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. HS000405

Situs: 8120 DUNROVIN RD

Permit Fee: $180.00

Legal Description: T09N-R07E-S22-1-Lot 1

Owner:

Total Fees: $180.00

Issued: 09/20/2010
Expires 09/20/2011

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 HS000405

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: 471-7800

B

FILE NO. HS 000405

SCANNED

PROPERTY WHERE SOIL TESTED:

Location: Township_____; Range_____; Section & ¼ Section_____.
Property Dimensions: _____ft. x _____ft. Area:_____acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests:_____to_____. Weather: Precip._____Temp._____.

84th & Yankee Hill Area

OWNER: Dave Schmidt

Address: 8120 Dunrovin

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	24"	4/11/94	10:00	4/12	12:30	4/12	1:00	6"	1:30		30	1"	
2	"	"	"	"	"	"	"	"	"		"	1¼	
3	"	"	"	"	"	"	"	"	"		"	1"	
4	"	"	"	"	"	"	"	"	"		"	¾	
5	"	"	"	"	"	"	"	"	"		"	1⅓	
6	"	"	"	"	"	"	"	"	"		"	1½	

John Stehmeyer
Signature of Person Conducting Test

Address 9811 N.W. 40th Phone 437-6023

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

(Do not write below this line)

REVIEWING ACTION

Remarks: Marbarg Clay Loam Close
Soil Type (SCS) Steinauer Loam
Date: April 18, 1994

Approved Percolation Rate (a)
A. 25 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Head
Signature of Reviewing Official

SCANNED

LLCHD HS000405

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

SEP 10 2010

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

HS000405

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 ____ 1/4 SE Section 22
   Block 1 Lot 1 Addition Woodsdale Acres 2nd Add
   Parcel ID 14 - 22 - 415 - 001 - 000 (i.e. 99-99-999-999-999)
   Street Address (no rural route) 9120 Woodsdale Rd Lincoln, NE 68516

2. **Property use:** ☑ residential ☐ commercial ☐ other use
   Number of bedrooms 4 Describe ____

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

4. **Description of proposed alteration, extension or repair** Add 25' of lateral (HHS Limeless Chambers)

5. **Work to be done by:** ☐ owner ☑ contractor's name Lloyd Industries Inc. Plumbing Div.

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 David + Kathi Schmidt Address 9120 Woodsdale Rd Phone: 402-423-7307

Applicant Signature (owner or lessee) Ronnie L. Johnston for David + Kathi Schmidt

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 9/20/10 REVIEW: ☑ Approved ☐ Disapproved By: ____

Site visits
Date ___/___/___ By ____
Date ___/___/___ By ____
Date ___/___/___ By ____

Installation final written approval
Date 9/20/10 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

9-20-2010 9:44: 2

LLCHD HS000405

FORM 20105-0477

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John Stuhlmacher
Signature of Person Conducting Test

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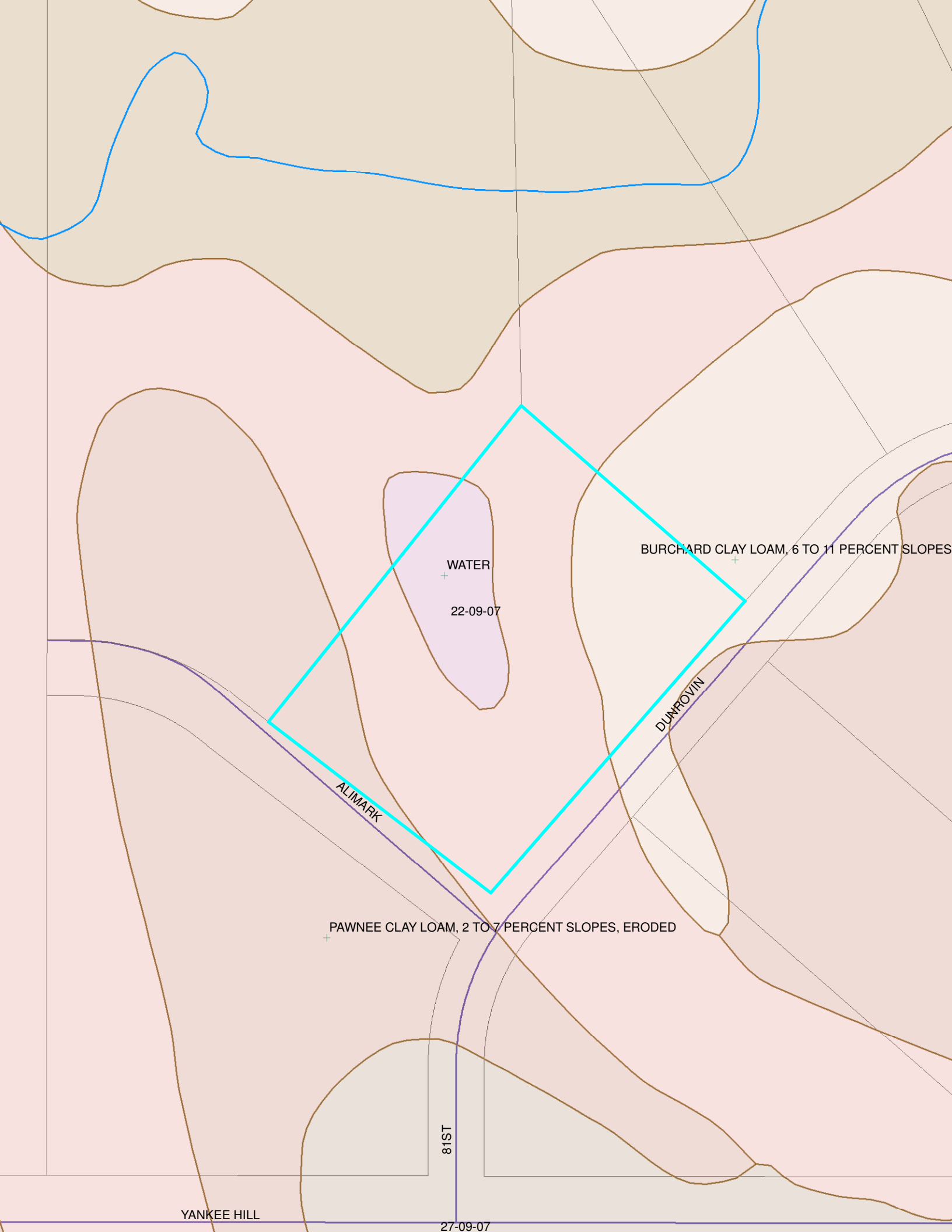
(Do not write below this line)

REVIEWING ACTION

Remarks: Marshall Clay Loam/Close
Soil Type (SCS) Pohlmeyer Loam
Date: April 18, 1994

Approved Percolation Rate (a)
A. 25 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
Signature of Reviewing Official


WATER
22-09-07
BURCHARD CLAY LOAM, 6 TO 11 PERCENT SLOPES
DUNROVIN
ALIMARK
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
81ST
YANKEE HILL
27-09-07