Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

008600

(402) 441-8000

Permit: SEWAGE SYSTEM REPAIR
SEWAGE REPAIR-REPLACE LATERALS

Permit # 06390084501

Issued 12/22/05
Expires 12/22/06
Revenue Code 3157

Establishment: DORIS E SCHNEIDER
T12N R8E SEC 1 QTR SE
23121 N 190 ST-ASHLAND

FEES: $150.00

Permittee: DORIS E SCHNEIDER
23121 N 190 ST
ASHLAND NE 68003

TOTAL: $150.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

P 25-01-400-001-000

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

☐ Municipal Code 24.38 ☑ County Resolution Number 02-30

1904

0639008845

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 12 N Range 8E 1/4 ____ 1/4 ____ Section SE 1
   Block ____ Lot ____ Addition ____
   Parcel ID ____-____-____-____-____ (i.e. 99-99-999-999-999)
   Street Address (no rural route) ~~22201~~ N. 190th Ashland Ne 68003
   LM 23121 N 190th
2. **Property use:** ☒ residential ☐ commercial ☐ other use
   Number of bedrooms ____ Describe ____
3. **Type of Present Individual Disposal System** ☒ septic system ☐ lagoon ☐ other
4. **Description of proposed alteration, extension or repair** replace laterals
5. **Work to be done by:** ☐ owner ☒ contractor's name Doug Loftus
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 Doris E. Schneider Address LM 23121 ~~22201~~ N. 190th Phone: ____

Applicant Signature (owner or lessee) Bonnie Griffin Ashland Ne for Doug Loftus

Please include the permit fee ($150) 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 1/27/06 REVIEW: ☒ Approved ☐ Disapproved By: Leroald G. Hood

Site visits
Date 12/22/05 By Leon Marquart
Date ____/____/____ By ____
Date ____/____/____ By ____

Installation final written approval
Date 2/9/06 By ____

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: 12/21/05 Amount 150.00 Check No. 5396 Initials ____

White - Division Copy Pink - Business Office Revised 9-05

#0639000845

Attachment C.

Soil Absorption Test Data Report

Owner Information:

Owner D E Schneider Phone 944-2455

Address: ~~2201~~ N 190th
NAME
LM23121

Location:

Township _____ Range _____ Sec. _____ 1/4 Sec. _____ 1/4 Sec. _____

County Name Lancaster Area: _____ Acres

Attach a sketch of the property showing the hole location.

Soil Type: (Check one)

Sand _____ Silt _____ Clay _____ Sandy Clay _____ Loamy Sand _____

Silty Clay ✓ Silty Clay Loam _____ Sandy Loam _____ Silt Loam _____

Dates of Test 11-18-05 to 11-19-05 Weather: Precipitation 0 Temp 50's

Percolation Test Data

a	b	c	d	e	f	g	h	i	j	k	l	m	n
		Presaturation Period				Percolation Readings					Results		
		Start		End		Start			End				
Hole No.	Hole Depth (in.)	Date (Mo. Day)	Time (Hr. Min.)	Date (Mo. Day)	Time (Hr. Min.)	Date (Mo. Day)	Time (Hr. Min.)	Water Level (in.)	Time (Hr. Min.)	Water Level (in.)	Elapsed Time (min.)	Water Level Drop (in.)	Percolation Rate (Min./Inch)
1	24	11-18	11: AM			11-19	300	6	3:30	5.25	30	3/4	40
2	24	11-18		ALL		11-19	305	6	3:35	5:25	30	3/4	40
3	24	11-18		DAY		11-19	3:10	6	3:40	5:25	30	3/4	40
4	24	11-18				11-19	3:15	6	3:45	5:25	30	3/4	40
5	24	11-18				11-19	3:20	6	3:50	5:25	30	3/4	40
6	24	11-18				11-19	3:25	6	3:55	5.625	30	3/8	48
												ADD	248

Douglas Lofte
Signature of Person Conducting Test
Address: 410 Coro C
Ashland Nebr 68003
Phone: 402-944-7636

Sum of Percolation Rates = 248

*Average of Rates in Minutes per Inch = 41.33

* If rates vary more than 20 minutes/inch, do not average but use the slowest rate for design purposes.

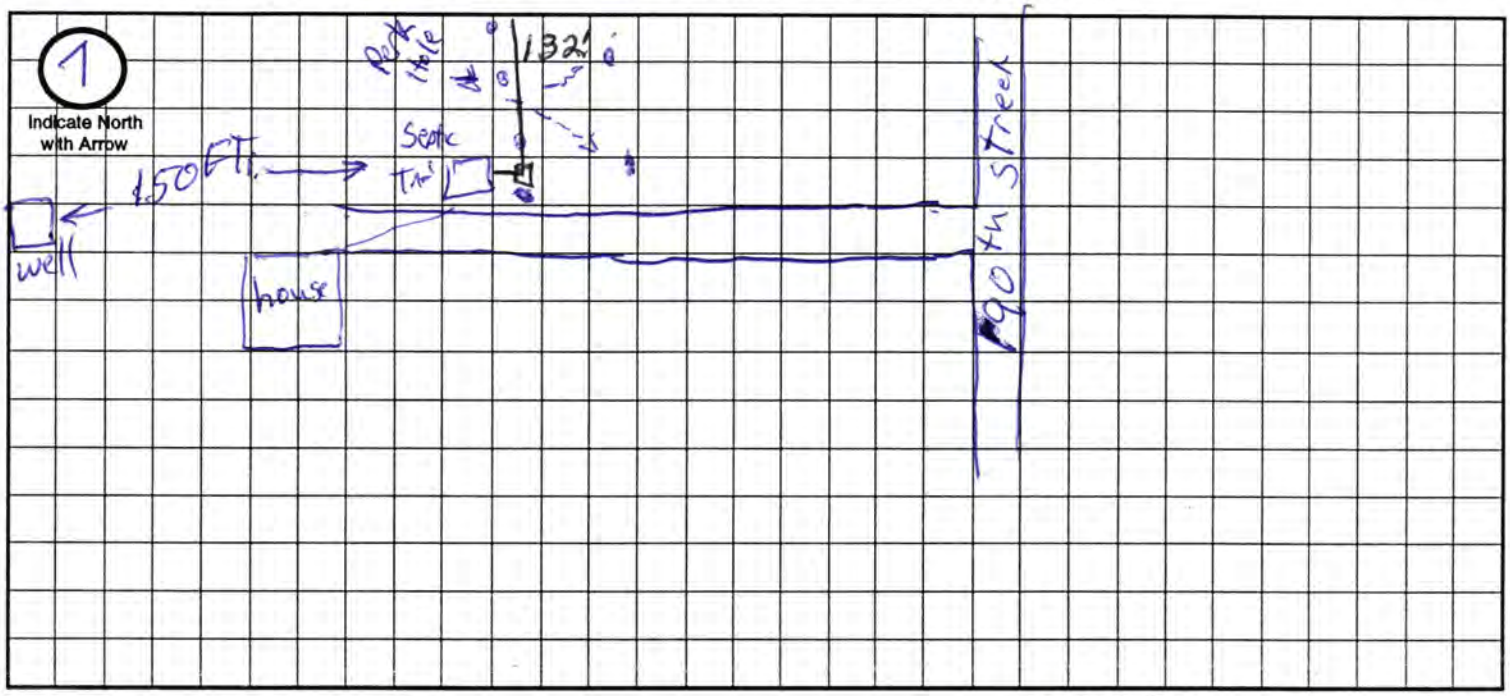
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 063900845

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) ~~22901~~ N 190 (M23121) City Ashland NE, Zip 68003

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 41:33 (min. per inch) Soil Type: Clay Land Slope: _____ %

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

Total Square Feet of Field Required: 660 sq. ft.

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

Capacity of Septic Tank _____ gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed 68

Total Length of Laterals 132 ft. Number of Trenches 2 Trench Width 5

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 Leslie Kost Date 11-22-05

Installer Doug Kost Date 12-21-05

FORM 23-102 10-96