Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

005842

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: SEWAGE SYSTEM REPAIR
SEWAGE REPAIR

Permit #: 04390080901

Issued: 11/10/04
Expires: 05/10/05
Revenue Code: 3157

Establishment: OREST ERSKINE
T10N R8E SEC 12 QTR NW
4300 N 176 ST

FEES: $100.00

Permittee: OREST ERSKINE
4300 N 176 ST
LINCOLN NE 68527

TOTAL: $100.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

#043900B0901

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 10N Range 8E Section 12 1/4 Section NW 1/4
   Block _____ Lot _____ Addition _____
   Parcel ID ____-____-_____-_____-_____ (i.e. 99-99-999-999-999)
   Street Address 4300 North 176th St

2. **Property use:** ☒ residential ☐ commercial ☐ other use
   Number of bedrooms 4 Describe _____

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

4. **Description of proposed alteration, extension or repair** New Laterals
   60 min Per Inch Used for Calculation
   1400 sq ft Needed

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

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 Orest Erskine Address 4300 North 176th St Phone 786-2372
Applicant Signature (owner or lessee) _____

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 11/10/04 REVIEW: ☒ Approved ☐ Disapproved By: Jerrold C. Hood

Site visits
Date 11/24/04 By mm
Date ____/____/____ By _____
Date ____/____/____ By _____

Installation final written approval
Date 12/20/04 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: 11/10/04 Amount 100.00 Check No. 2843 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: H0439008090l

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 4300 N. 170th St (no rural route) City Lincoln NE, Zip 68527

Owner Orest Lirskine Address same

Soil Type (SCS): SnD (Sharpsburg silty clay loam) Percolation Rate: 60 min./inch

Date of Tests 11-8-04 to 11-9-04 Weather: Precipitation 0 Temperature 67°

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	23	11-8	11:30a	11 8	3:30p	11-9	11:00p	6	11-9	3:00p	30	5/8	30/0.63 = 48
2	24	"	"	"	"	"	"	"	"	"	30	1 5/8	30/1.63 = 18
3	24	"	"	"	"	"	"	"	"	"	30	2 3/8	30/2.38 = 13
4	24	"	"	"	"	"	"	"	"	"	30	1	30/1.00 = 30
5	24	"	"	"	"	"	"	"	"	"	30	1	30/1.00 = 30
6	23	"	"	"	"	"	"	"	"	"	30	1/2	30/0.50 = 60

Sum of Percolation Rates: 199
Average of Rates: 33
Rate Used for Calculation: 60 (20 mpi variance)

Person Conducting Percolation Tests

Name: Terri Jakoubek, Raymond Contracting, Inc
Phone: 402-783-2063 or 402 850-3870
Address 13800 NW 70th St
Raymond NE 68428 # P1198

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

G & A

BACKHOE SERVICE

Gordon Lukes - Owner/Operator
2319 South 214th Street
Eagle, NE 68347-1995
Bus. (402) 781-2400
Cell. (402) 450-2409
Fax. (402) 781-2411

DEC 1 8 2004

12/17/04

To Ron Marquart,
This is the as built drawing for a Septic System @ 4300 North 176th for Orest Erskine. 1500 gallon tank with risers to grade. 1400 sq ft infiltrator H10 laterals with 3 drop boxes.

