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

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

HS000542

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 5 1/4 ____ 1/4 ____ Section 3
   Block ____ Lot ____ Addition ____
   Parcel ID ____-____-____-____-____ (i.e. 99-99-999-999-999)

   Street Address (no rural route) ____

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 100 FT INFILTRATORS.

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

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 Rod Fowler. Address 3901 SW 84th 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

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HEALTH DEPARTMENT USE ONLY

Date received 8/30/11 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: 8/31/11 Amount 185.- Check No. 6671 Initials BM

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 3901 SW 84th ST (no rural route) City DENTON NE, Zip 68339

Owner Rod Fowler Address SAME

Soil Type (SCS): SILT LOAM Percolation Rate: 22 min./inch

Date of Tests 8/19/2011 to 8/20/2011 Weather: Precipitation ½" Temperature 85

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	32	8/19	9:00	8/20	10:20	8/20	10:30	6	8/20	11:00	30	2¼	13
2	34	"	"	"	"	"	"	"	"	"	"	1¼	24
3	31	"	"	"	"	"	"	"	"	"	"	1½	20
4	32	"	"	"	"	"	"	"	"	"	"	2	15
5	35	"	"	"	"	"	"	"	"	"	"	1	30
6	32	"	"	"	"	"	"	"	"	"	"	1	30

Sum of Percolation Rates: 132

Average of Rates: 22

Rate Used for Calculation: 22

Person Conducting Percolation Tests

Name: Melvin Gaguer

Phone: 402-432-5698

Address 4810 "W" Claire Ave

Lincoln Ne. 68523

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Date

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

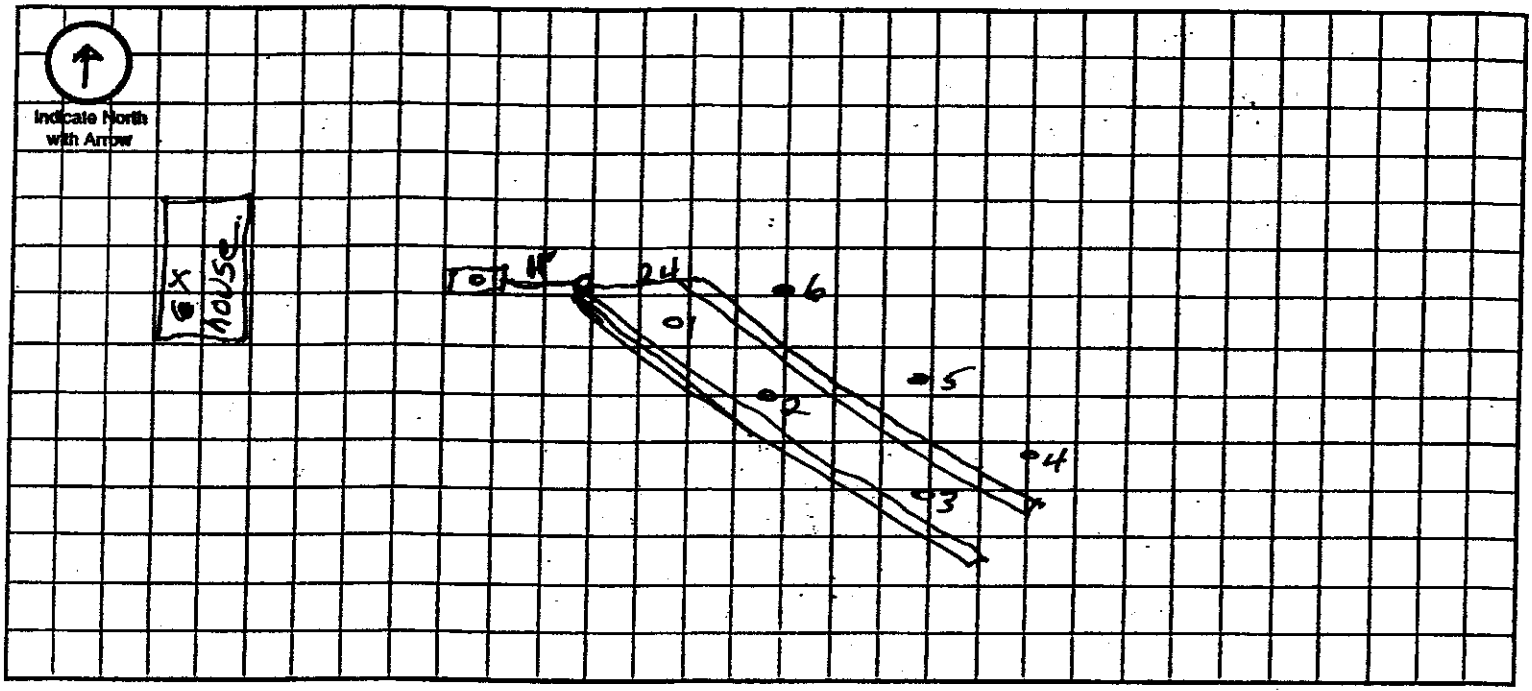
C

Permit Number:

Sewage Disposal System

Preliminary Plan Specifications

Draw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, compass direction and property lines. Indicate on drawing if residence and well are existing or proposed.



Approximate Scale: _____ ft. = _____ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 3901 SW 84th ST City DENTON NE, Zip 68339

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate 22 (min. per inch) Soil Type: _____ Land Slope: 3 %

Type of Absorption System: ☒ Trench ☐ Bed ☐ Other _____

Total Square Feet of Field Required: 750 sq. ft.

Type of Lateral: ☒ Hall-Moon ☐ Perforated Pipe ☐ Other Lateral Material: 200FT HALF MOON 100FT INFILTRATOR

Capacity of Septic Tank 1000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 300 ft. Number of Trenches 3 Trench Width _____

D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

E. Required Signatures

Home Building Contractor Date

/

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

D

Permit Number:

Sewage Disposal System
As Built Plans & Specifications

N 40° 46.439'
W 096° 50.190'

Date 27 AUG 2011

System Location (Indicate correct number and street)

Address 3901 SW 84TH (no rural route) City DENTON NE, Zip 68339

A. Building Sewer

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: NONE
5. Distances to: well or suction line OVER 100 ft.
   stream NA ft.
   pressure line OVER 40 ft.
   property line 11' 100 ft.

B. Septic Tank

1. Material: CONCRETE
   Number of compartments: _____
2. Capacity: 1000 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. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 12 in.
8. Distances to: Well or suction line OVER 100 ft.
   Stream NA ft.
   Pressure line OVER 40 ft.
   Property line 11 100 ft.

C. Distribution Box

1. Material: PLASTIC
   Number available outlets: _____
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 11 ft.

D. Absorption Field

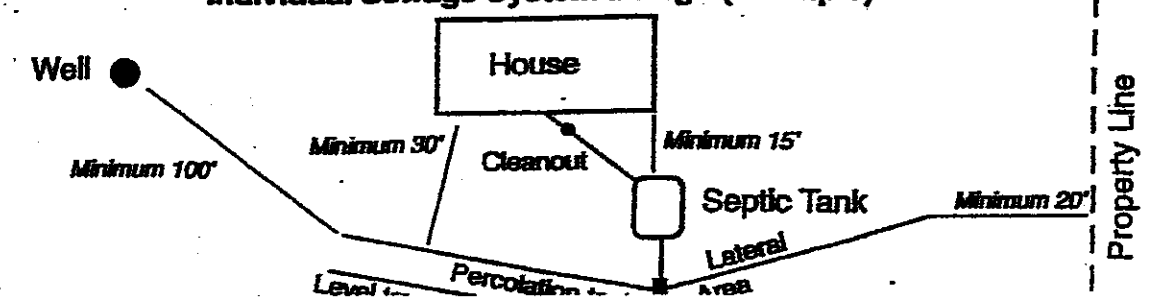
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: 10" 200 ft
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other EVERTRATORS 100FT
2. Lateral lines: Number 3
   Length of each line: 100 ft. 100 ft.
   100 ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 0 in/100 ft.
   Average depth 18 in
4. Filter material: ~~Sand~~ GRAVEL
   Depth of material ~~Sand~~ 18 in.
5. Distances to: Well or suction line OVER 100 ft.
   Stream NA ft.
   Pressure line OVER 50 ft.
   Property line OVER 20 ft.

Complete "As Built" drawing on back of this form.

cate North
th Arrow

Individual Sewage System Design (Example)



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. HS000542

System Type: STANDARD

Situs: 3901 SW 84 ST

Legal Description: T09N-R05E-S03-Lot 25

Owner: FOWLER, RODNEY J & LAURIE
3901 SW 84 ST
DENTON NE
68339

Permit Fee: $185.00

Total Fees: $185.00

Issued: 08/31/2011
Expires 08/30/2012

Judith A Halstead

Judith A. Halstead, MS, Health Director

Dear Applicant:

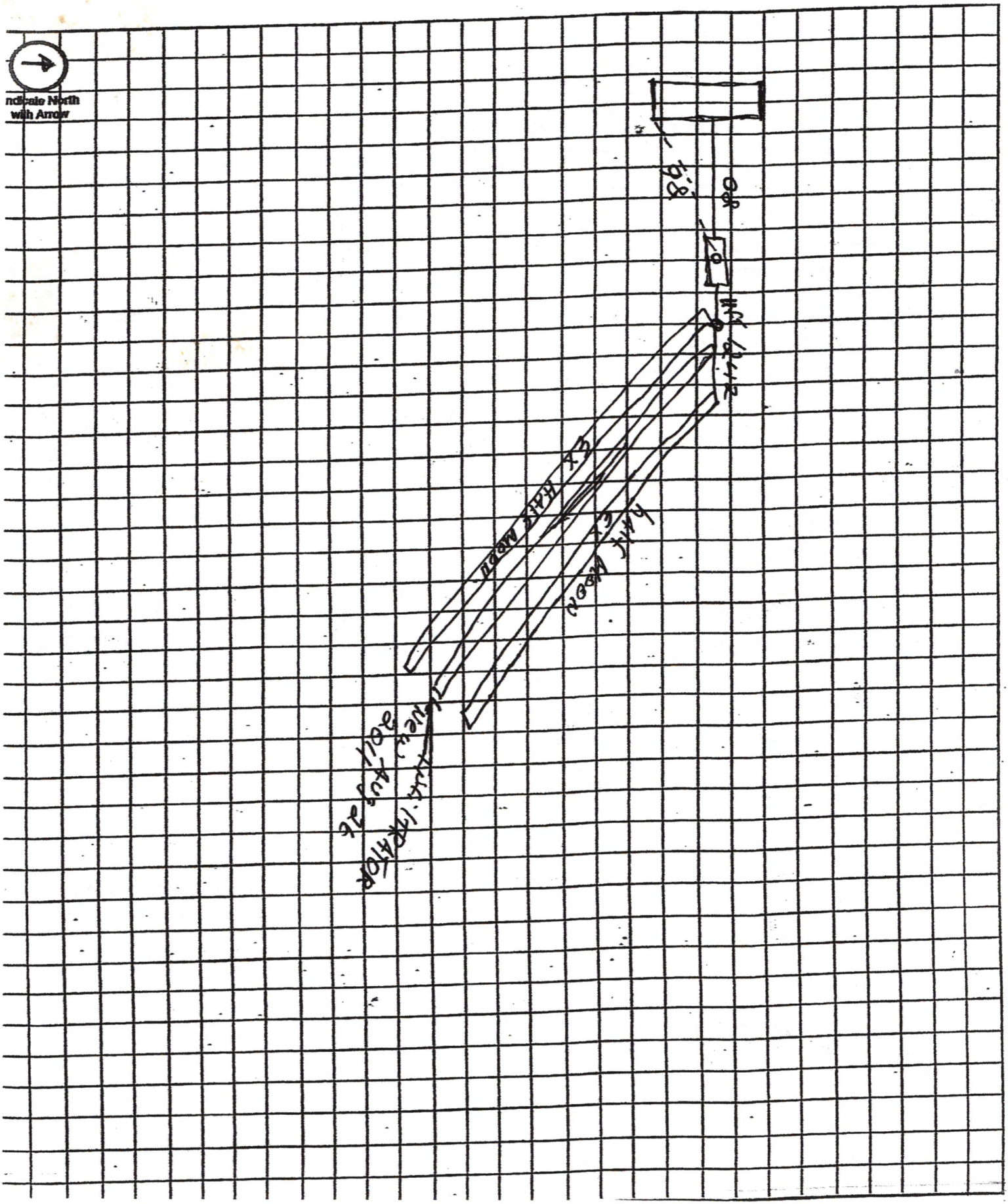
The above document is your permit to repair an existing On-site Waste Water System at the location listed. Please contact this office once repairs are complete to obtain final approval before use.

Judith A Halstead

Judith A. Halstead, MS
Health Director

GAGNER CONSTRUCTION
4810 W CLAIRE AVE
LINCOLN NE 68523-9324

As Built Drawing



SCANNED

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H5000542

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HEALTH DEPARTMENT USE ONLY

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Date ____/____/____ By ____
Date ____/____/____ By ____
Date ____/____/____ By ____

Installation final written approval
Date 5/31/12 By RS

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: 8/31/11 Amount 185.- Check No. 6671 Initials BH

Revised 3-09