MAY 02 2018

Application to Alter or Repair an Onsite Wastewater Treatment System

HS001657

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):** 6980 W Fletcher Ave, Lincoln, NE 68524

   Legal Description of Property: Township: 11N Range: 5E Section: 35 - SE

   Block _____ Lot _____ SubDivsion _____ Add: _____

   ***Parcel ID** 05 - 35 - 400 - 001 - 000 (i.e. 99-99-999-999-999)

2. **Property use:** ☐ Residential ☐ Commercial ☒ Other use (Describe: see permit HS001198) 360 gpd
   Number of bedrooms _____ 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:** Tie new building into existing septic, no additional wastewater will be added. We will need to install an additional 1,000 gallon tank outside the new building in order to tie into existing drainfield, due to elevation.

5. **Current Type of Lateral-** ADS ARC36 **Current Linear Ft. Of Lateral -** 300

   Current Tank Gallonage- 1,000

6. Print Name Lincoln Police Dept Training Facility & Shooting Range Address 6980 W Fletcher Ave, Lincoln, NE 68524 Phone: 402-458-2423

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): _____

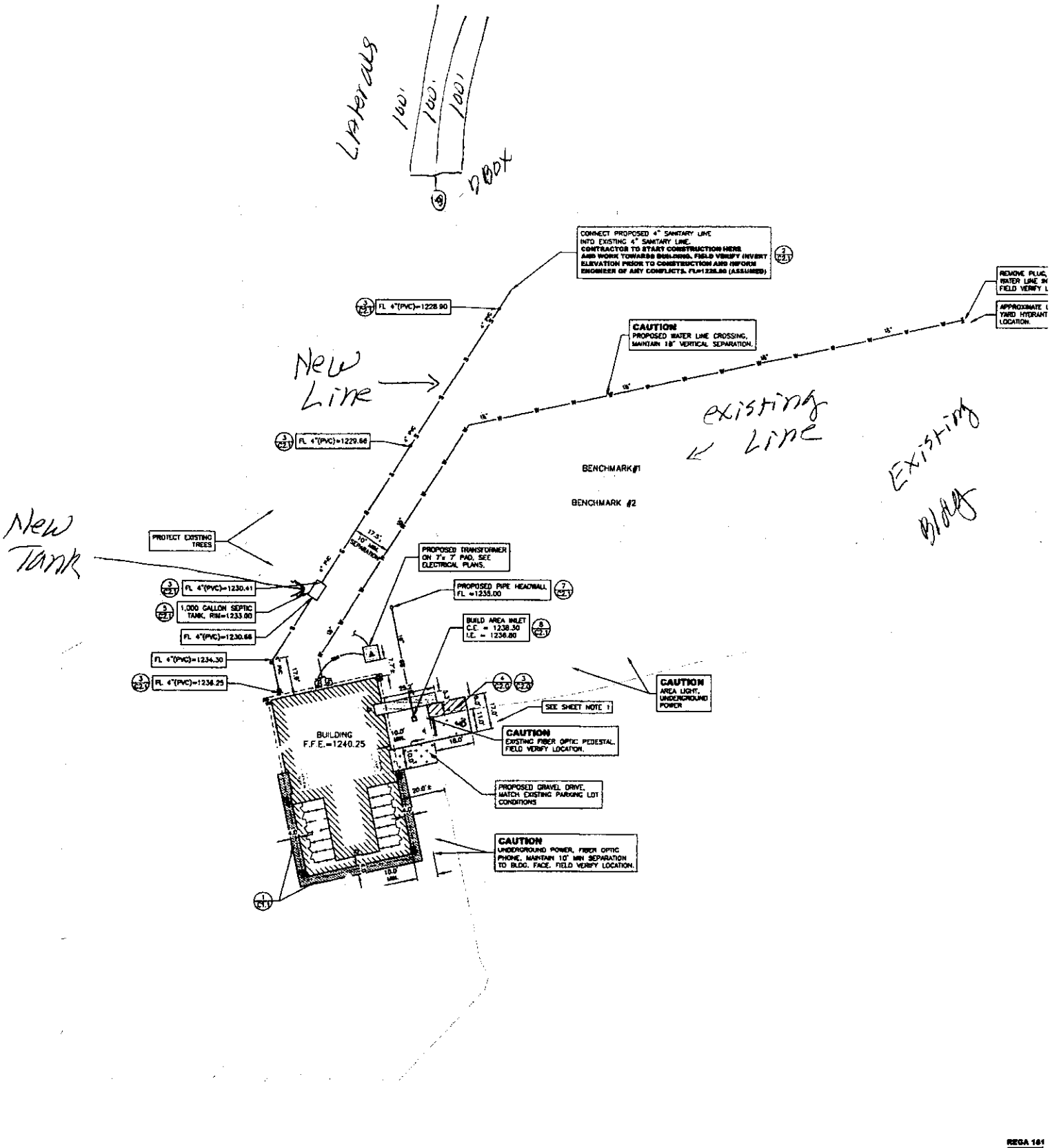
Site visits
Date ____/____/____ By _____
Date ____/____/____ By _____

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: 05/02/18 Amount $220.00 Check No. 9371 Initials [initials]

Revised 4/8/13



LAYOUT/UTILITY PLAN

REGA 161
ISSUED FO
90% REVIE
100% CON

SCANNED MAY 02 2018

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HEALTH DEPARTMENT USE ONLY

☒Municipal Code 24.38 ☐County Resolution Number 02-30

Date received 5/4/18 REVIEW: ☒Approved ☐ Disapproved By:

Comments (if any): * System was installed to current standard w/in the last couple years

Site visits
Date __/__/__ By_____
Date __/__/__ By_____

Installation final written approval
Date 5/22/18 By

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

D Exhibit 4

Permit Number:

Onsite Wastewater Treatment System
As-Built Description and Drawing

Type of Onsite Wastewater System: ☐ Lagoon (Skip to Back Page) ☒ Subsurface Septic ☐ Mound

Onsite Wastewater System Location PID=05-35-400-001-000

Address or Legal Description or Parcel Identification Number (PID) 6980 W Fletcher Ave, Lincoln, NE 68524

Owner: Lincoln Police Department Address 575 S 10th St, Lincoln, NE 68508

A. Wastewater Piping

1. Material: SDR26 Diameter: 4 in.
2. Distance between dwelling and septic tank: 49 ft.

B. Septic Tank

1. Material Concrete
2. Capacity: 1,000
3. Depth to top of tank, below unfinished grade: 30" in.
4. Distance to:
   Well >100 ft.
   Pressure line N/A ft
   Property Line >100 ft.
   Foundation >30 ft.

~~C. Distribution Box or Drop Box~~

Distance and Direction from septic tank: _____ ft. _____

D. ~~Drainfield/Absorption Field~~

☐ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☐ Other
   Material brand and inside width of Chamberless: _____
2. Number of Laterals: _____
3. Length of each lateral (linear): ft._____ ft._____ ft._____ ft._____
4. Drainfield size: _____ sq. ft.
5. Distance to:
   Well _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.
   Depth of Groundwater _____

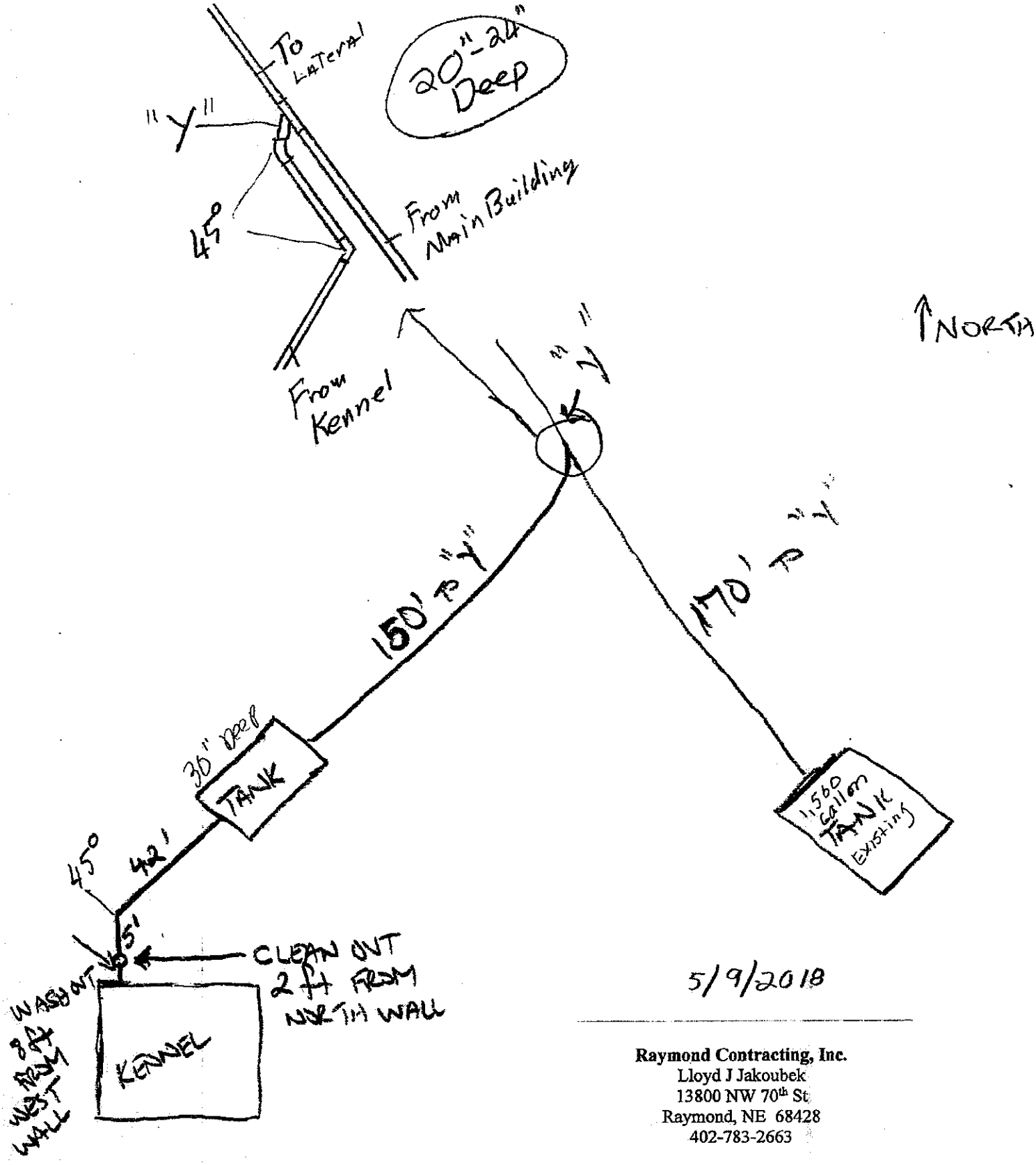
Was the Onsite Wastewater System covered prior to LLCHD inspection? ☒ Yes ☐ No

If Yes, the Certified Professional must sign below for final approval: (Partially)

I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: Kurt L. Gaknober Date: 5/9/18

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



5/9/2018

Raymond Contracting, Inc.
Lloyd J Jakoubek
13800 NW 70th St
Raymond, NE 68428
402-783-2663

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

Exhibit 5

Permit Number: HS001657

Onsite Wastewater Treatment System

Inspection Sheet

Date 5/22/18 Legal Description _____ ¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 6980 W Fletcher Ave 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: Engineered Plan

☑ Lateral ☐ Bed ☐ Non-standard (engineer-designed and NDEQ approved) ☐ Holding Tank ☐ Trench

Total square feet of drainfield _____ Sq. Ft. Tank Size _____ gals

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 _____

This system was installed in increments. Final inspection was to verify tank install + kennel tie in.

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 _____

Lateral #2 _____ Lateral #4 _____

Comments:

Inspections prior to final Approval
Initial _____ Date 5/22/18

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By _____
Date 5/22/18

Field Note Drawing (See Reverse Side):