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. HS000344

System Type: STANDARD

Situs: 1400 ARBOR RD

Legal Description: T11N-R06E-S25-Lot 17@22

Owner: HEUSINGER, JOEL D & RENEE D
1400 ARBOR RD
LINCOLN NE
68531

Permit Fee:	$180.00
Total Fees:	$180.00
Issued:	04/28/2010
Expires	04/28/2011

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

MIDWEST UNDERGROUND
5900 N 58TH ST STE 1
LINCOLN NE 68507

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

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

HS000344

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_____ Range_____ 1/4_____ 1/4_____ Section _____
   Block_____ Lot_____ Addition_____
   Parcel ID_____-_____-_____-_____-_____ (i.e. 99-99-999-999-999)
   Street Address (no rural route) 1400 Arbor Rd Lincoln NE.

2. **Property use:** ☒ residential ☐ commercial ☐ other use
   Number of bedrooms 4 Describe 1 room being used as a office

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

4. **Description of proposed alteration, extension or repair** Extend drainfield with 2 additional laters each 106' long.

5. **Work to be done by:** ☐ owner ☒ contractor's name Midwest Underground, Inc.

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)
   ☒ A permit is required if the use, operation, location, or type of system is changed.

Print Name Scott P. Ryan Address 5900 N. 38th St. Suite 1 Phone: (402)560-9108

Applicant Signature (owner or lessee) Scott P Ryan

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

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HEALTH DEPARTMENT USE ONLY

Date received 4/22/10 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

*Pre-empty home

Business Office Use Only

Received: Date:____/____/____ Amount_____ Check No. _____ Initials_____

Revised 3-09

B

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

Permit Number: HS 000344

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 1400 Arbor Rd (no rural route) City Lincoln NE, Zip 68531

Owner Joel & Renee Huesigner Addresss 1400 Arbor Rd.

Soil Type (SCS): _____ Percolation Rate: 19.5 min./inch

Date of Tests 2-2-10 to 2-2-10 Weather: Precipitation None Temperature _____

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	26"	2-2	9:30	2-2	3:00	2-2	3:07	15"	2-2	4:07	60	3.75"	18.75
2	25"	2-2	9:30	2-2	1:30	2-2	1:37	13"	2-2	4:37	180	5"	18
3	28"	2-2	9:30	2-2	1:30	2-2	1:37	13"	2-2	4:37	180	8.29"	21.29
4	24"	2-2	9:30	2-2	1:30	2-2	1:37	13.5"	2-2	4:37	180	7.58"	21.08
5	28"	2-2	9:30	2-2	1:30	2-2	1:37	13.5"	2-2	4:37	180	4.54"	18.04
6	30"	2-2	9:30	2-2	1:30	2-2	1:37	13"	2-2	4:37	180	6.63"	19.63

Sum of Percolation Rates: 116.79

Average of Rates: 19.5

Rate Used for Calculation: 19.5

Person Conducting Percolation Tests

Name: Scott Ryan

Phone: (402) 560-9108

Address 5900 N. 58th St Suite 1

Lincoln NE 68507

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

LLCHD HS000344

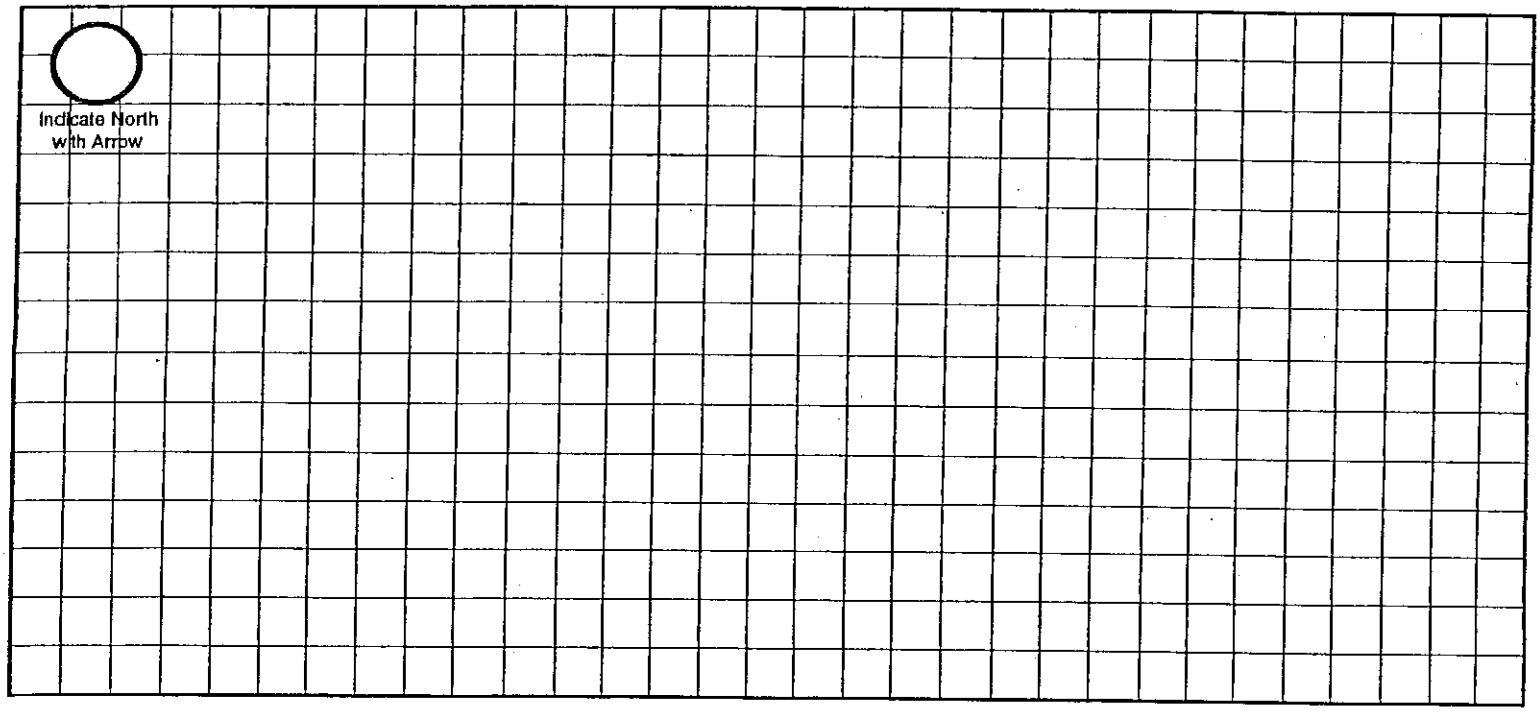
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: HS000344

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) 1400 ARBOR ROAD City LINCOLN NE, Zip 68531

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 19.5 (min. per inch) Soil Type: _____ Land Slope: _____ %

Type of Absorption System: ☒ Trench ☐ Bed ☐ Other ABSORBTION CHAMBERS

Total Square Feet of Field Required: 840 sq. ft.

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

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

Total Length of Laterals 212 ft. Number of Trenches 2 Trench Width 36" (48" EFFECTIVE)

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 MATTHEW T. MANNING Date 4/27/2010
MIDWEST UNDERGROUND, INC (SCOTT RYAN)

ORM 23-102 10-96

4-27-2010 15:55:34

LLCHD HS000344

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street • Lincoln, NE 68510-1514
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D

Permit Number: HS 000344

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date 4/27/2010 Legal Description SW of NW 25 11 6
1/4 1/4 Section Township Range

Onsite System Location

Address (no rural route) 1400 ARBOR ROAD City LINCOLN NE, Zip 68531

Owner JOEL & RENEE HEUSINGER Address 1400 ARBOR ROAD

A. Sewer Pipe

1. Material: PVC SCH. 40
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: _____ ft.
4. Number of clean-outs: _____
5. Distances to: well or suction line _____ ft.
   stream 50'+ ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank

☐ Label with Manufacturer, address and gallon capacity

1. Material: _____
   Number of compartments: _____
2. Capacity: _____ gal.
3. Factory built: ☐ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☐ above ☐ below grade _____ in.
5. Inlet: ☐ baffle ☐ tee ☐ 6" dia. inspection pipe
6. Outlet: ☐ baffle ☐ tee ☐ 6" dia. inspection pipe
7. Depth to top of tank, below unfinished grade: _____ in.
8. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. ☐ Distribution Box ☐ Drop Boxes

(≥ 12" inspection opening) (removable lid to inspect)

1. Material: _____
   Number available outlets: _____
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: _____ ft.

D. Drainfield Absorption

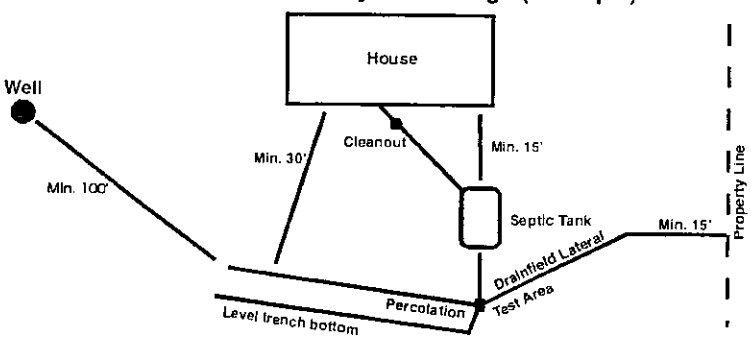
☐ Trench ☐ Bed ☐ Level Bottom

1. Type: ☐ Half rounds ☐ Perforated pipe ☐ Chambers
   Diameter or width: 32"
   Number of distribution lines in bed _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☒ other HDPE
2. Drainfield Laterals: Number 2
   Length of each line: 106 ft. 106 ft.
   _____ ft. _____ ft., _____ ft.
3. Drainfield dimensions: Width _____ ft.
   Distribution Pipe Slope 6" in/100 ft.
   Average depth _____ in
4. Filter material: _____
   Depth of material _____ in.
5. Distances to: Well or suction line 200'+ ft.
   Pressure line _____ ft.
   Property line 100' ft.
   House or building 200'+ ft.
   Lake or Stream 50'+ ft.

Complete As-Built drawing on the back fo this form.

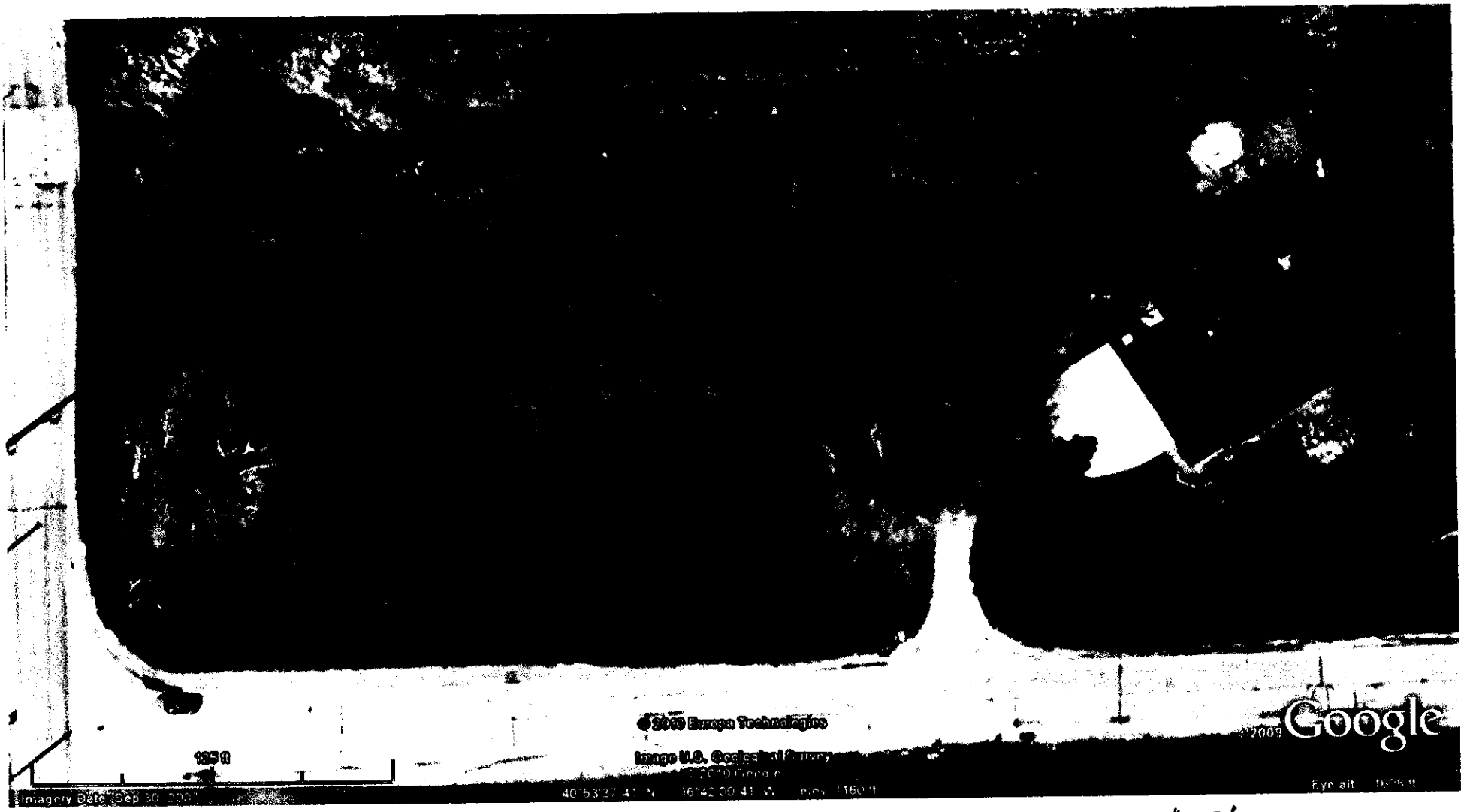
Onsite Wastewater System Design (Example)

Indicate North with Arrow



4-27-2010 15:55:38

LLCHD HS000344



1400 ARBOR ROAD
LINCOLN, NE 68531

SCALE: 1" = 50'

N