Application to Alter, Extend or Repair an Individual Sewage Disposal System

☐ Municipal Code 24.38 ☐ County Resolution Number 2832

The undersigned hereby applies for a permit to: ☐ **ALTER** ☐ **EXTEND** ☒ **REPAIR** an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. **Legal description of property:**
   Township 9 Range 8 Section 96 1/4 Section
   Block Lot 12 Addition
   Parcel ID ___-___-_____-_____-_____ (i.e. 99-99-999-999-999)
   Street Address 3925 S 120. Walton NE 68461

2. **Property use:** ☒ residential ☐ commercial ☐ other use
   Number of bedrooms 3 Describe

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

4. **Description of proposed alteration, extension or repair** New laterals
   Add 1 lateral

5. **Work to be done by:** ☐ owner ☐ contractor's name Gordon Lukes G. A. Service

6. **Estimated project:**
   a. Repair, replace or minor extension with a cost less than $400 (no fee required).
   ☒ Total cost is greater than $400 (Return fee with this application)
   c. A "construction permit" is required if the use, operation, location, or type of the system is being change.

Print Name John J Knerr Address 39255 420th Walton Phone 488-8117
Applicant Signature (owner or lessee) John J Knerr

Please include the permit fee ($100) 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 9/24/03 REVIEW: ☒ Approved ☐ Disapproved By: Doug Smith

Site visits
Date 9/26/03 By DS
Date ___/___/___ By
Date ___/___/___ By

Installation final written approval
Date ___/___/___ By

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

Business Office Use Only
Received: Date: 09/24/03 Amount 100.00 Check No. 4889 Initials

White - Division Copy Pink - Business Office Revised 9/00

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 3925 S. 120 (no rural route) City WALTON NE, Zip 68461

Owner John Knerr Addresss 3925 S 120 WALTON NE 68461

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

Date of Tests 8-23 to 8-24 Weather: Precipitation none Temperature 90 s

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	8-23	1:00 PM	8-24	1:00 PM	8-24	1:00	21 7/8	8-24	4:45	4 hr	1 1/4	~~70~~	3/8
2	36	"	"	"	"	"	"	16 1/8	"	"	"	2	~~60~~	1/2
3	36	"	"	"	"	"	"	16 1/8	"	"	"	1 7/8	~~60~~	1/2
4	36	"	"	"	"	"	"	21 3/8	"	"	"	1 3/4	~~60~~	1/2
5	36	"	"	"	"	"	"	18 1/4	"	"	"	1 3/8	70	3/8
6	36	"	"	"	"	"	"	20 5/8	"	"	"	1 7/8	50	5/8

Person Conducting Percolation Tests

Name: _____

Phone: _____

Address _____

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: _____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

John Knerr

	1:13	1:42	2:14	2:44	3:14	3:45	4:15	4:45	
1	21 7/8	22 1/8	22 3/8	22 1/2	22 5/8	23	23 1/4	23 5/8	3/8 1 1/8"
2	16 1/8	16 1/2	16 5/8	17	17 1/4	17 3/8	17 5/8	18 1/8	1/2 2"
3	16 1/8	16 1/2	16 5/8	16 7/8	16 7/8	17 1/8	17 1/2	18	1/2 1 7/8"
4	21 3/8	21 3/8	21 1/2	21 3/4	21 7/8	22 1/8	22 1/4	22 3/4	1/2 1 3/8"
5	18 1/4	18 7/8	18 3/8	18 1/2	18 5/8	18 3/4	19 1/4	19 5/8	3/8 1 3/8
6	20 5/8	21	21 1/8	21 1/8	21 3/8	21 1/2	21 7/8	22 1/2	5/8 1 7/8

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

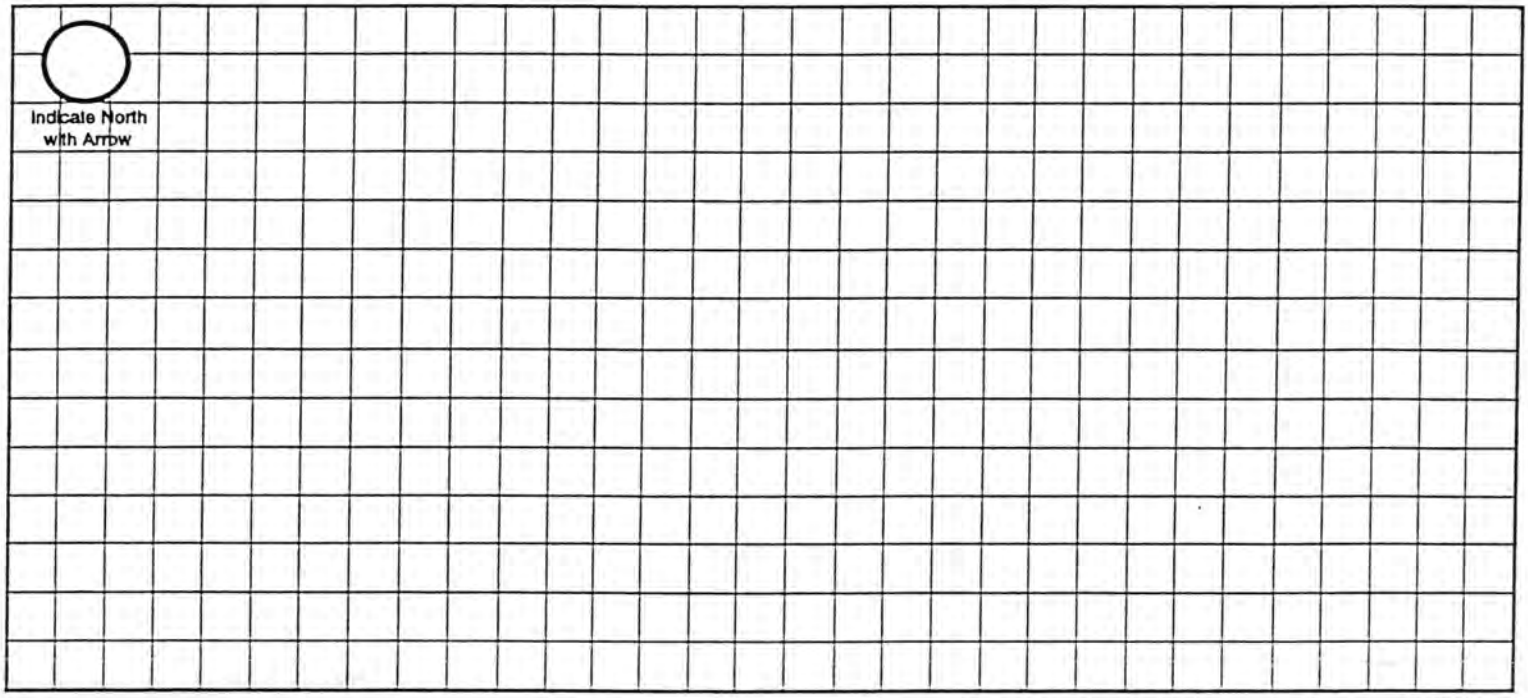
C

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) 3925 S. 120 City WALTON NE, Zip 68461

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other Existing Tank

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

Percolation Rate 60 (min. per inch) Soil Type: C/Ay Loam Land Slope: 3 %

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: Infiltrator H10 Standard

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

Total Length of Laterals 262.5 ft. Number of Trenches 2 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 Gordon Lukes Date 8-25-2003

FORM 23-102 10-96