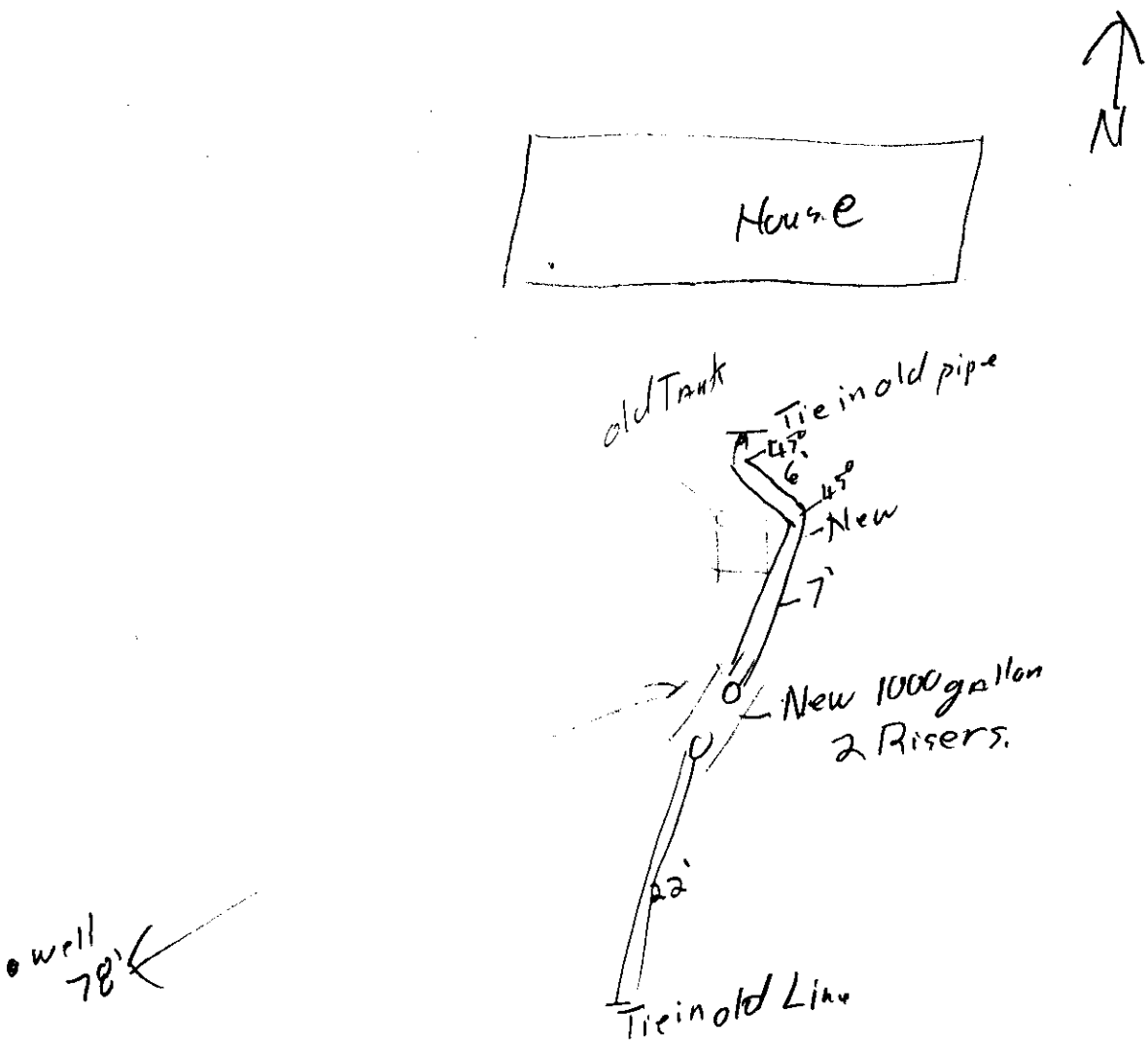

N
House
old Tank
Tie in old pipe
45°
6'
45°
New
7'
New 1000 gallon
2 Risers
22'
well
78'
Tie in old Line

LLCHD HS0004[illegible]

# Application to Alter, Extend or Repair an Onsite Wastewater Treatment System

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

HS0004472

The undersigned hereby applies for a permit to: ☐ **ALTER** ☐ **EXTEND** ☑ **REPAIR** an existing wastewater treatment system, complying with appropriate Ordinance or Resolution, as marked above with drawings attached.

1. **Legal description of property:**
   Township 12 Range 6e 1/4 ____ 1/4 NE Section 26
   Block 1 Lot 3 Addition Northridge
   Parcel ID 13 - 26 - 200 - 005 - 000 (i.e. 99-99-999-999-999)

   Street Address (no rural route) 17801 Northridge Ln Ashley, NE 68334

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

3. **Type of Present Individual Disposal System** ☑ septic system ☐ lagoon ☐ other

4. **Description of proposed alteration, extension or repair** replace Septic tank, 1,000 Gallons

5. **Work to be done by:** ☐ owner ☒ contractor's name Lloyd Jakowitz, Raymond Contracting Inc

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 permit is required if the use, operation, location, or type of system is changed.

Print Name Harvey Strizek Address Same Phone: 402-785-7855

Applicant Signature (owner or lessee) Lloyd Jakowitz for Harvey Strizek

**Please contact LLCHD for the permit fee for 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 3/24/11 REVIEW: ☑ Approved ☐ Disapproved By: [signature]

**Site visits**
Date 3/24/11 By NH
Date ____/____/____ By ____
Date ____/____/____ By ____

**Installation final written approval**
Date 3/24/11 By [signature]

**Return application to:**
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: 441-8643

***Business Office Use Only***

Received: Date: 3/25/11 Amount 185.00 Check No. 7591 Initials BH

Revised 3-09

3-30-2011 11:29:37

LLCHD HS000472

Repair, installed new tank only

MAR 28 2011

D

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

Permit Number:

# Onsite Wastewater Treatment System

## As Built Plans & Specifications

Date 3-24-11 Legal Description NE (1/4) 1/4 S26-T12-R6 (Section Township Range) Northridge Block 1 Lot 3

### Onsite System Location

Address (no rural route) 12801 Northridge Ln City Ashland NE, Zip 68339

Owner Harvey Strizek Address Same

### A. Sewer Pipe

1. Material: old SDR35/New SDR26
   Diameter: 4 in.
2. Distance above basement floor: ~~12~~ in.
   or distance below basement floor: 12 in.
3. Distance between dwelling and septic tank: ____ ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line 50' ft.
   stream 100+ ft.
   pressure line 100+ ft.
   property line 100+ ft.

### B. Septic Tank

☐ Label with Manufacturer, address and gallon capacity

1. Material: concrete
   Number of compartments: one
2. Capacity: 1000 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter 24 in.
   Over outlet, diameter 24 in.
   Riser: ☐ above ☐ below grade ____ in.
5. Inlet: ☑ baffle ☐ tee ☐ 6" dia. inspection pipe
6. Outlet: ☑ baffle ☐ tee ☐ 6" dia. inspection pipe
7. Depth to top of tank, below unfinished grade: 12 in.
8. Distances to: Well or suction line 78' ft.
   Stream 100' ft.
   Pressure line 100' ft.
   Property line 100' ft.

### C. ☐ Distribution Box ☐ Drop Boxes

(≥ 12" inspection opening) (removable lid to inspect)

1. Material: ____
   Number available outlets: ____
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: ____ ft.

### D. Drainfield Absorption Existing

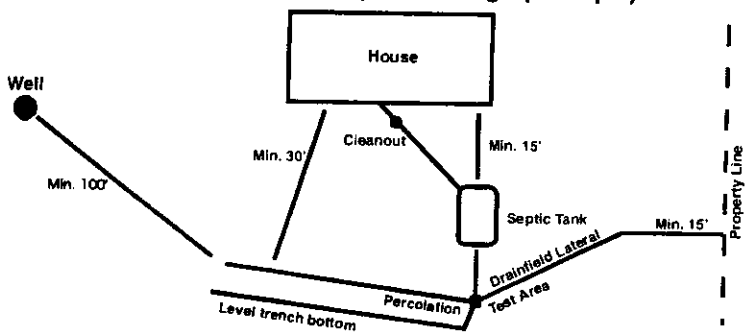
☐ Trench ☐ Bed ☐ Level Bottom

1. Type: ☐ Half rounds ☐ Perforated pipe ☐ Chambers
   Diameter or width: ____
   Number of distribution lines in bed ____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other ____
2. Drainfield Laterals: Number ____
   Length of each line: ____ ft. ____ ft.
   ____ ft. ____ ft., ____ ft.
3. Drainfield dimensions: Width ____ ft.
   Distribution Pipe Slope ____ in/100 ft.
   Average depth ____ in
4. Filter material: ____
   Depth of material ____ in.
5. Distances to: Well or suction line ____ ft.
   Pressure line ____ ft.
   Property line ____ ft.
   House or building ____ ft.
   Lake or Stream ____ ft.

**Complete As-Built drawing on the back fo this form.**

Indicate North with Arrow

**Onsite Wastewater System Design (Example)**



**Lincoln-Lancaster County Health Department**
**Environmental Public Health Division (402) 441-8027**
**3140 N Street Lincoln, NE 68510-1514**

**ON-SITE WASTE WATER SYSTEM**
**REPAIR PERMIT**

**No. HS000472**

**System Type:** STANDARD

**Situs:** 17801 NORTHRIDGE LN

**Legal Description:** T12N-R06E-S26-Lot 3

**Owner:** STRIZEK, HARVEY W & NANCY
17801 NORTHRIDGE LN
DAVEY NE
68339

| | |
|---|---|
| Permit Fee: | $185.00 |
| Total Fees: | $185.00 |
| Issued: | 03/25/2011 |
| Expires | 03/24/2012 |

Judith A Halstead

Judith A. Halstead, MS, Health Director

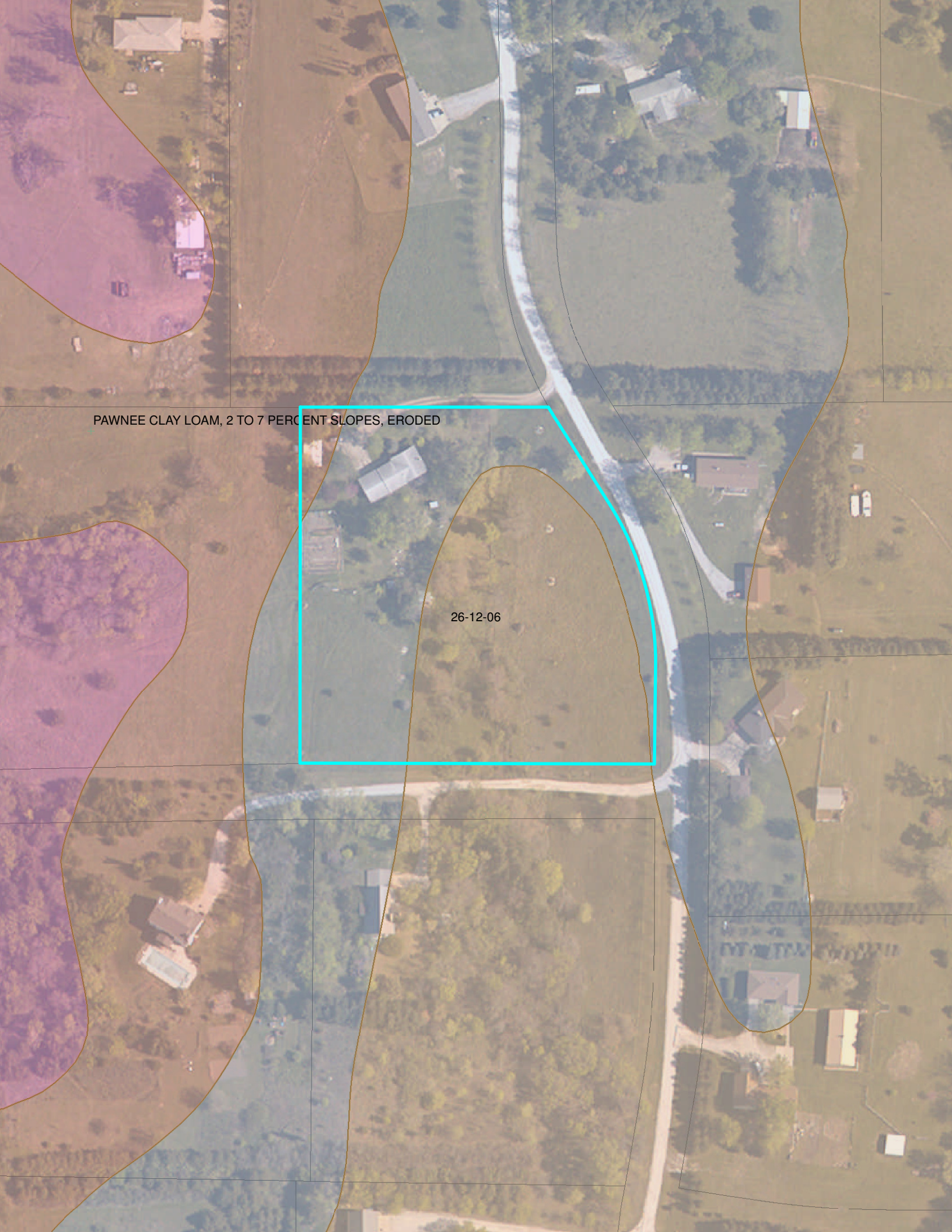
Dear Applicant:

The above document is your permit to repair an existing On-site Waste Water System at the location listed. Please contact this office once repairs are complete to obtain final approval before use.

Judith A Halstead

Judith A. Halstead, MS
Health Director

RAYMOND CONTRACTING
13800 NW 70TH
RAYMOND NE 68428


PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
26-12-06