Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

009947

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit
SEWAGE SYSTEM REPAIR
SEWAGE REPAIR

Permit # 07390087201

Issued 05/01/07
Expires 05/01/08
Revenue Code 3157

Establishment
JOHN & CHERI HARKER
T9N R6E SEC 9
WILDERNESS RDG-5TH BLK 1 LOT 8
2451 W CLAIRE AVE

FEES: $160.00

Permittee
JOHN & CHERI HARKER
9511 HOLLOW TREE PL
LINCOLN NE 68512

TOTAL: $160.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

07390087201

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.

LOR 596Z 9N 6E

1. **Legal description of property:**
   Township ____ Range ____ 1/4 ____ 1/4 ____ Section 9
   Block 1 Lot 8 Addition Wilderness Ridge - 5th Addn.
   Parcel ID ____-____-____-____-____ (i.e. 99-99-999-999-999)
   Street Address (no rural route) 2451 "W" Claire Ave Lincoln 68523

2. **Property use:** ☒ residential ☒ commercial ❒ other use
   Number of bedrooms 2 Describe 2 BedRoom with Stable.

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

4. **Description of proposed alteration, extension or repair** Add 188 ft Infiltrators To bring up to Standard.

5. **Work to be done by:** ❒ owner ☒ contractor's name Melvin Wagner

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 Cheri Harker Address 9511 Hollow Tree Pl, Lincoln 68512 Phone: 402 423-0477

Applicant Signature (owner or lessee) Cheri L. Harker

Please include the permit fee ($160) with 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 5/1/07 REVIEW: ☒ Approved ❒ Disapproved By:

Site visits
Date ____/____/____ By____
Date ____/____/____ By____
Date ____/____/____ By____

Installation final written approval
Date 5/14/07 By

Return application to:
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: 441-8022

Pipe needs to be extended past the last lateral

Business Office Use Only

Received: Date: 05/01/07 Amount 160.00 Check No. 2007 Initials ____

White - Division Copy Pink - Business Office Revised 9-06

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 2451 "W" CLAIRE AVE (no rural route) City LINCOLN NE, Zip 68523

Owner JIM + CHERI HARKER Addresss 9511 Hollow TREE PL 68512

Soil Type (SCS): _____ Percolation Rate: 5/.33 min./inch

Date of Tests 4-21 to 4-22-07 Weather: Precipitation 0/6 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	30	4/21	8:30	4/22	9:30	4-22	10:00	6	4/22	10:30	30	3/4	40
2	31	"	"	"	"	"	"	"	"	"	"	1/2	60
3	30	"	"	"	"	"	"	"	"	"	"	7/8	34
4	32	"	"	"	"	"	"	"	"	"	"	1/2	60
5	32	"	"	"	"	"	"	"	"	"	"	5/8	48
6	31	"	"	"	"	"	"	"	"	"	"	1/2	60

Sum of Percolation Rates: 302

Average of Rates: 50.33

Rate Used for Calculation: 51

Person Conducting Percolation Tests

Name: Melvin Wagner

Phone: 432-5698

Address 4810 "W" Claire Ave
Lincoln NE. 68523

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

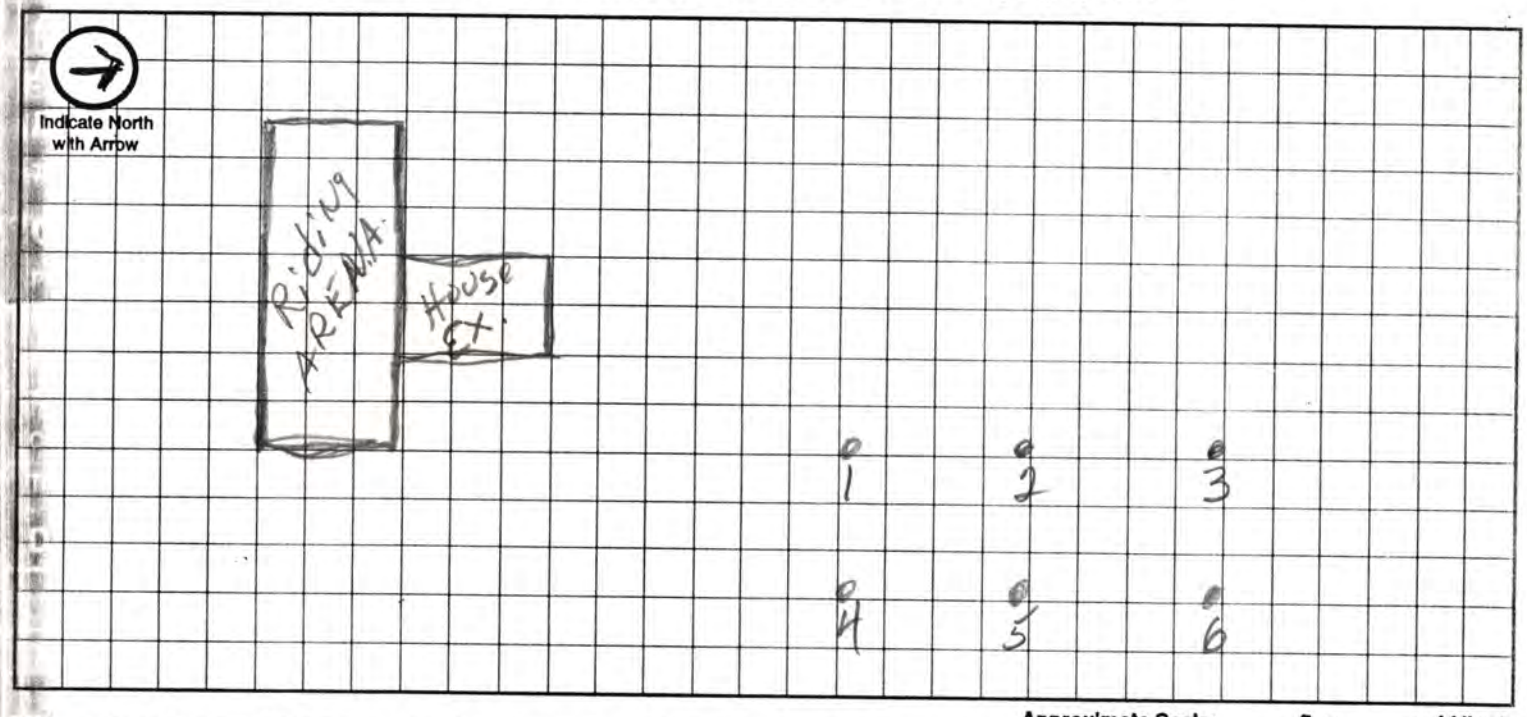
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C

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) 2451 "W" CLAIRE AVE City LINCOLN NE, Zip 68523

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☒ Plastic ☐ Other _____

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

Percolation Rate 5/33 (min. per inch) Soil Type: _____ Land Slope: 2 %

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: INFILTRATORS.

Capacity of Septic Tank 1000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 262 ft. Number of Trenches 2 Trench Width 4

Add 188 INFILTRATORS.

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 NA Date _____

Installer MELVIN F. GAGNER. Date 4-23.