LLCHD HS000261

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

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

HS000261

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 ____ 1/4 ____ Section 32
   Block ____ Lot ____ Addition Breezy Acres
   Parcel ID ____-____-____-____-____-____ (i.e. 99-99-999-999-999)
   Street Address (no rural route) 5501 Liberty Lane

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 100' of Infiltrator lateral to existing 200' perforated pipe system
   Southwick Sewer Drain

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

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 Roger Stortenbeeker Address 5501 Liberty Ln Phone: ____

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

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HEALTH DEPARTMENT USE ONLY

Date received 8/12/09 REVIEW: ☑ Approved ☐ Disapproved By: ____

Site visits
Date 8/12/09 By DS
Date ____/____/____ By ____
Date ____/____/____ By ____

Installation final written approval
Date 8/12/09 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: 8/24/09 Amount 175.00 Check No. 1254 Initials BH

Revised 3-09

8-24-2009 16: 7:55

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

B

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 5501 Liberty Lane (no rural route) City Lincoln NE, Zip 68516

Owner _____ Addresss _____

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

Date of Tests 7/23 to 7/24 Weather: Precipitation ~ Temperature 80's

Percolation Test Data Table

A.	B.	C.	D.	E.	F.	G.	H.	I.	J.	K.	L.	M.	N.
		Pre-Saturation Period				Percolation Readings					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	30	7/23	3:00	7/24	12:00						30	3/4	40
2	↓		P		Noon							5/8	48
3												3/4	40
4												3/4	40

Person Conducting Percolation Tests

Name: Brad Sa[illegible]
Phone: 430-7606
Address 105 Locust P.O Box 191
Hickman, Ne 68372

Sum of Percolation Rates: 168
Average of Rates: 42
Rate Used for Calculation: 50

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

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. HS000261

Situs: 5501 LIBERTY LN

Permit Fee: $175.00

Legal Description: T09N-R07E-S32-Lot 41

Owner: HUSEN-STORTENBECKER, JAN ET AL
5501 LIBERTY LN
LINCOLN NE
68516

Total Fees: $175.00

Issued: 08/24/2009
Expires 08/24/2010

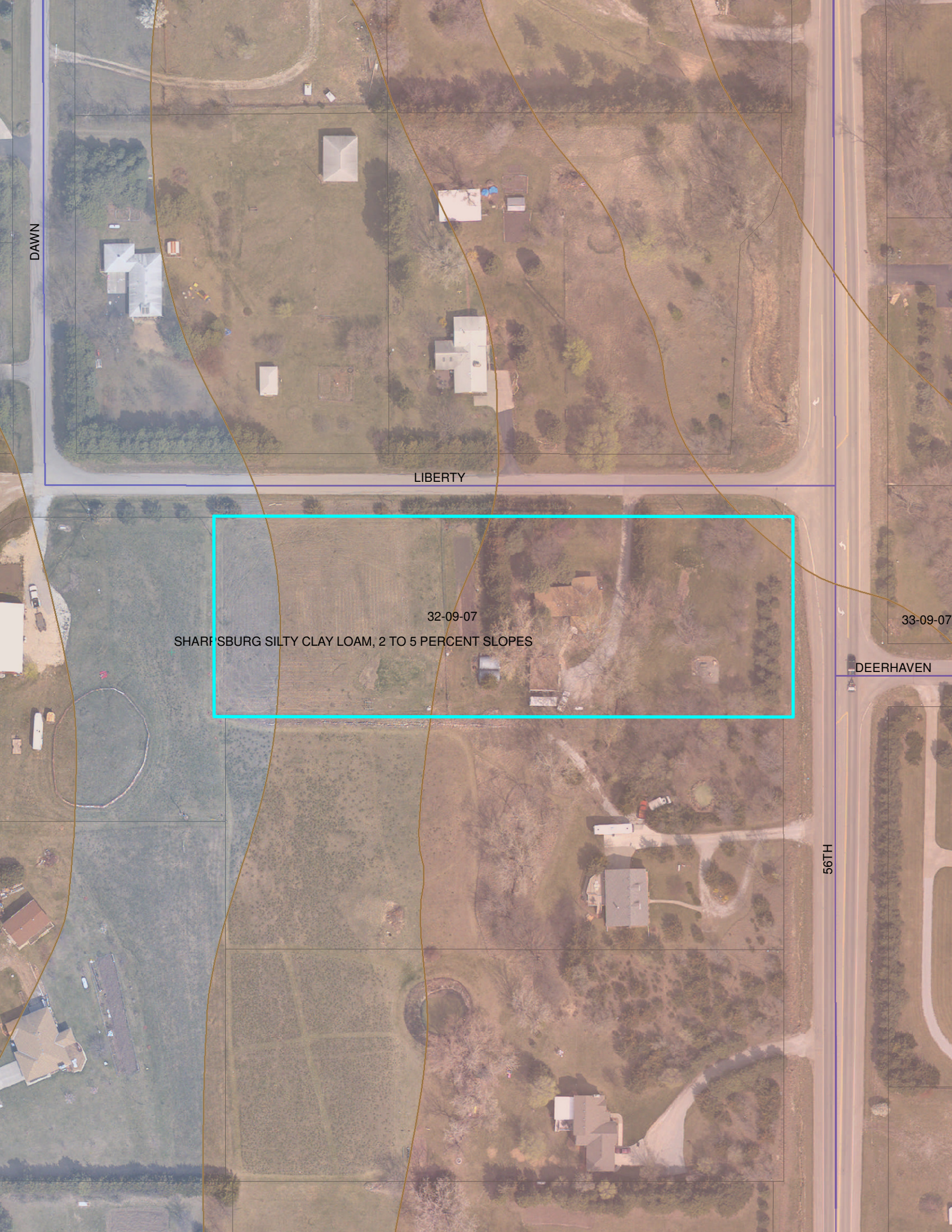
Bruce D. Dart, PhD, Health Director

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

SOUTHWICK SERVICES
PO BOX 191
HICKMAN NE 68372


DAWN
LIBERTY
32-09-07
SHARPSBURG SILTY CLAY LOAM, 2 TO 5 PERCENT SLOPES
33-09-07
DEERHAVEN
56TH