**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. HS000296**

**System Type:** STANDARD

**Situs:** 11211 W YANKEE HILL RD

**Legal Description:** T09N-R05E-S28-Lot 32

**Owner:** DIXON, HOLLY R
2430 WINTHROP RD
LINCOLN NE
68502

| | |
|---|---|
| Permit Fee: | $180.00 |
| Total Fees: | $180.00 |
| Issued: | 10/16/2009 |
| Expires | 10/20/2010 |

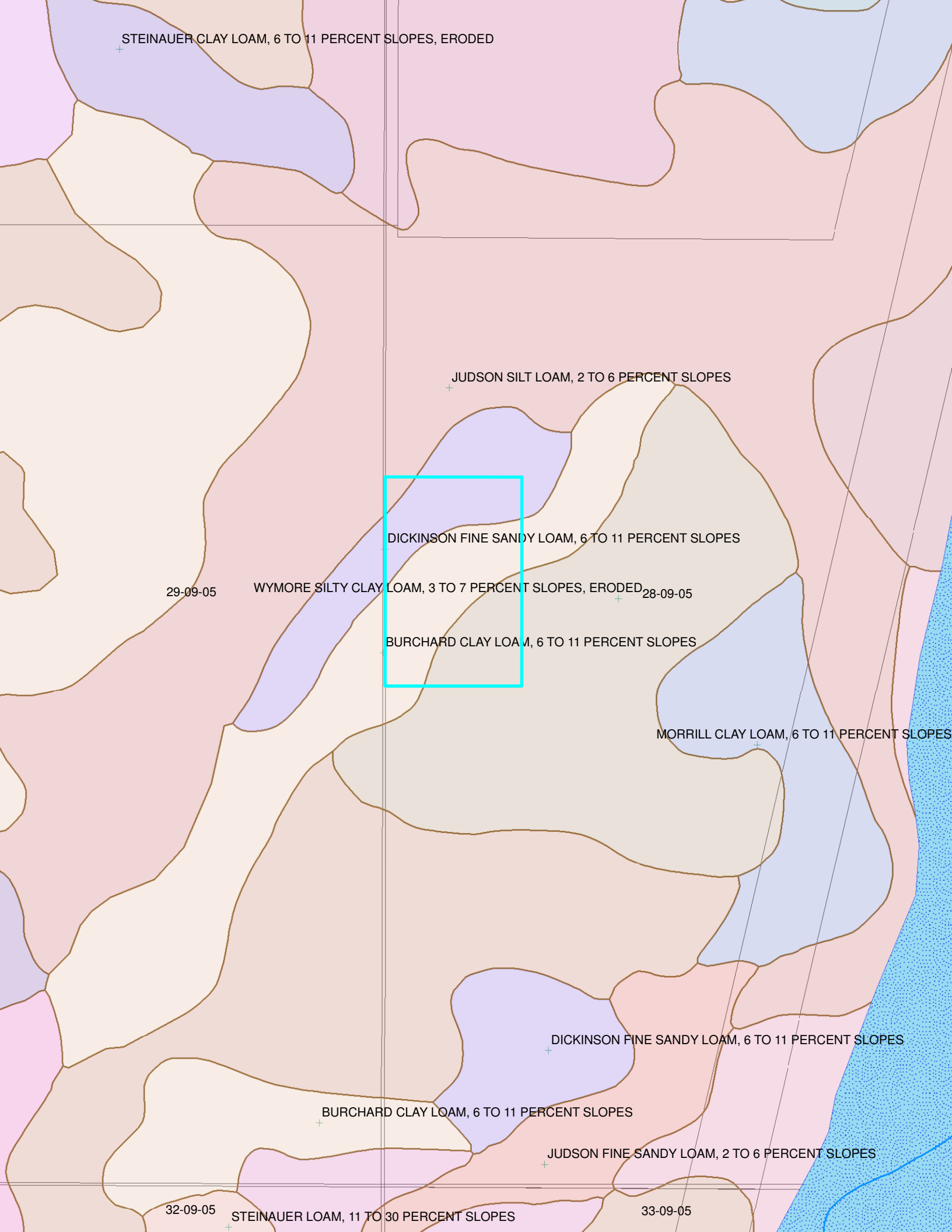
Bruce D. Dart, PhD, Health Director

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


STEINAUER CLAY LOAM, 6 TO 11 PERCENT SLOPES, ERODED
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
DICKINSON FINE SANDY LOAM, 6 TO 11 PERCENT SLOPES
29-09-05
WYMORE SILTY CLAY LOAM, 3 TO 7 PERCENT SLOPES, ERODED
28-09-05
BURCHARD CLAY LOAM, 6 TO 11 PERCENT SLOPES
MORRILL CLAY LOAM, 6 TO 11 PERCENT SLOPES
DICKINSON FINE SANDY LOAM, 6 TO 11 PERCENT SLOPES
BURCHARD CLAY LOAM, 6 TO 11 PERCENT SLOPES
JUDSON FINE SANDY LOAM, 2 TO 6 PERCENT SLOPES
32-09-05
STEINAUER LOAM, 11 TO 30 PERCENT SLOPES
33-09-05

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

☐ Municipal Code 24.38 ☒ County Resolution Number 02-30

HS000296

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 28
   Block ____ Lot 32 Addition ____
   Parcel ID ____-____-____-____-____ (i.e. 99-99-999-999-999)
   Street Address (no rural route) 11211 W. Yankee Hill Rd Denton

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 630 FT² of Infiltrator Laterals

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

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 John Dixon Address 11211 W. Yankee Hill 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

---

**HEALTH DEPARTMENT USE ONLY**

Date received ____/____/____ 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

* Need Perc's prior to approval

***Business Office Use Only***

Received: Date: 10/16/09 Amount $180.00 Check No. 1265 Initials RHall

* Contacted contractor on 10/16/09 VA

Revised 3-09

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

SCANNED

☐ Municipal Code 24.38 ☒ County Resolution Number 02-30

H50000296

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 28
   Block ____ Lot 32 Addition ____
   Parcel ID ____-____-____-____-____ (i.e. 99-99-999-999-999)
   Street Address (no rural route) 11211 W. Yankee Hill Rd Denton

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 630 FT² of Infiltrator Lateral

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

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 John Dixon Address 11211 W. Yankee Hill 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

---

**HEALTH DEPARTMENT USE ONLY**

Date received ____/____/____ REVIEW: ☐ Approved ☐ Disapproved By: ____

**Site visits**
Date 11/12/09 By DS
Date ____/____/____ By ____
Date ____/____/____ By ____

**Installation final written approval**
Date 11/13/09 By [signature]

SCANNED

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

* Need perc's prior to approval *

***Business Office Use Only***

Received: Date: 10/16/09 Amount $180.00 Check No. 1265 Initials BHall

* Contacted contractor on 10/16/09 VH

# SOIL ABSORPTION DATA REPORT

Project
Location
Job No.
Date

## SOIL TEST PROPERTY

OWNER: John Dixon

LOCATION:
Township: 9N
Range: 5E
Section & 1/4 Section: 26 SW/4

~~Bill to:~~ 11211 W. Yankee Hill Rd
Denton Ne 68339

Property Dimensions: _____ feet x _____ feet

Property Area: 11 acres

Property ID: _____

DATES OF TESTS: 9-8 to 9-9

SOIL TYPE:

| | | | |
|---|---|---|---|
| Silty Clay | | Sandy Loam | |
| Silty Loam | | Sandy Clay | |
| Clay Loam | | Clayey Sand | |
| Silty Clay Loam | | Silty sand | X DIC |
| | | Sand | |

WEATHER:
Precipitation: _____
Temperature: 90

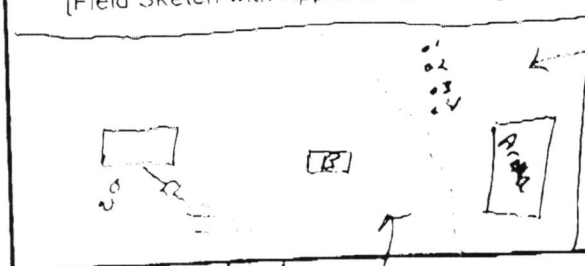
## PERCOLATION TEST DATA

| Hole No. | Hole Depth (In.) | Pre-Saturation Period Start Date (Mo. Day) | Pre-Saturation Period Start Time (Hr. Min) | Pre-Saturation Period End Date (Mo. Day) | Pre-Saturation Period End Time (Hr. Min) | Percolation Readings Start Date (Mo. Day) | Percolation Readings Start Time (Hr. Min) | Percolation Readings Start Water Level (in.) | Percolation Readings End Time (Hr. Min) | Percolation Readings End Water Level (in.) | Results Elapsed Time (Min.) | Results Water Level Drop (in.) | Results Percolation Rates (Min. / in.) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 30 | 9/8 | 3/00 | 9/9 | 2/00 | ~~9/9~~ | 3/15 | 29 | 3/25 | 30 1/8 | 10 | 1 1/8 | 9 |
| 2 | 30 | | PM | | PM | | P | 28 1/2 | PM | 29 1/2 | | 1 | 10 |
| 3 | 30 | | | | | | | 28 1/8 | | 29 1/4 | | 1 1/8 | 9 |
| 4 | 30 | | | | | | | 29 3/4 | | 30 7/8 | | 7/8 | 12 |
| 5 | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | | |

Test Conducted By: Brad Southwick #148 #1108 NDEQ

Sum of Percolation Rates: 40
Average of Rates (Min/Inch): 10
Designed Inches Per Minute: 20

[Field Sketch with Approximate Boring Locations Attached]



# Property Transfer Inspection Report

Lincoln Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street♦ Lincoln, NE 68510

## *Onsite Wastewater Treatment System*

**Address:** 11211 W. Yankee Hill Rd Denton 68339
**Legal Description:** _____
**Owners Name:** _____ **Parcel ID:** _____
Phone #1: _____ Phone #2: _____ E-mail address: _____
**Authorized Agent:** Leonard Harper
Phone #1: _____ Phone #2: _____ E-mail address: _____

**Onsite Wastewater Treatment System**
Type of System (Check One)
- ☐ Lagoon
- ☑ Standard Septic
- ☐ Non-Standard (specify)_____

**Onsite Water Supply System**
Type of System (Check One)
- ☒ Private Well
- ☐ Shared Well
- ☐ Public Water

**Required Information for Standard and Non-Standard Systems:**

1. The septic tank shows indication of collapse or leakage Acid eating on outgoing end. (Yes) No
2. The sludge layer is less than 12 inches below the outlet baffle Yes (No)
3. The bottom of scum layer is less than 3 inches above the bottom of the outlet baffle Yes (No)
4. The location of laterals has been identified and a drawing has been completed (Yes) No
5. The laterals and surrounding areas show visible signs of failure Yes (No)
6. The laterals have been probed (Yes) No
7. The laterals show evidence of excess effluent Yes (No)
8. Has the system been modified, altered, or extended since the original permit was issued? Yes (No)
   If yes, please describe: _____
9. Other evidence the system is in failure or at increased risk of failure (describe) (Yes) No
   Smartweed Stubble & Buttonweed on areas of Laterals - possible previous Failure
10. Is the house vacant? (Yes) No
    If yes, for how long: 1 yr.

**Required Information for Lagoons:**

1. Evidence of damage to the dike due to animal burrows, damage, cracks, crevices Yes No
2. Evidence of wastewater overflow or encroachment within 1 foot of dike top Yes No
3. Evidence of over the ground surface water inflow Yes No
4. Presence of cattails, other emergent plants or trees that might damage the lagoon seal or dike construction Yes No
5. Other evidence the system is in failure or at increased risk of failure (describe) Yes No
   _____
6. A fence is present that meets standards Yes No
7. Is the house vacant? Yes No
   If yes, for how long:_____

Note: If the onsite wastewater system is not located on the described property an encroachment agreement or easement must be established and copies of the agreement or easement must be attached to this report.

Comments:

Lateral only 85' from well head - outgoing side of Tank
soft enough for Tile probe to go through the Concrete Tank.
no Incoming Baffle in outgoing Tee

The system has been inspected within the guidelines established by the Lincoln-Lancaster County Health Department.

Additional inspection information is attached Yes No

**Signature** Brad Southard **Date** 7/9/09

Property Transfer Inspector

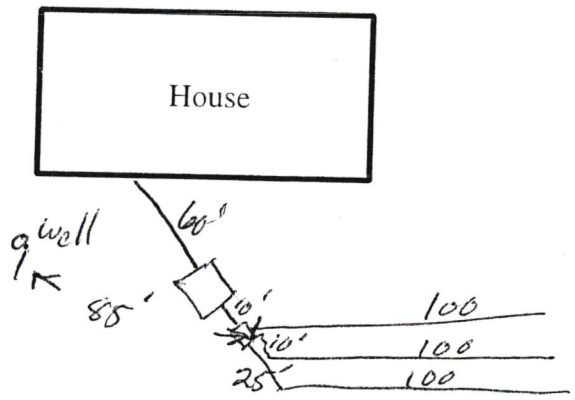
**LLCHD Permit Number** 148

# Property Transfer Inspection Report

## Onsite Wastewater Treatment System Inspection

**Include distances**

N




1. Indicate location of septic tank (distance and direction from house).
2. Indicate location and distance of wastewater lagoon.
3. Indicate location and distance of closest building foundations.
4. Indicate location of well.
5. Indicate the location, length and number of laterals. Indicate approximate areas of probing.
6. General Comments: well to close to Lateral, Tank ovalized & not in good condition

**Signature** Brad Smith **Date** 07/9/09

**LLCHD Permit Number** 148

**Onsite Water Supply System**
**Property Transfer Inspection Report**
Lincoln-Lancaster County Health Department
Environmental Public Health Division (441-8031)
3140 "N" Street, Lincoln, NE 68510

| FOR OFFICE USE ONLY rev 6/06 |
|---|
| APD No. HPT00 ___ ___ ___ |
| Initialized ___/___/___ By ___ |
| FO$ Rec'd ___/___/___ By ___ |
| Amt ___ ck# ___ |
| Posted ___/___/___ By ___ |
| Return to Water Team Support Staff |

Property Address: 11211 W Yankee Hill Rd Denton

Legal Description: T 9 R 5 S 28 ¼ Subdiv. _____ Blk ____ Lot 32

Parcel ID: 03-28-300-003-000

Owner Name: Countrywide Bank Phone #1: _____ Phone #2: _____

Owner E-mail address: _____ Fax #: _____

Authorized Agent*: _____ Phone #1: _____ Phone #2: _____

Agent Address (not required for PTI): _____ Fax #: _____

Agent E-mail address: _____

(*Authorized Agent shall mean a Real Estate Agent, Property Transfer Inspector (PTI), or any individual or corporation authorized, in writing, to act as the legal representative in all matters authorized by the owner.)

**Onsite Water Supply System (check one)**

- ☑ Private Well
- ☐ Shared Well
- ☐ Public Water

**Onsite Wastewater Treatment System (check one)**

- ☐ Lagoon
- ☑ Standard Septic
- ☐ Non-Standard (specify) _____
- ☐ Community System

**Required Information** :

| | | |
|---|---|---|
| 1. The well meets setback requirements from known sources of contamination | Yes | (No) |
| 2. The well is visibly in substantial compliance with Title 178 NAC 3 | Yes | (No) |
| 3. Water sample tests for coliform bacteria were negative | (Yes) | No |
| 4. Water sample tests for nitrate were less than 10 mg/l | (Yes) | No |
| Nitrate test result .07 | | |
| 5. Additional inspection information attached | Yes | No |

Comments:
Well Head Conduit Broke and Duct Tape on LB

Note: If the onsite water supply serving this property is not located on the described property, a copy of an agreement to use the supply must be included with this report.

The system has been inspected within the guidelines established by the Lincoln-Lancaster County Health Department.

Signature: _____ Permit No.: HPTINS00 ____ Date: 7-3-09
Property Transfer Inspector

RETURN COMPLETED INSPECTION WITH ~~$75.00~~ 90.00 FEE MADE PAYABLE TO LLCHD TO ADDRESS ABOVE