MAY 28 2013

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

☐ Municipal Code 24.38 ☒ County Resolution Number 02-30

HS0007760

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 Range 8 1/4 ____ 1/4 ____ Section 22
   Block ____ Lot ____ Addition ____
   Parcel ID 23 - 22 - 100 - 005 - 000 (i.e. 99-99-999-999-999)
   Street Address (no rural route) 15201 Plumridge - Lincoln

2. **Property use:** ☒ residential ☐ commercial ☐ other use
   Number of bedrooms 4 Describe ____

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

4. **Description of proposed alteration, extension or repair** Extend lateral system 200' w/ chambered lateral - moved to better percolating area

5. **Work to be done by:** ☐ owner ☒ contractor's name Brad Southwick Southwick Sewer & Drain

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 Tim Boender Address 15201 Plumridge Rd. 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

---

HEALTH DEPARTMENT USE ONLY

Date received 5/31/13 REVIEW: ☒ Approved ☐ Disapproved By: ____

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

Installation final written approval
Date 5/31/13 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: 6/3/13 Amount 185.— 10.— Check No. 1418 1419 Initials BH

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 15201 Plum Ridge (no rural route) City Lincoln NE, Zip 68527

Owner Tim Boender Address 15201 Plum Ridge

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

Date of Tests 5/9 to 5/11/13 Weather: Precipitation 0 Temperature 60s

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	31	5/9	11:00	5/11	8:30	5/11	1:30	7	5/11	12:00	30	½	60
2	↓		AM		AM		PM	9½		PM		5/8	48
3								9				7/8	34
4								9¼				1	30
5								8 3/8				5/8	48
6								8½				½	60

Person Conducting Percolation Tests

Name: Brad Southwick

Phone: 430-7606

Address 105 Locust PO Box 191
Hickman, Ne 68372

Sum of Percolation Rates: 380

Average of Rates: 47

Rate Used for Calculation: 60 (>20 min)

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3140 N Street Lincoln, Nebraska 68510-1514

ON-SITE WASTE WATER SYSTEM REPAIR PERMIT
No. HS000760

System Type: Standard

Situs: 15201 PLUM RIDGE RD, RURAL, NE

Issued: 6/7/2013

Expires: 5/31/2014

Description: S22, T10, R8, 6th Principal Meridian, LOT 34 NW

Owner: BOENDER, TIMOTHY W & CONNIE J
15201 PLUM RIDGE RD
LINCOLN, NE 68527

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 repair is complete to obtain final approval before use.

Judith A Halstead

Judith A. Halstead, MS
Health Director

SOUTHWICK SERVICES
P.O. BOX 191
HICKMAN, NE 68372