LLCHD HS000568

Lynn Becker

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

$ 190.00

HS000568

☐ 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 11 Range 7E 1/4 SW 1/4 SE Section 8
   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 200 Foot of lateral

5. **Work to be done by:** ☐ owner ☑ contractor's name Scott Sibbel

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 Lynn Becker Address 5200 Waverly Road Phone: 402-416-4483

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 11/22/11 REVIEW: ☑ Approved ☐ Disapproved By: _____

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

Installation final written approval
Date 11/22/11 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: 11/22/11 Amount 190.00 Check No. 7573 Initials BH

Revised 3-09

11-28-2011 9:34:47

Soil Absorption Test Data Report

1900

Owner Information:

Owner Lynn + Shari Becker Phone 402-416-4483
NAME

Address: 5200 Waverly Rd Lincln Ne 68514

Location:

Township 7 Range 7E Sec. 8 1/4 Sec. SW 1/4 Sec. SE

County Name LANCASTER Area: ____ Acres

Attach a sketch of the property showing the hole location.

Soil Type: (Check one)

Sand ____ Silt ____ Clay ____ Sandy Clay ____ Loamy Sand ____

Silty Clay ____ Silty Clay Loam ____ Sandy Loam ____ Silt Loam ____

Dates of Test 11/10/11 to 11/11/11 Weather: Precipitation 0 Temp 50

Percolation Test Data

a	b	c	d	e	f	g	h	i	j	k	l	m	n
		Presaturation 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 Rate (Min./Inch)
1	34	11/10	9:00	11/11	9:30	11/11	10:00	25 1/4	10:30	25 3/4	30	.75	45
2	36							14 1/2		13 1/4	30	.75	45
3	32							14 3/4		18 3/4	30	1	30
4	36							15 3/4		15	30	.75	45
5	34							16 1/4		17 1/2	30	.75	45
6	34							19 1/4		16 1/2	30	.75	45

Scott Burbert
Signature of Person Conducting Test

Address: ____

Phone: ____

Sum of Percolation Rates = 255

*Average of Rates in Minutes per Inch = 42.5

* If rates vary more than 20 minutes/inch, do not average but use the slowest rate for design purposes.

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. HS000568

System Type:	STANDARD
Situs:	5200 WAVERLY RD
Legal Description:	T11N-R07E-S08-Lot 50
Owner:	BECKER, LYNN J & SHARI L 5200 WAVERLY RD LINCOLN NE 68514

Permit Fee:	$190.00
Total Fees:	$190.00
Issued:	11/22/2011
Expires	11/21/2012

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

SUBBERT WELL AND SEPTIC
1012 CO RD M
MEAD NE 68041