HS001393

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):** 2277 Meadowlark Ln

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

   Block 2 Lot 2 SubDivsion_____ Add: Meadowlark Hills

   ***Parcel ID** 08 - 25 - 202 - 002 - 000 (i.e. 99-99-999-999-999)

2. **Property use:** ☒ Residential ☐ Commercial ☐ Other use (Describe: _____)
   Number of bedrooms 4 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:** Replacing collapsed 1500 gallon tank with new 1500 gallon tank

5. **Current Type of Lateral-** Chambers **Current Linear Ft. Of Lateral -** 440

   Current Tank Gallonage- 1500

6. Print Name Jason Kubik Address 105 Lawst ST Phone: 440-7600

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 ____/____/____ 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: 2/21/17 Amount $215.00 Check No. CC 0906 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: 500393

Onsite Wastewater Treatment System

Inspection Sheet

Date _____ Legal Description Meadowlark Hills Blk 2, Lot 2

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 2277 Meadowlark Ln. 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 N/A gals 1500 gal

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 [redacted] level

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 _____ Lateral #3 N/A

Lateral #2 _____ Lateral #4 _____

Inspections prior to Final Approval
Initial 2/21/12 Date VA

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By _____

Date 2/23/12

Comments:

Replaced collapsed tank only.
-VA

Field Note Drawing (See Reverse Side):

Updated 4/15

HS001393

OK JR 2/22/17

SCANNED

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1. **Street Address (No Rural Route):** 2277 Meadowlark Ln

Legal Description of Property: Township: 8 Range: 6 Section: 25 SB

Block 2 Lot 2 SubDivsion _____ Add: Meadowlark Hills

***Parcel ID** 08 - 25 - 202 - 002 - 000 (i.e. 99-99-999-999-999)

2. **Property use:** ☒ Residential ☐ Commercial ☐ Other use (Describe: _____)
Number of bedrooms 4 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:** Replacing collapsed 1500 gallon tank with new 1500 gallon tank
- Laterals checked by Jason Kubik; no excess liquid or sign of failure

5. **Current Type of Lateral-** Chambers **Current Linear Ft. Of Lateral -** 440

Current Tank Gallonage- 1500

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

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 2 23 17 REVIEW: ☒ Approved ☐ Disapproved By: _____

Comments (if any): Tank Replacement Only

Site visits
Date 02/21/17 By _____
Date ___/___/___ By _____

Installation final written approval
Date 2/23/17 By _____

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