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. HS000404

System Type: STANDARD

Situs: 14445 S 25 ST

Legal Description: T08N-R06E-S12-Lot 12

Owner: WARREN, BRIAN & JUDY
14445 S 25 ST
ROCA NE
68430

Permit Fee: $180.00

Total Fees: $180.00

Issued: 09/10/2010
Expires 09/10/2011

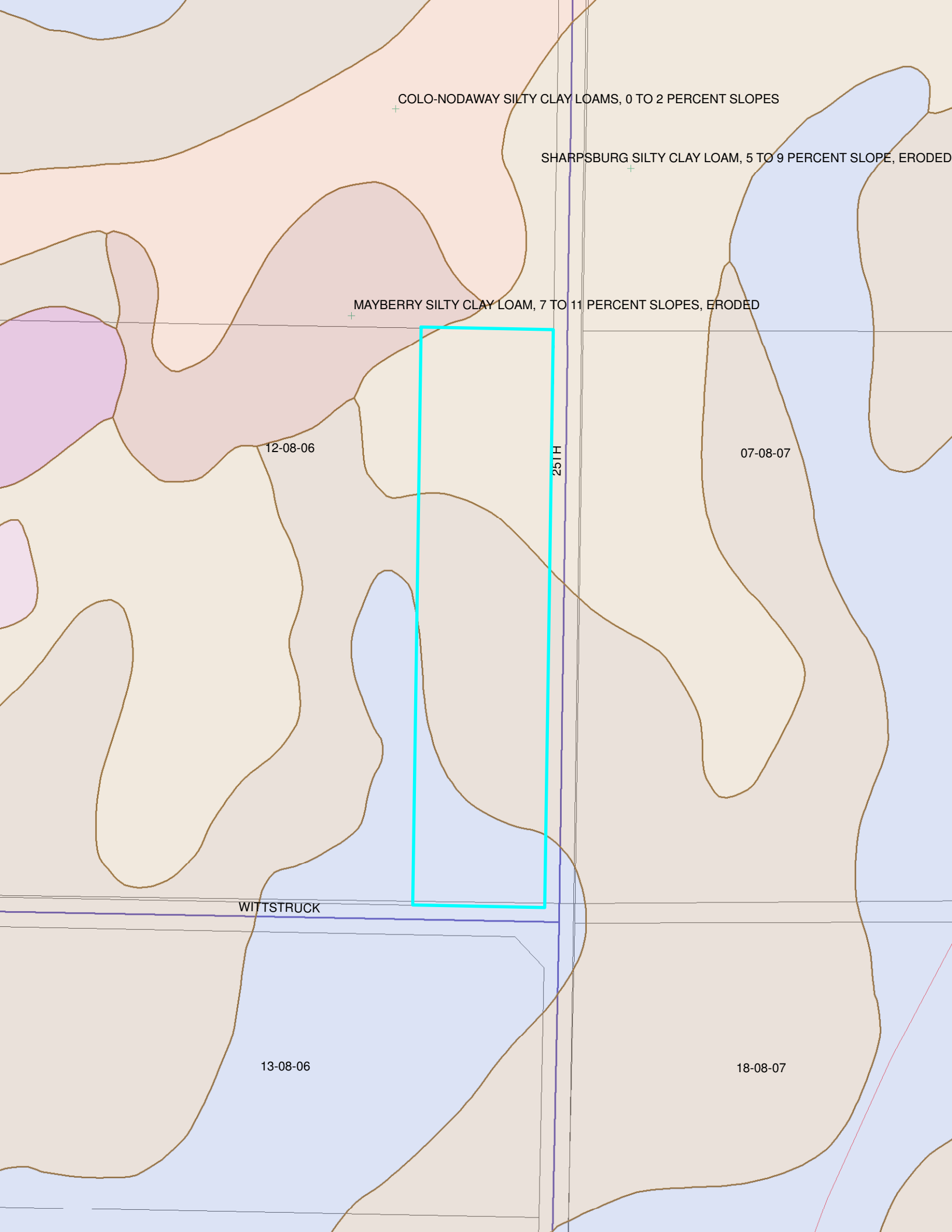
Bruce D. Dart, PhD, Health Director

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

SOUTHWICK SERVICES
PO BOX 191
HICKMAN NE 68372


COLO-NODAWAY SILTY CLAY LOAMS, 0 TO 2 PERCENT SLOPES
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPE, ERODED
MAYBERRY SILTY CLAY LOAM, 7 TO 11 PERCENT SLOPES, ERODED
12-08-06
251 H
07-08-07
WITTSTRUCK
13-08-06
18-08-07

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

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

HS000404

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 8N Range 6E 1/4 SE 1/4 SE Section 12
   Block _____ Lot _____ Addition _____
   Parcel ID ____-____-_____-_____-_____-_____ (i.e. 99-99-999-999-999)
   Street Address (no rural route) 14445 S. 25 Roca, Ne 68430

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** Install 1250 gallon Septic Tank and 250' of Infiltration Quick 4 Lateral (Septic Tank Collapsing + Lateral deteriorated) (Pipe rots Sewn/in taken 1965)

5. **Work to be done by:** ☐ owner ☒ contractor's name Brad Southwick Southwick Sewer + Drain 430-7606

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 _____ Address _____ Phone: _____

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 9/9/10 REVIEW: ☑ Approved ☐ Disapproved By: _____

Site visits
Date __/__/__ By _____
Date __/__/__ By _____
Date __/__/__ By _____

Installation final written approval
Date 9/9/10 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: __/__/__ Amount ____ Check No. ____ Initials _____

Revised 3-09

LLCHD-HS000404

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

B

Permit Number:

Onsite Wastewater Treatment System

Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 14445 So 25 (no rural route) City Roca NE, Zip 68430

Owner Curt Lorbees Address 14445 S 25

Date of Tests 10/23 to 10/24/05 Weather: Precipitation _____ Temperature _____

Percolation Test Data Table

A.	B.	C. D. E. F. Saturation/Swelling Time				G. H. I. J. K. Water Level Drop Last 30 mins of 4 hr or last 10 mins of 1 hr					L. M. N. Results		
		Start		End		Start		Initial	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 Interval	Water Level Drop (in)	Percolation Rates (Min/in = mpi)
1	36	10/23		10/24		10/24		6	10/24		30	3/4	40
2								6				5/8	48
3								6				3/4	40
4								6				1 1/8	28
5								6				1	30
6	↓							6				1 1/4	24
								6					
								6					

Person Conducting Percolation Test

Name: Buss Hay

Phone: _____

Address _____

_____

Soil type (NRCS Maps/Other) Shd - WtC2

Groundwater Depth _____

Sum of Percolation Rates: 210

Average of Rates: 35

Rate Used for Calculation: 50 (> 20 min)

Buss Hay did perc test for Ken Wagoner

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Comments (Soil type, groundwater, floodplain, etc.) _____

_____

_____

_____

_____

Signature of Reviewing Official _____ Date _____

Onsite Form B 12_06

9-9-2010 14:20:59

Field Notes

