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. HS000306

System Type: STANDARD

Situs: 9715 S 70 ST

Legal Description: T09N-R07E-S28-Lot 92

Owner: VAN DERSLICE, RAMONA M
9715 S 70 ST
LINCOLN NE
68516

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

SOUTHWICK SEWER
PO BOX 191
HICKMAN NE 68372

LLCHD HS000306

NOV 09 2009

SCANNED

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

☒ Municipal Code 24.38 ☐ County Resolution Number 02-30

HS000306

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 28
   Block ____ Lot ____ Addition ____
   Parcel ID ____-____-____-____-____ (i.e. 99-99-999-999-999)
   Street Address (no rural route) 9725 So 70th Lincoln 68516

2. **Property use:** ☒ residential ☐ commercial ☐ other use
   Number of bedrooms 2 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 90' of 4" perforated pipe system - Percolation Rate 30 min/in
   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 Ramona Vanderslice Address 9715 S. 70 Phone: ____

Applicant Signature (owner or lessee) ____

Please include the permit fee ($170) 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 11/12/09 REVIEW: ☑ Approved ☐ Disapproved By: ____

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

Installation final written approval
Date ____/____/____ By ____

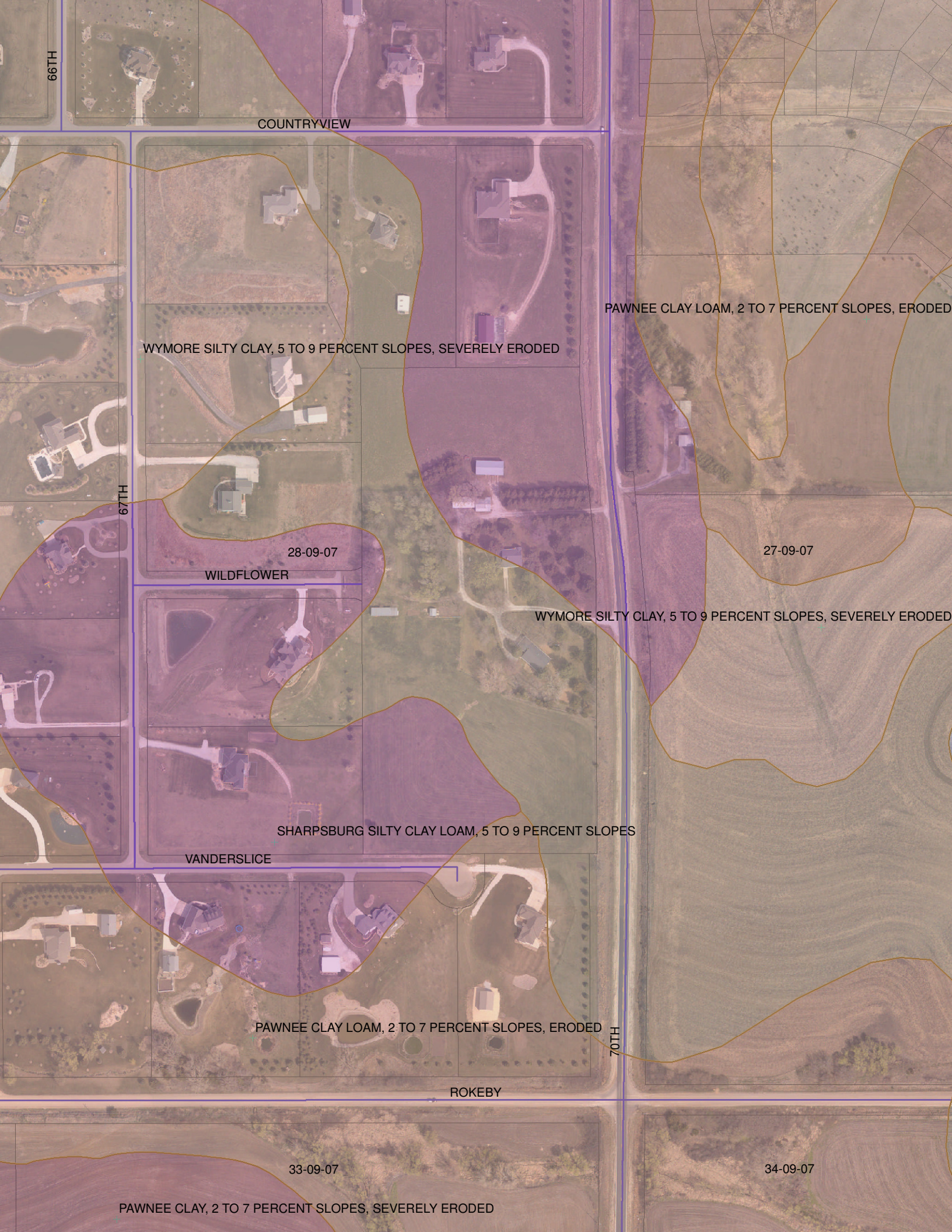
Return application to:
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: 441-8022

Business Office Use Only

Received: Date: 11/12/09 Amount $180.00 Check No. 3224 Initials RH

White - Division Copy Pink - Business Office Revised 9-07

11-16-2009 15:40:16


66TH
COUNTRYVIEW
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
WYMORE SILTY CLAY, 5 TO 9 PERCENT SLOPES, SEVERELY ERODED
67TH
28-09-07
27-09-07
WILDFLOWER
WYMORE SILTY CLAY, 5 TO 9 PERCENT SLOPES, SEVERELY ERODED
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPES
VANDERSLICE
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
170TH
ROKEBY
33-09-07
34-09-07
PAWNEE CLAY, 2 TO 7 PERCENT SLOPES, SEVERELY ERODED

NOV 09 2009

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Date received 11/12/09 REVIEW: ☑ Approved ☐ Disapproved By: ____

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

Installation final written approval
Date 11/19/09 By ____

Return application to:
Lincoln-Lancaster County Health Department
Environmental Public Health Division
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Phone: 441-8022

SCANNED

Business Office Use Only SCANNED

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White - Division Copy Pink - Business Office Revised 9-07

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

SCANNED

B

Permit Number: HS000306

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 9725 S. 70 (no rural route) City LINCOLN NE, Zip 68516

Owner Ramona Vondenslice Addresss 9725 S. 70 ST

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

Date of Tests 11/1 to 11/2 Weather: Precipitation — Temperature 60s

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	32										30	3/4	40
2	↓										↓	5/8	48
3	↓										↓	3/4	40

Sum of Percolation Rates: 128

Average of Rates: 43

Rate Used for Calculation: 50

Person Conducting Percolation Tests

Name: Brad Dall

Phone: 430-7606

Address 105 Locust P.O. 191
Hickman, Ne 68372

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

M 23-101 10-96