FORM HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Ave.
Lincoln, Nebraska 68502 (Phone: 471-7800)

FILE NO. _____

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: _____

The undersigned hereby applies for a permit to ALTER ☐, EXTEND ☒, or 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: Twp. 12N; Range 5E; Section 14
Block _____; Lot _____; Addition _____
Street Address _____

2. Property Use: Residential _____ ☒; Commercial _____ ☐
No. Bedrooms 2
Describe _____
Other Use ☐
Describe _____

3. Type of existing Individual Sewage Disposal System: Septic Tank ☒; Other ☐

4. Description of proposed alteration, extension or repair: ADD PIPE, LATERAL + DISTRIBUTION BOX

5. Work to be done by: Owner ☑; or Contractor ☐, _____
Contractor's Name

6. Estimated cost of project:

a. Materials	$	
b. Labor	$	
c. Other	$	
TOTAL	$	Under $400.00

Laurence R. Benes
Signature of Applicant (owner or lessee)

Box 65 Valparaiso Nbr. 68065
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: _____
Filing Fee: $ NO FEE

2. Site Visits:
Date: 6/30/86 by: J.C.H.
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved ☒; Disapproved ☐
by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 6/30/86 by: J. C. Hood

FORM 20105-0477
SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
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B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 12 ; Range 5 ; Section & ¼ Section 14 .
Property Dimensions: 382 ft. x 400 ft. Area: _____ acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☒ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 3-29-86 to 3-30-86. Weather: Precip. 0 Temp. 75°.

OWNER: Laurence R. Benes
Address: Box 65 Valparaiso 68065

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
		Pre-Saturation Period				Percolation Readings						Results	
		Start		End		Start			End				
Hold 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./ Day)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1	36	3-29	1 PM	3-30	1:30 PM	3-30	2:30 PM	24	6:30 PM	25			
2	36	"	"	"	"	"	"	26	"	26			
3	36	"	"	"	"	"	"	24	"	27			
4	36	"	"	"	"	"	"	22	"	32			
5	36	"	"	"	"	"	"	23	"	29½			
6	36	"	"	"	"	"	"	25	"	Empty			

Laurence R. Benes
Signature of Person Conducting Test

Sum of Percolation Rates: _____
Average of Rates: _____
Mean of Rates: _____

Address _____ Phone 785-5135

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Sharpsburg Silty Clay Loam
Date: March 31, 1986

Approved Percolation Rate (a)
A. 21 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
Signature of Reviewing Official

From Fixed Ref Point To water

2:30 PM

① 24"
② 26"
③ 24
④ 22
⑤ 23
⑥ 25

3.00 PM

28 1/2
27 1/2
27 1/4
23 1/2
24 1/2
31
Empty
Filled 21

3 30 PM

32" Filled 26"
27 1/2"
27 3/4
24 1/2
25
26

4:00

27 1/4
26 3/4
28
25
25 1/2
31
Empty Filled 21

4.30

Empty Filled 23
27 1/4
29
25 1/4
25 1/2
Filled 21

500 PM

① 24 1/2
② 28
③ 29 1/2
④ 25 1/2
⑤ 26 1/4
⑥ Filled 21

5.30 PM

28 1/2
29
31
28
27
Filled 21

6.00 PM

30 Filled 23
29 1/2 " 24
32 " 26
29 1/2
28 1/2
Filled 21

6:30 PM

25 — 2" drop
24 — 2" drop
27 — 1" drop
32 Empty
29 1/4 — 3/4" drop
Empty

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
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C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO._____

Indicate on sketch if residence and well are exisiting or proposed.

REVIEWING ACTION

Remarks :_____

_____

Date:_____

Minimum Design Requirement
1. Capacity of Septic Tank_____gals.
2. Total Length of Laterals_____ft.
3. With a Trench Width of_____in.
4. Total Area of Lateral needed 428 sq.ft.

_____
Signature of Reviewing Official

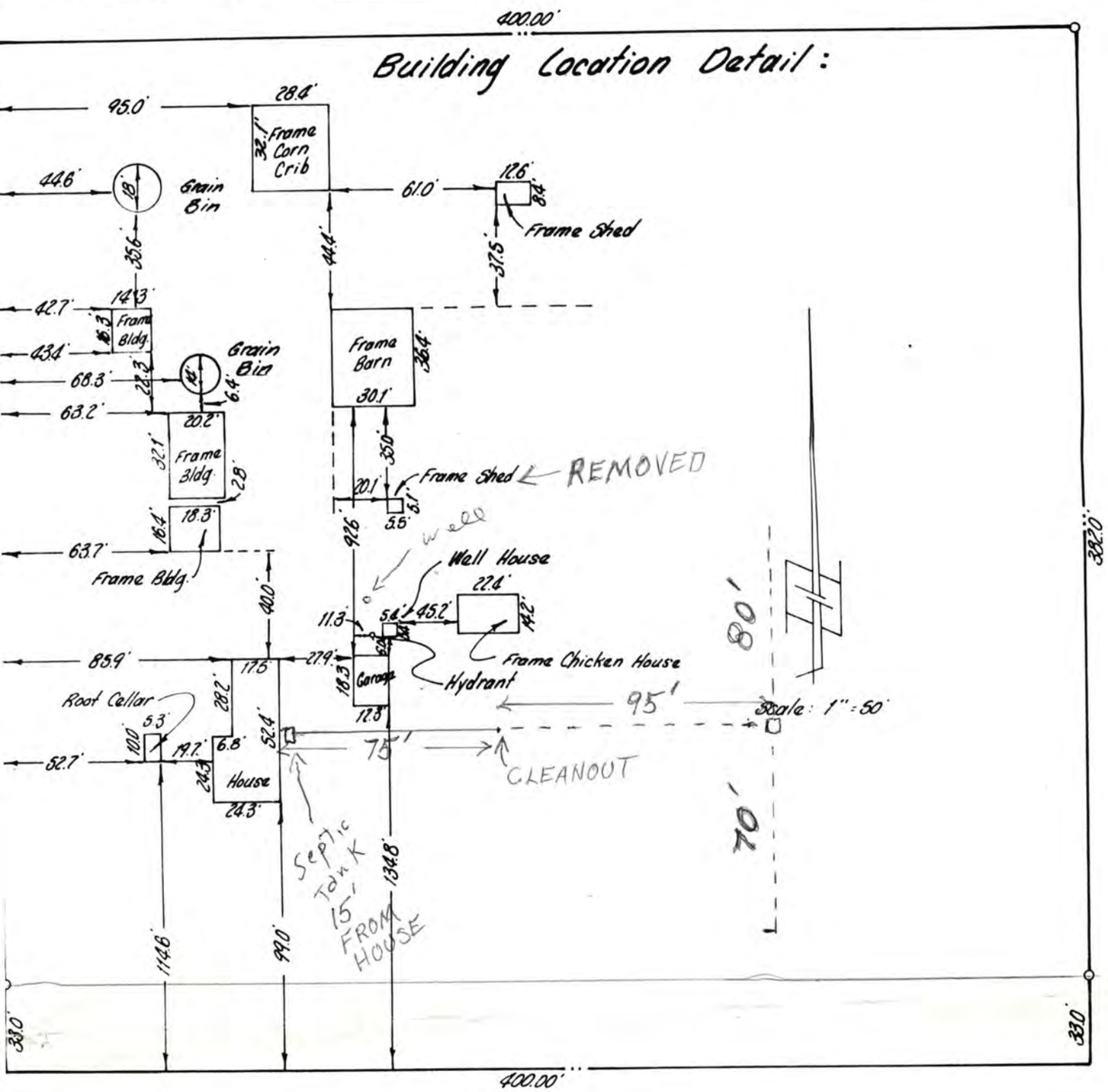
Official Survey Record

LANCASTER County, Nebraska

ALLIED SURVEYING AND MAPPING
LAND SURVEYORS
4830 South 44th Street - Lincoln, Nebraska 68516
Telephone 483-5008

urvey of a 3.51 Acre ± tract of land located in the East One-Half of the Southeast Quarter of Section 14 T 12 N, R 5 E of the 6th P.M.

ob No. 6228 F. B. No. N.A. Date January, 1986



○ = Set 5/8" X 22" Rebar

● = Monuments Found (as shown above)

SURVEYORS CERTIFICATE

I hereby certify that I have accurately surveyed the property in the above plat. Iron Rebar were set at points marked O. All dimensions are in feet and decimals of a foot.

Signed this 30th day of January, 1986

NAME DENNIS D. SIMONDS

Surveyor's License Nebraska L.S. 343

REGISTERED PROFESSIONAL LAND SURVEYOR
DENNIS D. SIMONDS L.S. 343
STATE OF NEBRASKA
L.S. 343
(SEAL)