HS 001800

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):** 10441 Ricky Rd

   Legal Description of Property: Township: 9 Range: 7 Section: 33

   Block 1 Lot 2 SubDivsion Nealrene Acres 1st Add Add: _____

   ***Parcel ID** 16-33-100-037-000 (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:** Replace Septic tank

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

   Current Tank Gallonage- 1000 mail to: P.O. Box 23108 Lincoln NE 68542

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: 03/29/19 Amount $225.00 Check No. 1990 Initials AO

Revised 4/8/13

SCANNED

HS 00 1800

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☐Municipal Code 24.38 ☐County Resolution Number 02-30

Date received 03/29/19 REVIEW: ☐ Approved ☐ Disapproved By: _____

Comments (if any): _____

Site visits
Date 03/29/19 By DC
Date ___/___/___ By _____

Installation final written approval
Date 04/03/19 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: 03/29/19 Amount $225.00 Check No. 1990 Initials _____

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: 4500/800

Onsite Wastewater Treatment System

Inspection Sheet

Date 04/03/19 Legal Description _____

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 10441 Ricky Road 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: Tank replacement only

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

Total square feet of drainfield _____ Sq. Ft. Tank Size 1,000 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 _____

Lateral #1 _____ Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments:

Inspections prior to Final Approval
Initial DK Date 3/29/19

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By _____

Date 4/3/19

Field Note Drawing (See Reverse Side):