HS001568

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):** 6600 SW 25th

Legal Description of Property: Township: 9N Range: 6E Section: 17

Block 2 Lot 3 SubDivsion _____ Add: Pester Ridge Estates

***Parcel ID** 09.16.302.003.000 (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:** add 100 ft. of Laterals.

5. **Current Type of Lateral-** Chambers **Current Linear Ft. Of Lateral -** 350

Current Tank Gallonage- 1000 gal

6.Print Name Steven Lewis Address 4810 W Claire Ave Phone: 402 310 9160

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: 11/14/17 Amount $220.00 Check No. 0412 Initials JAD

Revised 4/8/13

SCANNED HS 600771

Application to Alter, Extend or Repair an Onsite Wastewater Treatment System

JUN 14 2013

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

The undersigned hereby applies for a permit to: ☐ **ALTER** ☐ **EXTEND** ☒ **REPAIR** an existing wastewater treatment system, complying with appropriate Ordinance or Resolution, as marked above with drawings attached.

1. **Legal description of property:**
   Township____ Range____ 1/4____ 1/4____ Section____
   Block 2 Lot 3 Addition Pester Ridge Estates
   Parcel ID 09 - 16 - 302 - 003 - 000 (i.e. 99-99-999-999-999)
   Street Address (no rural route) 16000 SW 25st, Lincoln 68523
2. **Property use:** ☒ residential ☐ commercial ☐ other use
   Number of bedrooms 3 Describe____
3. **Type of Present Individual Disposal System** ☒ septic system ☐ lagoon ☐ other
4. **Description of proposed alteration, extension or repair** Removing customer's self installed lateral extension. Site visit determined lateral to be functioning normal. Owner discovered malfunctioning water softner which was overloading system. System will be put back to orginal condition.
5. **Work to be done by:** ☐ owner ☒ contractor's name SLW - Jason Kubik
6. **Estimated project:** (a) Repair, replace, or minor extension with a cost less than $400 (no fee required).
   b. Total cost is greater than $400 (Return fee with this application)
   c. A permit is required if the use, operation, location, or type of system is changed.

Print Name Jason Kubik Address 105 Locust Hickman Phone: 402-440-7606

Applicant Signature (owner or lessee) Jason Kubik

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

HEALTH DEPARTMENT USE ONLY

Date received 6/21/13 REVIEW: ☑ Approved ☐ Disapproved By:

Site visits
Date __/__/__ By____
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: 441-8643

Business Office Use Only

Received: Date: 6/21/13 Amount $195.00 Check No. 1363 Initials BHall

Revised 3-09

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

B

Permit Number: 023802475

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

6600 SW 25th

System Location (Indicate correct number and street)

Address [illegible] City Need to fill in Correct address

(no rural route)

Owner Chris Petersen Address 6315 Knoll 68507

Soil Type (SCS): WYMORE ~~SILTY CLAY~~ SILTY CLAY LOAM Percolation Rate: 60 min./inch

Date of Tests 6-27 to 6-28-00 Weather: Precipitation _____ Temperature _____

Percolation Test Data Table

A.	B.	C. D. E. F. Pre-Saturation Period				G. H. I. J. K. Percolation Readings					L. M. N. Results		
		Start		End		Start			End				
Hole No.	Hole Depth (in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time (Min)	Water Level Drop (in)	Percolation Rates (Min/in)
1	30	6-27	3:30	6-28	11:00	6-28	2:30	15		3:00	30	1/2	60
2	"							17 1/2				1/2	60
3	"							14 3/4				3/4	40
4	"							19				1/2	60
5	"							17				1/2	60
6	"							17 1/4				1/2	60

Person Conducting Percolation Tests

Name: Matthew Mathis Schwab Trucking

Phone: 4897294

Address 8700 NW [illegible]

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: 60

1400 sq. ft.

DO NOT WRITE BELOW THIS LINE

Reviewing Action

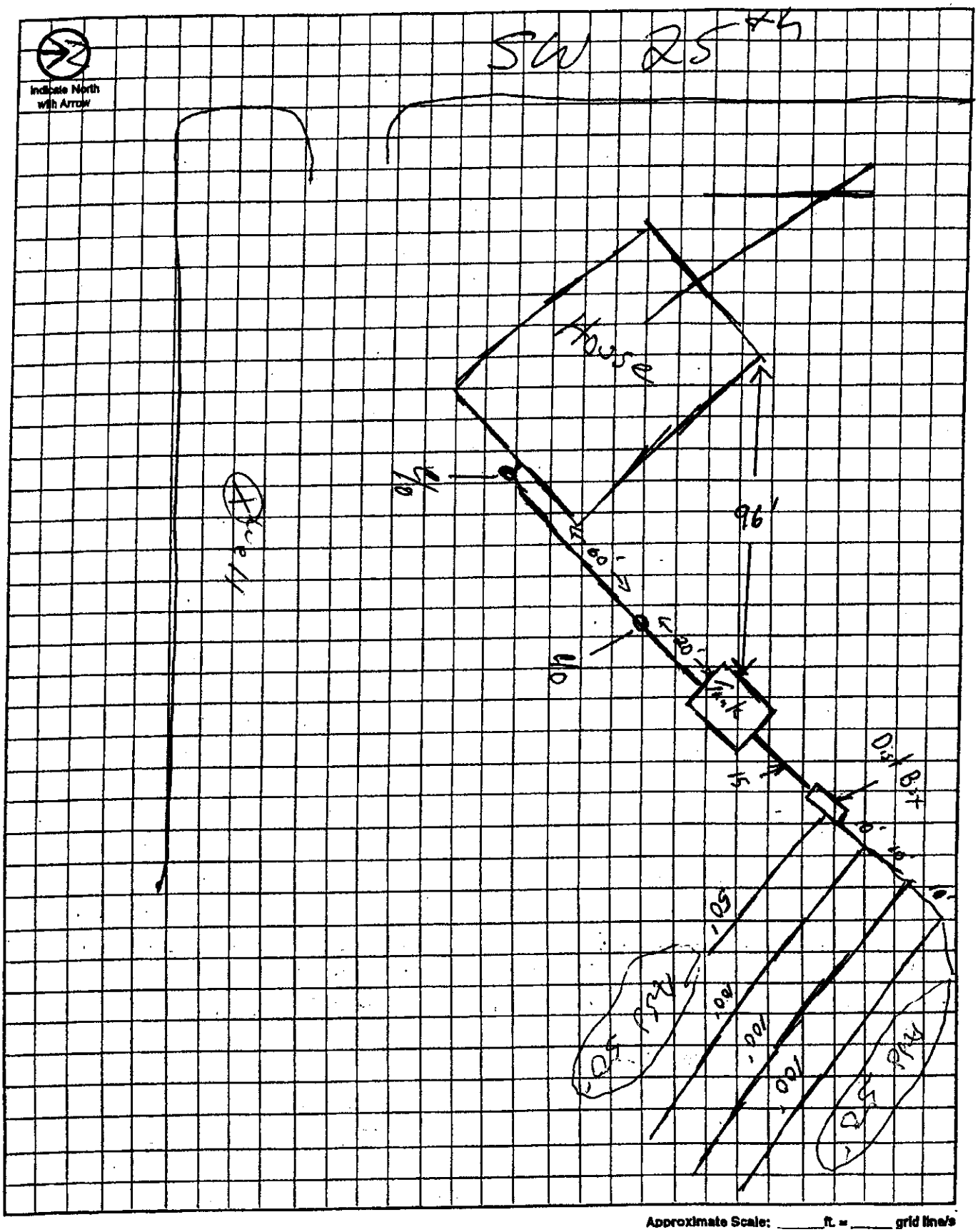
Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

797-7425

As Built Drawing



SCANNED

HS001568

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***Parcel ID** 09.16.302.003.000 (i.e. 99-99-999-999-999)

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HEALTH DEPARTMENT USE ONLY

☐Municipal Code 24.38 ☑County Resolution Number 02-30

Date received 11/17/17 REVIEW: ☒ Approved ☐ Disapproved By: _____

Comments (if any): _____

Site visits
Date 10/26/18 By DS
Date ___/___/___ By _____

Installation final written approval
Date 11/1/18 By DS.

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: 11/14/17 Amount $220.00 Check No. 8412 Initials JAZ

Revised 4/8/13

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

Exhibit 5

Permit Number: H 500 1568

Onsite Wastewater Treatment System

Inspection Sheet

Date 11/1/18 Legal Description Porter Ridge Estate

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 6600 SW 25th 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 1050 required — 1,631 total installed Sq. Ft. Tank Size 1,000 gals

Total length of laterals 350' added 100' Type of Distribution: ☒ Chamber ☐ Perforated Pipe ☐ Other (describe) added to existing system

No. of Absorption Laterals 4 Width 3.62 No. of Drop Boxes Distribution Box

Leveling Method Used Laser

Kevin Lewis called for inspection on 11/21/18. 100' added to existing system. Inspection staff were not available. Permission was given to cover without inspection. This report is for file clean-up & documentation.

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 NA Lateral #3

Lateral #2 Lateral #4

Comments:

Inspections prior to Final Approval

Initial Date Already Installed

Follow-Up Date

Follow-Up Date

Installation Final Written Approval

By

Date 11/1/18

Field Note Drawing (See Reverse Side):

SCANNED HS 000771

Application to Alter, Extend or Repair an Onsite Wastewater Treatment System

JUN 14 2013

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

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Print Name Jason Kubik Address 105 Locust Hickman Phone: 402-440-7606

Applicant Signature (owner or lessee) Jason Kubik

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HEALTH DEPARTMENT USE ONLY

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Revised 3-09

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Permit Number: 023802475

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Person Conducting Percolation Tests

Name: Mark Mathis Schwab Engineering

Phone: 489-7294

Address 8700 [illegible]

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Average of Rates: _____

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Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

797-7475

As Built Drawing

