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. HS000419

System Type: STANDARD

Situs: 7601 PINE LAKE RD

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

Owner: HILL, RONALD C & KATHY A
7601 PINE LAKE RD
LINCOLN NE
68516

Permit Fee:	$185.00
Total Fees:	$185.00
Issued:	10/20/2010
Expires	10/20/2011

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

SOUTHWICK SEWER
PO BOX 191
HICKMAN NE 68372

LLCHD HS000419

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

☒ Municipal Code 24.38 ☐ County Resolution Number 02-30

SCANNED

HS000 419

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 7E 1/4 _____ 1/4 _____ Section 23
   Block _____ Lot _____ Addition _____
   Parcel ID ____-____-_____-_____-_____ (i.e. 99-99-999-999-999)
   Street Address (no rural route) 7601 Pine Lake Rd

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** extend system w/ 4 100' Gravelless Lateral area Southwest Sewer & Drain

5. **Work to be done by:** ☐ owner ☒ contractor's name Brad Southwell

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 Ron Hill Address 7601 Pine Lake Rd Phone: _____

Applicant Signature (owner or lessee) _____

Please contact LLCHD for the permit fee for this application $185.00
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 10/26/10 REVIEW: ☑ Approved ☐ Disapproved By: _____

Site visits
Date ____/____/____ By _____
Date ____/____/____ By _____
Date ____/____/____ By _____

Installation final written approval
Date 10/18/10 By _____

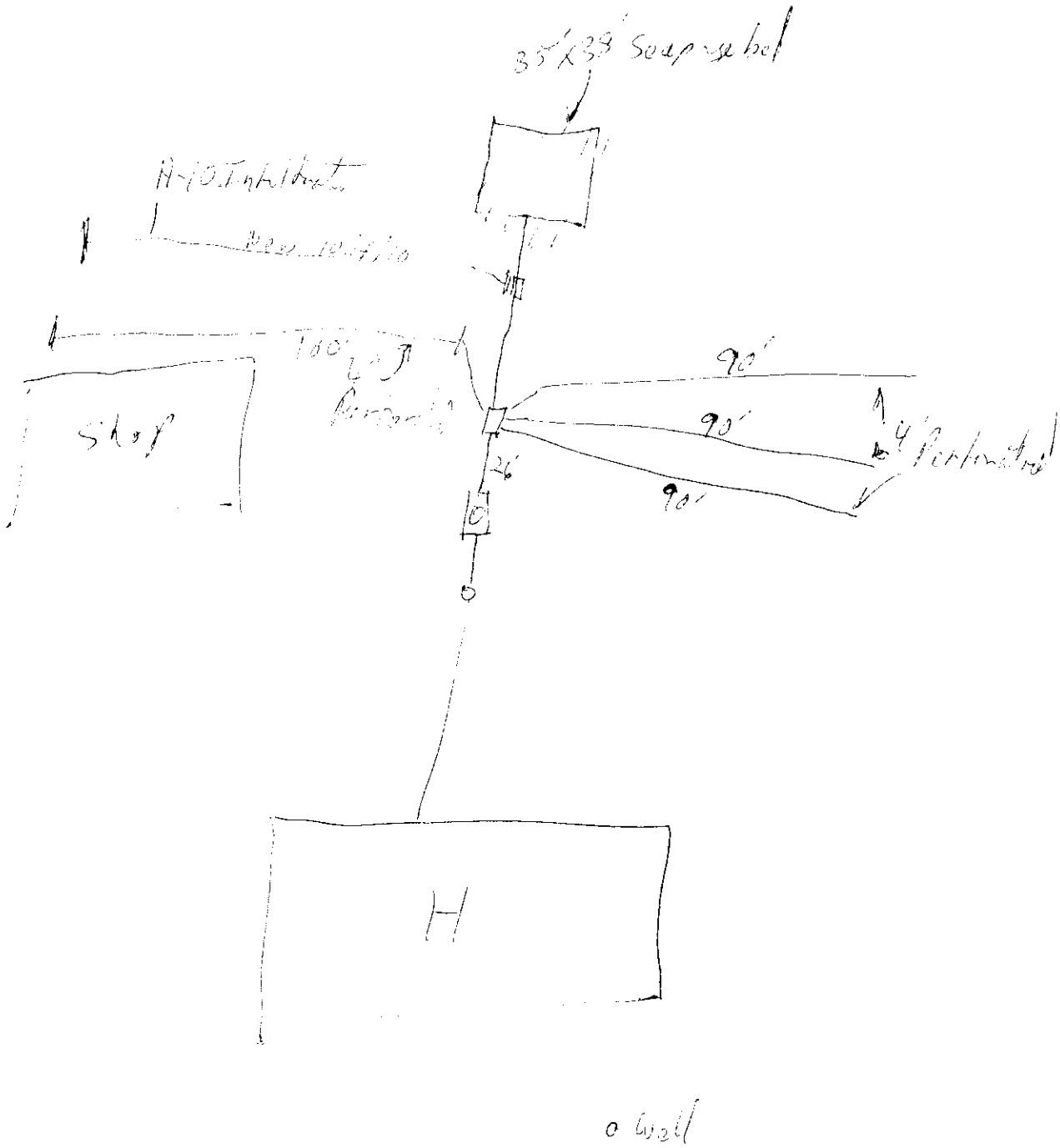
Return application to:
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: 441-8643

Business Office Use Only

Received: Date: 10/20/10 Amount 185.00 Check No. 1298 Initials LH

Revised 3-09

10-21-2010 8:38:35


35'x33' Soap-se bel
Shop
90'
90'
90'
4" Perforated
H

LLCHD HS000419

OCT 13 2010

SCANNED

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

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

HS000416

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 11 Range 5 1/4 ____ 1/4 NE Section 13
   Block ____ Lot 4 Addition ____
   Parcel ID 65-13-200-004-000 (i.e. 99-99-999-999-999)
   Street Address (no rural route) 1151 NW 56th St Hayward NE 68025

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** Add 200 sq ft to current, using existing drainfield as is

5. **Work to be done by:** ☐ owner ☒ contractor's name Lloyd Wheeler, Hayward Lumber Co

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 [illegible] Address [illegible] Phone: [illegible]

Applicant Signature (owner or lessee) [signature]

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 10/20/10 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: 10/20/10 Amount 185.00 Check No. 7499 Initials BH

Revised 3-09

10-21-2010 8:39:39


NEBRASKA HWY 2
15-09-07
NEBRASKA HWY 2
22-09-07

LINCOLN LANCASTER COUNTY HEALTH DEPARTMENT

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

☒ Municipal Code 24.38 ☐ County Resolution Number 02-30

HS000420

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 NE 1/4 NE Section 12
   Block _____ Lot _____ Addition _____
   Parcel ID ____-____-_____-_____-_____ (i.e. 99-99-999-999-999)
   Street Address (no rural route) 13330 S. 25

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** replace 100' of lateral damaged by Farming w/ 100' new lateral & add an additional 100'
   Southwest Sewer & Drain

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

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 Darrell Schrader Address 13330 S. 25 Raymond Phone: 423-8744

Applicant Signature (owner or lessee) _____

Please include the permit fee (~~$160~~ 185) with this application
Fee must be included before the application will be processed. Incomplete information will delay processing.

HEALTH DEPARTMENT USE ONLY

Date received 10/20/10 REVIEW: ☒ Approved ☐ Disapproved By: _____

Site visits
Date ____/____/____ By _____
Date ____/____/____ By _____
Date ____/____/____ By _____

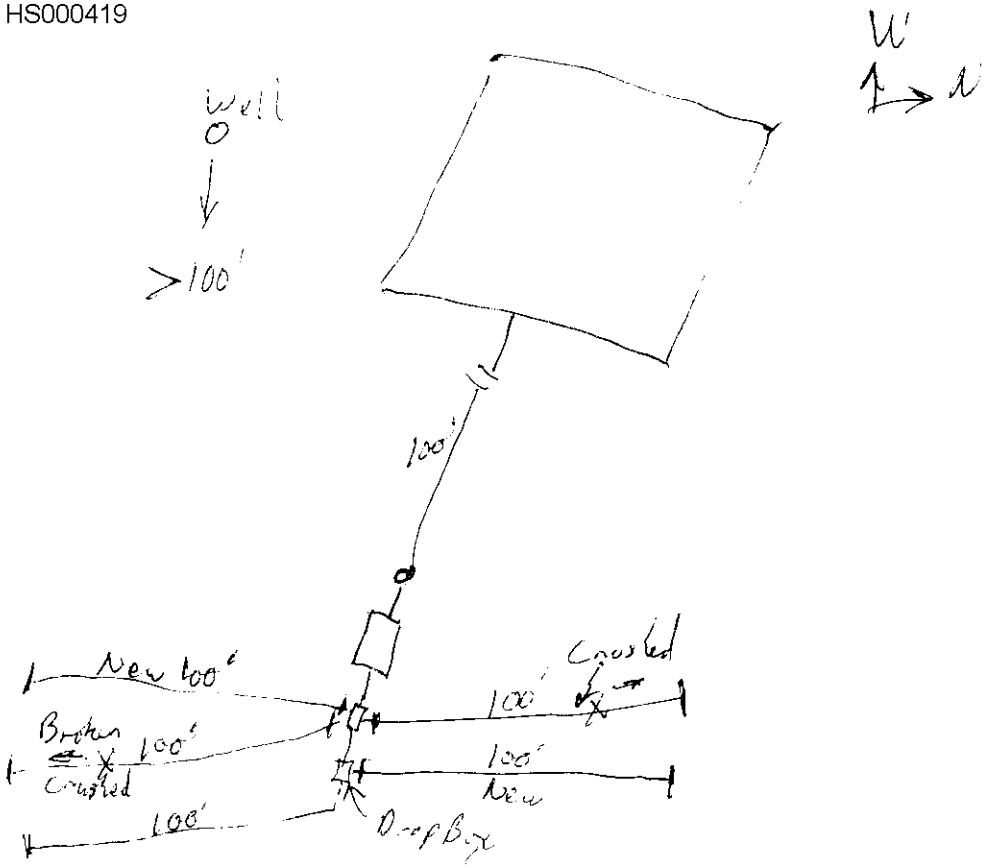
Installation final written approval
Date 10/18/10 By _____

Return application to:
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: 441-8022

Business Office Use Only

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

White - Division Copy Pink - Business Office Revised 9-06


W
N
well
>100'
100'
New 100'
Crushed
100'
Broken
100'
Crushed
100'
New
100'
Drip Box

LLCHD HS000419

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

☒ Municipal Code 24.38 ☐ County Resolution Number 02-30

HS000 419

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 7E 1/4 ____ 1/4 ____ Section 22
   Block ____ Lot ____ Addition ____
   Parcel ID ____-____-____-____-____ (i.e. 99-99-999-999-999)
   Street Address (no rural route) 7601 Pine Lake Rd

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** extend system w/ 4 100' Cromelin Lateral area
   Southwest Sewer & Drain

5. **Work to be done by:** ☐ owner ☒ contractor's name Brad Southwell

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 Ron Hill Address 7601 Pine Lake Rd Phone: ____

Applicant Signature (owner or lessee) ____

Please contact LLCHD for the permit fee for this application $185.00
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 10/20/10 REVIEW: ☑ Approved ☐ Disapproved By: ____

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

Installation final written approval
Date 10/18/10 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

10-20-2010 15:29:55

SOIL ABSORPTION DATA REPORT

Project
Location
Job No.
Date

SOIL TEST PROPERTY

OWNER: Ron Hill

LOCATION:
Township: 9N
Range: 7E
Section & 1/4 Section: 22

Bill to:

Property Dimensions: ____ feet x ____ feet

Property Area: 5 acres

Property ID:

DATES OF TESTS: ____ to ____

SOIL TYPE:

Silty Clay		Sandy Loam	
Silty Loam		Sandy Clay	
Clay Loam		Clayey Sand	
Silty Clay Loam	X 4TC	Silty sand	
		Sand	

WEATHER:
Precipitation:
Temperature 70

7601 Pine Lake Rd.

PERCOLATION TEST DATA

Hole No.	Hole Depth (in.)	Pre-Saturation Period Start Date (Mo. Day)	Pre-Saturation Period Start Time (Hr. Min)	Pre-Saturation Period End Date (Mo. Day)	Pre-Saturation Period End Time (Hr. Min)	Percolation Readings Start Date (Mo. Day)	Percolation Readings Start Time (Hr. Min)	Percolation Readings Start Water Level (in.)	Percolation Readings End Time (Hr. Min)	Percolation Readings End Water Level (in.)	Elapsed Time (Min.)	Results Water Level Drop (in.)	Results Percolation Rates (Min. / in.
1	36	10/13	4:00	10/14	10:00	10/14	12:15	27½	12:45	28	30	½	
2			PM		AM		"	26¼		26⅜		⅛	
3								28⅛		28¾		⅝	
4								25⅝		25⅝		½	
5													
6													
7													
8													

Test Conducted By: Brad Southwick

Sum of Percolation Rates:
Average of Rates (Min/Inch):
Inches Per Minute:

(Field Sketch with Approximate Boring Locations Attached)

See Back

7601 Pine Lake Rd.

