

Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET • LINCOLN, NE 68510-1514

003106

(402)

441-8000

Permit

SEWAGE SYSTEM REPAIR
SEWAGE REPAIR

Permit # 03390076001

Issued

10/03/03

Expires

03/03/04

Revenue Code

3157

Establishment

MARK E WEAVER
T11N R5E SEC 25
BOHAC ADDITION
8205 NW 56 ST

FEES:

\$100.00

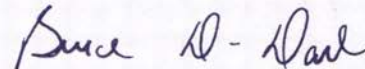
Permittee

MARK E WEAVER
8205 NW 56 ST
MALCOLM NE 68402-9641

TOTAL:

\$100.00

EPH COPY



Bruce D. Dart, Health Director



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 11N Range 5E Section 25 1/4 Section _____
Block _____ Lot _____ Addition BOHAC Addition
Parcel ID _____ (i.e. 99-99-999-999-999)
Street Address 8205 N.W. 56th

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 Extra Lines

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

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 MARK E. Weaver Address 8205 NW 56th Phone 402 470-3222
Applicant Signature (owner or lessee) Mark E. Weaver

Please include the permit fee (\$100) with this application

Fee must be included before the application will be processed. Incomplete information will delay processing

HEALTH DEPARTMENT USE ONLY

Date received 10 / 3 / 03 REVIEW: ☒ Approved ☐ Disapproved By: Terrell C. Hood

Site visits

Date ____/____/____ By ____
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: 10 / 3 / 03 Amount \$100.00 Check No. 5025 Initials [Signature]



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 8205 N.W. 56th City Malcolm NE, Zip 68402
(no rural route)

Owner MARK E. WEAVER Address 8205 N.W. 56th, Malcolm, NE 68402

Soil Type (SCS): MAYBERRY SILTY CLAY LOAM Percolation Rate: _____ min./inch

Date of Tests 10/6/03 to 10/7/03 Weather: Precipitation NONE Temperature 80°

Percolation Test Data Table

A. Hole No.	B. Hole Depth (in)	C. Pre-Saturation Period				D. Percolation Readings					E. Results		
		Start		End		Start		Water Lev (in.)	End		Elapsed Time (Min)	Water Level Drop (in)	Percolation Rates (Min/in)
		Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)		Date (Mo/Da)	Time (Hr/Min)			
1	30	10/06	2:00 PM	10/06	6:30	10/07	4:00	6"	10/07	8:00 AM	30	2	15
2	30	"	"	"	"	"	"	"	"	"	"	2 1/4	13.3
3	30	"	"	"	"	"	"	"	"	"	"	2	15
4	30	"	"	"	"	"	"	"	"	"	"	2 1/4	13.3
5	30	"	"	"	"	"	"	"	"	"	"	2 3/4	10.9
6	30	"	"	"	"	"	"	"	"	"	"	1 3/4	17.1
7	30	"	"	"	"	"	"	"	"	"	"	1 7/8	16
8	30	"	"	"	"	"	"	"	"	"	"	2 1/4	13.3
9	36	"	"	"	"	"	"	"	"	"	"	2	15
												128.9	9-143

Person Conducting Percolation Tests

Name: MARK E. WEAVER
Phone: 402-470-3222
Address 8205 N.W. 56th
Malcolm, NE 68402

Sum of Percolation Rates: 19.125
Average of Rates: 2.125
Rate Used for Calculation: 14.1

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official Herold C. Hood B.E.T.S. Date October 8, 2003

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St Marys Avenue

Phone (402) 471-7800

ORIGINAL LOAN APPROVAL FILE
PREVIOUS HISTORY UNKNOWN

REAL ESTATE TRANSFER / LOAN

This form must be completed and returned to request a real estate transfer inspection.

MAKE CHECKS PAYABLE TO: Lincoln-Lancaster County Health Department.

☒ Evaluation of the Individual Water System

Date: 9-20-91

☒ Evaluation of the Sewage Disposal System

☒ Enclosed is \$150.00

Legal Description of Property: TWP. 11N; RANGE 5E; SECTION 25; BLOCK _____

LOT _____; ADDITION _____; Street Address RR #1 Box 95

Directions to Property _____

Location of Well W. of house Tap Location: Inside ☐ Outside ☒

Location of Sewage System S. of house Year Installed ?

NAME

ADDRESS

PHONE

Present Owner: Frank & Helen Bohac RR. 1 Box 95

Tenant/Buyer: Mark S. Weaver 5521 Wilderness V. 423-1985

Return to: _____

NOTE: Allow two weeks for processing. Incomplete information will delay processing.

Signature of Applicant Mark S. Weaver Address Same

HEALTH DEPARTMENT USE ONLY

Date Received 9-20-91

Received \$150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 8-28-91

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:	Approved:	SITE VISIT:
Construction	☒	☐	Approved:	☐	Date <u>8-28-91</u> by <u>run</u>
Bacteria	☒	☐	Provisional:	☒	Date <u>8-30-91</u> by <u>run</u>
Nitrate*	☒	☐	Disapproved:	☐	Date <u>9-9-91</u> by <u>run</u>

Comments: No deficiencies have been corrected

* Approval through nitrate removal unit only.

See Attached Letter ☐

FINAL STATUS Note: Report is on subdivision inspection

WATER SYSTEM:

SEWAGE DISPOSAL SYSTEM:

Approved: ☒

Approved: ☐

Provisional Approval: ☒

APPROVED BY Ron Magant RS.

DATE 9-20-91

Approval or disapproval is based on written standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operation. WELLS - Nebraska Safe Drinking Water Act,

- Standards for A Private Well in Nebraska

