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. HS000421

System Type: STANDARD

Situs: 10200 N 162 ST

Legal Description: T11N-R08E-S23-Lot 28

Owner: MUNN, INEZ A
5700 FREMONT ST344
LINCOLN NE
68507

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 HS000421

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

SCANNED HS000421

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

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 11N Range 8E 1/4 ____ 1/4 ____ Section 23
   Block ____ Lot ____ Addition ____
   Parcel ID ____-____-____-____-____ (i.e. 99-99-999-999-999)

   Street Address (no rural route) 10200 N 168 Lincoln NE 68462

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

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

4. **Description of proposed alteration, extension or repair** extend Lateral w/100' Gravelless Infiltrator Chamber Total Area to 700 ft² (300 ft² existing Lateral) Soil Percolation rate 60 min/in

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

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 Inez Munn Address 5700 Fremont Lincoln 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

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 ____

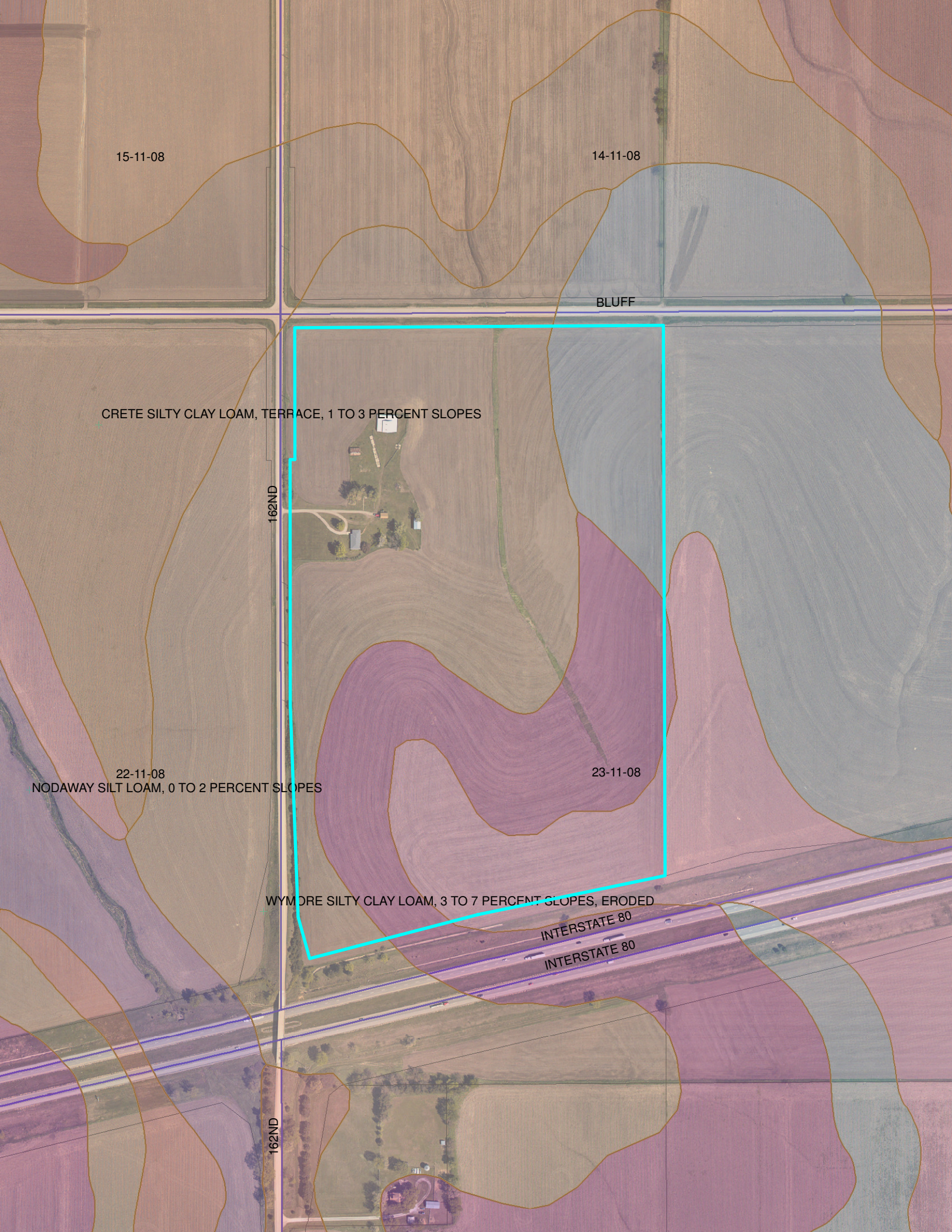
Return application to:
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: 441-8643

Business Office Use Only

Received: Date: 10/26/10 Amount 185.00 Check No. 1294 Initials BH

Revised 3-09

10-21-2010 8:43:29


15-11-08
14-11-08
BLUFF
CRETE SILTY CLAY LOAM, TERRACE, 1 TO 3 PERCENT SLOPES
162ND
22-11-08
NODAWAY SILT LOAM, 0 TO 2 PERCENT SLOPES
23-11-08
WYMORE SILTY CLAY LOAM, 3 TO 7 PERCENT SLOPES, ERODED
INTERSTATE 80
INTERSTATE 80
162ND

LLCHD HS000421

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☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

HS000421

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   Parcel ID ____-____-____-____-____ (i.e. 99-99-999-999-999)
   Street Address (no rural route) 10200 N 168 Lincoln NE 68462

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   Number of bedrooms 2 Describe ____

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4. **Description of proposed alteration, extension or repair** extend Lateral 100' Gravelless Infiltrator Infiltrator Total Area to 700 ft² (300 ft² existing Infiltrator) Soil Loading rate 60 l/min/ft² Southwest

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HEALTH DEPARTMENT USE ONLY

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Date ____/____/____ By ____
Date ____/____/____ By ____
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3140 "N" Street, Lincoln, NE 68510
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Business Office Use Only

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

Revised 3-09

10-20-2010 15:24:52

SOIL ABSORPTION DATA REPORT

Project
Location
Job No.
Date

SOIL TEST PROPERTY

OWNER: Inez Bunn

LOCATION:
Township: 11N
Range: 8E
Section & 1/4 Section: 21 NW/4

Bill to:

Property Dimensions: _____ feet x _____ feet

Property Area: 20± acres

Property ID:

DATES OF TESTS: _____ to _____

SOIL TYPE

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

WEATHER:
Precipitation:
Temperature

10200 N 162 SW

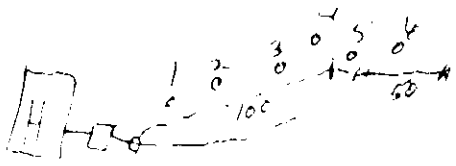
PERCOLATION TEST DATA

		Pre-Saturation Period				Percolation Readings					Results		
		Start		End		Start			End				
Hole 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. Min)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min. / in.
1	30	10/12	6:30 PM	10/13	8:00 AM	10/13	12:15	24 3/4	12:45	25 3/8	30	5/8	48
2								25 1/4		25 7/8		5/8	48
3								26 1/8		26 7/8		3/4	40
4								24 1/4		24 7/8		5/8	48
5								23 3/8		24 3/8		1	60
6								25 1/4		25 7/8		5/8	48
7													
8													

Test Conducted By:

Sum of Percolation Rates: 294
Average of Rates (Min/Inch): 50
Inches Per Minute: 60

[Field Sketch with Approximate Boring Locations Attached]



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

D

Permit Number:

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date _____ Legal Description _____ 1/4 _____ 1/4 23 Section 11 Township 8 Range Lot 28

Onsite System Location

Address (no rural route) 10200 N 162 City Waverly NE, Zip 68462

Owner Inez Munn Address 5700 Fremont ST 344

A. Sewer Pipe

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

☐ Label with Manufacturer, address and gallon capacity

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

C. ☐ Distribution Box ☐ Drop Boxes

(≥ 12" inspection opening) (removable lid to inspect)

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

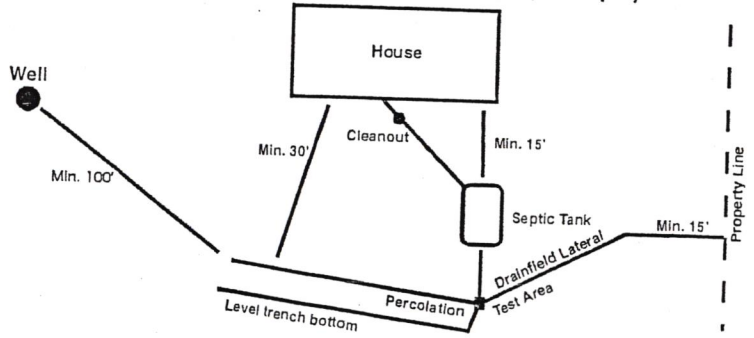
D. Drainfield Absorption Add 10/13/10

☐ Trench ☐ Bed ☐ Level Bottom

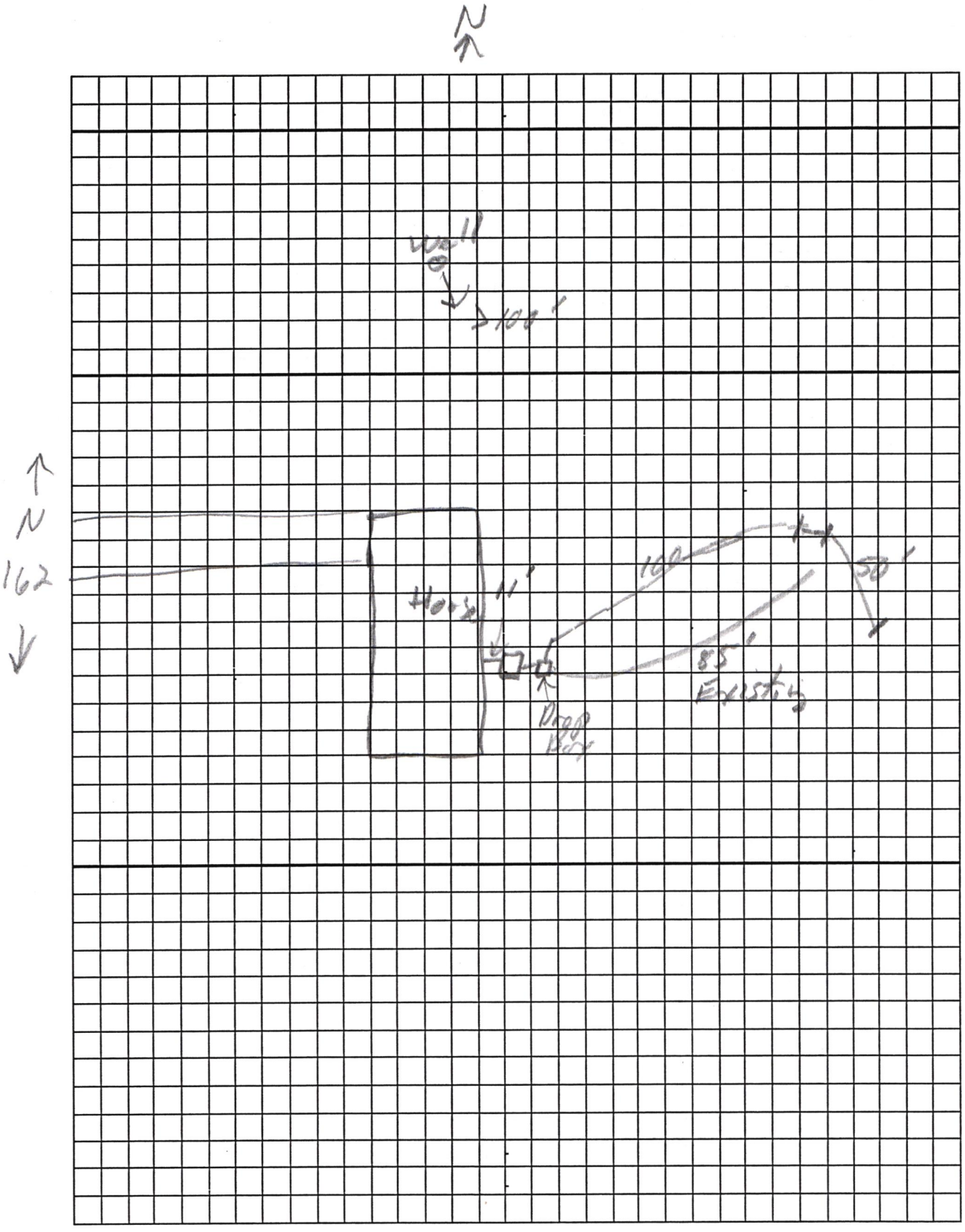
1. Type: ☐ Half rounds ☐ Perforated pipe ☒ Chambers
   Diameter or width: _____
   Number of distribution lines in bed _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Drainfield Laterals: Number 2
   Length of each line: 100 ft. 50 ft.
   85 East ft. _____ ft., _____ ft.
3. Drainfield dimensions: Width _____ ft.
   Distribution Pipe Slope _____ in/100 ft.
   Average depth _____ in
4. Filter material: _____
   Depth of material _____ in.
5. Distances to: Well or suction line _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.
   House or building _____ ft.
   Lake or Stream _____ ft.

Complete As-Built drawing on the back fo this form.

Onsite Wastewater System Design (Example)



icate North
ith Arrow


N
Well
Head
100'
N
162
100'
50'
85'
Existing
Drop Box