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

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

HS000592

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 5E 1/4 ____ 1/4 ____ Section 17
   Block ____ Lot ____ Addition ____
   Parcel ID ____-____-____-____-____-____ (i.e. 99-99-999-999-999)
   Street Address (no rural route) 12400W" DENTON Rd.

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

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

4. **Description of proposed alteration, extension or repair** Add 200ft INFILTRATORS

5. **Work to be done by:** ☐ owner ☒ contractor's name Wagner 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 Carmi Spicer Address SAME Phone: 402-797-2190

Applicant Signature (owner or lessee) Carmi Spicer

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 ____/____/____ REVIEW: ☐ Approved ☐ Disapproved By: ____

Site visits
Date 3/8/12 By AC
Date ____/____/____ By ____
Date ____/____/____ By ____

Installation final written approval
Date 3/8/12 By Dan Lee

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: 3/9/12 Amount 190.00 Check No. 6816 Initials BDH

Revised 3-09

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. HS000592

System Type: STANDARD

Situs: 12400 W DENTON RD

Legal Description: T09N-R05E-S17-Lot 19

Owner: SPICER, CARMI D & RITA K
12400 W DENTON RD
DENTON NE
68339

Permit Fee: $190.00

Total Fees: $190.00

Issued: 03/09/2012
Expires 03/09/2013

Judith A Halstead

Judith A. Halstead, MS, Health Director

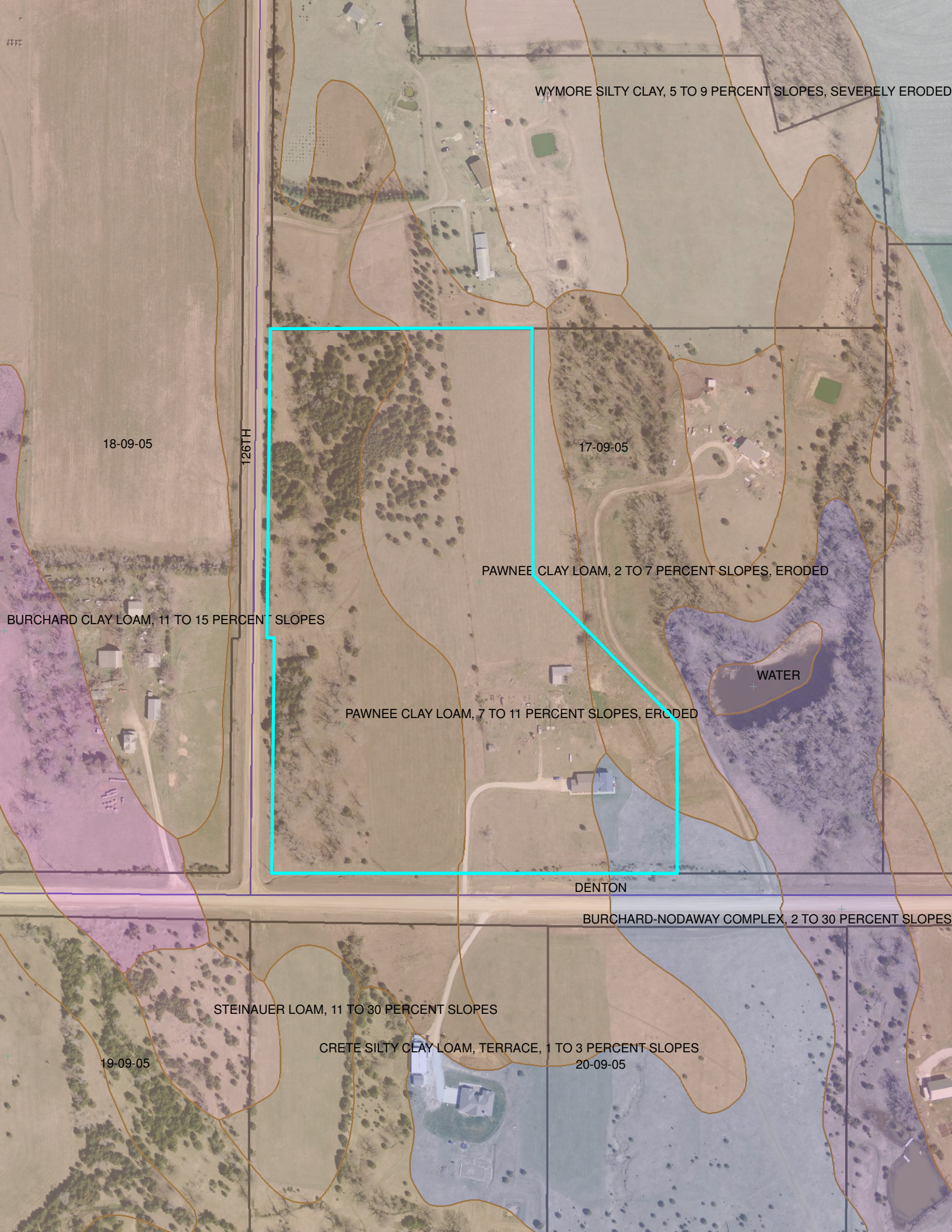
Dear Applicant:

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

GAGNER CONST
4810 W CLAIRE AVE
LINCOLN NE 68523-9324


WYMORE SILTY CLAY, 5 TO 9 PERCENT SLOPES, SEVERELY ERODED
18-09-05
126TH
17-09-05
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
BURCHARD CLAY LOAM, 11 TO 15 PERCENT SLOPES
WATER
PAWNEE CLAY LOAM, 7 TO 11 PERCENT SLOPES, ERODED
DENTON
BURCHARD-NODAWAY COMPLEX, 2 TO 30 PERCENT SLOPES
STEINAUER LOAM, 11 TO 30 PERCENT SLOPES
CRETE SILTY CLAY LOAM, TERRACE, 1 TO 3 PERCENT SLOPES
19-09-05
20-09-05

SCANNED

AS BUILT DRAWING OF SYSTEM

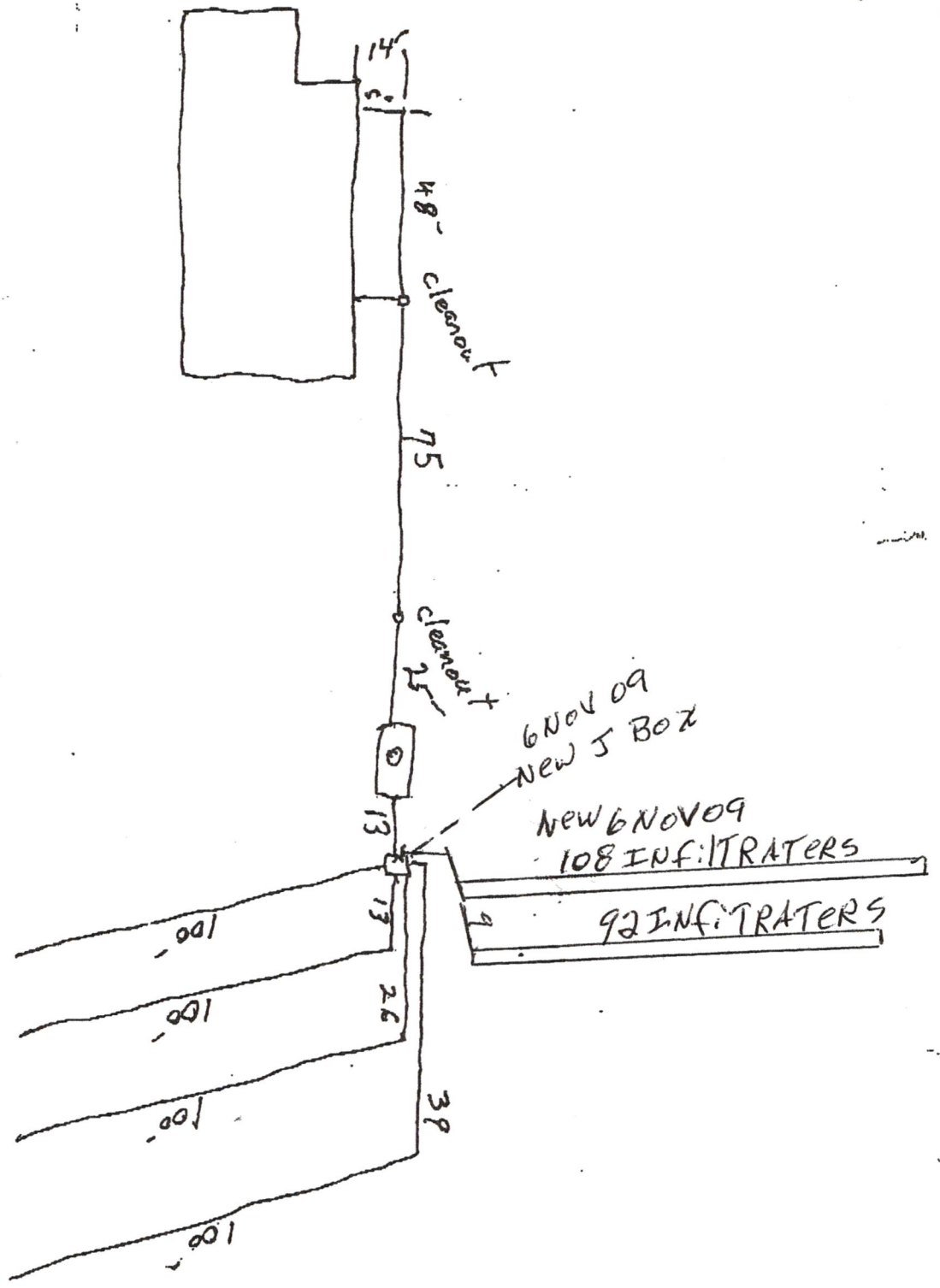
DATE 6 Nov 09 INSTALLER Wagner Const.

Carnie Spices / 2400 W. Denton Rd

Legal

S17 T9 R5E

N



FORM 20105-0477
SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

SCANNED

B

12400 West Denton Rd FILE NO. 2600-C

PROPERTY WHERE SOIL TESTED: 7005 Thur #238533

Location: Township 9 ; Range 5E ; Section & ¼ Section 19-SW¼
Property Dimensions: 1442 ft. x 1294 ft. Area: 42 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐.
Dates of Tests: 3 Nov 87 to 4 Nov 87. Weather: Precip. None Temp. 70.

OWNER: Carmi D Spicer
Address: R1 Box 69 Denton Ne 68339

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
		Pre-Saturation Period				Percolation Readings						Results	
		Start		End		Start			End				
Hold 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./Day)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1	10/36	3 Nov	8 AM	3 Nov	12 00	4 Nov	12 30	3	4 30	1	30		1.0
2	10/36	"	8 05	"	12 05	"	12 32	2½	4 32	¾			.75
3	10/36	"	8 10	"	12 10	"	12 34	2⅜	4 34	¾			.25
4	10/36	"	8 15	"	12 15	"	12 36	2½	4 36	¾			.25
5	10/36	"	8 20	"	12 20	"	12 38	3	4 38	5/8			.625
6	10/36	"	8 25	"	12 25	"	12 40	2⅜	4 40	5/8			.652
													4.57

Carmi D Spicer
Signature of Person Conducting Test

Address R1 Box 69 Denton Ne 68339 Phone 797-2190

Sum of Percolation Rates:
Average of Rates:
Mean of Rates:

(Do not write below this line)

REVIEWING ACTION

Remarks:
Soil Type (SCS): Merrill Clay Loam
Date:

Approved Percolation Rate (a)
A. .75 or 40 min./inch
B. min./inch
C. min./inch

Signature of Reviewing Official