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. HS000362

Situs: 20107 N. 14th

Permit Fee: $180.00

Legal Description: T12N-R06E-S14-Lot 10

Owner:

Total Fees: $180.00

Issued: 06/02/2010
Expires 06/11/2011

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

SOUTHWICH SERVICES
PO BOX 191
HICKMAN NE 68372

SOUTHWICK SEWER & DRAIN
Brad Southwick
105 Locust Street
P.O. Box 191
Hickman, NE 68372

Fax Document

- To: Nate Hartman
- Company: LLCHD
- Fax: 441-3890
- Pages: 2 w/cover
- Re: Perc Ref 20107 N 14th
- Comments: 2 Bdrm House 150' extention should bring it up to 3 Bdrm sizing

Nate Hartman

Attachment C.

Soil Absorption Test Data Report

Owner Information:

Owner Wallace Burnett (NAME) Phone 785-3595

Address: 20107 N 14 Ceresco Ne

Location:

Township 12 Range 6 Sec. 14 1/4 Sec. NE OF 1/4 Sec. SE

County Name Lancaster Area: 38 Acres

Attach a sketch of the property showing the hole location.

Soil Type: (Check one)

Sand ____ Silt ____ Clay ____ Sandy Clay ____ Loamy Sand ____

Silty Clay ____ Silty Clay Loam ____ Sandy Loam X Silt Loam ____

Dates of Test ____ to ____ Weather: Precipitation ____ Temp ____

Percolation Test Data

a	b	c	d	e	f	g	h	i	j	k	l	m	n
		Presaturation Period				Percolation Readings						Results	
		Start		End		Start			End				
Hole 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. Min.)	Water Level (in.)	Elapsed Time (min.)	Water Level Drop (in.)	Percolation Rate (Min./Inch)
1											30	5/8	48
2												5/8	48
3												3/4	40
4												5/8	48
5												1/2	60
6												5/8	48
7												5/8	48

Doug Loftus
Signature of Person Conducting Test

Address: ____

Phone: ____

Sum of Percolation Rates = 340

*Average of Rates in Minutes per Inch = 49

* If rates vary more than 20 minutes/inch, do not average but use the slowest rate for design purposes

Send completed Attachment C and Operating/Construction Permit to:

Septic Tank Permits, Nebraska Department of Environmental Quality, P.O. Box 98922, Lincoln, NE 68509-8922

LLCHD HS000362

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

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

HS000362

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 12 Range 6 1/4 _____ 1/4 _____ Section 14
   Block _____ Lot 10 Addition _____
   Parcel ID ____-____-_____-_____-_____ (i.e. 99-99-999-999-999)

   Street Address (no rural route) _____

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** extend lateral 150' infiltrator

5. **Work to be done by:** ☐ owner ☒ contractor's name Brad Southwick Southwick Sewer & Drain

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 Wallace Burnett Address 20107 N. Hickerson Phone: 785-359-5

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 ____/____/____ 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

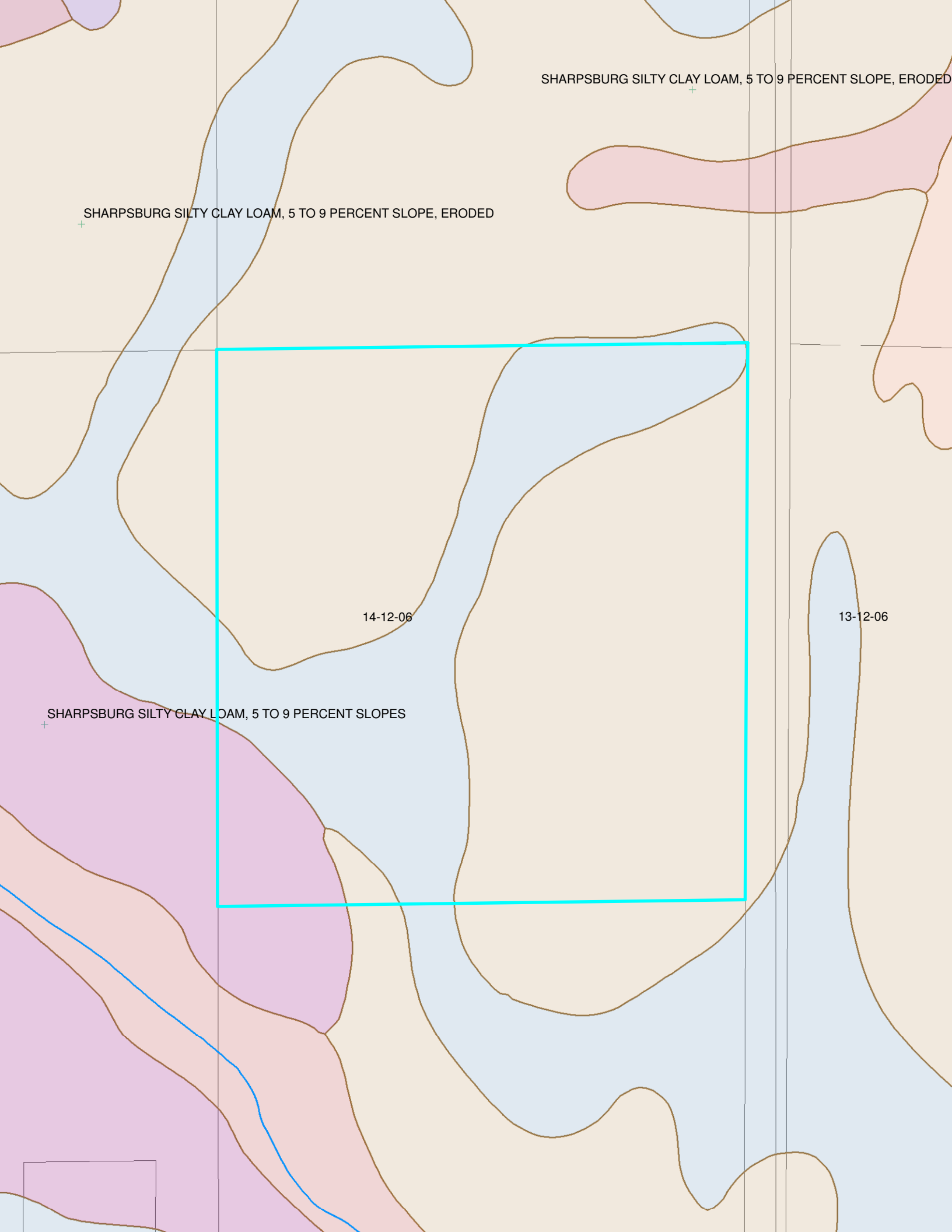
† awaiting fee 785-359-06

Business Office Use Only

Received: Date: ____/____/____ Amount _____ Check No. _____ Initials _____

Revised 3-09

6-2-2010 14:44:20


SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPE, ERODED
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPE, ERODED
14-12-06
13-12-06
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPES

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☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

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Print Name Wallace Burnett Address 20107 N. 14 Ceresco Phone: 785-3595

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 6/8/10 REVIEW: ☑ Approved ☐ Disapproved By: ____

Site visits
Date 6/29/10 By AS
Date ____/____/____ By ____
Date ____/____/____ By ____

Installation final written approval
Date 6/29/10 By Doug Smith

Return application to:
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: ~~441-8643~~ 471-0646

awaiting fee

Business Office Use Only

Received: Date: 6/2/10 Amount 180.00 Check No. 1288 Initials B.A.

Revised 3-09

Nate Hartman

Attachment C.

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Silty Clay ____ Silty Clay Loam ____ X Sandy Loam ____ Silt Loam ____

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

D

Permit Number:

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date 6/9/10 Legal Description 1/4 1/4 14 Section 12 Township 6 Range

Onsite System Location

Address (no rural route) 20107 N14 City Davey NE, Zip

Owner Wallace Burnett Address

A. Sewer Pipe

1. Material:
   Diameter: 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 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.

100' add 6/9/10

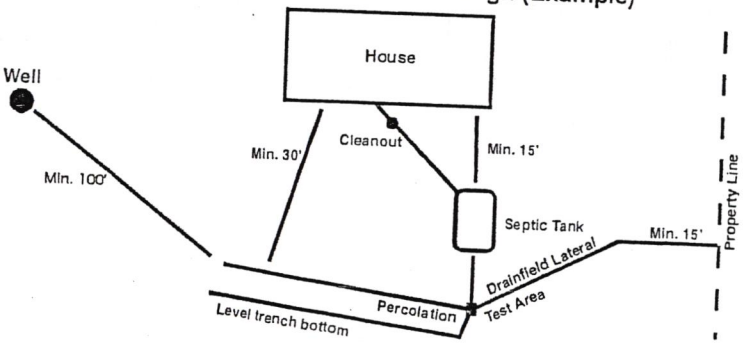
D. Drainfield Absorption

☐ Trench ☐ Bed ☐ Level Bottom

1. Type: ☐ Half rounds ☐ Perforated pipe ☒ Chambers
   Diameter or width: 36"
   Number of distribution lines in bed
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other
2. Drainfield Laterals: Number 1 new / 2 exist
   Length of each line: 100 ft. 100 ft.
   100 ft. ft., ft.
3. Drainfield dimensions: Width ft.
   Distribution Pipe Slope in/100 ft.
   Average depth in
4. Filter material:
   Depth of material in.
5. Distances to: Well or suction line ft.
   Pressure line ft.
   Property line ft.
   House or building ft.
   Lake or Stream ft.

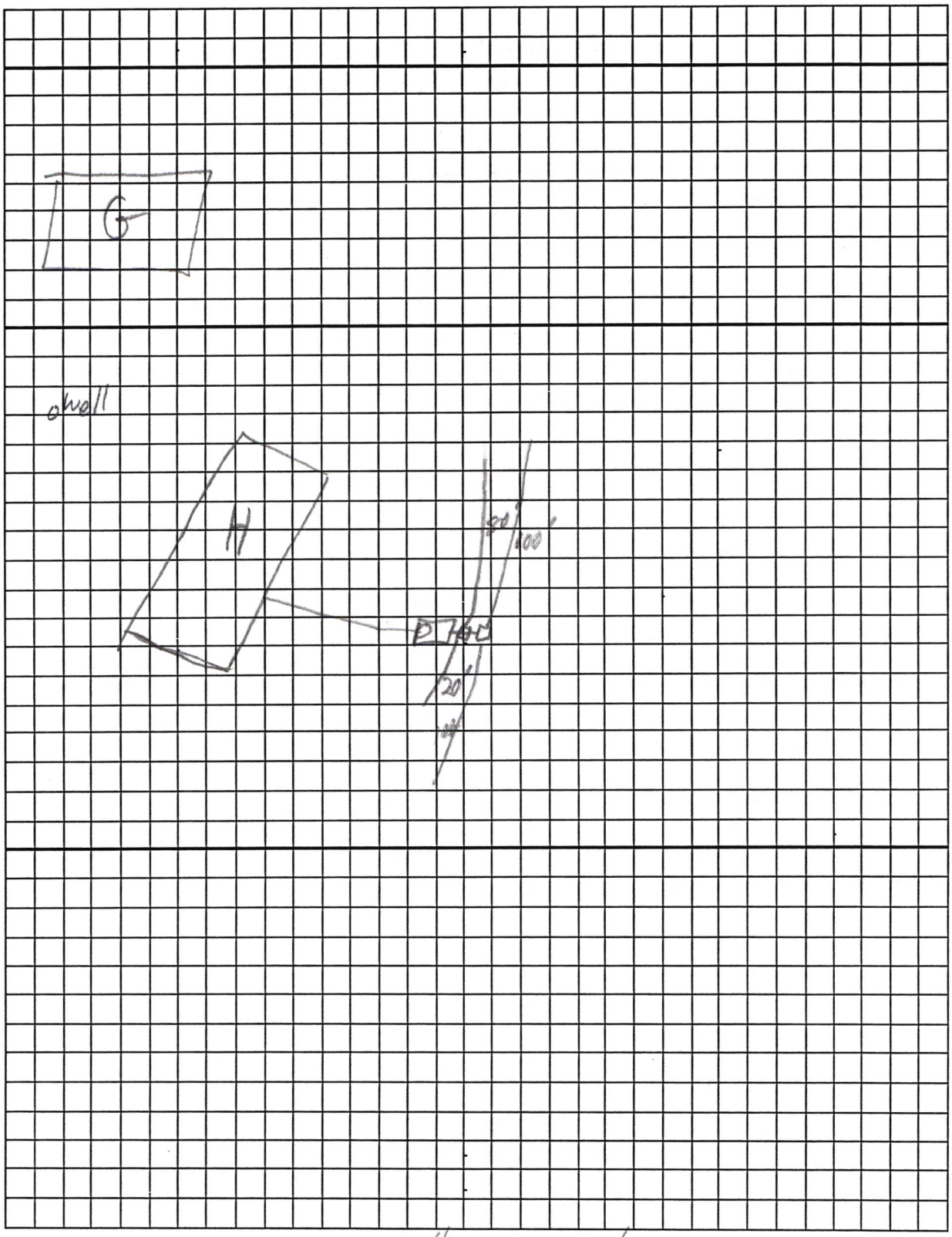
Complete As-Built drawing on the back fo this form.

Onsite Wastewater System Design (Example)



icate North
ith Arrow

N



1000 gallon ConcAglas
2-100' 4" Perf. lateral
1-100' In-Filtrator