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

NOV 16 2009

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

SCANNED

HS000314

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 25 N Range 8 E 1/4 NE 1/4 ____ Section 25
   Block ____ Lot ____ Addition ____
   Parcel ID ____-____-____-____-____-____ (i.e. 99-99-999-999-999)
   Street Address (no rural route) 8725 No. 190th Street

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** Need to extend lateral field

5. **Work to be done by:** ☐ owner ☒ contractor's name Michael P. Dietze Waverly Plumbing & Well Co

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 Michael P Dietze Address PO Box 116 68462 Phone: 402 786 5620

Applicant Signature (owner or lessee) Michael P Dietze

Please contact LLCHD for the permit fee for this application
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HEALTH DEPARTMENT USE ONLY

Date received 11/17/09 REVIEW: ☑ Approved ☐ Disapproved By: [signature]

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: 11/17/09 Amount 180.00 Check No. 26889 Initials BH

Revised 3-09

TOTAL P.02

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. HS000314

System Type: STANDARD

Situs: 8725 N 190 ST

Legal Description: T11N-R08E-S25

Owner: JOHNSON, LESLIE P & JOANN K
8725 N 190 ST
WAVERLY NE
68462-9767

Permit Fee:	$180.00
Total Fees:	$180.00
Issued:	11/17/2009
Expires	11/17/2010

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

WAVERLY PLUMBING
PO BOX 116
WAVERLY NE 68462

NOV 16 2009

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B

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

Permit Number: HS000314

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address ~~855~~ 8455 N. 190th St. City Lincoln NE, Zip _____
(no rural route)

Owner LES Johnson Addresss 8455 N. 190th St.

Soil Type (SCS): Silty Clay Percolation Rate: 60 min./inch

Date of Tests 8/22/09 to 8/23/09 Weather: Precipitation None Temperature 80+

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	38	8/22	11:00	8/23	9:30	8/23	1:00	32 1/8	8/23	1:30	30	1/2	60
2	36	8/23	11:00	8/23	9:30	8/23	1:00	30 3/4	8/23	1:30	30	1/2	60
3	36	8/23	11:00	8/23	9:30	8/23	1:00	31 1/4	8/23	1:30	30	1/2	60
4	37	8/23	11:00	8/23	9:30	8/23	1:05	32 1/2	8/23	1:35	30	1/2	60
5	36	8/23	11:00	8/23	9:30	8/23	1:05	29 1/2	8/23	1:35	30	1/2	60
6	38	8/23	11:00	8/23	9:30	8/23	1:05	33 5/8	8/23	1:35	30	1/2	60

Sum of Percolation Rates: 360
Average of Rates: 60
Rate Used for Calculation: 60

Person Conducting Percolation Tests

Name: Claude Oie PE-3939
Phone: 402-486-4444
Address 6645 So. 66th St.
Lincoln NE. 68516

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

11-17-2009 14:44:32

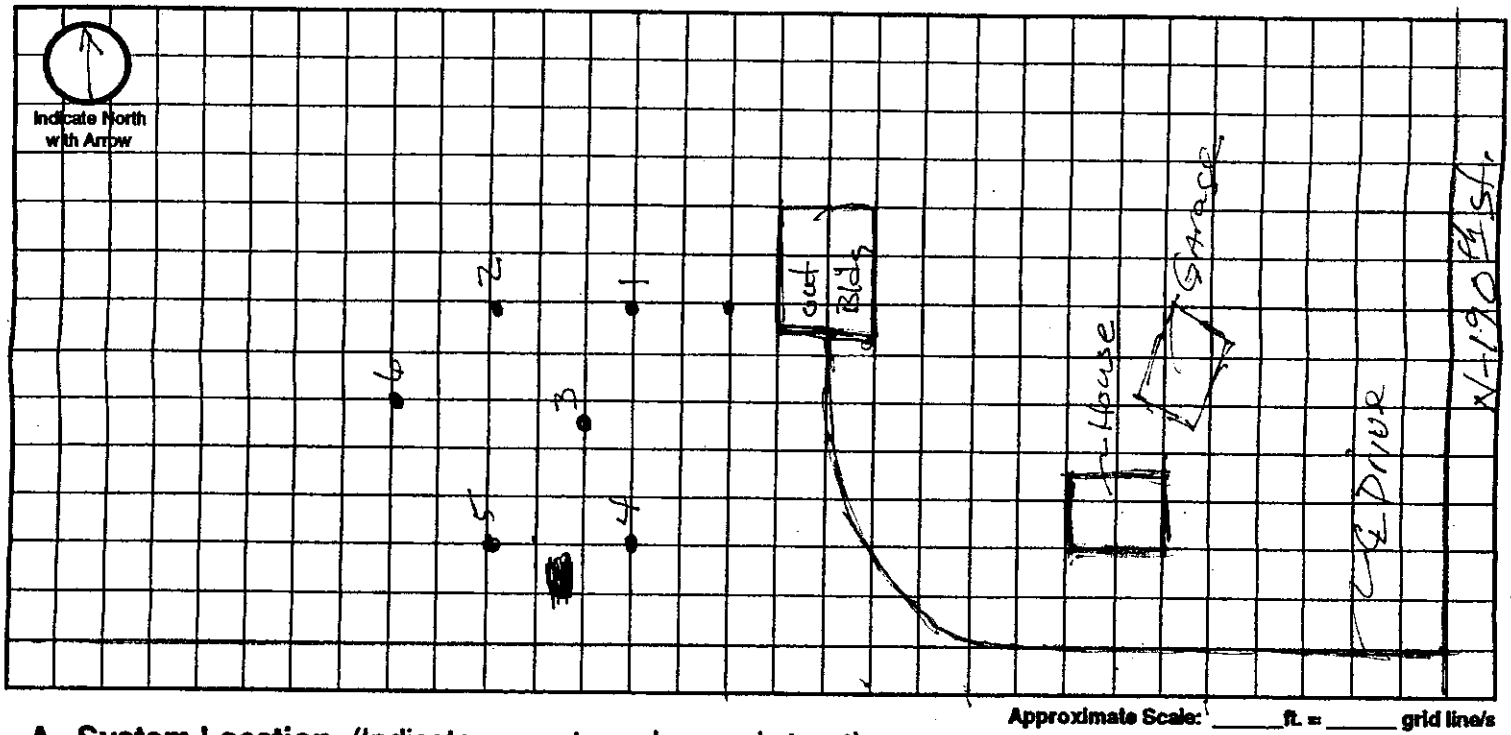
Lincoln-Lancaster County Health Department
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C

Permit Number: HS000314

Sewage Disposal System
Preliminary Plan Specifications

Draw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, compass direction and property lines. Indicate on drawing if residence and well are existing or proposed.



Approximate Scale: _____ ft. = _____ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) _____ City _____ NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other _____

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate _____ (min. per inch) Soil Type: _____ Land Slope: _____ %

Type of Absorption System: ☐ Trench ☐ Bed ☐ Other _____

Total Square Feet of Field Required: _____ sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: _____

Capacity of Septic Tank _____ gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals _____ ft. Number of Trenches _____ Trench Width _____

D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

E. Required Signatures

Home Building Contractor _____ Date _____

Installer _____ Date _____

FORM 23-102 10-96

11-17-2009 14:44:34

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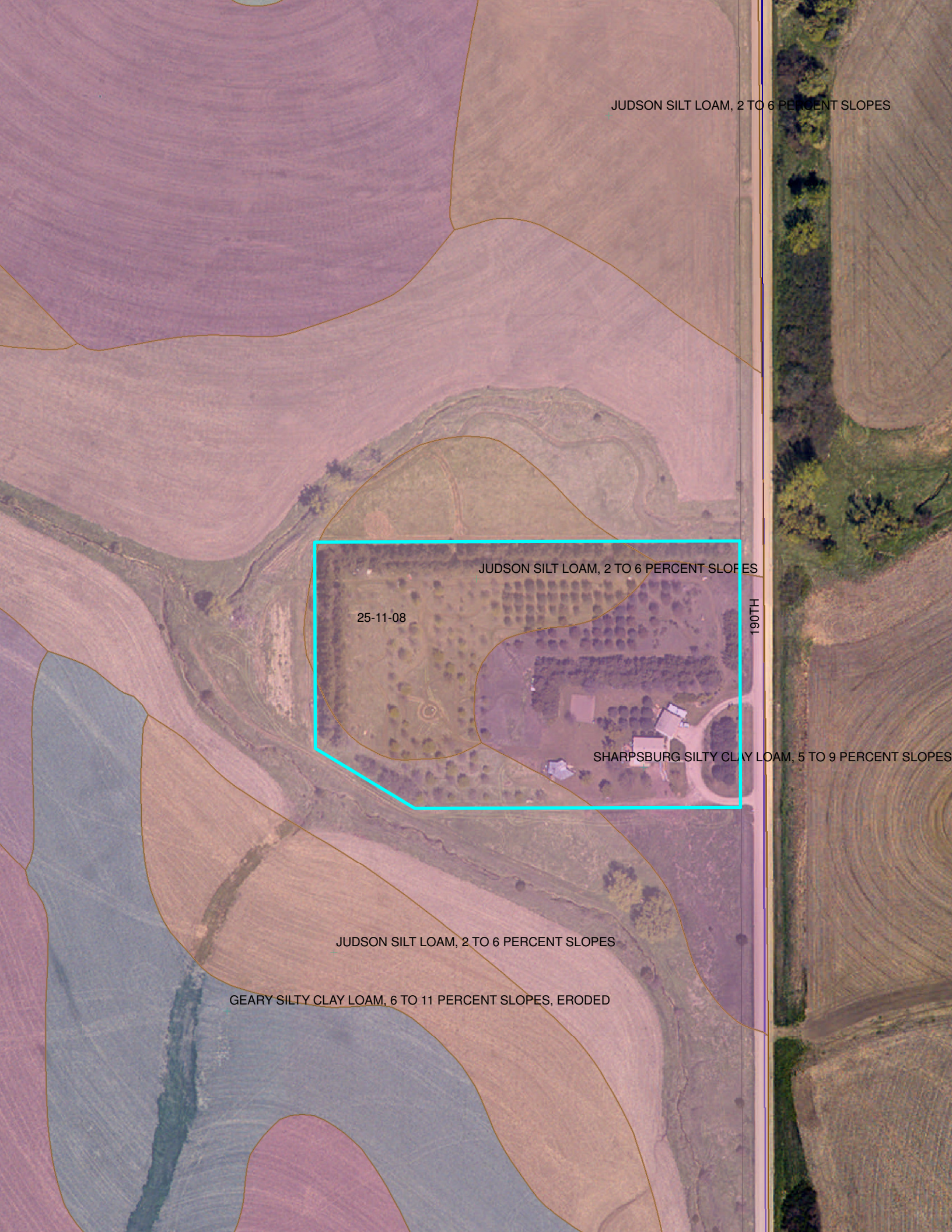
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Revised 3-09

TOTAL P.02

* Told Mike Dietz to move pipe in d-box up so that the top lateral filled first - OK Natalie


JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
25-11-08
190TH
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPES
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
GEARY SILTY CLAY LOAM, 6 TO 11 PERCENT SLOPES, ERODED