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. HS001157

System Type: Standard

Situs: 15500 LAKESIDE ESTATES DR, RURAL, NE

Issued: 11/4/2015

Expires: 11/4/2016

Description: ELSNER LAKESIDE ESTATES, BLOCK 4, Lot 1

Owner: DOTY, HOWARD L & BETTY L
15500 REDWING DR
CRETE, NE 68333

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

BLAIN JOHNSON
8533 E. HWY 41
ADAMS, NE 68301

HS001157

Application to Alter or Repair an Onsite Wastewater Treatment System

The applicant is applying for a permit to: ☒ALTER ☐REPAIR an existing Onsite Wastewater Treatment System, and agrees to comply with LMC 24.38 or County Resolution 02-0030.

1. **Street Address (No Rural Route):** 15500 Redwing Drive, Crete, NE 68333

   Legal Description of Property: Township: 8 Range: 5 Section: 17 SB

   Block 4 Lot 1 SubDivsion _____ Add: _____

   ***Parcel ID** 02-17-301-009-000 SB (i.e. 99-99-999-999-999)

2. **Property use:** ☒ Residential ☐ Commercial ☐ Other use (Describe: _____)
   Number of bedrooms 3 Does the system have a: ☐ Garbage Grinder ☐Large Capacity Tub

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

4. **Description of proposed alteration or repair:** replace 1000 gallon tank with 1500 gallon tank

5. **Current Type of Lateral-** gravel/chamber **Current Linear Ft. Of Lateral -** 400 +

   Current Tank Gallonage- 1000

6. Print Name Blain Johnson Address 8533 E Hwy 41 Adams NE 68301 Phone: 402 610 2370

   Applicant Signature: _____

Please contact LLCHD for the current permit fee for this application
Fee must be included before the application will be processed. Incomplete information will delay processing.

HEALTH DEPARTMENT USE ONLY

☐Municipal Code 24.38 ☒County Resolution Number 02-30

Date received 11/4/15 REVIEW: ☒ Approved ☐ Disapproved By: _____

Comments (if any): _____

Site visits
Date 10/22/15 By OC
Date ___/___/___ By _____

Installation final written approval
Date 10/30/15 By _____

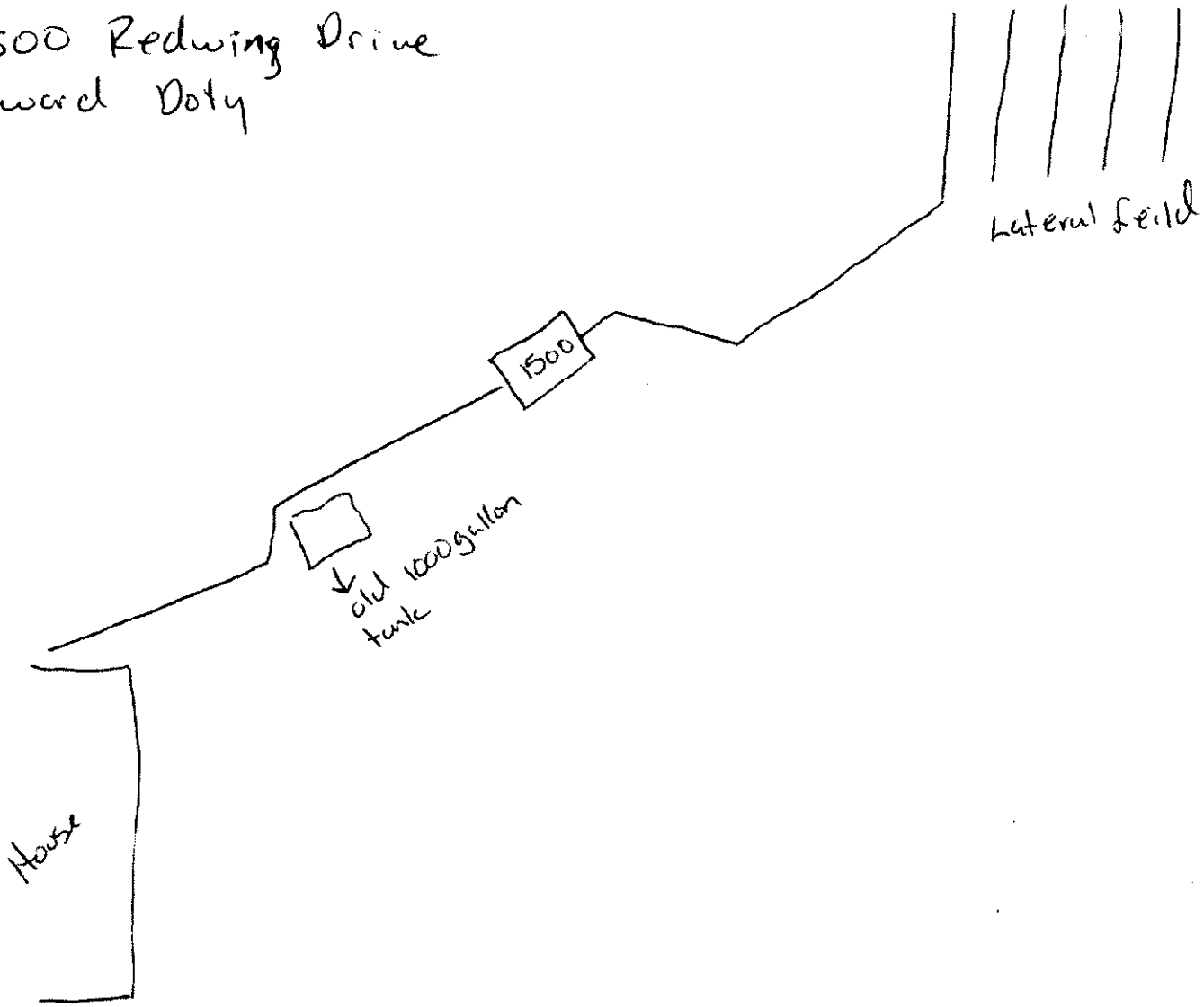
Return application to:
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: (402) 441-8643

Business Office Use Only
Received: Date: 11/4/15 Amount $210.00 CC Check No. DISCOVER Initials SB

Revised 4/8/13

15500 Redwing Drive
Howard Doty

N



Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

Exhibit 5

Permit Number: HS001157

Onsite Wastewater Treatment System

Lot 1

Inspection Sheet

Date 10/27/15 Legal Description 17, T8 R5

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 15500 Red Wing Drive City _____

Owner Dr. Day Address _____

Mark One: ☐ Dwelling ☐ Non-dwelling Tank replacement only

☐ New System ☐ Alteration [☒ Tank Only ☐ Trench Only] ☐ Lateral Only

☐ Temporary modification (Describe problem causing discharge and reason for temporary modification): _____

Drainfield Absorption System:

☐ Lateral ☐ Bed ☐ Non-standard (engineer-designed and NDEQ approved) ☐ Holding Tank ☐ Trench

Total square feet of drainfield ~ Sq. Ft. Tank Size 1,500 gals

Total length of laterals ~ Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☐ Other (describe)_____

No. of Absorption Laterals _____ Width _____ No. of Drop Boxes _____ Distribution Box _____

Leveling Method Used Laser

Setbacks (Check the Boxes Below if the Required Setback has been Satisfied):

Distance From	Private Well	Public Well	Surface Water	Ground water	Pressure Water Lines	Property Lines
Tank (ft)	50 ☑	500 ☑	50 ☑	NA ☑	10 ☑	5 ☑
Field (ft)	100 ☑	500 ☑	50 ☑	4 ☑	25 ☑	5 ☑

Geographical Coordinates to 6 Decimals:

Tank NA

Lateral #1 _____ Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments:

Inspections prior to Final Approval
Initial DS. Date 10/27/15

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By Doug Dunn

Date 10/27/15

Field Note Drawing (See Reverse Side):