HSOD1975

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):** 2550 W Masek Dr

   Legal Description of Property: Township: 11 **Range:** 6 **Section:** 9

   Block 3 Lot 1 SubDivision Maseks Add: 1st

   ***Parcel ID** 12 - 09 - 103 - 001 - 000 (i.e. 99-99-999-999-999)

2. **Property use:** ☒ Residential ☐ Commercial ☐ Other use (Describe: _____)
   Number of bedrooms 5 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 1500 gal tank &
   Add 1215.58' of EZ flow latural

5. **Current Type of Lateral-** Chambers **Current Linear Ft. Of Lateral -** 240

   Current Tank Gallonage- 1500

6. **Print Name** Kevin Lewis **Address** 4810 W Claire Ave. **Phone:** 402 310 9160

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: 03/24/20 Amount $230.00 Check No. CC 8412 Initials JRD

Revised 4/8/13

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. HS001975

System Type: Standard

Situs: No Site Address Specified

Issued: 3/24/2020

Expires: 3/24/2021

Description: MASEKS FIRST ADDITION, BLOCK 3, Lot 1

Owner: KENNEY, CHRISTOPHER R &
AMANDA L
2550 W MASEK DR
RAYMOND, NE 68428

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 68523

SCANNED

HSOD1975

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HEALTH DEPARTMENT USE ONLY

☐ Municipal Code 24.38 ☒ County Resolution Number 02-30

Date received 3/24/20 REVIEW: ☒ Approved ☐ Disapproved By: _____

Comments (If any): _____

Site visits
Date 04/10/20 By DC
Date ___/___/___ By _____

Installation final written approval
Date 04/14/20 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: 03/24/20 Amount $230.00 Check No. CC 8412 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: HS001925

Onsite Wastewater Treatment System

Inspection Sheet

Date 4/14/20 Legal Description ____ ¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 2550 W Mark Dr 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 1665 Sq. Ft. Tank Size 2500 gals 2 tanks - 1,500 - 1,000 existing - New add on

Total length of laterals 370' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☐ Other (describe) ☒ flow

No. of Absorption Laterals 3 Width 4.5 factor No. of Drop Boxes ____ Distribution Box ____

Leveling Method Used Laser

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 ____

NA

Comments:

Inspections prior to Final Approval
Initial ____ Date 4/14/20

Follow-Up ____ Date ____

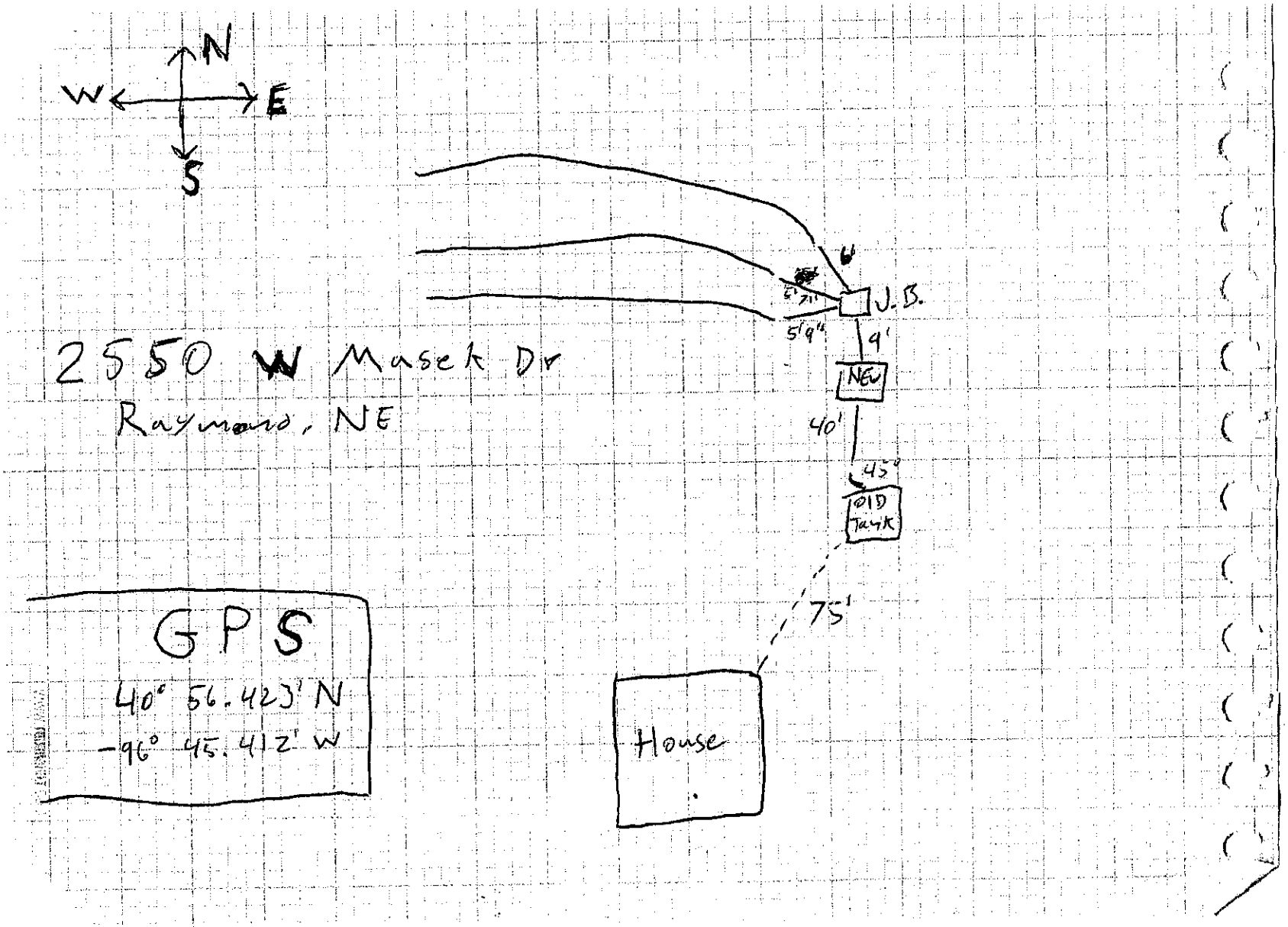
Follow-Up ____ Date ____

Installation Final Written Approval
By ____

Date 4/14/20

Field Note Drawing (See Reverse Side):

Updated 4/15



2550 W Masek Dr
Raymond, NE

GPS
40° 56.423' N
-96° 45.412' W

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) 12-09-103-001-000

Owner: Amanda Kenny Address 2550 W Masek Dr Raymond

A. Wastewater Piping

1. Material: PVC Diameter: 4 in.
2. Distance between dwelling and septic tank: 75 ft.

B. Septic Tank

1. Material Conc. / Poly
2. Capacity: 2500
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 " ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: 9 ft. N

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☒ Chamberless ☐ Other
   Material brand and inside width of Chamberless: EZflow Infiltrator 4.5
2. Number of Laterals: 3
3. Length of each lateral (linear): ft. 140 ft. 140 ft. 90 ft.
4. Drainfield size: 1665 sq. ft.
5. Distance to:
   Well Over 100 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:

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: [signature] Date: 4-13-2020

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

Updated 4/15