HS0000487

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

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

– Perc tests on file

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 T9 Range R8 1/4 ____ 1/4 ____ Section 29
   Block ____ Lot 15 Addition ____
   Parcel ID ____-____-____-____-____ (i.e. 99-99-999-999-999)
   Street Address (no rural route) 12401 Yankee Hill

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** move Septic Tank & move 100' of lateral area in prep for Swimming Pool

5. **Work to be done by:** ☐ owner ☒ contractor's name 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 Meyer Address 12401 Yankee Hill Rd 03576 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 4/26/11 REVIEW: ☑ Approved ☐ Disapproved By: ____

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: 4/26/11 Amount 185.00 Check No. 1314 Initials B. Hull

Revised 3-09

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

B

Permit Number:

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 12601 Yankee Hill Rd (no rural route) City _____ NE, Zip _____

Owner Fulton Construction Addresss ~~12601 Yankee Hill Rd~~ 4012 So 83

Soil Type (SCS): _____ Percolation Rate: _____ min./inch

Date of Tests 2/10 to _____ Weather: Precipitation — Temperature 60°

Percolation Test Data Table

A.	B.	C. D. E. F. Pre-Saturation Period				G. H. I. J. K. Percolation Readings					L. M. N. Results		
		Start		End		Start			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 (Min)	Water Level Drop (in)	Percolation Rates (Min/in)
1	18 7/8	2/10	11:00	2/10	4:30	2/11	1:00	9 3/8	2/4	1:30	30	1/2	60
2	19 1/4	2/10	11:00	2/10	4:30	2/11	1:00	10 1/4	2/11	1:30	30	1 3/8	21.8
3	18 7/8	2/10	11:00	2/10	4:30	2/11	1:00	9 3/8	2/11	1:30	30	5/8	48
4	19 3/8	2/10	11:00	2/10	4:30	2/11	1:00	10 3/8	2/11	1:30	30	1 5/8	18.5
5	19 3/4	2/10	11:00	2/10	4:30	2/11	1:00	10 3/4	2/11	1:30	30	2 1/2	12
6	21 1/2	2/10	11:00	2/10	4:30	2/11	1:00	12 1/2	2/11	1:30	30	3/4	9.2

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: 60 /inch

Person Conducting Percolation Tests

Name: Schwarck Trenching

Phone: 489-7294

Address 8200 Old Cheney Rd

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

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. HS000487

System Type: STANDARD

Situs: 12401 YANKEE HILL RD

Legal Description: T09N-R08E-S29-Lot 15

Owner: MEYER, TRAVIS R & STEPHANIE L
12401 YANKEE HILL RD
BENNET NE
68317

Permit Fee: $185.00

Total Fees: $185.00

Issued: 04/26/2011
Expires 04/25/2012

Judith A Halstead

Judith A. Halstead, MS, 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.

Judith A Halstead

Judith A. Halstead, MS
Health Director

SOUTHWICK SEWER
PO BOX 191
HICKMAN NE 68372