Individual Sewage Disposal System
Application to Alter, Extend or Repair

☒ Municipal Code 24.38 ☐ County Resolution Number 2832

Date: Dec 8 2000	File No.:

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 11N Range 6E Section 33 1/4 Section ____
   Block ____ Lot 12 I.T. Addition NW. Except West 17' of S of 33 Farm N
   Street Address 7000 N.W. 27th - Old County Home

2. **Property use:** ☒ residential ☐ commercial ☐ other use
   Number of bedrooms 11 Describe ____

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

4. **Description of proposed alteration, extension or repair:** Extend Leach Field

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

6. **Estimated project:** a. Repair, replace or minor extension with a cost of less than $400.00 (no fee required).
   b. Total cost is greater than $400.00 (Return fee with this application).
   c. A "construction permit" is required if the use, operation, location, or type of the system is being changed.

Print Name Jim Burden Address 7000 N.W. 27th Phone 470-3678
Applicant Signature (owner or lessee) Jim Burden

$100.00

Please include the permit fee ($~~50.00~~) with this application

(Please do not write below this line)

Date rec'd 12/8/00 REVIEW: ☒ approved ☐ disapproved By: Gerald C. Hood

Site visits:
Date 1-19-01 By PD
Date ____ By ____
Date ____ By ____

Installation final written approval

Date ____ By ____

Rec'd 100.00
CK# 4336 12-8-00 nw

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

White - EH Pink - Business Office Revised 1/98

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

Jim Burden

System Location (Indicate correct number and street)

Address 7000 NW 27TH (no rural route) City Linkoln NE, Zip 68524

Owner Jim BURDEN Address 7000 NW 27TH APT #1

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

Date of Tests 11-30-00 to 12-1-00 Weather: Precipitation Ø Temperature 50°'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	27	11/30	8:00 AM	12-1	8:00 AM	12-1	11:30 AM	6	12/1	Noon	30	3	
2	30	11/30	8:00 AM	12-1	8:00 AM	12-1	11:30	6	12/1	Noon	30	2	
3	28	11/30	8:00 AM	12-1	8:00 AM	12-1	11:30	6	12/1	Noon	30	3	
4	27	11/30	8:00 AM	12-1	8:00 AM	12-1	11:30	6	12/1	Noon	30	4½	
5	30	11/30	8:00 AM	12-1	8:00 AM	12-1	11:30	6	12/1	Noon	30	3	
6	26	11/30	8:00 AM	12-1	8:00 AM	12-1	11:30	6	12/1	Noon	30	6	
7	24	11/30	8:00 AM	12-1	8:00 AM	12-1	11:30	6	12/1	Noon	30	2¼	
8	27	11/30	8:00 AM	12-1	8:00 AM	12-1	11:30	6	12/1	Noon	30	2	
9	27	11/30	8:00 AM	12-1	8:00 AM	12-1	11:30	6	12/1	Noon	30	6	

(OVER FOR LOCATION)

Person Conducting Percolation Tests

Name: STAN KRUEGER

Phone: 580 1208

Address 7324 BALLARD

LINCOLN NE 68507

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: _____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of

Dirt Works Plus Inc. 402-484-7020 12/13/00 04:15P P.002

12-1-00
12-8-00

As Built Drawing

Jim Bidna

7000 NW 27TH

