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. HS000389

Situs: 11501 W MIDWAY RD

Permit Fee: $180.00

Legal Description: T09N-R05E-S20

Owner:

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 DRILLING
PO BOX H
MILFORD NE 68405

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

SCANNED $180.00

☐ Municipal Code 24.38 ☑ County Resolution Number 02-30

HS000389 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 9N Range 5E 1/4 SE 1/4 ____ Section 20
   Block ____ Lot 9 Addition ____
   Parcel ID 03-20-400-002-000 (i.e. 99-99-999-999-999)
   Street Address (no rural route) 11501 W. Midway 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 1,000gd. Tank + discharge pipe is open end on top of the ground. We are going to put in a box + 210' 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 2796 W. Milford Rd P.O. Box 44 Phone: 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

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HEALTH DEPARTMENT USE ONLY

Date received 8/9/10 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: 8/11/10 Amount 180.00 Check No. 12398 Initials AL

Revised 3-09

TOTAL P.08

LLCHD HS00038

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Date ___/___/___ By_____

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

Revised 3-09

TOTAL P.08

8-9-2010 15: 4:17

SOIL ABSORPTION TEST DATA REPORT

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

Owner: Loree Thayer
Address: 1150 W. Midway 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. 90s

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	36	6-26	10:30am	6-26	2:30pm	6-27	11:20am	6	11:50am	5	30	1
2	36	6-26	10:30am	6-26	2:30pm	6-27	11:20am	6	11:50am	5	30	1
3	36	6-26	10:30am	6-26	2:30pm	6-27	11:20am	6	11:50am	5¼	30	¾
4	36	6-26	10:30am	6-26	2:30pm	6-27	11:25am	6	11:55am	5	30	1
5	36	6-26	10:30am	6-26	2:30pm	6-27	11:25am	6	11:55am	4¾	30	1¼
6	36	6-26	10:30am	6-26	2:30pm	6-27	11:25am	6	11:55am	4¾	30	1¼

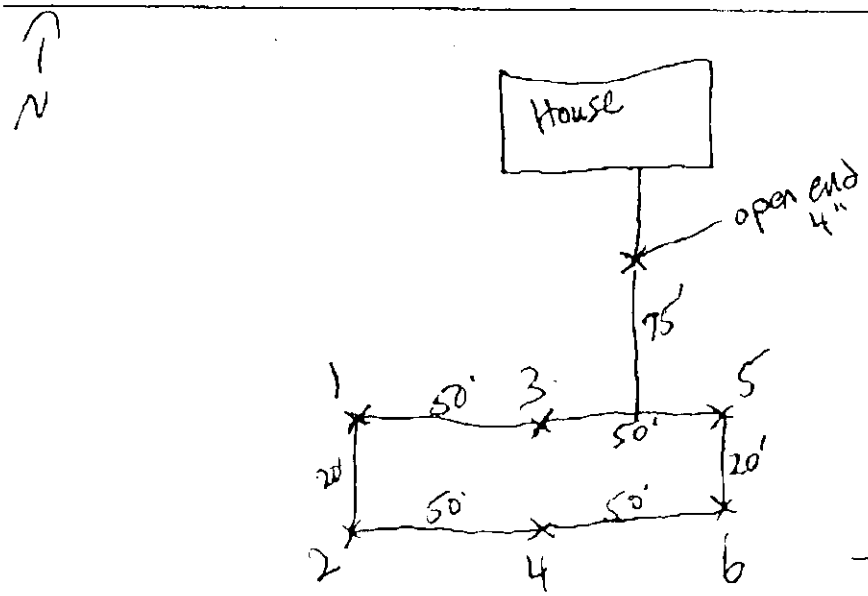
Sum of Water Level Drops (in.) [Column m]: 6.25
Average of Water Level Drops (in.) [Column m]: 1.04
~~Inches per Minute:~~

28.85 MPI

PERSON CONDUCTING TEST:
Name: Justyn Peterson
Address: 742 1st Street
Milford, NE 68405
Phone: 402-761-4414
Signature: Justyn Peterson

Square Feet of Lateral per Bedroom: 250

SKETCH SHOWING HOLE LOCATION:



Official's Signature


MIDWAY
20-09-05

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

SCANNED

$180.00

☐ Municipal Code 24.38 ☑ County Resolution Number 02-30

H5000389 AUG 04 2010

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Date 8/9/10 By DS.
Date ___/___/___ By ____
Date ___/___/___ By ____

Installation final written approval
Date 8/16/10 By [signature]

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Revised 3-09

TOTAL P.08

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No.	(in.)	Day)	Min.)	Day)	Min.)	Day)	Min.)	(in.)	Min.)	(in.)	(Min.)	(in.)
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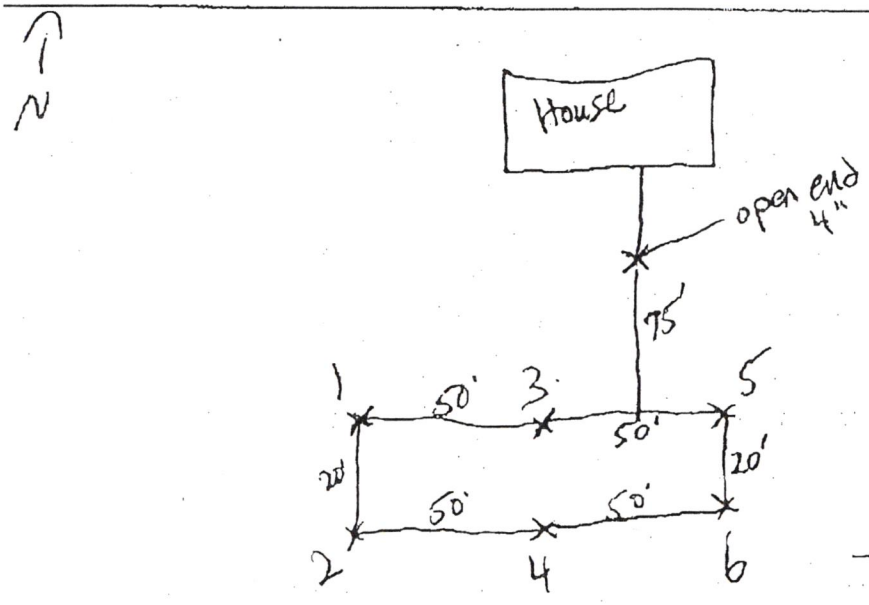
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Official's Signature

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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 8/10/10

System Location (Indicate correct number and street)

Address 11501 W. Midway Rd (no rural route) City Denton NE, Zip 68339

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.

Septic Tank Existing

Material: Concrete
Number of compartments: _____
Capacity: 1,000 gal.
Factory built: ☒ Yes ☐ No
Manholes: Over inlet, diameter _____ in.
Over outlet, diameter _____ in.
Riser: ☒ above ☐ below grade 2 in.
Inlet: ☒ baffle ☐ tee
Outlet: ☒ baffle ☐ tee
Depth to top of tank, below unfinished grade: 12 in.
Distances to: Well or suction line 150 ft.
Stream NA ft.
Pressure line NA ft.
Property line 100+ ft.

C. Distribution Box NEW

1. Material: Plastic
   Number available outlets: 2
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 35 ft.

D. Absorption Field NEW

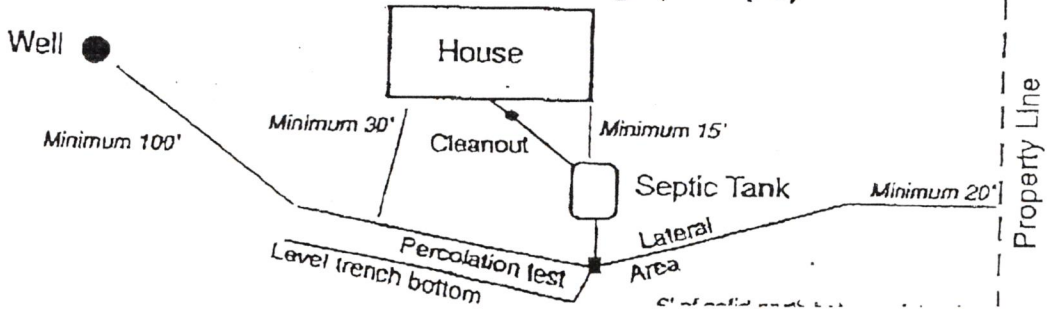
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 36"
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 3
   Length of each line: 64 ft. 76 ft.
   72 ft. _____ ft., _____ ft.
3. Trench dimensions: Width 3 ft.
   Slope 0 in/100 ft.
   Average depth 34 in
4. Filter material: Native clay
   Depth of material 34 in.
5. Distances to: Well or suction line 125 ft.
   Stream NA ft.
   Pressure line NA ft.
   Property line 50 ft.

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

North row

Individual Sewage System Design (Example)

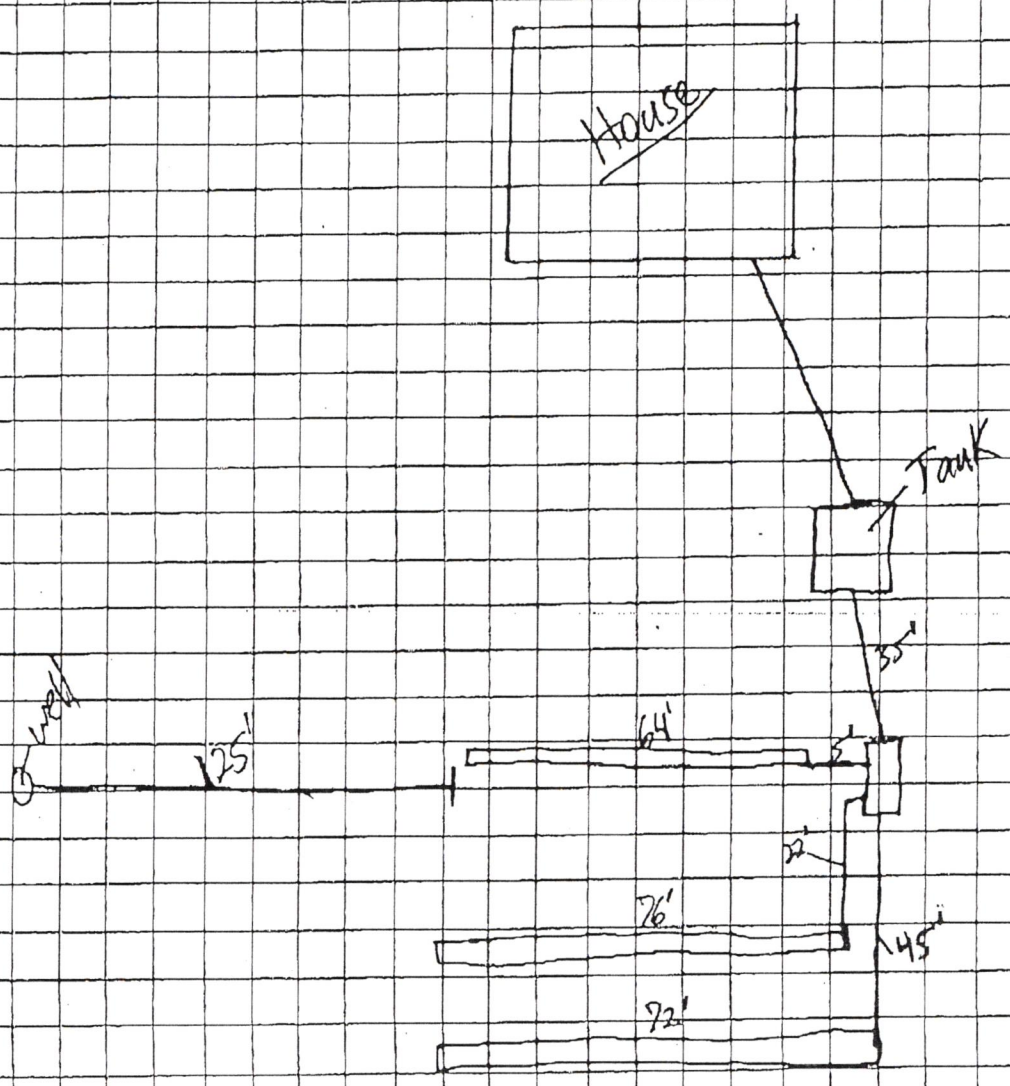


03 10-96

Built Drawing

11501 W. Midway Rd 8/10/10

de North Arrow



NOT TO SCALE

Approximate scale for site ft = and lines