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

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

SCANNED

HS000173

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 Lincoln Range ____ 1/4 ____ 1/4 ____ Section S16, T19, R7, 6th Princ. Mer. Irregular tract.
   Block ____ Lot 69 NE SE Addition ____
   Parcel ID 16 - 16 - 400 - 004 - 000 (i.e. 99-99-999-999-999)
   Street Address (no rural route) 6830 Almira Ln.

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

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

4. **Description of proposed alteration, extension or repair** add 350' of 4" lateral, new dist Box & piping to existing Septic System.

5. **Work to be done by:** ☐ owner ☒ contractor's name Dirt Works Plus, Inc.

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 Timothy & Angel Cole Address 6830 Almira Ln. Phone: 429-9942

Applicant Signature (owner or lessee) Jean Scali - Dirt Works for Angie Cole.

Please include the permit fee ($170) 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 10/10/08 REVIEW: ☑ Approved ☐ Disapproved By: [signature]

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

Installation final written approval
Date 10/13/08 By [signature]

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

Business Office Use Only

Received: Date: 10/14/08 Amount 175.00 Check No. 10485 Initials TH

White - Division Copy Pink - Business Office SCANNED Revised 9-07

* County Engineer Verified 7300 ft from City Infrastructure

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

SCANNED

B

Permit Number: HS000173

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 6830 Almira Ln City Lincoln NE, Zip _____
(no rural route)

Owner Andie Cole/Timothy Addresss 6830 Almira. Ln.

Soil Type (SCS): Loamy Percolation Rate: 56. min./inch

Date of Tests 6/10/08 to 6/11/08 Weather: Precipitation Sunny Temperature 90°

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	24	6/10	8A	6/11	8A	6/11	1130A	6	6/11	12P	30	½	60
2	26	"	"	"	"	"	"	6	"	"	30	½	60
3	27	"	"	"	"	"	"	6	"	"	30	½	60
4	24	"	"	"	"	"	"	6	"	"	30	5/8	48
5	28	"	"	"	"	"	"	6	"	"	30	5/8	48
6	26	"	"	"	"	"	"	6	"	"	30	½	60

Person Conducting Percolation Tests

Name: Patrick Stechmyer - Dlep

Phone: 890-6388

Address 6667 N.W. 48th - Ste 1
Lincoln NE 68524

Sum of Percolation Rates: 336

Average of Rates: 56

Rate Used for Calculation: 56.

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of _____ Date _____

SCANNED

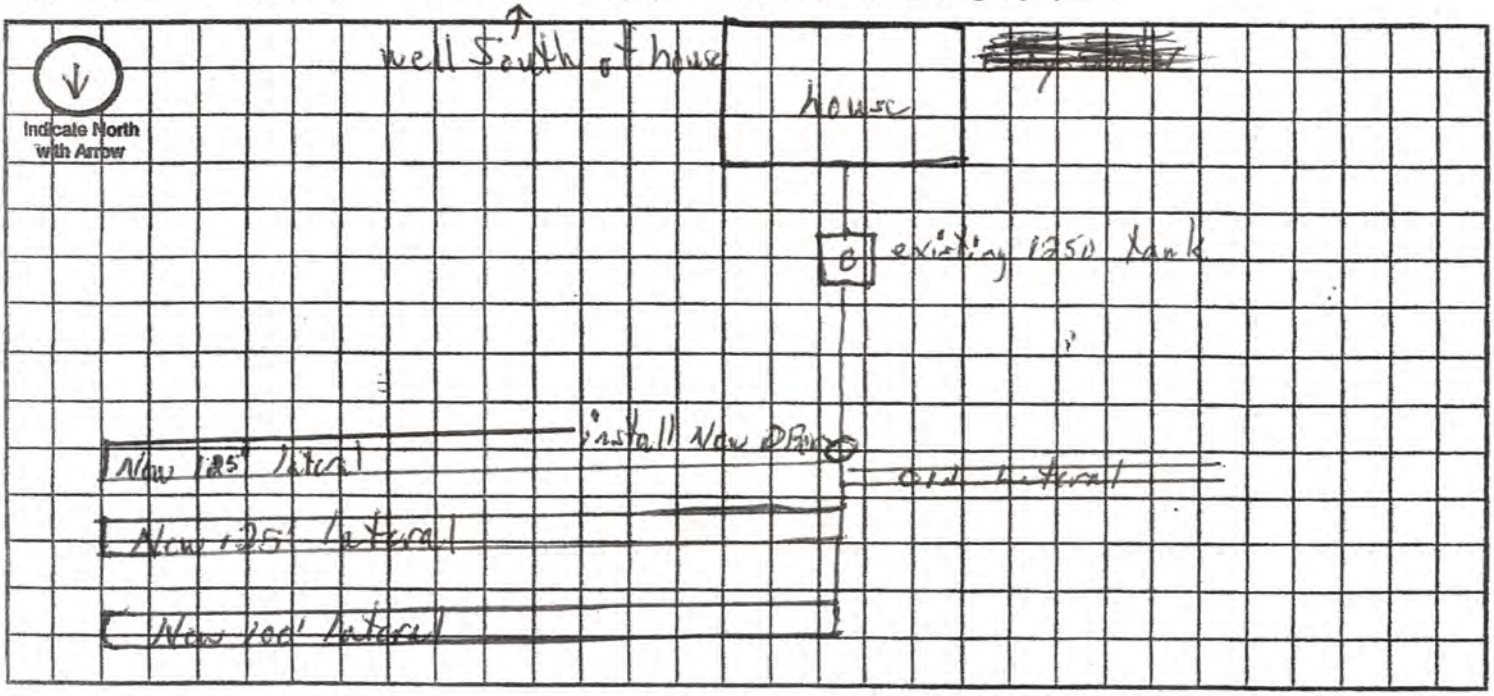
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: HS000173

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) 6830 almira Ln City Lincoln NE, Zip 68516

B. Proposed Septic Tank/s

Tank Material: ☑ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 56 (min. per inch) Soil Type: Loamy Land Slope: _____ %

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

Total Square Feet of Field Required: 1400 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☑ Other Lateral Material: Infiltrator Hi Cap

Capacity of Septic Tank 1250 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 350 ft. Number of Trenches 3 Trench Width 4'

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 _____ Date _____

Installer Pat Strohman Date 7-15-08

NO3 & COLI 8/8/02

02081200 1 df

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

FOR PROPERTY IN **LANCASTER COUNTY** ONLY

This form must be completed and returned with payment to request a real estate transfer inspection.

MAKE CHECK PAYABLE TO: "Lincoln-Lancaster County Health Department" or "LLCHD"

☐ Enclosed is $200.00. Allow two weeks for processing. Incomplete information will delay processing.

LCR 488

Legal Description of Property: Street Address 6830 Almira Lane, Lincoln 68516

Parcel ID 16-16-400-004-000 (i.e. 99-99-999-999-999)

Twp 9N Range 7E Section 16 1/4 1/4 Block Lot 69 Addition CR Regular TRACT #69 NE-SE 16-9-7

Directions to Property East on Hwy 2 to 70th, So ½ Block, West 1 Block (North Side (White House, Red Door)

Location of Well By gas light Next to Drive, South House Tap Location: Inside ☐ Outside ☐

Location of Sewage System Directly North of Home Year Installed

Site Hazards (dogs, etc.) None!

	NAME	ADDRESS	PHONE
Present Owner:	Mrs. Marge Casey & Allan	6830 Almira Lane Lincoln, NE 68516	423-5941
Tenant/Buyer:			
Return to:	Mrs. Marge Casey	Same	(Fax)

Signature of Applicant Allan Casey Address Same Date 8/7/02

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 8/8/02 Amount $200.00 Check No. 5202 Initials CW.

DATA ENTRY Date / / Case No. Initials

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 8/8/02

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ /ml
Nitrate	☒ 1.1 ppm	☐ ppm

SEWAGE SYSTEM	
Approved	☐
Provisional	☒
Disapproved	☐

Additional Site Visits

Date / / by

Date / / by

Date / / by

Comments: SEPTIC SYSTEM APPARENTLY PRE DATES REGULATIONS AND INSPECTIONS. NO VISIBLE MALFUNCTION. SINCE NO INFORMATION EXISTS ON MATERIALS USED AND HOW CONSTRUCTION WAS MADE See Attached Letter ☐

APPROVAL IS PROVISIONAL

FINAL STATUS

WATER SYSTEM: Approved ☒ **SEWAGE DISPOSAL SYSTEM:** Approved ☐ Provisional Approval ☒

Approved by Jerrold C. Hood R.E.H.S. Date 8/9/02

Approval or disapproval is based on State and local standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operations.

White - Applicant after approval Yellow - Environmental Health Pink - Business Office

Revised/Reprint: 9-00