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

NOV 10 2009

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

SCANNED HS000304

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 5E 1/4 SW 1/4 _____ Section 17
   Block _____ Lot _____ Addition _____
   Parcel ID ____-____-_____-_____-_____ (i.e. 99-99-999-999-999)
   Street Address (no rural route) 12400 "W" DENTON Rd.

2. **Property use:** ☐ residential ☐ commercial ☐ other use
   Number of bedrooms _____ Describe _____

3. **Type of Present Individual Disposal System** ☐ septic system ☐ lagoon ☐ other

4. **Description of proposed alteration, extension or repair** New JUCTION BOX Add 150FT INFILTRATORS.

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 _____ Address _____ 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 11/12/09 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: 11/12/09 Amount 180.00 Check No. 6384 Initials BH

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**

**No. HS000304**

**System Type:** STANDARD

**Situs:** 12400 W DENTON RD

**Legal Description:** T09N-R05E-S17-Lot 19

**Owner:** SPICER, CARMI D & RITA K
12400 W DENTON RD
DENTON NE
68339

Permit Fee: $180.00

Total Fees: $180.00

Issued: 11/13/2009
Expires 11/13/2010

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

GAGNER CONST
4810 W CLAIRE AVE
LINCOLN NE 68523-9324

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Revised 3-09

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**

12400 West Denton Rd FILE NO. 2600-C

PROPERTY WHERE SOIL TESTED: 7105 THUR #238533

Location: Township 9 ; Range 5E ; Section & ¼ Section 17-SW¼
Property Dimensions: 1442 ft. x 1294 ft. Area: 42 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐.
Dates of Tests: 3 Nov 87 to 4 Nov 87. Weather: Precip. None Temp. 70.

OWNER: Carmi D Spicer
Address: R1 Box 69 Denton Ne 68339

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 | 10/36 | 3 Nov | 8 AM | 3 Nov | 12 00 | 4 Nov | 12 30 | 3 | 4 30 | 1 | 30 | | 1.0 |
| 2 | 10/36 | " | 8 05 | " | 12 05 | " | 12 32 | 2½ | 4 32 | ¾ | | | .25 |
| 3 | 10/36 | " | 8 10 | " | 12 10 | " | 12 34 | 2⅜ | 4 34 | ¾ | | | .25 |
| 4 | 10/36 | " | 8 15 | " | 12 15 | " | 12 36 | 2½ | 4 36 | ¾ | | | .25 |
| 5 | 10/36 | " | 8 20 | " | 12 20 | " | 12 38 | 3 | 4 38 | ⅝ | | | .625 |
| 6 | 10/36 | " | 8 25 | " | 12 25 | " | 12 40 | 2⅜ | 4 40 | ⅝ | | | .652 |
| | | | | | | | | | | | | | 4.53 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

Carmi D Spicer
Signature of Person Conducting Test

Address R1 Box 69 Denton Ne 68339 Phone 797-2190

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

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Merrill clay loam
Date: _____

Approved Percolation Rate (a)
A. .75 or 40 min./inch
B. _____ min./inch
C. _____ min./inch

Ken Mynard
Signature of Reviewing Official

AS BUILT DRAWING OF SYSTEM

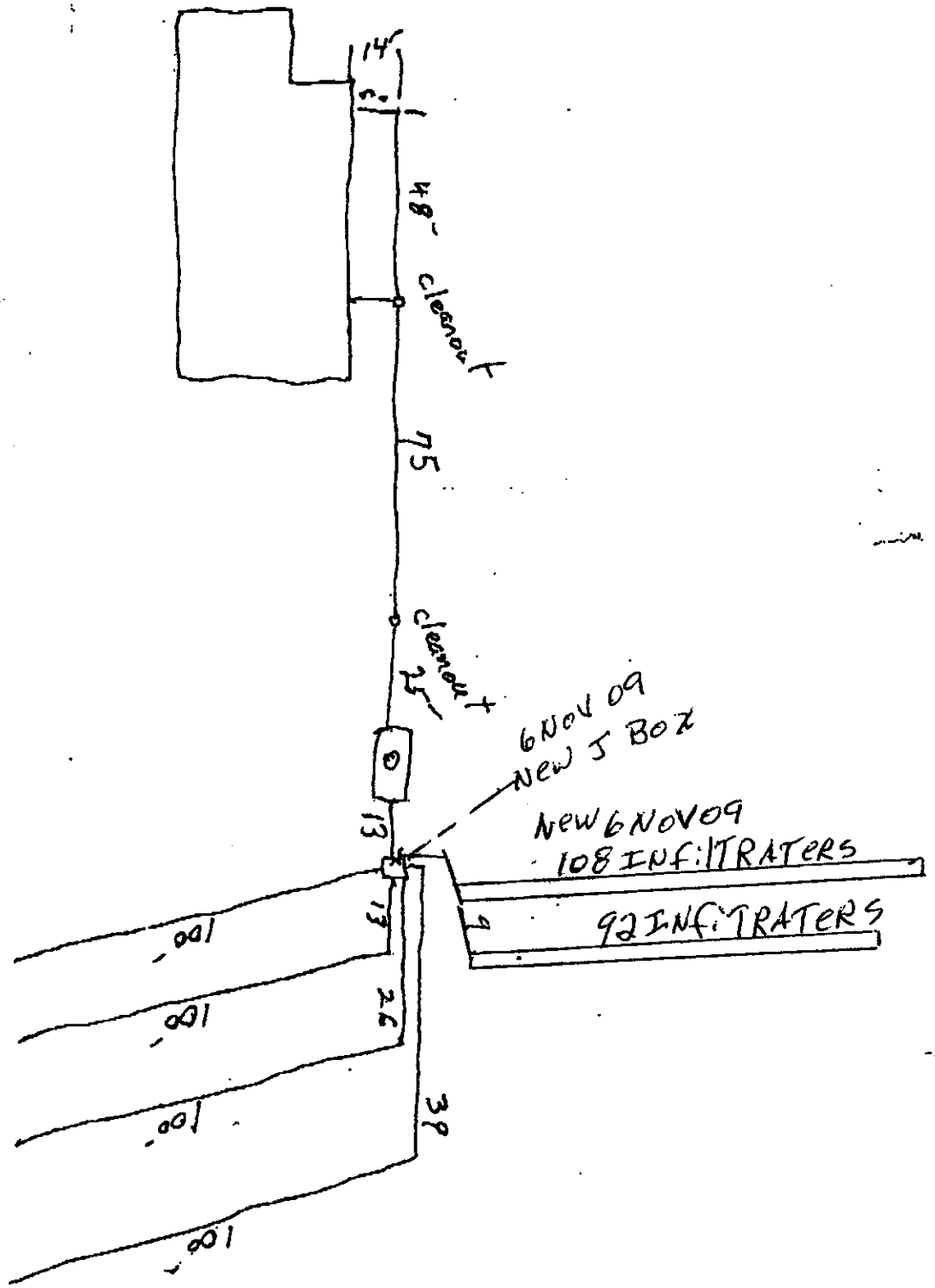
DATE 6 Nov '09 INSTALLER Wagner Const.

Carnie Spices / 2400 W. Denton Rd

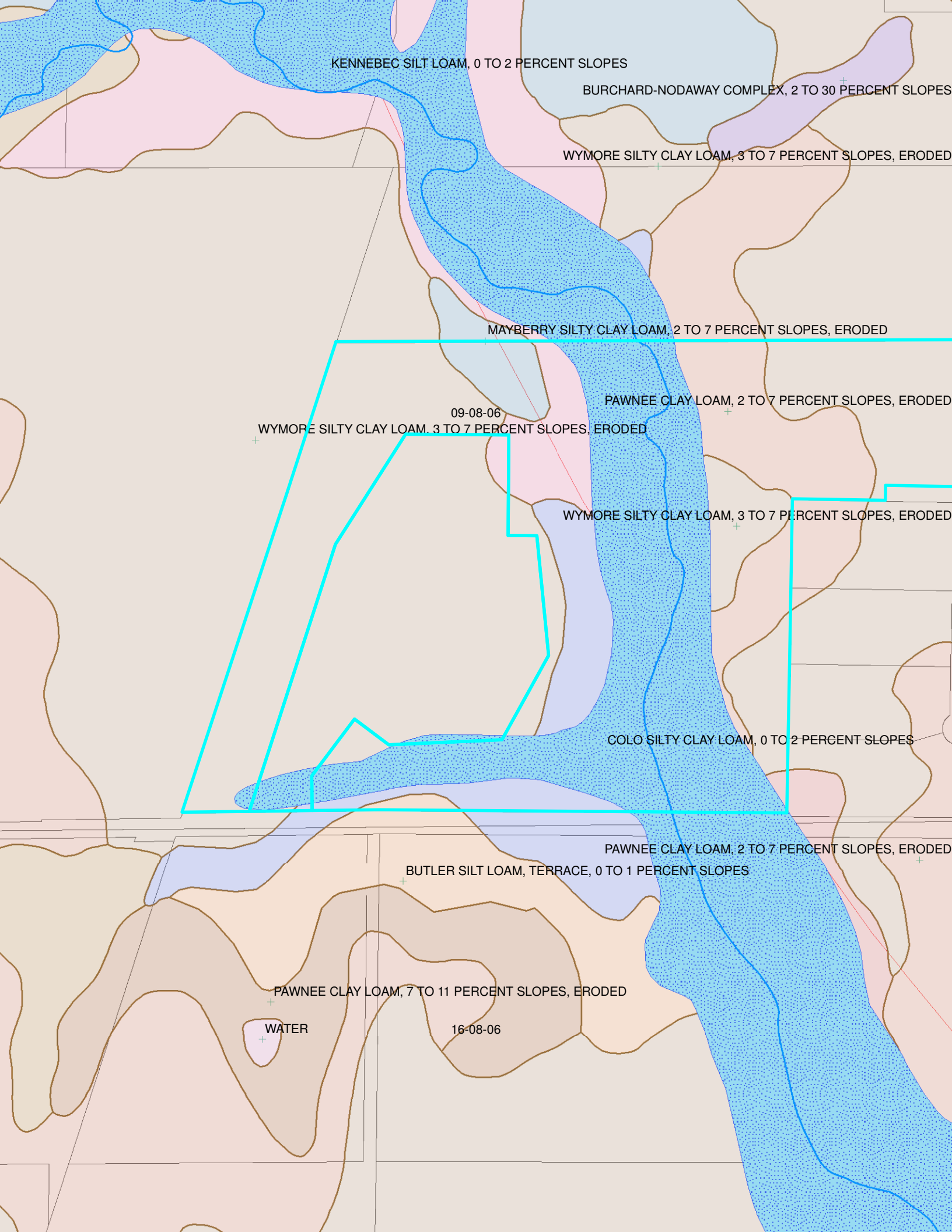
Legal

S17 T9 R5E

N




TOTAL P.03


KENNEBEC SILT LOAM, 0 TO 2 PERCENT SLOPES
BURCHARD-NODAWAY COMPLEX, 2 TO 30 PERCENT SLOPES
WYMORE SILTY CLAY LOAM, 3 TO 7 PERCENT SLOPES, ERODED
MAYBERRY SILTY CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
09-08-06
WYMORE SILTY CLAY LOAM, 3 TO 7 PERCENT SLOPES, ERODED
WYMORE SILTY CLAY LOAM, 3 TO 7 PERCENT SLOPES, ERODED
COLO SILTY CLAY LOAM, 0 TO 2 PERCENT SLOPES
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
BUTLER SILT LOAM, TERRACE, 0 TO 1 PERCENT SLOPES
PAWNEE CLAY LOAM, 7 TO 11 PERCENT SLOPES, ERODED
WATER
16-08-06