Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

003668

(402) 441-8000

Permit: SEWAGE SYSTEM REPAIR
ALTER SEWAGE SYSTEM-INSTALL LATERALS

Permit # 04390077901

Issued 03/02/04
Expires 09/02/04
Revenue Code 3157

Establishment: DALE BORCHER
T10N R5E SEC 5 QTR NE
LOT 18
11405 W FLETCHER AVE

FEES: $100.00

Permittee: DALE BORCHER
11405 W FLETCHER AVE
LINCOLN NE 68524

TOTAL: $100.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

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 10 Range 5E Section 5 1/4 Section NE
   Block _____ Lot 18 Addition _____
   Parcel ID 04-05-200-007-000 (i.e. 99-99-999-999-999)
   Street Address 11405 W. Fletcher Ave Lincoln, NE 68524

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** install laterals (150') - none previously existed

5. **Work to be done by:** ☐ owner ☒ contractor's name Lloyd Jakoubek Raymond Contracting 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 "construction permit" is required if the use, operation, location, or type of the system is being change.

Print Name Dale Boucher Address same Phone 796-2596
Applicant Signature (owner or lessee) Dale Boucher

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 2/27/04 REVIEW: ☒ Approved ☐ Disapproved By: Ron Mayhew

Site visits
Date 2/27/04 By _____
Date ___/___/___ By _____
Date ___/___/___ By _____

Installation final written approval
Date 3/2/04 By Ron Mayhew

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: 3/2/04 Amount $100.00 Check No. 5240 Initials CW

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

B

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

Permit Number: 043900779

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

B-1 B-2 B-3 B-4 B-5 B-6

System Location (Indicate correct number and street)

Address 11905 N. Hatcher Ave. (no rural route) City Lincoln NE, Zip 68524

Owner Dale Hatcher Addresss Same

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

Date of Tests 2-25-04 to 2-26-04 Weather: Precipitation 0 Temperature _____

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	27	2/25	10:00a	2/26	2:00p	2/26	9:00a	6	2/26	1:00p	300	17/8	16 mpi
2	25	"	"	"	"	"	"	"	"	"	"	1/2	60
3	24	"	"	"	"	"	"	"	"	"	"	1	30
4	25	"	"	"	"	"	"	"	"	"	"	2 5/8	11
5	25	"	"	"	"	"	"	"	"	"	"	3	10
6	27	"	"	"	"	"	"	"	"	"	"	1 5/8	18

Sum of Percolation Rates: 6/129
Average of Rates: 22 mpi
Rate Used for Calculation: 22

750 ft²
36 lin m

Person Conducting Percolation Tests

Name: Terri Jirkovsky, Kingsland Contracting, Inc.
Phone: 402 783-2665, 402 850-3870
Address 13800 Nw 70th St Kingsland, NE 68603

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks Circled 4 holes are used to add to the 2 holes conducted by LLCHD at the higher elevations of the slope of terrain for the total 6 holes to average for perc rate.

Signature of Reviewing Official Ron Magnuson Date 2-27-04

FORM 23-101 10-96

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

B

Permit Number: 043900779

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 11405 W. Fletcher (no rural route) City _____ NE, Zip _____

Owner Dale Barber Addresss _____

Soil Type (SCS): Malcolm silt Loam Percolation Rate: _____ min./inch

Date of Tests 2-25-04 to 2-26-04 Weather: Precipitation previous 3-4 weeks of 12" snow cover Temperature 45°F

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)
		2-25-04	11:00	2-25-04	3:00	2-26-04	10:45	6"	2:45	2-26-04			
#1	11"to 27"	"	"	"	"	"	"	"	"	"	30	1¼	24 mpi
#2	26"	"									30	1	30 mpi
#3	26"	"	"								30	⅛	240 mpi
#4	24"	"	"	"							30	3 3/16	9 mpi
#5	25"	"	"	"	"	"					10	2 5/16	4 mpi
#6	24"	"	"	"	"						10	2 5/16	4 mpi

Sum of Percolation Rates: 61/29

Average of Rates: 22 mpi

Rate Used for Calculation: 22 mpi

Person Conducting Percolation Tests

Name: Ron Marquart

Phone: 441-8030

Address 3140 "N" St. LLCHD

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks Circled holes were in same area as 4 circled holes in another 6-hole perc test. total of 16 mpi + 30 + 11 + 18 + 24 + 30 = 129 ÷ 6

Signature of Reviewing Official Ron Marquart Date 2-28-04

FORM 23-101 10-96

MAR 0 3 2004

D

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

Permit Number: 043900779

Sewage Disposal System

As Built Plans & Specifications

Date 2-27-04

System Location (Indicate correct number and street)

Address 11405 W. Fletcher Ave (no rural route) City Lincoln NE, Zip 68524

A. Building Sewer

1. Material: _____
   Diameter: _____ in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: _____ ft.
4. Number of clean-outs: _____
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank

1. Material: concrete (old Tank)
   Number of compartments: one
2. Capacity: 1000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☐ above ☐ below grade Center in. in Manhole
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 16 in.
8. Distances to: Well or suction line 100 ft.
   Stream 100 ft.
   Pressure line 100 ft.
   Property line 100 ft.

C. Distribution Box

1. Material: plastic
   Number available outlets: _____
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 176' ft.

D. Absorption Field

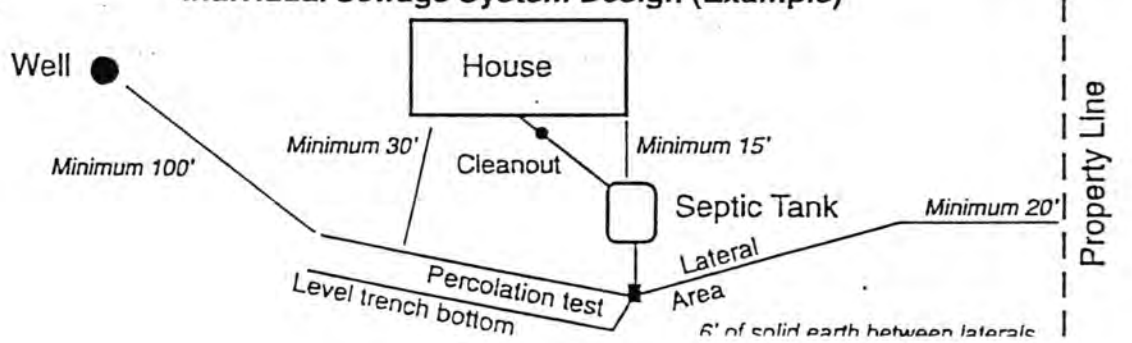
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: 12" Tall 34" wide.
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other H-10 Standard equalizer
2. Lateral lines: Number 2
   Length of each line: 75 ft. 75 ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 5 ft.
   Slope _____ in/100 ft.
   Average depth 36 to 24 - 30 in
4. Filter material: _____
   Depth of material _____ in.
5. Distances to: Well or suction line 100+ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 100+ ft.

Indicate North with Arrow

Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing

