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. HS000583

System Type:	STANDARD
Situs:	8978 W AGNEW RD
Legal Description:	T12N-R05E-S10-Lot 10
Owner:	WOODS, BRUCE A & BONNIE H 8978 W AGNEW RD VALPARAISO NE 68065

Permit Fee:	$190.00
Total Fees:	$190.00
Issued:	01/25/2012
Expires	01/24/2013

Judith A Halstead

Judith A. Halstead, MS, Health Director

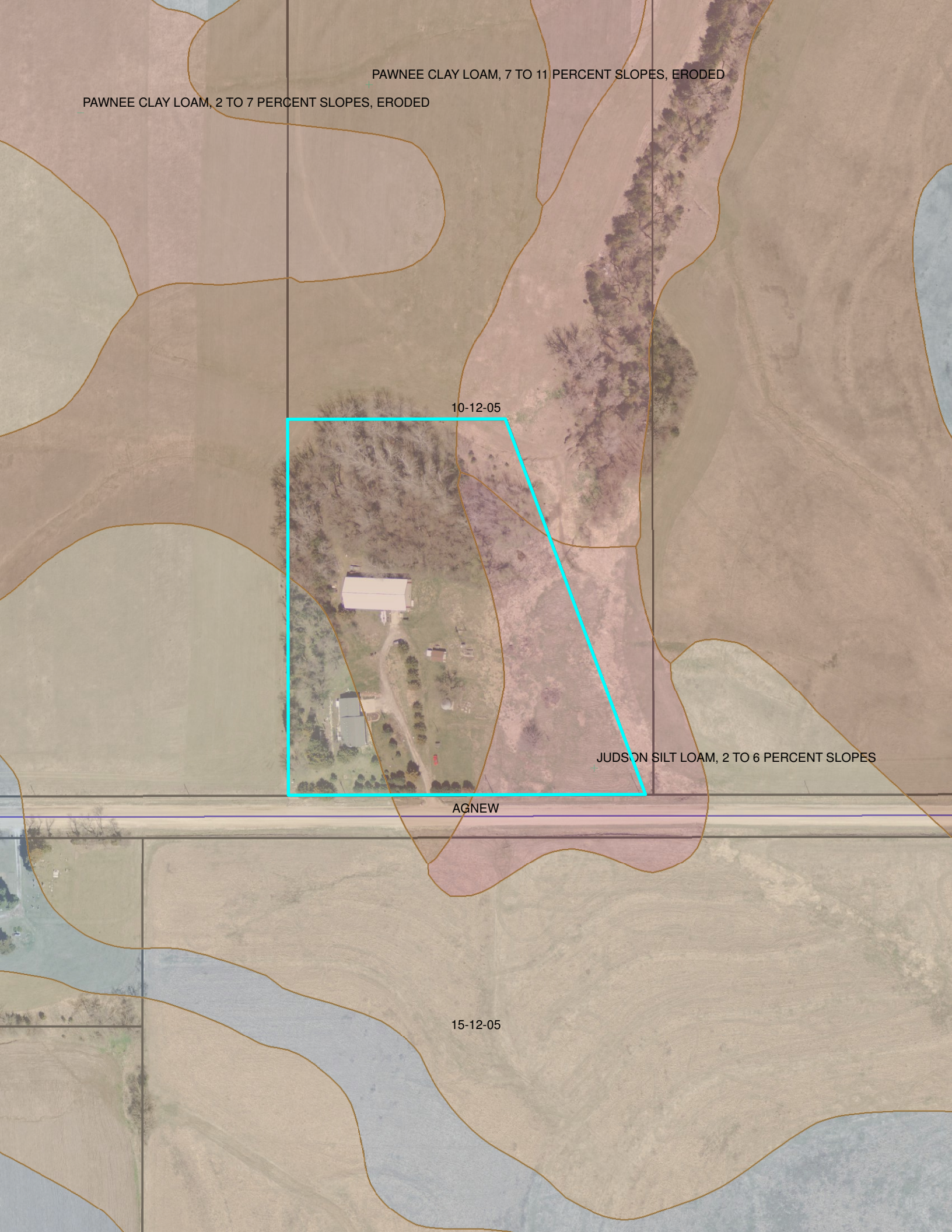
Dear Applicant:

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


PAWNEE CLAY LOAM, 7 TO 11 PERCENT SLOPES, ERODED
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
10-12-05
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
AGNEW
15-12-05

H5000583

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

☐ 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 12 Range 5-E 1/4 SW 1/4 SE Section 10
   Block _____ Lot _____ Addition _____
   Parcel ID ____-____-_____-_____-_____ (i.e. 99-99-999-999-999)
   Street Address (no rural route) 8978 W Agnew Rd Valparaiso
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** add lateral
5. **Work to be done by:** ☐ owner ☑ contractor's name Scott Subbert
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 Bruce Woods Address 8978 W Agnew Rd Val Phone: 402-310-0273

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 1/24/12 REVIEW: ☑ Approved ☐ Disapproved By: _____

Site visits
Date ___/___/___ By _____
Date ___/___/___ By _____
Date ___/___/___ By _____

Installation final written approval
Date 1/25/12 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: 1/25/12 Amount 190.— Check No. 1722 Initials BH

Revised 3-09

Soil Absorption Test Data Report

Owner Information:

Owner Bruce Woods Phone 402-310-0273

Address: 8978 ~~9700~~ (NAME) W Agnew Rd Valparaiso

Location:

Township 12 Range 5E Sec. 10 1/4 Sec. SW 1/4 Sec. SE

County Name Lancaster Area: 5 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 Jan 12 to Jan 13 Weather: Precipitation ____ Temp 40

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	32	1/12	9:00	1/13	6:30	1/13	3:00	12	3:30	10.5	30	1.5	20
2	34							10		8.5	30	1.5	20
3	34							14		12.5	30	1.5	20
4	36							12		10.75	30	1.25	25
5	32							13		11.5	30	1.5	20
6	30							16		14.5	30	1.5	20

Scott Sabbert
Signature of Person Conducting Test

Address: 1012 Cobalt
Mead, NE 68041

Phone: 402-641-6549

Sum of Percolation Rates = 125

*Average of Rates in Minutes per Inch = 21

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

Title 124
Appendix D

NDEQ Use Only
REG # _____
Fee Rcvd? ____

Onsite System Registration Form G

Existing System Registration #_____ (if previously registered)

Ver. Dec. 2006

(Please type or print) (Must be filed within 45 days of inspection or completion of work)

System Address and Ownership:

Owner's Last Name	First Name	Middle Init	Owner's Phone number
Woods	Bruce		402-310-0273

Owner's Mailing Address	City	State	Zip code
8978 4700 W Agnew Rd	Valparaiso	NE	68065

System Location Physical Address (if different than owner's)	Nearest Community
Same	Valparaiso

System Location (either the Legal Description or the Geographic Coordinates is required):

1/4	1/4	Section #	Twnshp	Range	County	Latitude	Longitude
SW	SE	10	12	5-E	Sarpy Co	41-01-02.44	96-50-30.37

System Information

System is for: ☑ Dwelling with 2 bedrooms, or ☐ Establishment with _____ gal/day flow

Septic Tank / Soil Absorption System

Rated Tank Capacity = 1000 gallons

Total effective trench bottom area = 500 sq. ft.

Number of Trenches = 2

Total Trench Length = 120 ft.

Design Percolation Rate = 21 min/inch

Depth to seasonal high groundwater = _____ ft.
(if less than 10 feet below ground surface)

Lagoon System

Water Surface Area = _____ sq. ft.

Tested seepage rate = _____ in/day

Other Type System

NDEQ Construction Permit#_____

Certified professional registering the system:

Last Name	First Name	Middle Initial	Professional Certificate #
Subbert	Scott	J	C1996

Signature of Certified Professional	Date of inspection or completion of work
Scott Subbert	

The registration fee must accompany this completed registration form. See Fee Schedule in Appendix A. Include late fee if submitted more than 45 days after completion.
Make checks payable to the **Nebraska Department of Environmental Quality.**
Mail to: NDEQ, Onsite Wastewater Unit, P.O. Box 98922, Lincoln, Nebraska 68509-8922