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

System Type: STANDARD

No. HS000359

Situs: 6100 REBEL DR

Permit Fee: $180.00

Legal Description: T09N-R07E-S28-1-Lot 3

Owner: MASTERS, WILLIAM E JR & LINDA
6100 REBEL DR
LINCOLN NE
68516

Total Fees: $180.00

Issued: 05/21/2010
Expires 06/02/2011

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

RAYMOND CONTRACTING
13800 NW 70TH
RAYMOND NE 68428

LLCHD HS000359

SCANNED

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

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

HS000359

Perc Test of 40 mpi on file

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 7 1/4 NE 1/4 _____ Section 28
   Block 1 Lot 3 Addition Yankee Ridge
   Parcel ID 16 - 28 - 101 - 603 - 000 (i.e. 99-99-999-999-999)

   Street Address (no rural route) 6100 Rebel Dr

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** Replace drainfield, new drop box - using existing lateral + added 200 sf.

5. **Work to be done by:** ☐ owner ☒ contractor's name Lloyd Jirkousek, Raymond Contracting, 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)
   c. A permit is required if the use, operation, location, or type of system is changed.

Print Name Bill Masters Address 6100 Rebel Dr Phone: 402-890-1627

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 5/19/2010 By DS
Date ___/___/___ By _____
Date ___/___/___ By _____

Installation final written approval
Date 5/19/2010 By DS

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: 5/21/10 Amount 150.00 Check No. 7352 Initials AH

Revised 3-09

6-2-2010 15:36:35

LLCHD HS000359

SCANNED

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

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

HS000359

Perc Test of LO mpi on file

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Print Name Bill Masters Address 6100 Rebel Dr Phone: 402-840-1627

Applicant Signature (owner or lessee) [signature]

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: [signature]

Site visits
Date 5/19/2010 By DS
Date ____/____/____ By ____
Date ____/____/____ By ____

Installation final written approval
Date 5/19/2010 By DS

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: 5/21/10 Amount [illegible] Check No. [illegible] Initials [illegible]

Revised 3-09

6-2-2010 16: 7:38

LLCHD HS000359

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

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

HS000359

Perc Test of 40 mpi on file

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Print Name Bill Masters Address 6100 Rebel Dr Phone: 402-890-1627

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

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HEALTH DEPARTMENT USE ONLY

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

Site visits
Date 5/19/2010 By DS
Date ____/____/____ By ____
Date ____/____/____ By ____

Installation final written approval
Date 5/19/2010 By D.S.

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:____/____/____ Amount____ Check No. ____ Initials____

Revised 3-09

5-21-2010 8:47:41

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: 474-1541

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township _____; Range _____; Section & ¼ Section _____.
Property Dimensions: _____ ft. x _____ ft. Area: _____ acres. (Attach Sheet & with sketch of property).

Soil Type: Silty Clay ☐; Silty Clay Loam ☐; Sandy Loam ☐; Silt Loam ☐; Clay Loam ☐.

Dates of Tests: 4-15-81 to 4-16-81. Weather: Precip. Dry Temp. 70° F.

OWNER: DARCY CONSTRUCTION

Yankee Ridge

Address: 9000 S. 61

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	30"	4/15	10:00	4/16	9:30	4/15	2:30	3¾"	3:00	3¼"	30	¾"	40
2	32"						2:35	4⅛"	3:05	4"	30	½"	60
3	32"						2:40	6¼"	3:10	5½"	30	1¼"	40
4	31"						2:50	6⅝"	3:20	5½"	30	⅛"	48
5	32"						2:50	5"	3:20	4½"	30	¾"	40
6	30"	"	"	"	"	"	2:55	4¼	3:25	3¾	30	⅞"	34

Sum of Percolation Rates: 263
Average of Rates: 44
Mean of Rates: _____

Donald R. Pantico
Signature of Person Conducting Test

Address 4820 Rentworth Drive Lincoln Phone 423-0121

60 (20 mpi variance)

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): Wymore Silty Clay Loam

Date: April 22, 1981

Approved Percolation Rate (a)
A. 44 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
Signature of Reviewing Official