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):** 5111 Cavvy Road

Legal Description of Property: Township: T9 Range: R7 Section: S20

Block 2 Lot 3 SubDivsion Countryboard Add: _____

***Parcel ID** 16-20-402-603-000 (i.e. 99-99-999-999-999)

2. **Property use:** ☒ Residential ☐ Commercial ☐ Other use (Describe: _____)
Number of bedrooms 2 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 collapsed 1000 gallon tank (Concrete) with plastic Infl. Heater 1000 gallon plastic tank

5. **Current Type of Lateral-** Infl Heater **Current Linear Ft. Of Lateral -** 400

Current Tank Gallonage- 1000

6.Print Name Blain Johnson Address 8533 E St Hwy 41 Adams NE 68301 Phone: 402 410 2270

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: 6/18/19 Amount $225 Check No. 2629 Initials _____

Revised 4/8/13

SCANNED

HS001842

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1. **Street Address (No Rural Route):** 5111 Cavvy Road

Legal Description of Property: Township: T9 Range: R7 Section: S20

Block 2 Lot 3 SubDivsion Country Acres Add:

***Parcel ID** 16-20-402-603-000 (i.e. 99-99-999-999-999)

2. **Property use:** ☒ Residential ☐ Commercial ☐ Other use (Describe:)
Number of bedrooms 2 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 collapsed 1000 gallon tank (concrete) with plastic Infiltrator 1000 gallon plastic tank

5. **Current Type of Lateral-** Infiltrator **Current Linear Ft. Of Lateral -** 400

Current Tank Gallonage- 1000

6. Print Name Blain Johnson Address 8533 E St Hwy 41 Adams NE 68301 Phone: 402 410 2270

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 6/24/19 REVIEW: ☒ Approved ☐ Disapproved By:

Comments (if any):

Site visits
Date 06/20/19 By
Date 06/24/19 By

Installation final written approval
Date 06/26/19 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: 6/18/19 Amount $225 Check No. 2629 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: HS001842

Onsite Wastewater Treatment System

Inspection Sheet

T 9- R 7- S 20

Date 6/28/19

Legal Description County Acre Blk 2 Lot 7
¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 5111 Covy Rd. 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 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

Replaced Collapsed Septic tank only

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 6/20/19
Follow-Up DV Date 6/21/19
Follow-Up Date
Installation Final Written Approval
By Ron Huss
Date 6/28/19

Field Note Drawing (See Reverse Side):