OCT 11 2016

Perc rate 40-50
HS001353

# 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):** 27303 - SW - 14th Hallam, NE

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

   Block_____ Lot_____ SubDivsion_____ Add:_____

   ***Parcel ID** 07 - 28 - 400 - 005 - 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:** Old Laterals were failing and leaching on the ground

5. **Current Type of Lateral-** infiltrator **Current Linear Ft. Of Lateral -** 300

   **Current Tank Gallonage-** 1000

6. **Print Name** Brandon Sedlacek **Address** 510 7th St Adams NE 68301 **Phone:** (402) -988-8425

   Applicant Signature: Brandon Sedlacek

**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.

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**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_____

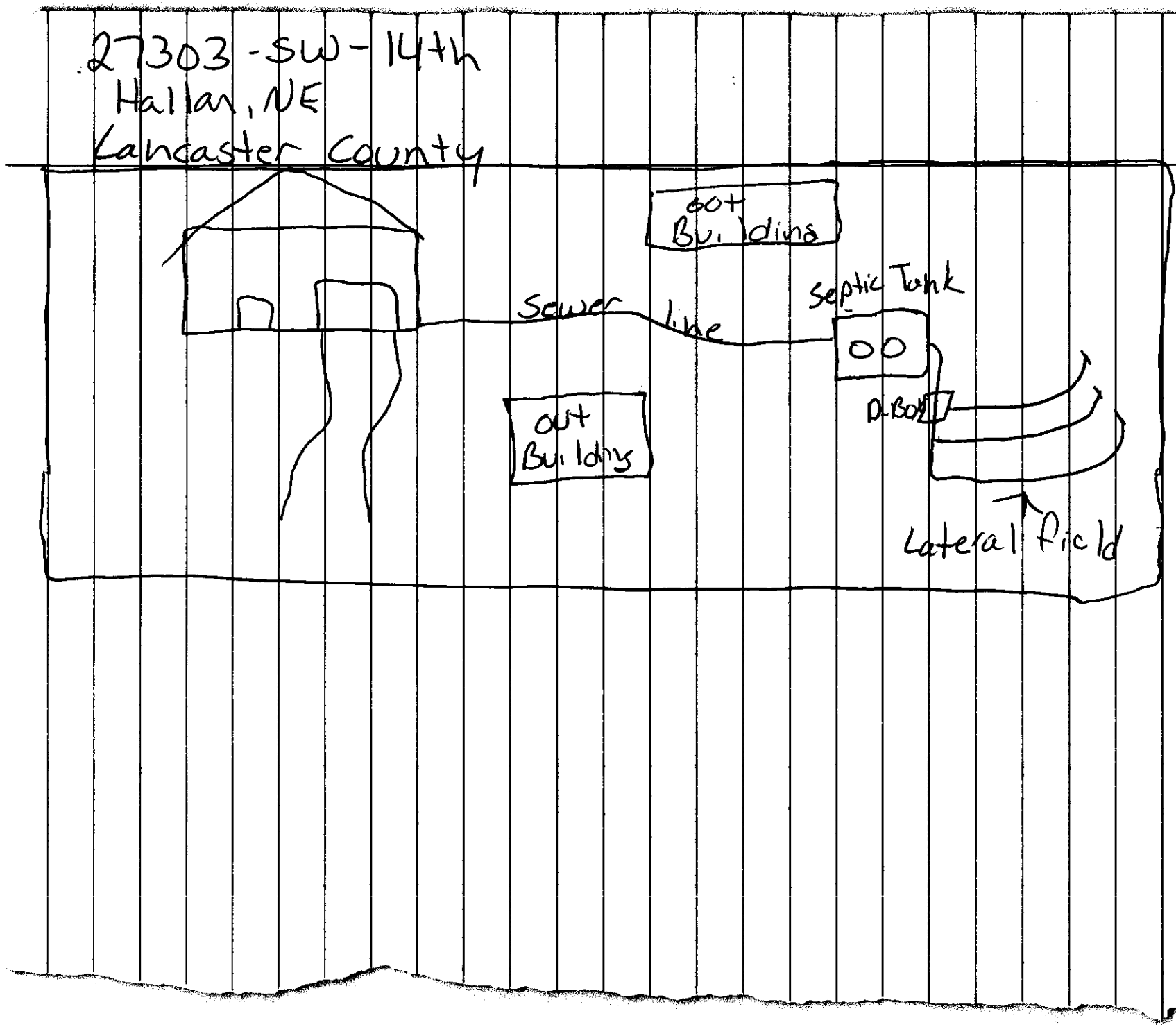
**Return application to:**

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: 10/12/16 Amount $215.00 Check No. VISA Initials AD

Revised 4/8/13


27303 - SW - 14th
Hallan, NE
Lancaster County
out Buildings
Septic Tank
Sewer Line
out Buildings
D-Box
Lateral field

OCT 11 2016

Perc rate 40-50
HS001353

SCANNED

# 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):** 27303 - SW - 14th Hallam, NE

**Legal Description of Property:** Township: 7 Range: 6 Section: 28

Block _____ Lot 2 SubDivsion _____ Add: _____

***Parcel ID** 07 - 28 - 400 - 005 - 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:** old Laterals were failing and leaching on the ground

5. **Current Type of Lateral-** infiltrator **Current Linear Ft. Of Lateral -** 300

**Current Tank Gallonage-** 1000

6. **Print Name** Brandon Sedlacek **Address** 510 7th St Adams NE 68301 **Phone:** (402) - 988 - 8425

Applicant Signature: Brandon Sedlacek

**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 10/17/16 REVIEW: ☒ Approved ☐ Disapproved By: _____

Comments (if any): _____

**Site visits**
Date 10/21/16 By DS
Date ___/___/___ By _____

**Installation final written approval**
Date 10/31/17 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: 10/12/16 Amount $215.00 Check No. VISA Initials AD

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: H5001353

# Onsite Wastewater Treatment System

## Inspection Sheet

Date 10/3/17 Legal Description 28 7 6 Lot 2
¼ ¼ Section/Township/Range

**Onsite System Location**

Address (no rural route) 27303 SW 14th 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 1,087 Sq. Ft. Tank Size _____ gals

Total length of laterals 300' Type of Distribution: ☒ Chamber ☐ Perforated Pipe ☐ Other (describe) _____

No. of Absorption Laterals 3 Width 3.625 Infiltrator 40-50 perc. 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 _____

Lateral #1 N/A Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

**Comments:**

Inspections prior to Final Approval
Initial DL Date 10/27/16

Follow-Up _____ Date _____

Follow-Up _____ Date _____

**Installation Final Written Approval**
By Doug Ahrens

Date 10/3/17

**Field Note Drawing (See Reverse Side):**

OCT 17 2016

Jack Schneiter
27303 SW 14th
Hallam NE 68368

