HSD01665

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):** 6155 W. Old Cheney Rd.

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

   Block_____ Lot_____ SubDivsion_____ Add:_____

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

2. **Property use:** ❒ Residential ❒ Commercial ❒ Other use (Describe: _____)
   Number of bedrooms_____ Does the system have a: ❒ Garbage Grinder (NO) ❒ Large Capacity Tub (NO)

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

4. **Description of proposed alteration or repair:** Replace Septic Tank
   Update Tank as Built (Measurment Inaccurate) existing

5. **Current Type of Lateral-**_____ **Current Linear Ft. Of Lateral -** _____

   Current Tank Gallonage- 1250 Gal Replace w/ 1250 Gal

6. Print Name Matt Taylor Address 2610 S. 11th St. Phone: 402-450-6599

   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):_____

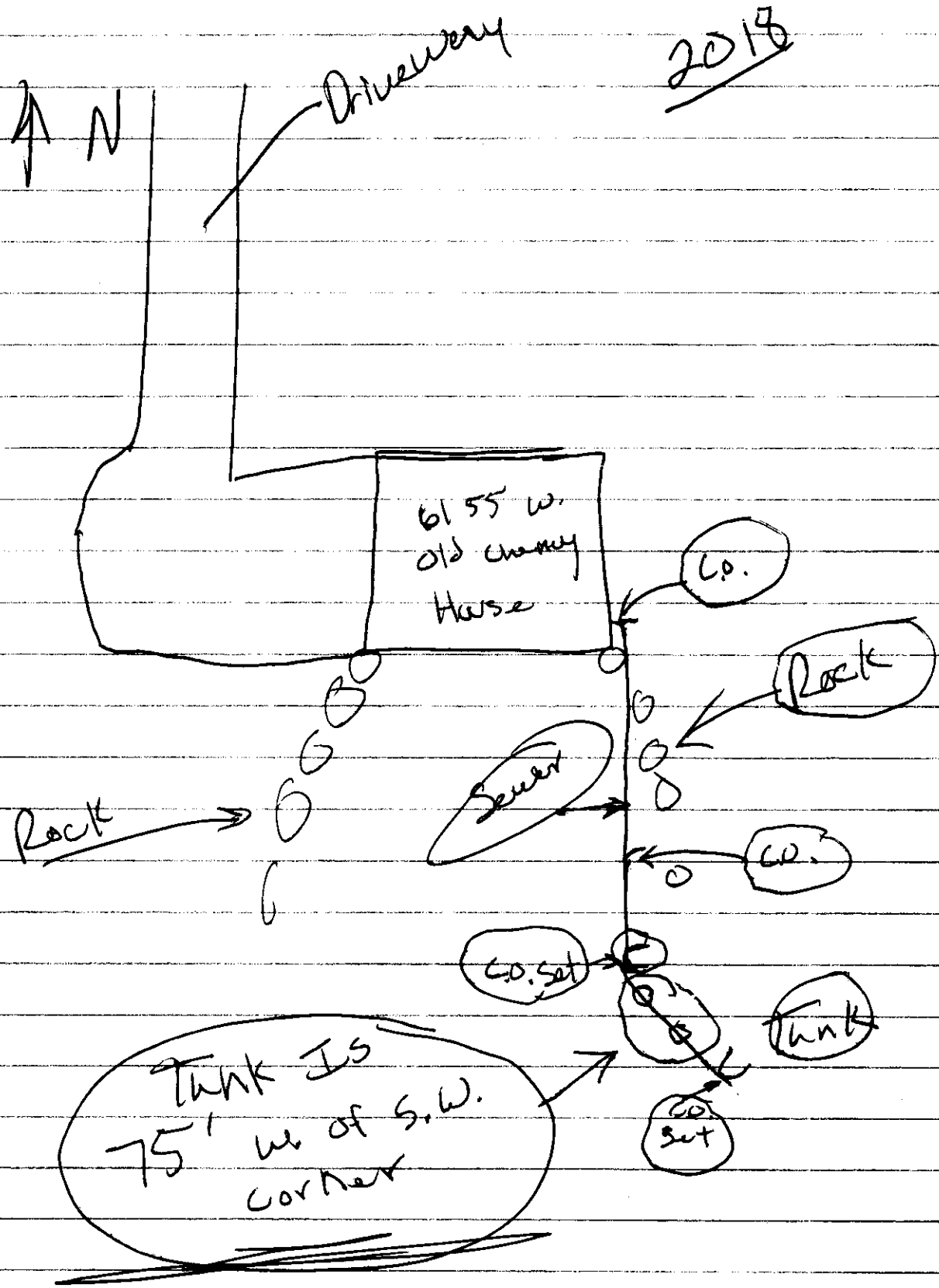
Site visits
Date _____/_____/_____ By_____
Date _____/_____/_____ By_____

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: 05/17/18 Amount $220 Check No. 1711 Initials JAD

Revised 4/8/13


2018
N
Driveway
61 55 W.
Old Chimney
House
C.O.
Rock
Sewer
Rock
C.O.
C.O. Set
Tank
C.O. Set
Tank Is
75' W. of S.W.
corner

SCANNED

HSD01665

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Date received_____/_____/_____ REVIEW: ☐ Approved ☐ Disapproved By:_____

Comments (if any):_____

Site visits
Date 05/18/2018 By DG
Date _____/_____/_____ By_____

Installation final written approval
Date 05/18/2018 By _____

Return application to: Lincoln-Lancaster County Health Department
Environmental Public Health Division
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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: HS00 1665

Onsite Wastewater Treatment System

Inspection Sheet

Date 5/18/18 Legal Description _____

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 6155 W Old Cheney 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): _____

Tank replacement only

Drainfield Absorption System:

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

Existing

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 _____

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 NA

Lateral #1 _____ Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments:

Inspections prior to Final Approval
Initial _____ Date 5/18/18

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By _____

Date 5/18/18

Field Note Drawing (See Reverse Side):