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

☐ Municipal Code 24.38 ☒ County Resolution Number 02-30

HS000764

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 8 1/4 ____ 1/4 ____ Section 31
   Block ____ Lot ____ Addition ____
   Parcel ID 22-31-400-002-000 (i.e. 99-99-999-999-999)
   Street Address (no rural route) 11600 Saltillo Rd - Bennet

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** Install 210' of chambered lateral - (perc rate 32/min/in) & close off open end to Field

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

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 Don Ehlers Address 12200 S. 110 ST 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

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**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 ____/____/____ 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. 1417 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 11600 Saltillo Rd (no rural route) City Bennet NE, Zip 68358

Owner Dan Ehlers Address

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

Date of Tests 5/25 to 5/27 Weather: Precipitation 2" Temperature 70

## 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 | 36 | 5/25 | 3:30 | 5/27 | 8:00 | 5/27 | 9:30 | 6 | 5/27 | 10:00 | 30 | 3/4 | 40 |
| 2 | | | P | | AM | | AM | | | 2M | | 1 | 30 |
| 3 | | | | | | | | | | | | 3/4 | 40 |
| 4 | | | | | | | | | | | | 1 1/8 | 27 |
| 5 | | | | | | | | | | | | 7/8 | 34 |
| 6 | | | | | | | | | | | | 3/4 | 40 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

Sum of Percolation Rates: 211
Average of Rates: 35
Rate Used for Calculation: 40

**Person Conducting Percolation Tests**

Name: Brad Southwick
Phone: 430-7606
Address 105 Locust P.O. 191
Hickman, Ne 68372

DO NOT WRITE BELOW THIS LINE

**Reviewing Action**

Remarks

Signature of Reviewing Official Date

FORM 22-101 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. HS000761**

**System Type:** Standard

**Situs:** 11600 SALTILLO RD, RURAL, NE

Issued: 6/14/2013

Expires: 5/31/2014

**Description:** S31, T9, R8, 6th Principal Meridian, LOT 7 S1/2

**Owner:** EHLERS, GLENN P REVOCABLE TRUST
12200 S 110 ST
ROCA, NE 68430

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

SCANNED

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

☐ Municipal Code 24.38 ☒ County Resolution Number 02-30

H5000768

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 8 1/4 ____ 1/4 ____ Section 31
   Block ____ Lot ____ Addition ____
   Parcel ID 22 - 31 - 400 - 002 - 000 (i.e. 99-99-999-999-999)
   Street Address (no rural route) 11600 Saltillo Rd - Bennet

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** Install 210' of chambered 190' to be added lateral - (perc rate 32/min/in) & close off open end to Field (only 165' of chambered needed)

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

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 Don Ehlers Address 12200 S. 110 ST Phone: ____

Applicant Signature (owner or lessee) ____

**Please contact LLCHD for the permit fee for this application**
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**HEALTH DEPARTMENT USE ONLY**

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

**Site visits**
Date 06/18/13 By DS
Date ____/____/____ By ____
Date ____/____/____ By ____

**Installation final written approval**
Date 06/19/13 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. 1417 1419 Initials BH

Revised 3-09