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. HS000387

Situs: 12008 W BEAM HILL RD

Permit Fee: $180.00

Legal Description: T09N-R05E-S29

Owner: THAYER, KENNETH ET AL
11501 W MIDWAY RD
DENTON NE
68339

Total Fees: $180.00

Issued: 08/11/2010
Expires 08/13/2011

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

EARNEST WELL
PO BOX H
MILFORD NE 68405

LLCHD HS000038

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

B 180.00

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

HS000038 AUG 04 2010

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 5 1/4 SW 1/4 ____ Section 29
   Block ____ Lot 4 Addition ____
   Parcel ID 03-29-300-001-000 (i.e. 99-99-999-999-999)
   Street Address (no rural route) 12008 West Beam Hill Road

2. **Property use:** ☒ residential ☐ commercial ☐ other use
   Number of bedrooms 3 Describe NO Whirlpool

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

4. **Description of proposed alteration, extension or repair** Currently has a 1,000 gal. Tank & discharge pipe is open end on top of the ground. We are going to put in a box & 200' of Quick 4 lateral per Perk Test Done.

5. **Work to be done by:** ☐ owner ☒ contractor's name Earnest Well Drilling 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 Ben Earnest III Address 2706 W. Milford Rd P.O. Box H Phone: 402-761-2281

Applicant Signature (owner or lessee) Ben Earnest III

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 8/9/10 REVIEW: ☑ Approved ☐ Disapproved By: [signature]

Site visits
Date 8/6/10 By DS.
Date ____/____/____ By ____
Date ____/____/____ By ____

Installation final written approval
Date 8/6/10 By [signature]

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: 8/11/10 Amount 180.00 Check No. 12398 Initials AL

Revised 3-09

LLCHD HS000387

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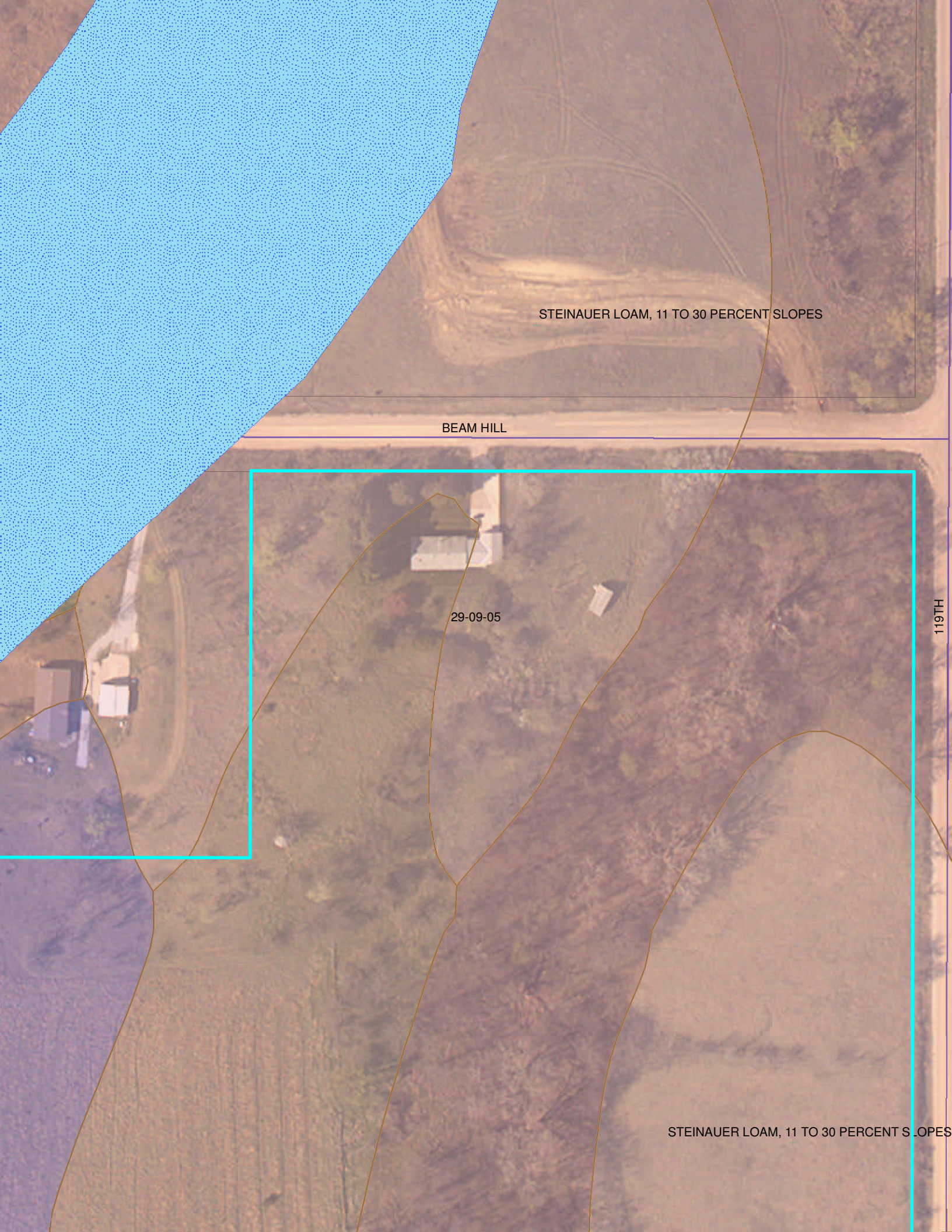
Installation final written approval
Date 8/6/10 By [signature]

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Environmental Public Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: 441-8643

Business Office Use Only

Received: Date: 8/11/10 Amount 180.00 Check No. 12398 Initials AL

Revised 3-09


STEINAUER LOAM, 11 TO 30 PERCENT SLOPES
BEAM HILL
29-09-05
119TH
STEINAUER LOAM, 11 TO 30 PERCENT S LOPES

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

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

HS000387 AUG 04 2010

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 5 1/4 SW 1/4 ____ Section 29
   Block ____ Lot 14 Addition ____
   Parcel ID 03-29-300-007-000 (i.e. 99-99-999-999-999)
   Street Address (no rural route) 12008 West Beam Hill Road

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HEALTH DEPARTMENT USE ONLY

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Date 8/6/10 By DS.
Date ____/____/____ By ____
Date ____/____/____ By ____

Installation final written approval
Date 8/6/10 By Doug Ahuse

Return application to:
Lincoln-Lancaster County Health Department
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Received: Date: ____/____/____ Amount ____ Check No. ____ Initials ____

Revised 3-09

SOIL ABSORPTION TEST DATA REPORT

Location: Precinct _____ Section _____
Township _____ Range _____
1/4 Section _____

Owner: Loree Thayer
Address: 12001 West Bean Hill Rd

Property Dimensions: _____ acres

Soil Type: Silty Clay ____ Silty Clay Loam ____ Sandy Loam ____ Silty Loam ____ Clay Loam X Sandy Clay ____

Dates of Tests: 6-26-10 to 6-27-10 **Weather:** Precip. Trace Temp. 90's

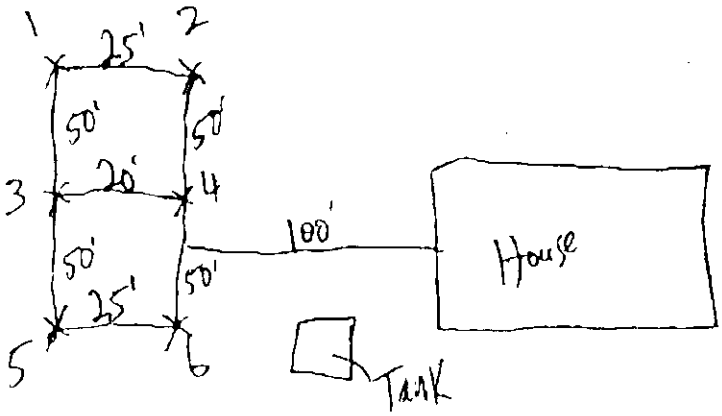
a	b	c	d	e	f	g	h	i	j	k	l	m
		Pre-Saturation Period				Percolation Readings					Results	
		Start		End		Start			End			Water
	Hole	Date	Time	Date	Time	Date	Time	Water	Time	Water	Elapsed	Level
Hole	Depth	(Mo.	(Hr.	(Mo.	(Hr.	(Mo	(Hr.	Level	(Hr.	Level	Time	Drop
No.	(in.)	Day)	Min.)	Day)	Min.)	Day)	Min.)	(In.)	Min.)	(In.)	(Min.)	(in.)
1	34	6-26	9:30am	6-26	1:30pm	6-27	11:00am	6	11:30am	5	30	
2	36	6-26	9:30am	6-26	1:30pm	6-27	11:00am	6	11:30am	5	30	
3	36	6-26	9:30am	6-26	1:30pm	6-27	11:00am	6	11:30am	5	30	
4	33	6-26	9:30am	6-26	1:30pm	6-27	11:05am	6	11:35am	5	30	
5	36	6-26	9:30am	6-26	1:30pm	6-27	11:05am	6	11:35am	5¼	30	¾
6	36	6-26	9:30am	6-26	1:30pm	6-27	11:05am	6	11:35am	5¼	30	¾

Sum of Water Level Drops (in.) [Column m]: 5½
Average of Water Level Drops (in.) [Column m]: .92
Inches per Minute: 32.6 MPI

PERSON CONDUCTING TEST:
Name: Justin Peterson
Address: 242 1st Street
Milford, NE 68405
Phone: 402-761-4414
Signature: _____

Square Feet of Lateral per Bedroom: 275

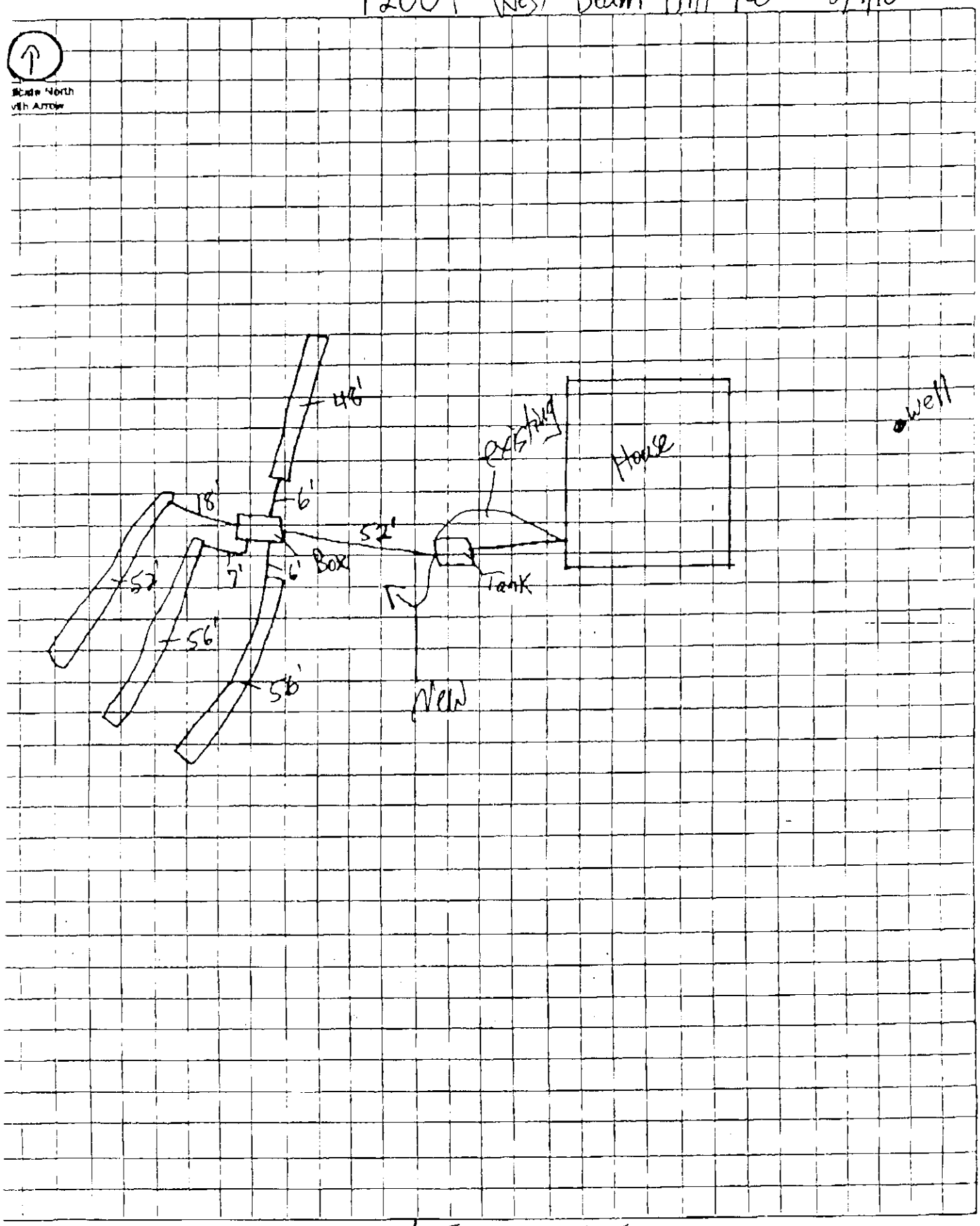
SKETCH SHOWING HOLE LOCATION:



Official's Signature

As Built Drawing

12001 West Beam Hill Rd 8/9/10



NOT TO SCALE Approximate Scale: N.S. grid lines

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

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 8/9/10

System Location (Indicate correct number and street)

Address 12001 West Beam Hill Rd (no rural route) City Denton NE Zip 68339

A. Building Sewer Existing

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 Existing

1. Material: Concrete
   Number of compartments: _____
2. Capacity: 1,000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☒ above ☐ below grade 6 in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☐ baffle ☒ tee
7. Depth to top of tank, below unfinished grade: 30 in.
8. Distances to: Well or suction line 100 ft.
   Stream NA ft.
   Pressure line NA ft.
   Property line 100 ft.

C. Distribution Box

1. Material: Plastic
   Number available outlets: 4
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 52 ft.

D. Absorption Field

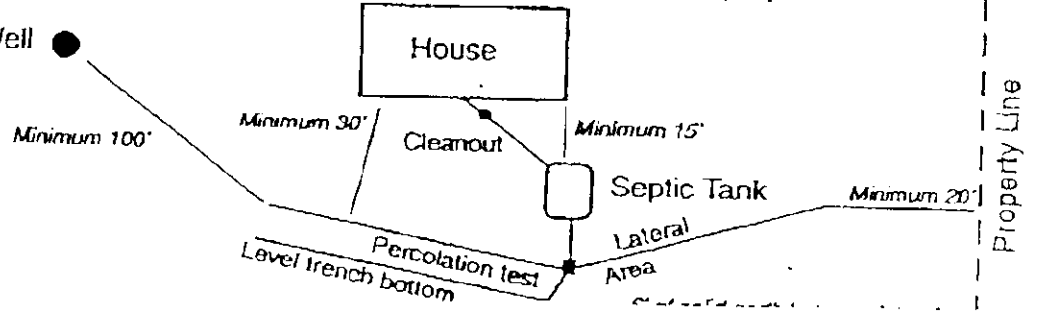
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 36"
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 4
   Length of each line: 56 ft. 56 ft.
   52 ft. 48 ft. _____ ft.
3. Trench dimensions: Width 3 ft.
   Slope 0 in/100 ft.
   Average depth 30 in
4. Filter material: Native Clay
   Depth of material 30 in.
5. Distances to: Well or suction line 100 ft.
   Stream NA ft.
   Pressure line NA ft.
   Property line 25 ft.

Scale North with Arrow

Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



M 23-103 10-96