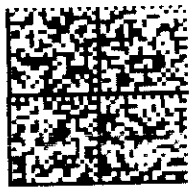


CITY OF LINCOLN
NEBRASKA
MAYOR CHRIS BEUTLER
lincoln.ne.gov

Lincoln-Lancaster County
Health Department
3140 "N" Street
Lincoln, NE 68510-1514

RETURN SERVICE REQUESTED

PRESORTED
FIRST CLASS



047J82005126

$00.414
08/25/2009
Mailed From 68510
US POSTAGE

AUG 28 2009

601 NFE 1 209C 00 08/27/09
RETURN TO SENDER
:DIRT WORKS PLUS INC
5211 O ST
LINCOLN NE 68510-2256

RETURN TO SENDER

FA[redacted]4



LLCHD HS000262

8-28-2009 13:36:25

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

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

HS000262

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 11 Range 7 1/4 ____ 1/4 ____ Section 6
   Block ____ Lot ____ Addition ____
   Parcel ID ____-____-____-____-____-____ (i.e. 99-99-999-999-999)
   Street Address (no rural route) 14900 No 27TH DAVEY NE 68336

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** PUT IN MORE and NEW LATERALS

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 LEROY KRUSE Address 14900 N 27TH Phone: 402-890-6388 890-6366

Applicant Signature (owner or lessee) Steve DAMKROGER

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 8/12/09 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: 441-8643

Business Office Use Only

Received: Date: 8/24/09 Amount 175.00 Check No. 10755 Initials BH

Revised 3-09

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 14900 No. 27th (no rural route) City Davey NE, Zip 68336

Owner Leroy Kruse Addresss Same as above

Soil Type (SCS): Sandy Clay Percolation Rate: 12 min./inch

Date of Tests Aug 10th 2009 to 8-11-09 Weather: Precipitation 0 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	3'	8-10	9 AM	8-11	9 AM	8-11	9 AM	6"	8-11	1 PM	30	2.25	13
2	3'	8-10	9 "	8-11	"	8-11	9 AM	6"	8-11	1 PM	30	5	6
3	3'	8-10	9 "	8-11	"	8-11	9 AM	6"	8-11	1 PM	30	2.25	13

Sum of Percolation Rates: 34

Average of Rates: 11.33 or 12

Rate Used for Calculation:

Person Conducting Percolation Tests

Name: Pat Strahan

Phone: 402-891-6388

Address 711 Blaine St Valparaiso NE. 68065

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Date

8-24-2009 16: 5:35

#1	#2	#3
3 1/4	5 1/4	2 3/4
2 1/2	5	2 1/4
2 1/2	5	2 1/4
2 1/4	5	2 1/4
2 1/4	5	2 1/4
2 1/4	5	2 1/4
rate 13.33 or 14	rate 6	rate 13.33 or 14

34 ÷ 3 = 11.33 or 12

3 bed Rooms 630' ÷ 4 = 157.5 or 160' lateral

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. HS000262

System Type: STANDARD

Situs: 14900 N 27 ST

Legal Description: T11N-R07E-S06-Lot 14

Owner: KRUSE, LEE & SHIRLEY A
14900 N 27 ST
DAVEY NE
68336

Permit Fee: $175.00

Total Fees: $175.00

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

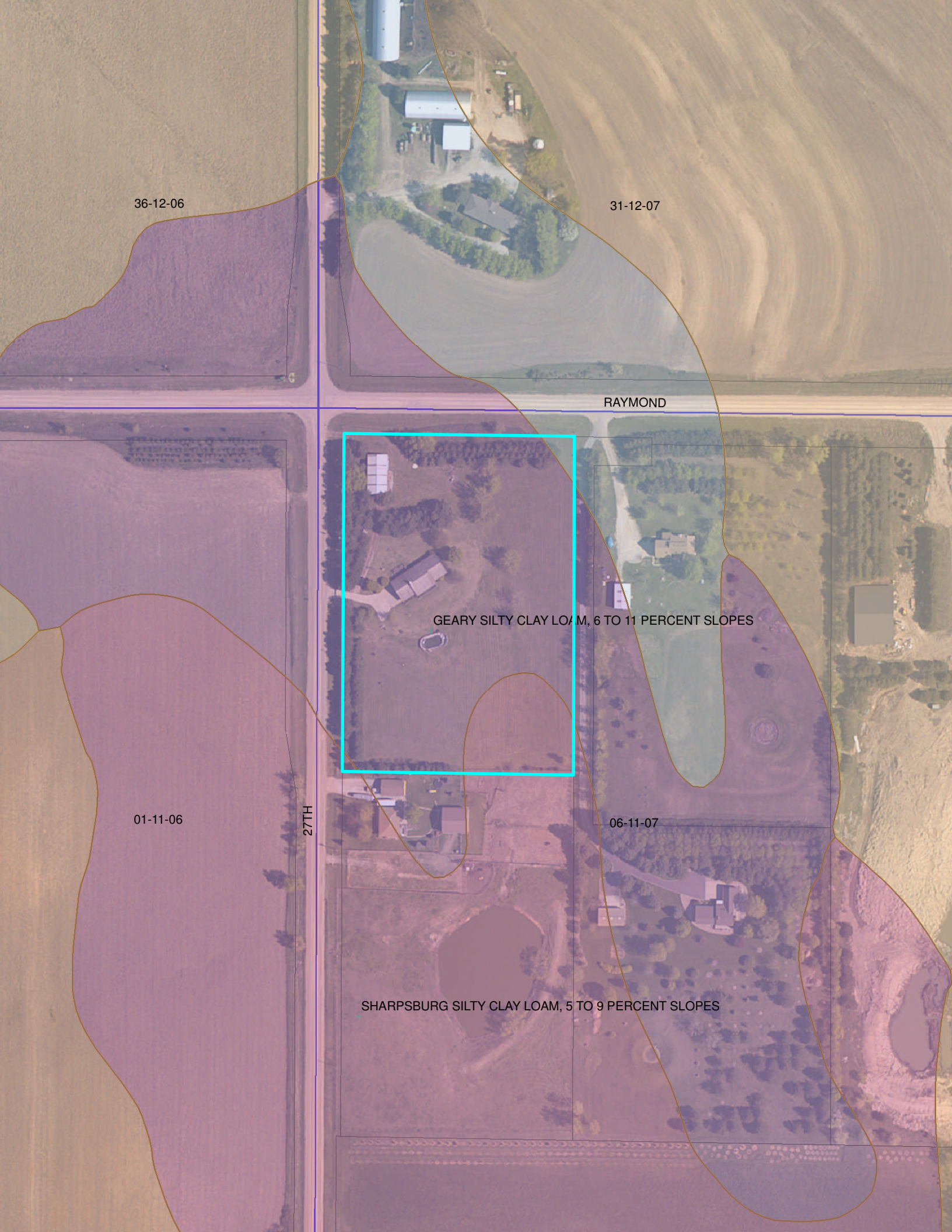
Bruce D. Dart, PhD, Health Director

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

DIRT WORKS PLUS
6667 NW 48TH
LINCOLN NE 68524


36-12-06
31-12-07
RAYMOND
GEARY SILTY CLAY LOAM, 6 TO 11 PERCENT SLOPES
01-11-06
27TH
06-11-07
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPES

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

SCANNED

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

H5000262

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:**
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   (c) A permit is required if the use, operation, location, or type of system is changed 890-6366

Print Name LEROY KRUSE Address 14900 N 27TH Phone: 402-890-6388

Applicant Signature (owner or lessee) Steve DAMKROGER

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 ____/____/____ By ____
Date ____/____/____ By ____
Date ____/____/____ By ____

Installation final written approval
Date 8/27/09 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. 10755 Initials BH

Revised 3-09

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 8-17-09

System Location (Indicate correct number and street)

Address 14900 No. 27th St. (no rural route) City Davey NE, Zip 68336

A. Building Sewer

1. Material: Class 160
   Diameter: 4 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: _____
   Number of compartments: _____
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: _____ in.
8. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. Distribution Box

1. Material: Concrete
   Number available outlets: 6
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 93 ft.

D. Absorption Field

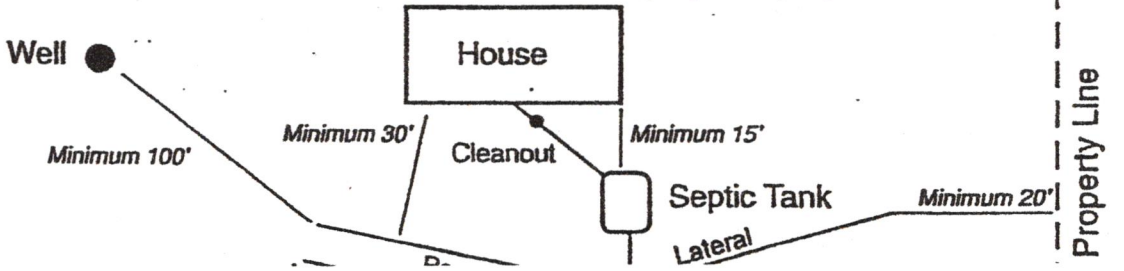
(Provide as-built drawings on back of this form)

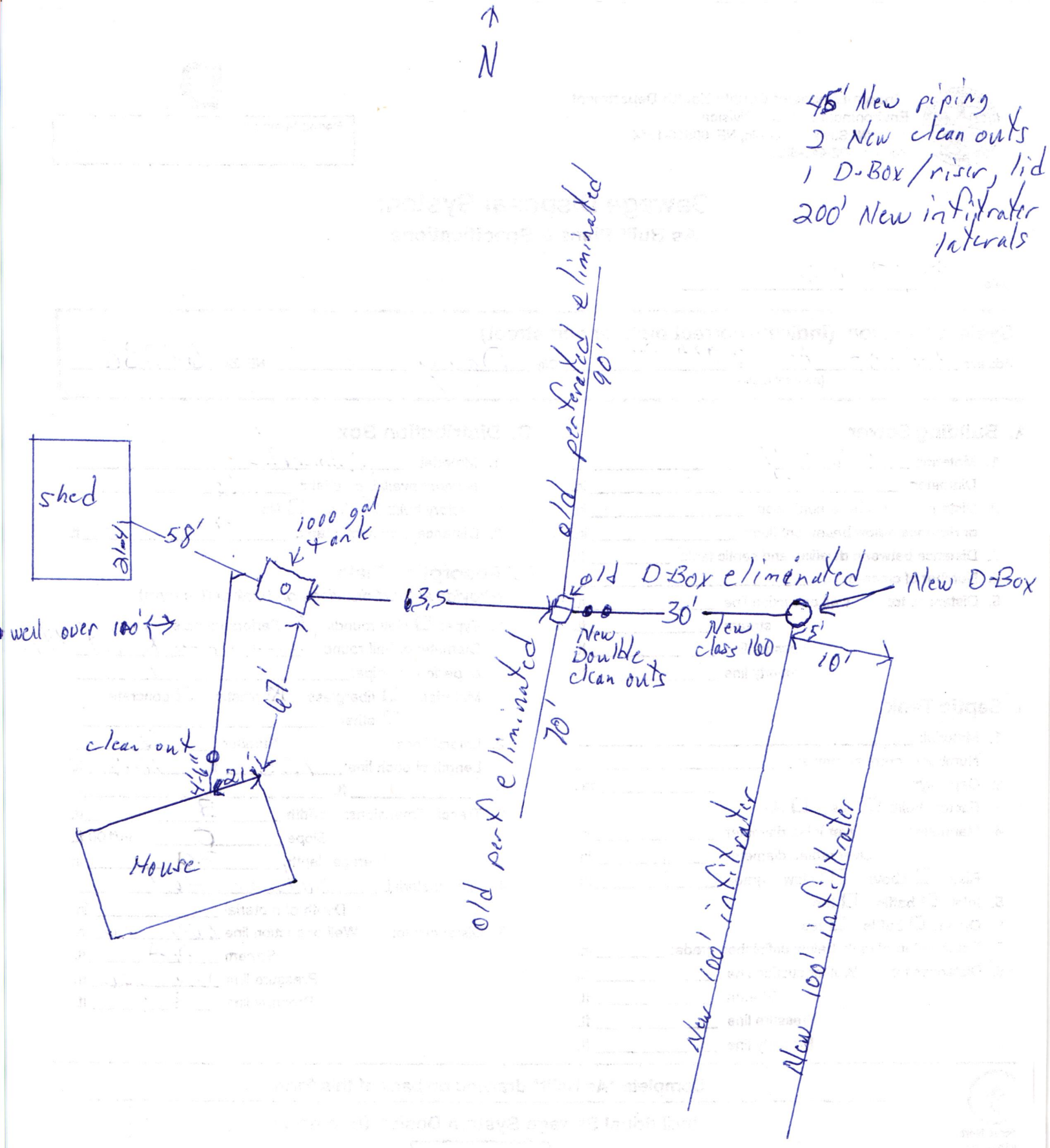
1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: High Capacity infiltrator
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 2
   Length of each line: 100 ft. 100 ft.
   _____ ft. _____ ft. _____ ft.
3. Trench dimensions: Width 3 ft.
   Slope 0 in/100 ft.
   Average depth 30 in
4. Filter material: natural soil
   Depth of material _____ in.
5. Distances to: Well or suction line over 100 ft.
   Stream NA ft.
   Pressure line over 100 ft.
   Property line 300 ft.

Scale North with Arrow

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

Individual Sewage System Design (Example)




N
45' New piping
2 New clean outs
1 D-Box / riser, lid
200' New infiltrator laterals
shed
58'
1000 gal tank
well over 100'
63.5
old perforated & eliminated
90'
old D-Box eliminated
New D-Box
30'
New Double clean outs
New class 160
5'
10'
67'
clean out
21'
House
old perf eliminated
70'
New 100' infiltrator
New 100' infiltrator