HS 007350

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):** 5400 Arbor Circle

   Legal Description of Property: Township:_____ Range:_____ Section:_____

   Block_____ Lot_____ SubDivsion_____ Add:_____

   *Parcel ID 16.29.403.004.000 SB (i.e. 99-99-999-999-999)

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

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

4. **Description of proposed alteration or repair:** Addition of laterals
   330 ft additional w/ switching valve

5. **Current Type of Lateral-** Infiltrator **Current Linear Ft. Of Lateral -**_____

   Current Tank Gallonage- 1500

6. Print Name Scott Munson Address 1345 N 26th Rd Syracuse NE Phone: 402-432-2946

   Applicant Signature: [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 ___/___/___ REVIEW: ☐ Approved ☐ Disapproved By:_____

Comments (if any):_____

Site visits
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: (402) 441-8643

Business Office Use Only

Received: Date: 9/28/16 Amount $215 Check No. VISA Initials SB

Revised 4/8/13

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

Exhibit 5

Permit Number: HS001350

Onsite Wastewater Treatment System

Inspection Sheet

Date 12/1/16 Legal Description ¼ ¼ 29/9/7 Lot 4 Section/Township/Range

Onsite System Location

Address (no rural route) 5400 Haven Circle City _____

Owner _____ Address _____

Mark One: ☒ Dwelling ☐ Non-dwelling

☐ 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 330' Type of Distribution: ☒ Chamber ☐ Perforated Pipe ☐ Other (describe) _____

w/ switching valve to allow usage of existing lateral

No. of Absorption Laterals 4 plus existing Width 3.625 Feet No. of Drop Boxes _____ Distribution Box 1 plus pump tank

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 _____

Lateral #1 N/A Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments:

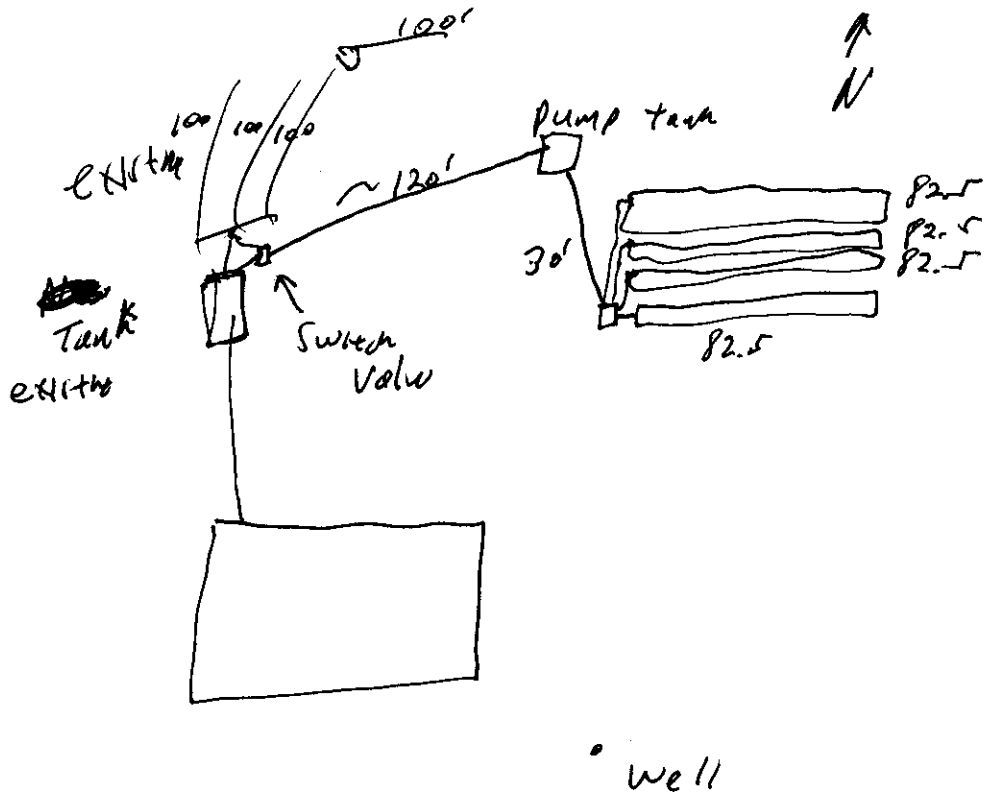
Inspections prior to Final Approval
Initial DS Date 10/14/16

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By Doug Rau
Date 12/1/16

Field Note Drawing (See Reverse Side):


100'
N
100
100
100
Pump tank
~120'
30'
82.5
Tank
Switch
Valv
Well

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

D

Permit Number:

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date 9/10/10 Legal Description 1/4 1/4 29 Section 9 Township 7 Range Lot 4

Onsite System Location

Address (no rural route) 5400 Aaron Cr. City Lincoln NE, Zip 68516

Owner Ronald McClain Address

A. Sewer Pipe

1. Material:
   Diameter: in.
2. Distance above basement floor: in.
   or distance below basement floor: in.
3. Distance between dwelling and septic tank: ft.
4. Number of clean-outs:
5. Distances to: well or suction line ft.
   stream ft.
   pressure line ft.
   property line ft.

B. Septic Tank replace Tank

☐ Label with Manufacturer, address and gallon capacity

1. Material: Concrete PreCast Lincoln
   Number of compartments: 1
2. Capacity: 1000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 5 x 8 in.
   Over outlet, diameter 6 x 9 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: 2 in.
8. Distances to: Well or suction line 150 ft.
   Stream N/A ft.
   Pressure line >25 ft.
   Property line >20 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: Add 100' ft.

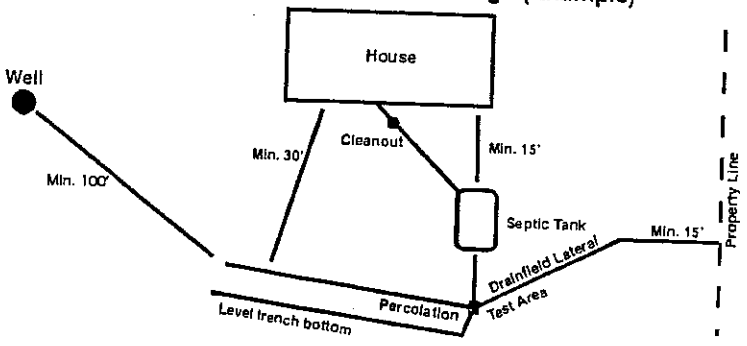
D. Drainfield Absorption

☒ Trench ☐ Bed ☐ Level Bottom

1. Type: ☐ Half rounds ☐ Perforated pipe ☒ Chambers
   Diameter or width: 36
   Number of distribution lines in bed
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other
2. Drainfield Laterals: Number 4
   Length of each line: 100 ft. 100 ft.
   100 ft. 100 ft., ft.
3. Drainfield dimensions: Width ft.
   Distribution Pipe Slope 3 in/100 ft.
   Average depth in
4. Filter material:
   Depth of material in.
5. Distances to: Well or suction line >100 ft.
   Pressure line >25 ft.
   Property line >20 ft.
   House or building >35 ft.
   Lake or Stream N/A ft.

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

Onsite Wastewater System Design (Example)



icate North
ith Arrow

N

