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

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

HS000601

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 10 N Range 5E 1/4 ____ 1/4 NW Section 27
   Block ____ Lot P.T. #1 Addition GROSSMAN
   Parcel ID ____-____-____-____-____ (i.e. 99-99-999-999-999)
   Street Address (no rural route) 5360 NW 84th ST. MALCOM 68402 5200
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 250 FT of INFILTRATOR
5. **Work to be done by:** ☐ owner ☒ contractor's name GAGNER 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 GARY BURRUSS Address SAME Phone: 402-560-1458

Applicant Signature (owner or lessee) Gary Burruss by Mel Gagner

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 4/4/12 REVIEW: ☑ Approved ☐ Disapproved By: ____

Site visits
Date 4/3/12 By DL
Date ___/___/___ By ____
Date ___/___/___ By ____

Installation final written approval
Date 4/12/12 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: 4/6/12 Amount 190.00 Check No. 6836 Initials BH

Revised 3-09

B

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

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 5360 NW 84th ST. (no rural route) City MALCOM NE, Zip 68402

Owner GARY BURRUSS Address SAME

Soil Type (SCS): _____ Percolation Rate: 60 min./inch

Date of Tests 3/27/12 to 3/28/12 Weather: Precipitation 0 Temperature 75

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	34	3/27	2:05	3/28	11:10	3/28	11:25	6	3/28	11:50	30	1/2	60
2	32	"	"	"	"	"	"	"	"	"	"	1	30
3	32	"	"	"	"	"	"	"	"	"	"	1	30
4	33	"	"	"	"	"	"	"	"	"	"	1 1/4	24
5	34	"	"	"	"	"	"	"	"	"	"	3/4	40
6	31	"	"	"	"	"	"	"	"	"	"	3/4	40

Sum of Percolation Rates: 274
Average of Rates: 37.3
Rate Used for Calculation: 60

Person Conducting Percolation Tests

Name: MELVIN GAGNER
Phone: 402-432-5698
Address 4810 "W" CLAIRE AVE
LINCOLN NE. 68523

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of

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

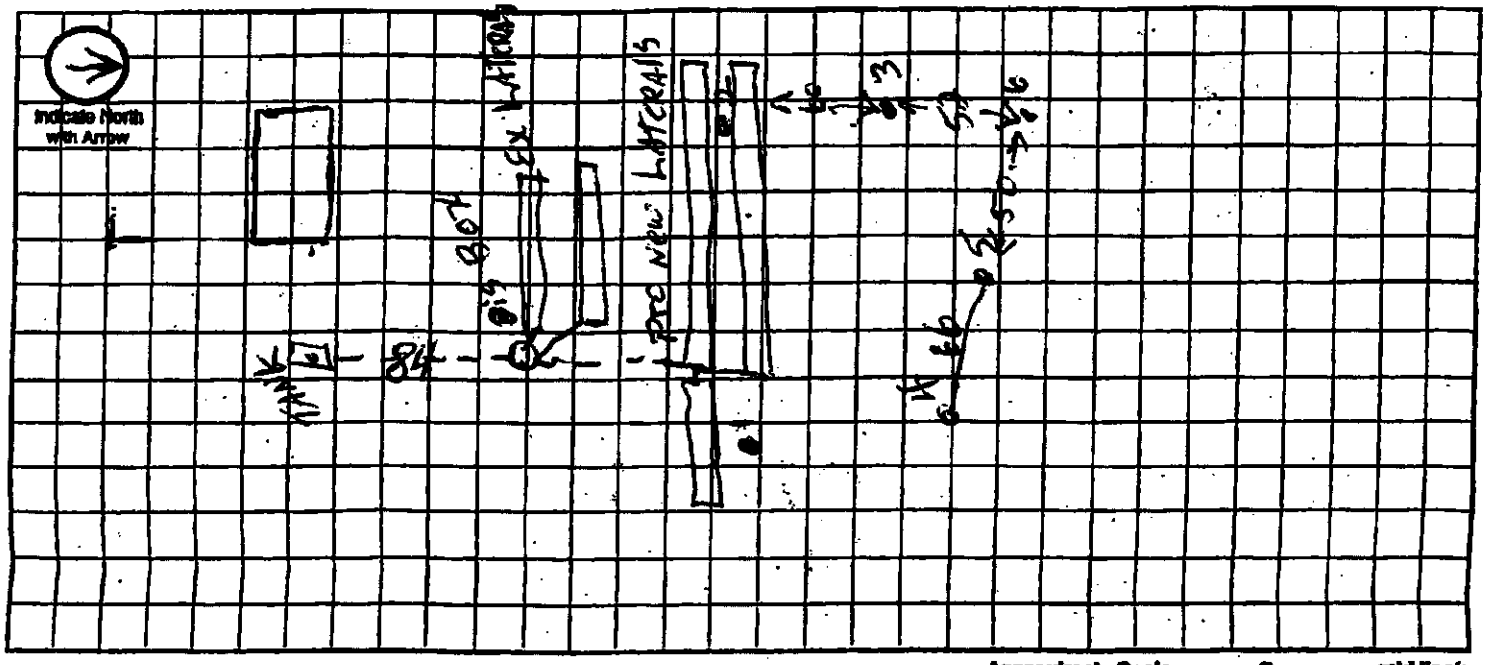
C

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) 5360 NW 84TH ST City MACON NE, Zip 68402

B. Proposed Septic Tank/s EX

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 60 (min. per inch) Soil Type: _____ Land Slope: _____ %

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

Total Square Feet of Field Required: 1050 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: INFILTRATOR

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

Total Length of Laterals 250 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 Molvig Inc Date 3/29/12

Post-it™ brand fax transmittal memo 7671 | # of pages ▸ 4

To Doug	From Mel
Co. Walth	Co. Gagner Const
Dept.	Phone #
Fax # 402-441-3890	Fax #

GAGNER CONST. CO. INC.
4810 W. CLAIRE AVE.
LINCOLN, NE 68523
PH. 797-2385 FAX 797-7475

Mar 31-12

Hi Doug, Here are the drawings + forms. Mel will give you a check on [redacted] job site

Thanks

7644 — Yutan
7206 — AK Saunders

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. HS000601

System Type: STANDARD

Situs: 5360 NW 84 ST

Legal Description: T10N-R05E-S02-Lot 1

Owner: BURRUSS, GARY L & KIMBERLY K
5360 NW 84 ST
MALCOLM NE
68402

Permit Fee:	$190.00
Total Fees:	$190.00
Issued:	04/06/2012
Expires	04/06/2013

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 CONSTRUCTION
4810 W CLAIRE AVE
LINCOLN NE 68523-9324