HS001351

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):** 16916 Princeton Rd

Legal Description of Property: Township: 7 Range: 8 Section: 23

Block 23 Lot _____ SubDivsion _____ Add: _____

***Parcel ID** 10-23-200-009-000 (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

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

4. **Description of proposed alteration or repair:** Install waste water lagoon 52' x52' with synthetic liner. Hooking up from existing septic tank

5. **Current Type of Lateral-** Iron/Water **Current Linear Ft. Of Lateral -** 130'

Current Tank Gallonage- 1250

6.Print Name Jason Kubik Address 105 Locust Phone: 440-7606

Applicant Signature: Jason Kubik

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: 10/31/16 Amount $215.00 Check No. 2708 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

10/24/16
8A

Exhibit 6

Permit Number: HS00135

Onsite Wastewater Treatment System-Lagoon

Inspection Sheet

Date 10/24/16 Legal Description 7-8-23 Lot 23

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 16969 Prescott Rd City _____

Owner _____ Address _____

Mark One: ☒ Dwelling ☐ Non-dwelling

☒ New System ☐ Repair

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

Lagoon constructed so not to receive surface water	Yes X No ___
Lagoon floor is level	Yes X No ___
Lagoon is equipped with a depth gage/concrete slab	Yes X No ___
Influent line is at least 4 inches and slopes no less than 1/8 inch	Yes X No ___
Clean outs located every 75 feet and one located 1 foot about highest water level	Yes X No ___
Inside slope not steeper than three horizontal to one vertical	Yes X No ___
Minimum width of the top of the dike shall be 4 feet	Yes X No ___
Fence installed	Yes X No ___

Top of the Dike 5½ Bottom of Lagoon 16 Design Flow 225

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

Surface Water distance from Water Mark	Private Drinking Water Wells	Public Drinking Water Supply Wells		All Other Water Wells	Property Lines	Trees and Brush	Neighbor's Foundation		All Other Setbacks
50 ft ☒	100 ft ☒	Non-Community	100ft ☒	100ft ☒	50ft ☒	50ft ☒	Class 1	200ft ☒	☒
		Community	* ☒				Class 2	200ft ☒	
							Class 3	100ft ☒	

*Evaluated by a professional engineer for potential impact on the well and submitted to Dept. for approval if less than 1000ft.

Geographical Coordinates to 6 Decimals: _____

Dike North side

Comments: * Lagoon was Lined.

Inspections prior to Final Approval
Initial DA Date 10/24/16
Follow-Up _____ Date _____
Follow-Up _____ Date _____
Installation Final Written Approval
By _____
Date 10/24/16

H S001351

Application to Alter or Repair an Onsite Wastewater Treatment System

SCANNED

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):** 16969 Princeton Rd Adams, NE 68301

   Legal Description of Property: Township: 7 Range: 8 Section: 23

   Block 23 Lot _____ SubDivsion _____ Add: _____

   ***Parcel ID** 10-23-200-009-000 (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

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

4. **Description of proposed alteration or repair:** Install waste water lagoon 52' x 52' with synthetic liner. Hooking up from existing septic tank

5. **Current Type of Lateral-** Infiltrator **Current Linear Ft. Of Lateral -** 130'

   Current Tank Gallonage- 1250

6. **Print Name** Jason Kubik **Address** 105 Locust **Phone:** 440-7606

   Applicant Signature: Jason Kubik

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 10/5/16 REVIEW: ☒ Approved ☐ Disapproved By: _____

Comments (if any): Line at Lagoon

Site visits
Date ___/___/___ By _____
Date ___/___/___ By _____

Installation final written approval
Date 10/24/16 By _____

Return application to:

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street, Lincoln, NE 68510
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