HS001098

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

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

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 8 Range 7 1/4 ~~09~~ 1/4 _____ Section 17
   Block _____ Lot 112 Addition _____
   Parcel ID 15-17-100-009-000 (i.e. 99-99-999-999-999)
   Street Address (no rural route) 14601 S 46th ST Roca

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

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

4. **Description of proposed alteration, extension or repair** replace septic tank

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

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 Jason Kubik Address 105 Locust Hickman Phone: 440-7606

Applicant Signature (owner or lessee) _____

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 ____/____/____ REVIEW: ☐ Approved ☐ Disapproved By: _____

Site visits
Date ____/____/____ By _____
Date ____/____/____ By _____
Date ____/____/____ By _____

Installation final written approval
Date ____/____/____ By _____

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: 7/16/15 Amount $205.00 Check No. 2318 Initials SB

Revised 3-09

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

ON-SITE WASTE WATER SYSTEM
ALTERATION PERMIT
No. HS001098

System Type: Standard

Situs: 14601 S 46 ST, RURAL, NE

Issued: 7/23/2015

Expires: 7/23/2016

Description: S17, T8, R7, 6th Principal Meridian, LOT 112 NW

Owner: LAMBRECHT, DAVID B
14601 S 46 ST
ROCA, NE 68430

Judith A Halstead
Judith A. Halstead, MS, Health Director

Dear Applicant:

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

Judith A Halstead
Judith A. Halstead, MS
Health Director

SOUTHWICK LIQUID WASTE INC
105 LOCUST ST
HICKMAN, NE 68372

HS001098
8-7-17

Onsite Wastewater Treatment System
As-Built Description and Drawing

Type of Onsite Wastewater System: ❑ Lagoon (Skip to Back Page) ☒ Subsurface Septic ❑ Mound

Onsite Wastewater System Location

Address or Legal Description or Parcel Identification Number (PID) 14601 S 46th Street

Owner: Lambreck Address _____

Tank for Tank replacement by Southwick Liquid Waste.

A. Wastewater Piping

1. Material: plastic SDR26 Diameter: 4 in.
2. Distance between dwelling and septic tank: 25 ft.

B. Septic Tank

1. Material Concrete
2. Capacity: 1500
3. Depth to top of tank, below unfinished grade: 18 in.
4. Distance to:
   Well _____ ft.
   Pressure line _____ ft
   Property Line _____ ft.
   Foundation _____ ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: _____ ft. _____

D. Drainfield/Absorption Field

❑ Trench ❑ Bed

1. Type: ❑ Perforated Pipe ❑ Chamberless ❑ Other
   Material brand and inside width of Chamberless: _____
2. Number of Laterals. _____
3. Length of each lataral (linear): ft._____ ft._____ ft._____ ft._____
4. Drainfield size: _____ sq. ft.
5. Distance to:
   Well _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.
   Depth of Groundwater _____

Was the Onsite Wastewater System covered prior to LLCHD inspection? ☒ Yes ❑ No

If Yes, the Certified Professional must sign below for final approval:

I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: Blair Johns C2287 Date: 7/22/15

Complete As-Built drawing on the back of this form.

Updated 4/15

Shell 5 feet Please