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

SCANNED

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

HS000251

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 9N Range 7E 1/4 SE 1/4 ____ Section 20
   Block 1 Lot 1 Addition COUNTRY ACRES SOUTH
   Parcel ID 16-20-410-001-000 (i.e. 99-99-999-999-999)
   Street Address (no rural route) 5500 BRIDLE LN.

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** EXPAND/REPLACE ABSORBTION FIELD added 212' total - 64' on one run = 148 sq feet. per DH

5. **Work to be done by:** ☐ owner ☒ contractor's name KUHL TRENCHING INC. LARRY KUHL

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 ERIC MITCHELL Address 5500 BRIDLE LN Phone: ____

Applicant Signature (owner or lessee) Eric Mitchell

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 7/16/09 REVIEW: ☑ Approved ☐ Disapproved By: ____

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

Installation final written approval
Date 7/16/09 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: 7/17/09. Amount 175.00 Check No. 22607 Initials AKV

Revised 3-09

LLCHD HS000251

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

B

Permit Number: HS000251

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 5500 BRIDLE LN. (no rural route) City LINCOLN NE, Zip 6

Owner ERIC MITCHELL Address 5500 BRIDLE LN.

Soil Type (SCS): SHD WTC2 Percolation Rate: 31 min./inch

Date of Tests 6/17/09 to 6/18/09 Weather: Precipitation -0- Temperature 80

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	42"	6/17	9:30	6/18	8:40	6/18	9:00	6"	6/18	1:00	30	1	30
2	42"	6/17	9:30	6/18	8:40	6/18	9:00	6"	6/18	1:00	30	1	30
3	36"	6/17	9:30	6/18	8:40	6/18	9:00	6"	6/18	1:00	30	1	30
4	42"	6/17	9:40	6/18	8:40	6/18	9:15	6"	6/18	1:15	30	1 3/4	17
5	42"	6/17	9:40	6/18	8:40	6/18	9:15	6"	6/18	1:15	30	2	15
6	42"	6/17	9:40	6/18	8:40	6/18	9:15	6"	6/18	1:15	30	1 3/4	17

Sum of Percolation Rates: 139
Average of Rates: 23
Rate Used for Calculation: 31

Person Conducting Percolation Tests

Name: LARRY KUHL
Phone: 402-335-2406
Address P.O BOX 358 TECUMSEH, NE 68450

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

7-17-2009 9:11:31 PM 20-101 10-95

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3140 "N" Street, Lincoln, NE 68510
Phone: 441-8643

Business Office Use Only

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

Revised 3-09

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. HS000251

Situs: 8301 S 56 ST

Permit Fee: $175.00

Legal Description: T-R

Owner: MITCHELL, FRANKLIN D & KAREN &
5500 BRIDLE LN
LINCOLN NE
68516

Total Fees: $175.00

Issued: 07/17/2009
Expires 07/17/2010

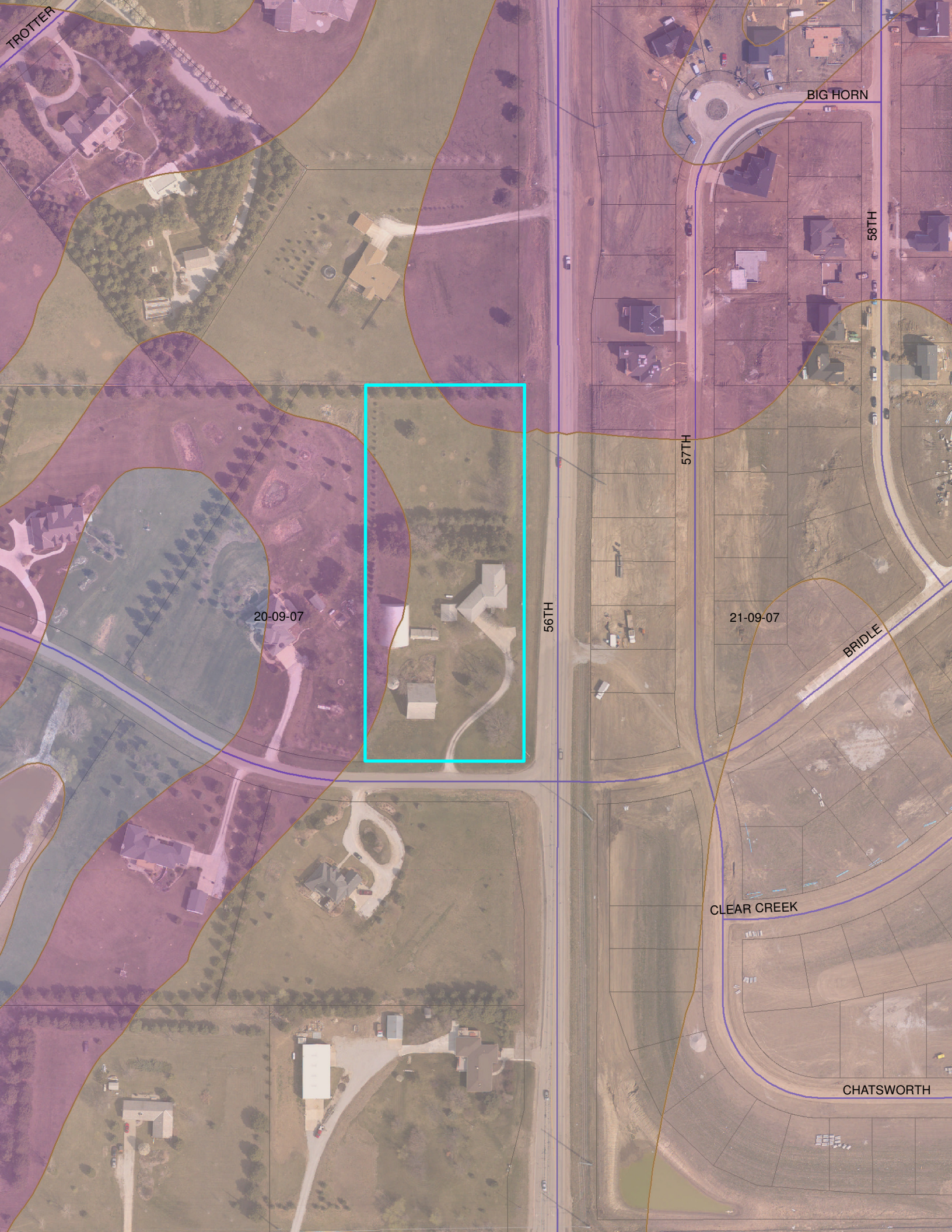
Bruce D. Dart, PhD, Health Director

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

KUHL TRENCHING
PO BOX 358
TECUMSEH NE 68450


TROTTER
BIG HORN
58TH
57TH
56TH
20-09-07
21-09-07
BRIDLE
CLEAR CREEK
CHATSWORTH