# Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514 (402) 441-8000

Permit
SEWAGE SYSTEM REPAIR
SEWAGE REPAIR

Permit # 02390074001

Issued 12/03/02
Expires 06/03/03
Revenue Code 3157

Establishment
MATT GRAHAM
T10N R8E SEC 31 QTR NE
LOT 19
1435 S 117 ST-WALTON

FEES: $100.00

TOTAL: $100.00

Permittee
MATT GRAHAM
6740 PANAMA RD
HICKMAN NE 68372

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

003117

# 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:** lot 19 NE 31-10-8 and W 18' Madison street vacated
   Township NE 31 Range 10N Section 8E 1/4 Section
   Block Lot 19 Addition Gering
   Parcel ID 23-31-200-002-000 (i.e. 99-99-999-999-999)

   Street Address 1435 South 117th St. Walton, NE 68461

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

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

4. **Description of proposed alteration, extension or repair** Add new tank and 124' ~~200~~ of 4" lateral

5. **Work to be done by:** ☐ owner ☒ contractor's name Harper Well & Septic

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 Matt Graham Address 6740 Panama Rd, Hickman 68372 Phone 792-3053
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 12/3/02 REVIEW: ☒ Approved ☐ Disapproved By: Jerrold C. Hood

**Site visits**
Date 4/11/03 By J.C. Hood Dowel & Rift Station
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: 12/03/02 Amount 100.00 Check No. 1419 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 1435 S 117 (no rural route) City Walton NE, Zip 68461

Owner Matt Graham Addresss 6740 Panama Rd Hickman, NE 68372

Soil Type (SCS): SHARPSBURG SILTY CLAY LOAM Percolation Rate: 12.24 min./inch

Date of Tests 8/10 to 8/11 Weather: Precipitation None Temperature 90°

### 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 | | | | |
| 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" | 8/10 | 2:00 | 8/11 | 2:00 | 8/11 | 2:00 | 6" | 8/11 | 6:00 | 30 | 1.875 | 16 |
| 2 | | | | | | | | | | | | 2.75 | 10.9 |
| 3 | | | | | | | | | | | | 2.875 | 10.43 |
| 4 | | | | | | | | | | | | 2.125 | 14.12 |
| 5 | | | | | | | | | | | | 2.5 | 12 |
| 6 | | | | | | | | | | | | 3 | 10 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

Sum of Percolation Rates: 73.45 81.11
Average of Rates: 12.24 13.51
Rate Used for Calculation: 12.24

### Person Conducting Percolation Tests

Name: Matt Graham
Phone: (402) 792-3053
Address 6740 Panama Rd.
Hickman, NE. 68372

DO NOT WRITE BELOW THIS LINE

### Reviewing Action

Remarks

Signature of Reviewing Official Jerrold C. Hood Date NOVEMBER 27, 2002

FORM 23-101 10-96

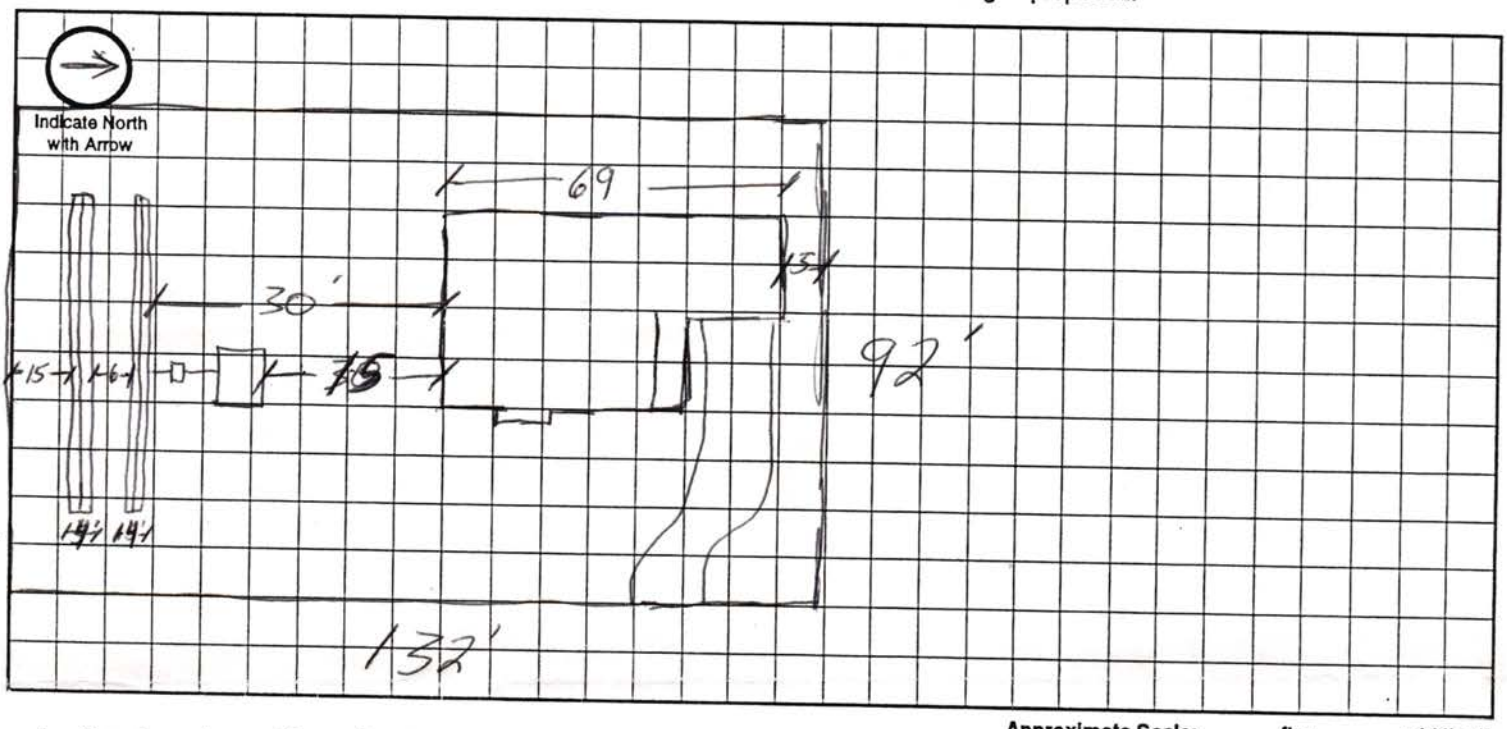
**Lincoln-Lancaster County Health Department**
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

**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) 1435 S 117 City Walton NE, Zip 68461

## B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate _____ (min. per inch) Soil Type: _____ Land Slope: _____ %

Type of Absorption System: ☐ Trench ☐ Bed ☐ Other _____

Total Square Feet of Field Required: _____ sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: _____

Capacity of Septic Tank 1000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 124 ft. Number of Trenches 2 Trench Width _____

## 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 12-3-02

Installer _____ Date 12/3/02

FORM 23-102 10-96