
13-12-05
56TH
18-12-06
SHELBY CLAY LOAM, 6 TO 11 PERCENT SLOPES
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES

LLCHD HS000295

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

☐ Municipal Code 24.38 ☒ County Resolution Number 02-30

HS000 295

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 12N Range 5E 1/4 ____ 1/4 ____ Section 13 SE/4
   Block ____ Lot ____ Addition ____
   Parcel ID ____-____-____-____-____-____ (i.e. 99-99-999-999-999)
   Street Address (no rural route) 20305 NW 56 Raymond Ne 68428

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** Install 100' H-10 Ext. Trench lateral near 4th Between existing 2 laterals

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 Don Pecka Address 20305 NW 56 Raymond NE 68428 Phone: 783-2377

Applicant Signature (owner or lessee) ____

Please include the permit fee ($150) with 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 10/16/09 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

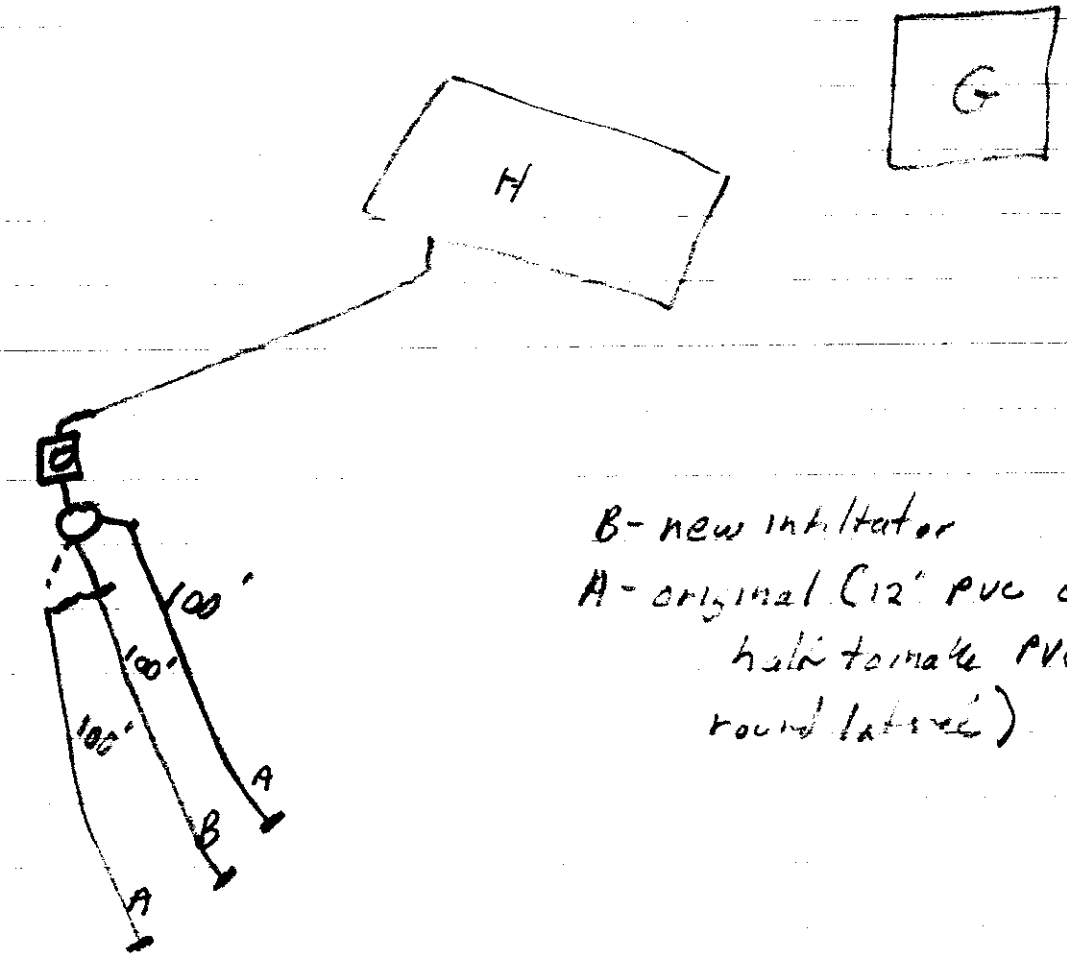
Received: Date: ____/____/____ Amount ____ Check No. ____ Initials ____

White - Division Copy Pink - Business Office Revised 9-05

10-16-2009 12:39:42

9-24-09

25305 NW 56
Don Pecka



B- new initiator
A- original (12" PVC cut in half to make PVC ½ round laterals)

out Bldg

LLCHD HS000295

SCANNED

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

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   Street Address (no rural route) 20305 NW 56 Raymond Ne 68428

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** Install 100' H-10 Extra Strength lateral near existing laterals

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)
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Print Name Don Pecka Address 20305 NW 56 Raymond NE 68428 Phone: 783-2377

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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: 10/16/09 Amount $180.00 Check No. 1264 Initials BHall

White - Division Copy Pink - Business Office Revised 9-05

10-16-2009 15:41:14

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. HS000295

Situs: 20303 NW 56 ST

Permit Fee: $180.00

Legal Description: T11N-R05E-S13

Owner: PECKA, DONALD E & ALICE M
20303 NW 56 ST
RAYMOND NE
68428

Total Fees: $180.00

Issued: 10/16/2009
Expires 10/16/2010

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 SEWER
PO BOX 191
HICKMAN NE 68428

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

SCANNED

☐ Municipal Code 24.38 ☒ County Resolution Number 02-30

HS000295

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   Block ____ Lot ____ Addition ____
   Parcel ID ____-____-____-____-____ (i.e. 99-99-999-999-999)
   Street Address (no rural route) 20305 NW 56 Raymond Ne 68428

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** Install 100' H-10 Infiltrator lateral near 4th Between existing 2 laterals

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 Don Pecka Address 20305 NW 56 Raymond Ne 68428 Phone: 783-2377

Applicant Signature (owner or lessee) ____

Please include the permit fee ($150) with 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 10/16/09 REVIEW: ☑ Approved ☐ Disapproved By: [signature]

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

Installation final written approval
Date 10/20/09 By [signature]

Return application to:
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: 441-8022

SCANNED

Business Office Use Only

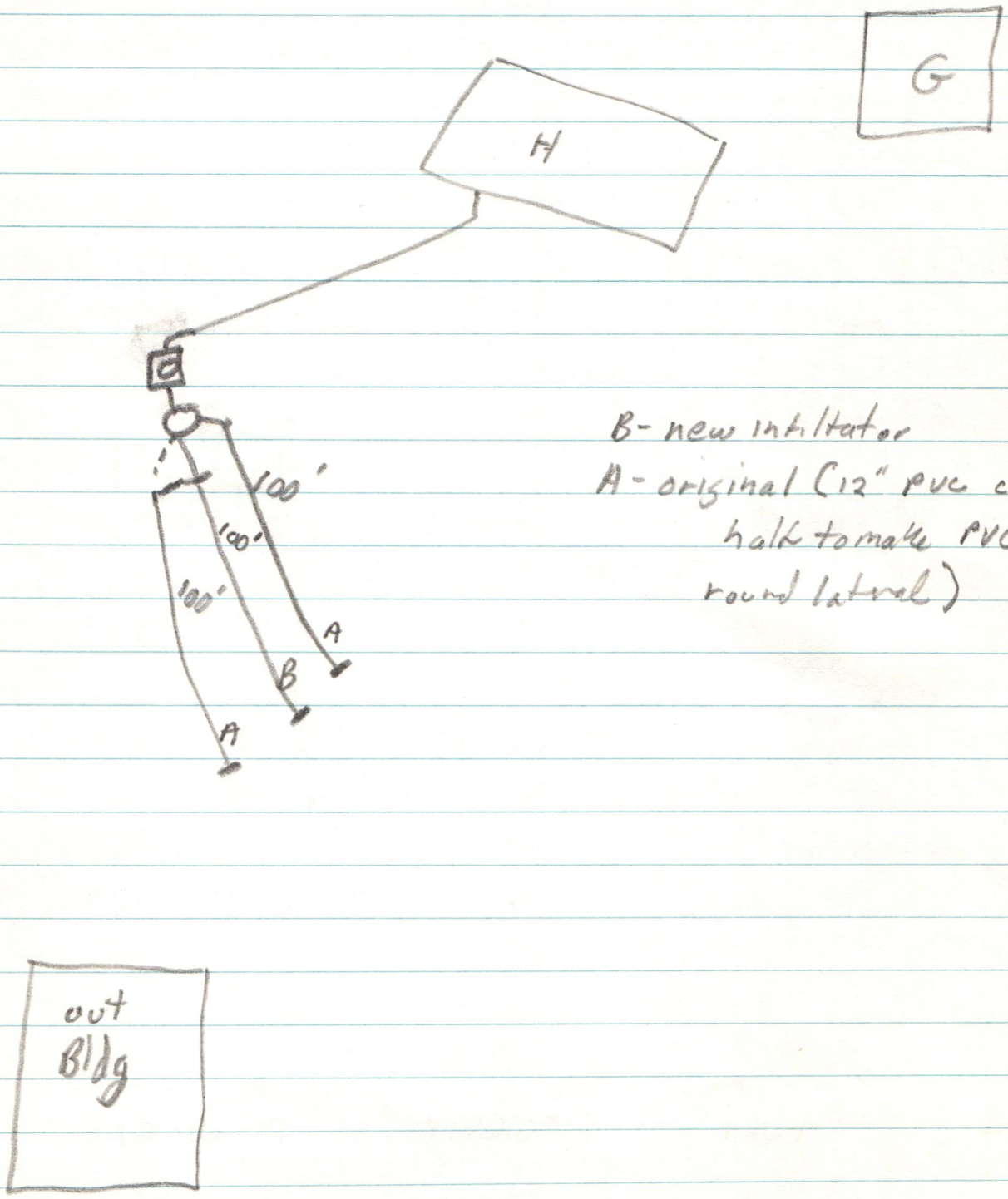
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White - Division Copy Pink - Business Office Revised 9-05

SCANNED

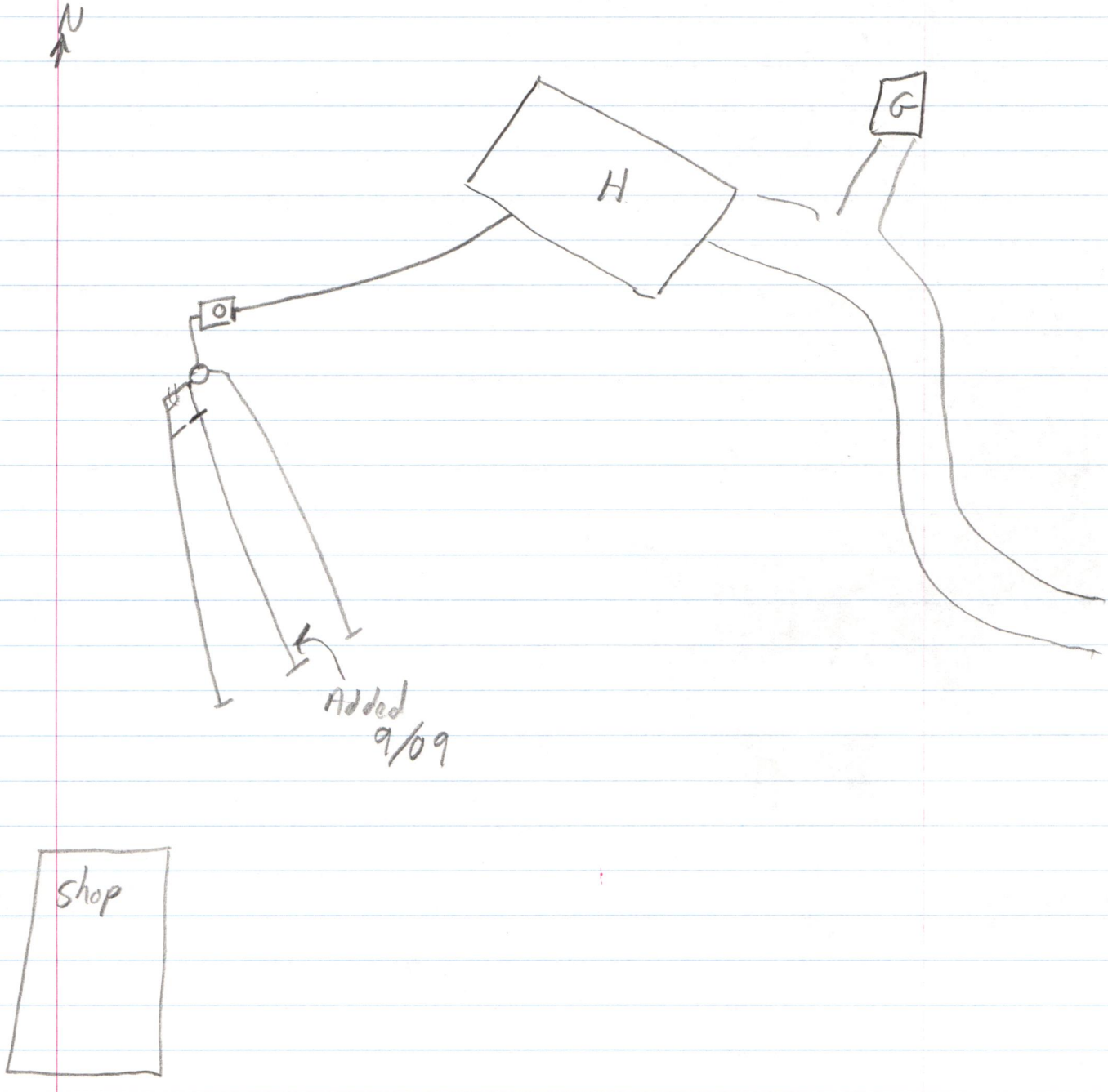
9-24-09

25305 NW 56
Don Pecka



B- new initiator
A- original (12" pvc cut in half to make PVC ½ round lateral)

20303 NW 56 st Raymond, Ne Donald Pecka



LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

3140 "N" STREET Lincoln, NE 68510-1514 (402) 441-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 95380133801

Issued 09/05/95
Expires 03/05/96
Revenue Code 18754

Establishment
JOHN STROHMYER
T12N R5E SEC 13
LOTS 5, 32, 33, & 39

FEES: $150.00

TOTAL $150.00

Permittee
JOHN STROHMYER
9811 NW 40 ST
LINCOLN NE 68524

Issued By M. Jane Ford
Health Director

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

FORM 20103-0477
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

A

FILING FEE: $ 150.00

FILE NO. _____

½ mile So. of NW 56th & Agnew Rd on west side

DATE: 9/13/95

The undersigned hereby requests SITE CLEARANCE and PERMIT to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

1. Legal description of property: Twp. 12N ; Range 5E ; Section 13 ; NE & SE
   Block _____ : Lots 32, 33, 39 : Addition _____
   Street Address Lot's 32, 33, 39

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe _____

3. Type of Individual Sewage Disposal System: Septic Tank ☒ ; Other ☐

4. Distance to public sewer: _____ ft.

John L Schumacher
Signature of Applicant (Owner or Lessee)

9811 N.W. 40th
Address
68524

(Do not write below this double line)

1. Health Department: Date Rec'd. 8/25/95. Date Frwd. 8/25/95. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 8-25-95. Date Frwd. _____. ACTION: Approved ☐ Disapproved ☐ Signature: _____

3. City or County Engineer: Date Rec'd. 08/25/95. Date Frwd. _____. ACTION: Approved ☐ Disapproved ☐ Signature: _____

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 8-25-95 by: mm
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 9-11-95 By: Ron Morgan

White: Health Dept. Copy
Yellow: Engineers Copy
Pink: Bldg. Inspector's Copy

FORM 23-43

FORM 20105-0477
SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 12 N ; Range 5E ; Section & ¼ Section 13 .
Property Dimensions: _____ ft. x _____ ft. Area: _____ acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☒ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 9/10/95 to 9/11/95 . Weather: Precip. dry Temp. 90° .

½ mi. So. of NW 56th + AG new Rd. on west side

OWNER: Don Petska

Address: Valparaiso

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				
Hold No.	Hole Depth (in.)	Date (Mo./ Day)	Time (Hr./ Min.)	Date (Mo./ Day)	Time (Hr./ Min.)	Date (Mo./ Day)	Time (Hr./ Min.)	Water Level (in.)	Time (Hr./ Day)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1	24"	9/10			9/11	9/11				6"	30	1½	
2	"									"	"	1	
3	"									"	"	1¾	
4	"									"	"	1½	
5	"									"	"	2	
6	"									"	"	1¾	

Sum of Percolation Rates: _____
Average of Rates: _____
Mean of Rates: _____

John Strohmyer
Signature of Person Conducting Test

Address 9811 N.W 40th Phone 430-6023

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Ludson Silt Loam
Date: August 25, 1995

Approved Percolation Rate (a)
A. 19 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
Signature of Reviewing Official

FORM 20104-0477
PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

D

DATE: _____

FILE NO. _____

Don Petska - Valparaiso
W- 467-8402
H- 784-2377

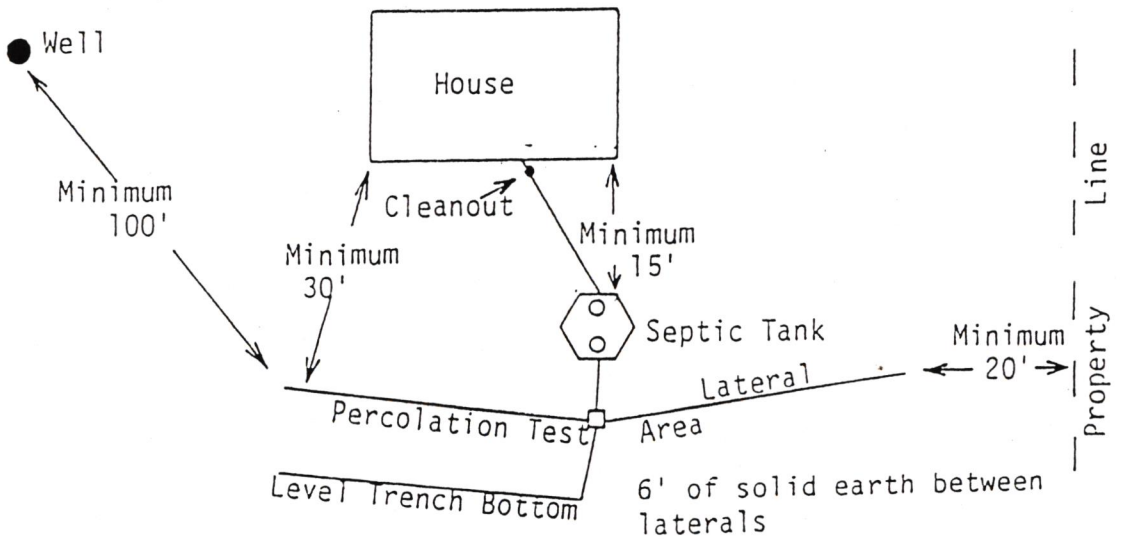
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material CPVC ; Diameter 4" in.
2. Distance above basement floor _____ in., or below basement floor 48 in.
3. Distance between dwelling and septic tank 106' ft.
4. Number of clean-outs 2 .
5. Distances to:
Well or Suction Line Not In ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

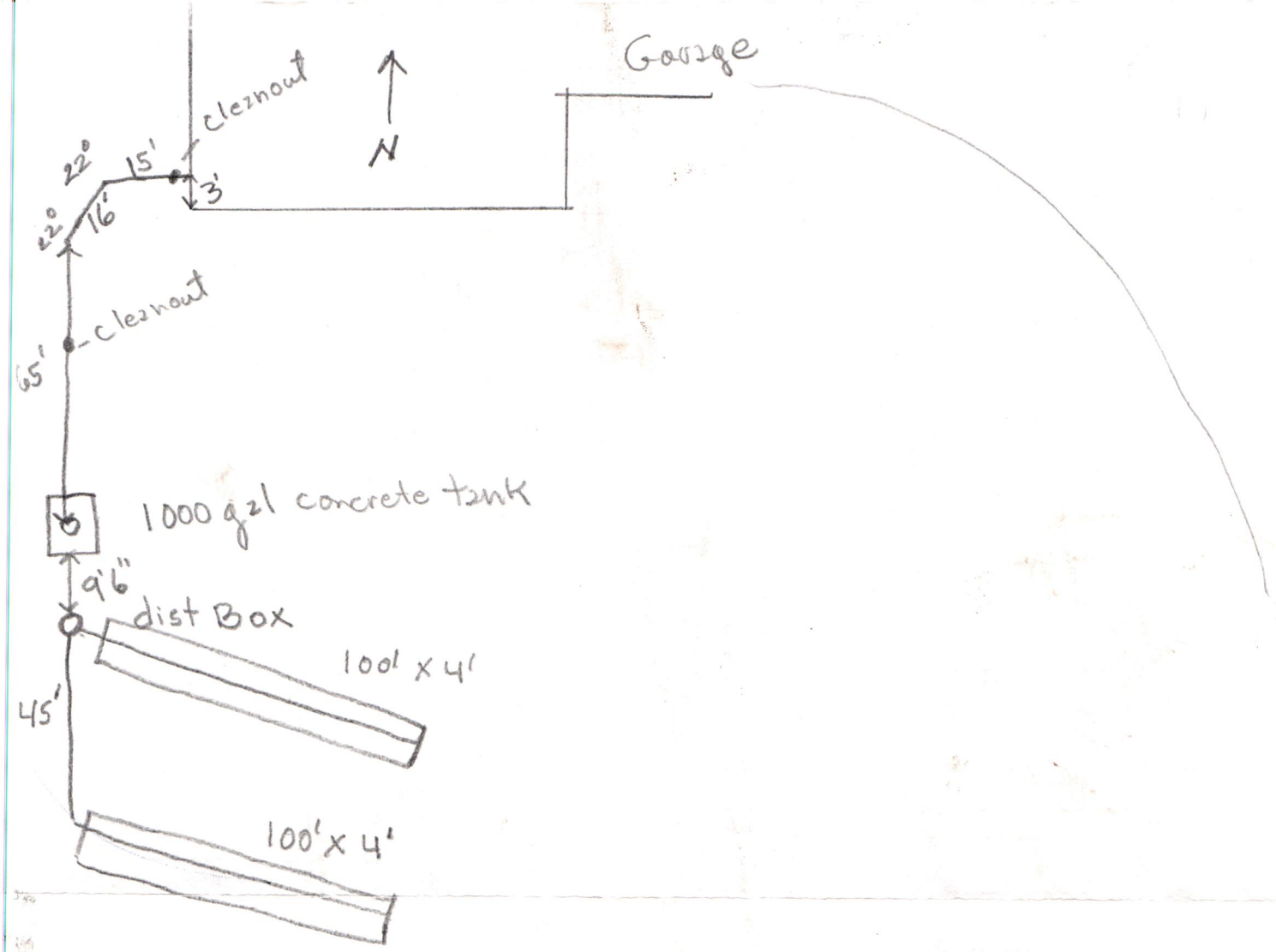
B. SEPTIC TANK:
1. Material Concrete ; No. of compartments 1 .
2. Capacity _____ gals.;
3. Factory Built: Yes ☑ No ☐
(Company Pre-Cast)
4. Manholes: Over Inlet; diam. _____ in.
Over Outlet; diam. _____ in.
Riser Above ☑ Below ☐ Grade ____ in.
5. Inlet: Baffle ☑ ; or Tee ☐
6. Outlet: Baffle ☑ ; or Tee ☐
7. Depth of top of tank below finished grade 12 in.
8. Distances to:
Well or Suction Line Not In ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

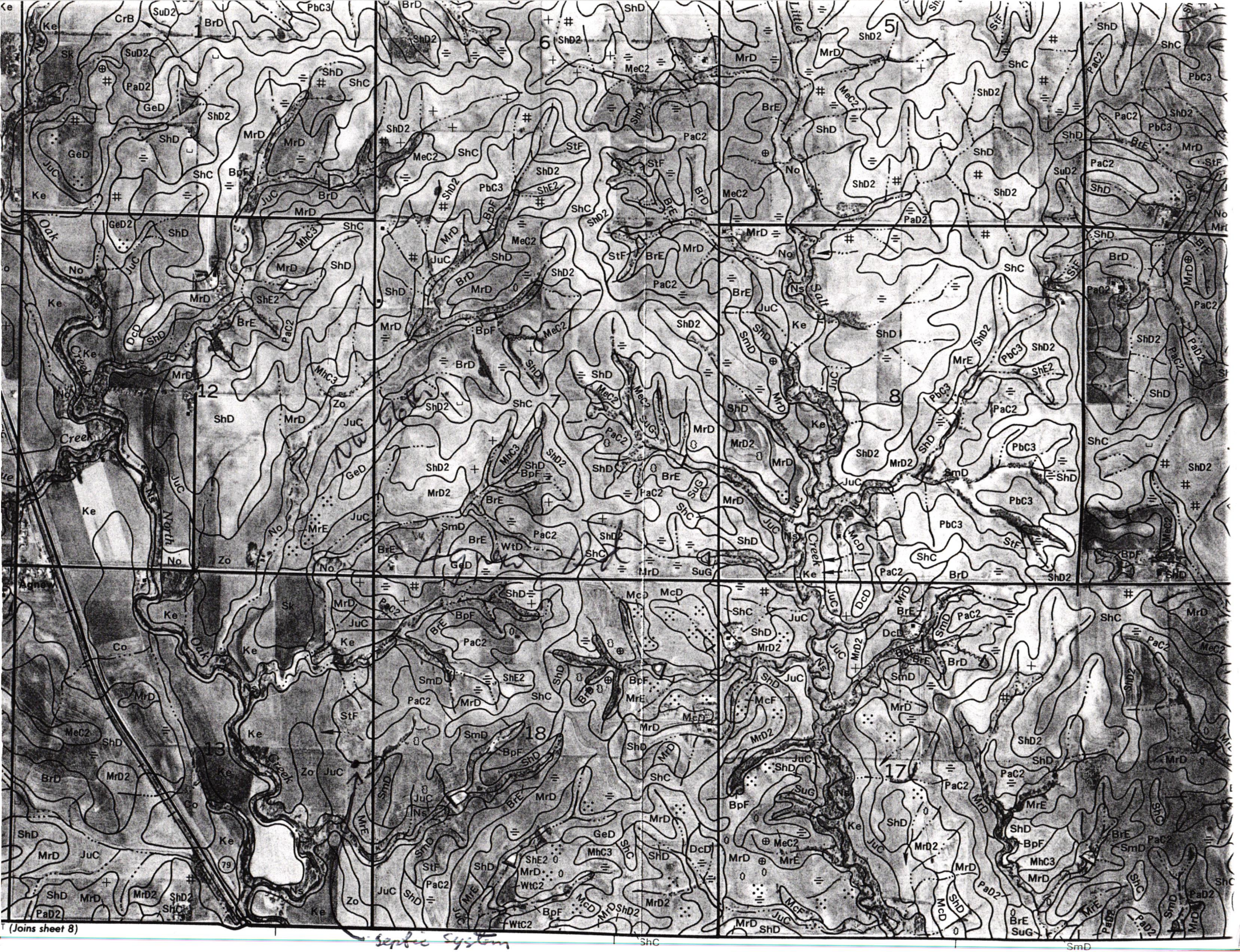
C. DISTRIBUTION BOX:
1. Material Concrete ; Number - available outlets _____ .
2. Factory Built: Yes ☑ No ☐
(Company Pre-cast)
3. Distance from Septic Tank _____ ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☑ Perforated Pipe ☑
Diameter of Half Round 16" or Perforated Pipe 4" .
Material: fiberglass ☐ ; plastic ☐ ; concrete ☐ ; other PVC-35 .
2. Lateral Lines:
Number 2 ; Length of each line 100 , 100 , _____ , _____ , _____ ft.;
Total length of laterals 200 ft.;
Distance between lateral lines ____ ft.
3. Trench dimensions: Width 4 ft.;
Slope 3" in/100 ft.; Average Depth 24 in.
4. Filter Material: Rd Gravel
Depth of Material 18 in.
5. Distances to:
Well or Suction Line Not In ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN


Garage
cleanout
N
22°
15'
3'
22°
16'
cleanout
65'
1000 gal concrete tank
9'6"
dist Box
100' x 4'
45'
100' x 4'


Oak Creek
North Oak Creek
Little Salt Creek
Salt Creek
Agnew
Septic System
(Joins sheet 8)