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):** 7100 N 176th Waverly Ne.

   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 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' of EZflow lettuvals.

5. **Current Type of Lateral-** Infiltrator Chambers **Current Linear Ft. Of Lateral -** 256

   Current Tank Gallonage- 1000

6. Print Name Kevin Lewis Address 4810 W Claire Ave Phone: 4023109160

   Applicant Signature: Kevin Lewis

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: 10/23/19 Amount $230.00 Check No. 7224 Initials KAD

Revised 4/8/13

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

B

Permit Number:

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 7100 N 176th St. (no rural route) City Waverly NE. Zip 68462

Owner _____ Address " "

Date of Tests 10-21-19 to 10-22-19 Weather: Precipitation 0 Temperature 65°

Percolation Test Data Table

A.	B.	C. D. E. F. Saturation/Swelling Time				G. H. I. J. K. Water Level Drop Last 30 mins of 4 hr or last 10 mins of 1 hr					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)	Initial Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time Interval	Water Level Drop (in)	Percolation Rates (Min/in = mpi)
1	36	10-21	4:00	10-22	10:00	10-22	10:00	6	10-22	10:30	30	3/4	40
2	"	"	"	"	"	"	"	6	"	"	"	3/4	40
3	"	"	"	"	"	"	"	6	"	"	"	1	30
								6					
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Kevin Lewis
Phone: 402-310-9160
Address 4810 W Claire Ave
Lincoln NE 68523

Sum of Percolation Rates: 110
Average of Rates: 36.6
Rate Used for Calculation: 30-40

Soil type (NRCS Maps/Other) _____
Groundwater Depth _____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Comments (Soil type, groundwater, floodplain, etc.) _____

Signature of Reviewing Official _____ Date _____

Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3131 O Street Lincoln, Nebraska 68510-1514

ON-SITE WASTE WATER SYSTEM
ALTERATION PERMIT
No. HS001919

System Type: Standard

Situs: 7100 N 176TH ST, WAVERLY, NE 68462

Issued: 10/23/2019
Expires: 10/23/2020

Description: S36, T11, R8, 6th Principal Meridian, LOT 1 IN IRREGULAR TRACT

LINCOLN
LANCASTER COUNTY
HEALTH
DEPARTMENT

Owner: KRINGLE, BYRON & ASHLEY
7100 N 176 ST
WAVERLY, NE 68462

Patricia D. Lopez
Patricia D. Lopez, RN, MSN, Interim Health Director

Dear Applicant:

The above document is your permit to alter an existing On-site Waste Water System at the location listed. Please contact this office once the alteration is complete to obtain final approval before use.

Patricia D. Lopez
Patricia D. Lopez, RN, MSN
Interim Health Director

KEVIN LEWIS
4810 W CLAIRE AVE
LINCOLN, NE 68522

SCANNED

HS001919

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HEALTH DEPARTMENT USE ONLY

☐Municipal Code 24.38 ☒County Resolution Number 02-30

Date received 10/23/19 REVIEW: ☒ Approved ☐ Disapproved By:_____

Comments (if any):_____

Site visits
Date 10/23/19 By VH
Date ___/___/___ By_____

Installation final written approval
Date 10/29/19 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: 10/23/19 Amount $230.00 Check No. 10 7224 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

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

Address or Legal Description or Parcel Identification Number (PID) _____

Owner: Bankwise Realty Address 7600 N 176th

A. Wastewater Piping

1. Material: PVC Diameter: 4 in.
2. Distance between dwelling and septic tank: 30 ft.

B. Septic Tank

1. Material Poly
2. Capacity: 1000 Gal
3. Depth to top of tank, below unfinished grade: 12 in.
4. Distance to:
   Well Over 100 ft.
   Pressure line " ft
   Property Line " ft.
   Foundation 30 ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: 6 ft. O

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☐ Other
   Material brand and inside width of Chamberless: Infiltrator EZ flow
2. Number of Laterals: 2 (new)
3. Length of each lateral (linear): ft. 60 ft. 40 ft. _____ ft. _____
4. Drainfield size: 1378 total sq. ft.
5. Distance to:
   Well Over 100 ft.
   Pressure line " ft.
   Property line " ft.
   Depth of Groundwater over 10

✓ See P sheet

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

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

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: _____ Date: Oct 26 2014

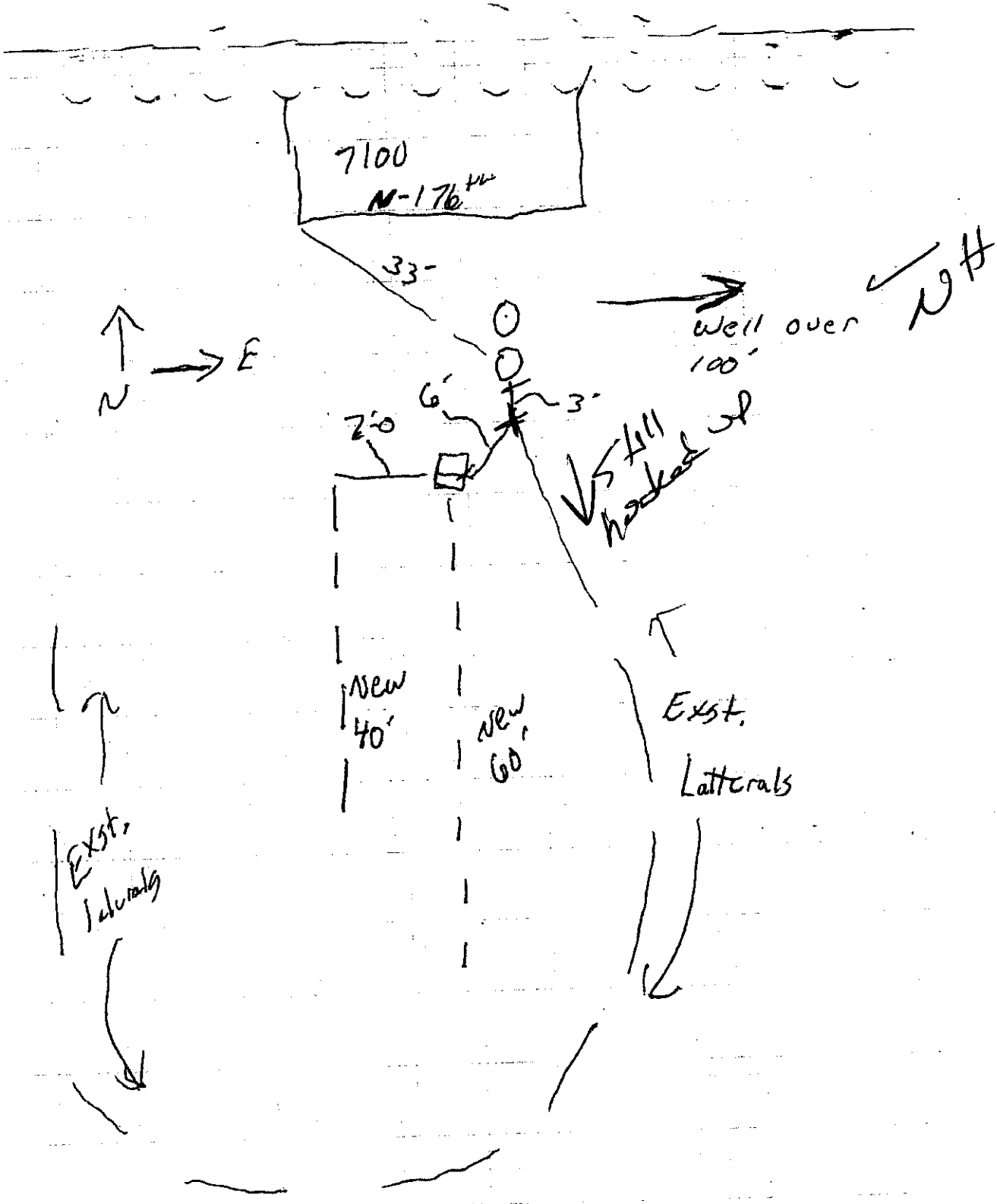
Complete As-Built drawing on the back of this form.

Nate C. Hartman

From: Antoinette Lewis <gagnerconstruction@yahoo.com>
Sent: Saturday, October 26, 2019 5:35 PM
To: Nate C. Hartman
Subject: 7100 N 176th St Septic D sheet and Drawing
Attachments: 7100N176thD-Drawing.pdf

scan attached as PDF

Thanks


7100
N-176th
33'
N
E
Well over
100'
6'
3'
2'0
Still
hooked up
New
40'
New
60'
Exst.
Latterals
Exst.
Laterals