
Jun 08 09 07:09a Gagner Construction 1 402 797 7475 p.2

As Built Drawing

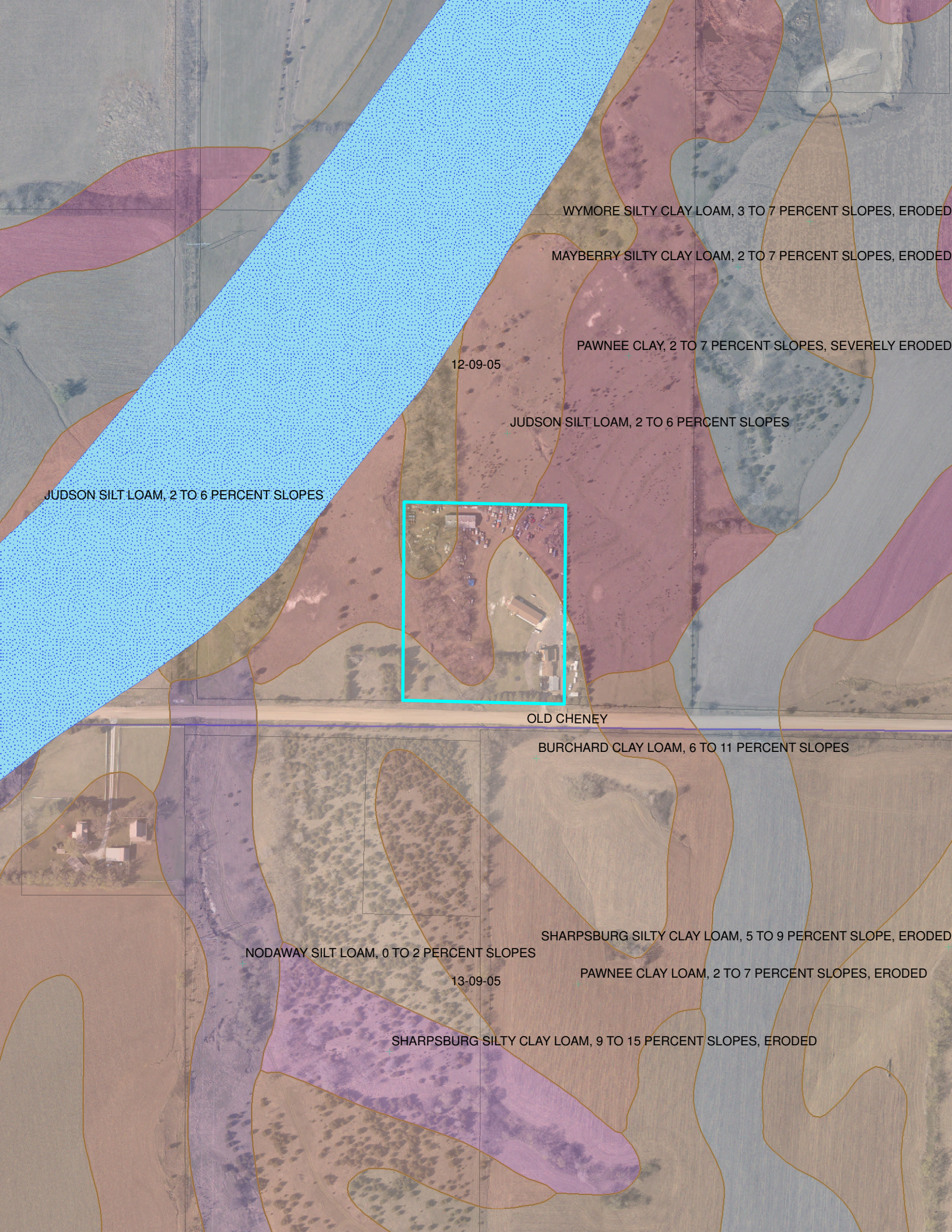
Robin Darr 6000 W. Old Cheney

Denton NE 68339

Indicate North with Arrow



Approximate Scale: ft. = grid lines


WYMORE SILTY CLAY LOAM, 3 TO 7 PERCENT SLOPES, ERODED
MAYBERRY SILTY CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
PAWNEE CLAY, 2 TO 7 PERCENT SLOPES, SEVERELY ERODED
12-09-05
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
OLD CHENEY
BURCHARD CLAY LOAM, 6 TO 11 PERCENT SLOPES
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPE, ERODED
NODAWAY SILT LOAM, 0 TO 2 PERCENT SLOPES
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
13-09-05
SHARPSBURG SILTY CLAY LOAM, 9 TO 15 PERCENT SLOPES, ERODED